

CITY OF LONDON

Pharmaceutical Needs Assessment 2025 - 2028



Executive Summary

Introduction

All Health and Wellbeing Boards (HWB) have a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population every three years. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is twofold, namely to:

- Support NHS England in their decision-making related to applications for new pharmacies, or changes of pharmacy premises and/or opening hours.
- Support local commissioners in decisions regarding services that could be delivered by community pharmacies to meet the future identified health needs of the population.

This PNA provides an overview of the demographics and health and wellbeing needs of the City of London's population. It also captures patients' and the public's views of pharmacy services they access. It assesses whether the current provision of pharmacies and the commissioned services they provide meet the needs of City's residents and whether there are any gaps, either now or within the lifetime of the document, from the date of its publication to the 30th September 2028. It assesses current and future provision with respect to:

- Necessary Services – defined here as provision of Essential Services.
- Other Relevant Services – defined here as Advanced, Enhanced and Locally Commissioned Services.

Methodology

In March 2025, a steering group of key stakeholders was established to oversee the development of the PNA with overall responsibility of ensuring it met the statutory regulations. The process included:

- A review of the current and future demographics and health needs of the area's population.
- A survey to City patients and the public on their use and expectations of pharmaceutical services and an equality impact assessment.

- An assessment of the commissioned Essential, Advanced, Enhanced and Locally Commissioned services provided in City.

The PNA consultation draft was published for formal consultation between the period of 20th June to 19th August 2025. Responses to the consultation will be considered by the steering group before final publication of the PNA in October 2025.

Findings

Key population demographics of City

The City of London is a unique London local authority with a population estimate of 10,559. Its comparatively low resident population density belies the large daytime population, owing to the large commuter presence.

City's population is projected to increase by 2.5% in the lifetime of this PNA.

None of the area's six LSOAs are among the most deprived 20% in England.

Key population health needs of City

City residents exhibit low levels of smoking, rates of overweight and obesity among adults, and higher levels of sexual screening rates compared to regional and national comparators.


Some indicators identified where City of London are worse than regional and national comparators include:

- Overweight or obesity rates amongst reception and Year 6 school pupils
- Flu vaccination coverage for over 65s and at-risk individuals (data includes Hackney coverage)
- Proportion of residents who feel lonely (data includes Hackney coverage)
- Alcohol-related admission episodes (data includes Hackney coverage)

Patient and public engagement

A patient and public survey was disseminated across City to explore how people use their pharmacy and their views on specific 'necessary' pharmaceutical services. A total of 69 people responded.

The majority of respondents chose their pharmacy because it was close to their home or work, was where their GP sends their prescriptions, or they were happy with the



overall experience provided by the pharmacy. All respondents can reach their pharmacy in 20 minutes or less with walking being their reported method of travel. 82% of respondents find their journey to their pharmacy extremely easy. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

Health and Wellbeing Board statements on service provision

There are 9 community pharmacies within City's Health and Wellbeing Board area. There are also a further 73 community pharmacies located within 0.8 miles of City's boundaries.

The PNA steering group, on behalf of the Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of City's population. It has also assessed whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, from the date of its publication to the 30th September 2028.

The City of London is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to necessary and other relevant services with no gaps in the current and future provision of these services identified.

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Glossary of Terms

A&E – Accident and Emergency

ABPM – Ambulatory Blood Pressure Monitoring

AF – Atrial Fibrillation

AUR – Appliance Use Review

BMI – Body Mass Index

BOB – Buckinghamshire, Oxfordshire and Berkshire West

CCG – Clinical Commissioning Groups

CHD – Coronary Heart Disease

CHIS – Child Health Information Service

CoL – City of London

COPD – Chronic Obstructive Pulmonary Disease

COVID-19 – Coronavirus Disease 2019

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CPPE – Centre for Pharmacy Postgraduate Education

CPSAS – Community Pharmacy Selfcare Advice Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor(s)

DHSC – Department of Health and Social Care

DMS – Discharge Medicines Service

DOPS / DOP – Dentistry, Optometry and Pharmacy (Services)

DSP – Distance Selling Pharmacy

EHC – Emergency Hormonal Contraception

EPS – Electronic Prescription Service

GP – General Practitioner / General Practice

GPFV – General Practice Forward View

HIV – Human Immunodeficiency Virus

HLP – Healthy Living Pharmacies

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care System

IMD – Index of Multiple Deprivation

JCVI – Joint Committee on Vaccination and Immunisation

JSNA – Joint Strategic Needs Assessment

LBH – London Borough of Hackney
LFD – Lateral Flow Device / Test Supply
LMC – Local Medical Committee
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Services
LSOA – Lower Super Output Area
MMR – Measles, Mumps and Rubella
NCRS – National Care Records Service
NCSCT – National Centre for Smoking Cessation and Training
NHSE – National Health Service England
NHS – National Health Service
NHSBSA – National Health Service Business Services Authority
NMS – New Medicines Service
NRT – Nicotine Replacement Therapy
NICE – National Institute for Health and Care Excellence
ONS – Office for National Statistics
OHID – Office for Health Improvement and Disparities
PCN – Primary Care Network (or Private Care Networks)
PCS – Pharmacy Contraceptive Service
PGD – Patient Group Direction
PhIF – Pharmacy Integration Fund
PMR – Patient Medication Record
PNA – Pharmaceutical Needs Assessment
POC – Point of Care
PSNC – Pharmaceutical Services Negotiating Committee
QOF – Quality Outcomes Framework
SAC – Stoma Appliance Customisation
SCR – Summary Care Record
SCS – Smoking Cessation Service
STI – Sexually Transmitted Infection
STP – Standard Treatment Programme
MYS – Manage Your Service
eRD – Electronic Repeat Dispensing

Chapter 1 - Introduction

Purpose of the Pharmaceutical Needs Assessment

- 1.1 Community pharmacies play a vital role in delivering quality healthcare within local communities. Beyond dispensing medications, they often serve as the first point of contact for patients and the public. In certain situations, they may be the only interaction an individual has with a healthcare professional.
- 1.2 A 'Pharmaceutical Needs Assessment' (PNA) outlines the pharmaceutical service requirements of a specific population within a defined area. It details the existing pharmaceutical services, including their availability in terms of time and location. This particular PNA evaluates the pharmaceutical needs of the City of London population.
- 1.3 NHS Pharmaceutical Services operate within a regulated and controlled market. Pharmacists or dispensing appliance contractors seeking to provide these services must apply to NHS England for inclusion on the Pharmaceutical List of the Health and Wellbeing Board.
- 1.4 The purpose of the PNA is to facilitate the planning and commissioning of pharmaceutical services whilst supporting decision-making regarding new applications or changes in pharmacy locations. This includes:
 - Assisting NHS England in the 'market entry' decision-making process for applications related to new pharmacies or changes to existing pharmacy premises.
 - Informing the commissioning of enhanced pharmacy services by NHS England, as well as the local authority and other commissioners, such as Integrated Care Boards (ICBs).
- 1.5 The City of London PNA can also be used to:
 - Assist the Health and Wellbeing Board (HWB) in informing stakeholders about the area's pharmaceutical needs, aiding in the planning, development, and delivery of services for the community.
 - Support the HWB in working with providers to target services to areas of need whilst reducing duplication in areas with adequate provision.

PNA Legislation

- 1.6 Since 2006, NHS Primary Care Trusts have been legally obligated to assess and evaluate the pharmaceutical needs of their area and publish both an initial statement of their assessment and any subsequent updates.
- 1.7 Following the abolition of Primary Care Trusts and the establishment of Clinical Commissioning Groups (CCGs) in 2013 (and later Integrated Care Boards (ICBs) in 2022), Public Health functions were transferred to local authorities. Health and Wellbeing Boards were created and hosted by local authorities to bring together commissioners of Health Services, Public health, Adult Social Care, Children's services, and Healthwatch.
- 1.8 The Health and Social Care Act of 2012 assigned Health and Wellbeing Boards the responsibility of developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

PNA Requirements

- 1.9 The PNA covers the period between 1st October 2025 and 30th September 2028. It must be produced and published by the 1st October 2025. The development of and publication of this PNA has been carried out in accordance with regulations and associated guidance, including:
 - The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
 - The Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards.
- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
 - **Necessary Services – current provision:** services currently available that are necessary to meet the need for pharmaceutical services and could be provided within or outside of the Health and Wellbeing Board's area.
 - **Necessary Services - gaps in provision:** services that are not currently available but are deemed necessary by the HWB to address an existing need for pharmaceutical services.

- **Other Relevant Services - current provision:** any services delivered or commissioned by the local authority, NHS England, the ICB, an NHS trust, or an NHS foundation trust that impact the need for pharmaceutical services in the area or where future provision could enhance quality or improve access to specific pharmaceutical services.
- **Improvement and better access - gaps in provision:** services that are not currently available but are considered by the HWB to enhance quality or improve access to pharmaceutical services if introduced.

1.11 Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made. This includes:

- Consideration of the varying needs across different localities.
- Assessment of how the needs of individuals with protected characteristics have been addressed.
- Evaluation of whether expanding pharmaceutical services would enhance access or improve service quality.
- A report of the formal consultation on the draft PNA.

Consultation

1.12 A draft PNA must be put out for consultation for a minimum of 60-days prior to its publication.

1.13 The PNA was published for consultation between 20th June to 19th August 2025. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer, and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS Trust or NHS Foundation Trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

1.14 All comments received were considered in the final PNA report to be presented to the HWB before the 1st October 2025.

PNA Revisions and updates

1.15 The PNA must account for any changes affecting the needs for the pharmaceutical services in the City of London and should therefore be updated every three years.

1.16 The HWB is also obligated to revise the PNA publication if significant changes in pharmaceutical services occur before 1st October 2028. Not all changes in a population or area will necessarily affect the need for pharmaceutical services. If the HWB identifies a change that warrants a review, they may issue a supplementary statement explaining the changes since the PNA was published.

Chapter 2 - Strategic Context

- 2.1 This section provides an overview of key policies, strategies and reports that shape the strategic context of community pharmacy services at both a national and local level.

National Context

- 2.2 Throughout the last decade, the health and social care system has transformed and evolved to meet a range of challenges. Consequently, it has seen significant changes towards greater integration between health and social care services, increased emphasis on preventative care and growing use of technology for remote monitoring and consultations. This has been undertaken whilst also facing challenges with an ageing population, more people experiencing long-term health conditions, and continued funding pressures.

Health and Care Act (2022)¹

- 2.3 The Health and Care Act 2022 builds on NHS proposals from the Long-Term Plans. It emphasises the importance of collaboration, drawing on lessons from the pandemic to enhance system responsiveness. The Act focuses on three key areas: integrating NHS services with local government to tackle health inequalities, reducing bureaucracy to streamline decision-making and improve care delivery, and establishing clear accountability mechanisms.

Health Equity in England: Marmot Review 10 years on²

- 2.4 The objectives outlined in the Marmot review are intended to ensure the health life expectancy gap between the least deprived and most deprived are reduced. More specific to health, community pharmacists are uniquely placed at the heart of communities to support patients to provide the public a range of public health interventions, weight management services, smoking cessation services and

¹ Department of Health and Social Care (2022). Health and Care Act 2022. Available at: [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

² Institute of Health Equity (2020). Marmot Review 10 Years On. Available at: [Marmot Review 10 Years On - IHE](https://www.instituteofhealthequity.org/)

vaccination services. At present the role of community pharmacies provide a pivotal role in promoting healthier lifestyle information and disease prevention.

Plan for Change³

- 2.5 In 2024, HM Government launched their 'Plan for Change' outlining five missions to deliver a decade of national renewal. A focus on bringing care closer to where people live underpin the Health and Wellbeing ambitions which include transitioning how elective care is delivered, transforming patients' experience of care and transforming the model of care to make it more sustainable.
- 2.6 As part of this, the Community Pharmacy Contractual Framework (CPCF), agreed by the Department of Health and Social Care, NHS England, and Community Pharmacy England, outlines how community pharmacies support the NHS Long Term Plan. Funding has increased to £2.698 billion for 2024–2025 (a 4.1% rise) and will grow to £3.073 billion in 2025–2026.
- 2.7 Building on the expansion of clinical services, the 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. Key developments include:
- New Medicine Service: Expanded to include support for patients with depression.
 - Pharmacy Contraceptive Service (PCS): Will now include emergency contraception; drospirenone to be supplied under a Patient Group Direction (PGD).
 - Smoking Cessation: Varenicline and cytisinicline to be provided via PGD.
 - Skill Mix: Greater use of both registered and non-registered staff, including pharmacy technicians delivering PGDs.
 - Hypertension Case Finding: Updates to align with NICE guidelines, including limits on funded clinic check consultations and clearer referral criteria for GPs.
- 2.8 These changes aim to enhance pharmacy services and integrate them more deeply into NHS care delivery.

³ HM Government (2024). *Plan for Change: Milestones for mission-led government*. Available here: [Plan for Change – Milestones for mission-led government](#)

Pharmacy Integration Fund

- 2.9 The Pharmacy Integration Fund (PhIF) was established to promote the integration of clinical pharmacy services across various primary care settings, aiming to enhance patient care. Key initiatives supported by the PhIF include collaborating with Health Education England (now NHS England) to provide education and training for pharmacists and pre-registered pharmacists. Additionally, urgent medication requests are now directed to community pharmacies through NHS 111, reducing the burden on out-of-hours GP services, while minor health concerns are also redirected to community pharmacies.
- 2.10 Moreover, the PhIF facilitates the integration of pharmacists into urgent care settings, social care teams, and GP settings to optimise medication management and support the General Practice Forward View (GPFV) initiative. It also supports system leadership development and implements 'Stay Well' pharmacy campaigns to encourage families to visit community pharmacies first for minor health concerns. These efforts aim to improve patient access to clinical pharmacy services and enhance the role of pharmacists in delivering safe and effective care within primary care settings.

Local Context

Joint Local Health and Wellbeing Strategy (JLHWS) 2024-28⁴

- 2.11 The JLHWS outlines the priorities, outcomes, and actions established by the City of London Health and Wellbeing Board to address health inequalities within the local area. Whilst acknowledging many factors can impact health and wellbeing, this strategy focuses on three key priorities determined through a combination of existing evidence and resident engagement:

- Increasing financial resilience.
- Social isolation and connection.
- Mental health.

⁴ City of London (2024). *Joint Local Health and Wellbeing Strategy 2024-28*. Available here: [Joint Local Health and Wellbeing Strategy 2024-28](#)

2.12 A summary of each of these priorities is outlined below.

- Priority 1 - Increasing financial resilience: This focuses on improving employment opportunities by helping individuals upskill or transition to better jobs, creating apprenticeships and internships through local businesses, and promoting access to existing financial assistance programs. Additionally, wrap-around services will be provided at the Artisan Food Pantry, and efforts will be made to ensure residents are aware of and are accessing their entitlements. Money and debt advice will be offered in health and care settings, and the Housing Support Fund (HSF) will be used innovatively to address needs. Finally, recommendations from the "Delivering Better Health Outcomes for Hidden Workers" report will be implemented.
- Priority 2 – Increasing social connection and reducing social isolation: Over the next four years, the focus will be on embedding efforts to tackle social isolation and promote social connection across service plans, strategies, and policies within partner organisations. This will include equipping partners to identify residents at risk of social isolation, raising awareness of initiatives that support social connection, increasing social capital in the City of London, and promoting physical activity.
- Priority 3 – Improving Mental Health: the focus will be on shaping the 'Mental Health Integration Committee' to ensure its strategic objectives address the needs of the City of London, fostering collaboration to strengthen local mental health services within the neighbourhood model. This includes integrating the promotion of good mental health into partner strategies and services, strengthening the evidence base on mental health, and ensuring emotional wellbeing for various groups through strategies like the Carers and Emotional Wellbeing Strategies. Efforts will also include addressing the mental health needs of rough sleepers, promoting self-help and prevention, and collaborating on suicide prevention initiatives.

City and Hackney Immunisations Strategic Action Plan 2024-2027⁵

- 2.13 The Immunisations Strategic Action Plan seeks to protect all communities from vaccine-preventable diseases by enhancing immunisation coverage and addressing disparities through community-driven, data-informed, and system-led initiatives.
- 2.14 The action plan outlines five key objectives:
- Reduce inequalities in inclusion and high-risk groups.
 - Engage local communities to build trust and cultivate a co-productive approach.
 - Enhance data systems to drive quality improvement.
 - Optimise service delivery through evidence-based practice, system-feedback, and resource planning.
 - Provide guidance, training and development across the system as part of the approach to Making Every Contact Count.
 - Develop an implementation and evaluation framework.

City and Hackney Sexual and reproductive health 2024-2029⁶

- 2.15 The overarching ambition of this strategy is for all residents in Hackney and the City of London to lead healthy and fulfilling lives in which they have knowledge and agency to make informed choices about their sexual and reproductive health and can access high quality services to support them in doing so. The vision is to work with residents and partners from across the spectrum of integrated SRH in order to deliver high quality, easy-access and equitable provision across the City of London and Hackney, with the prevention of illness and the promotion of healthy relationships at the core of all activity. It sets out to:
- Improve the quality of care provided to all residents
 - Improve outcomes and/or reduce variability in outcomes

⁵ NHS Northeast London, City of London, Hackney (2024). *City and Hackney Immunisations Strategic Action Plan 2024-2027*. Available here: [City & Hackney Immunisation Strategic Action Plan](#)

⁶ City of London, Hackney (2024). *City and Hackney Sexual and reproductive health 2024-2029*. <https://cityhackneyhealth.org.uk/wp-content/uploads/2025/01/City-Hackney-Sexual-and-Reproductive-Health-Strategy-2024-2029.pdf>

- Achieve more efficient and sustainable delivery

Healthy Connections: the role of Social Capital in City & Hackney⁷ :

2.16 The report outlined the strong basis to build upon in City and Hackney and how the public health team, wider council along with partners across the community and statutory sector can build on this further through working together. The core recommendations of the report were:

- To design and evaluate the approach with the community.
- To consider places as well as people to build social capital.
- To work in partnership with the networks and assets across City & Hackney.

City of London and Hackney Needs Assessments

2.17 Healthy Weight Needs Assessment for City and Hackney⁸: A series of recommendations were made following this report, which included:

- Collaboration is key to promoting healthy weight and tackling obesity-related harms in City and Hackney. This involves strengthening whole-system approaches by reviewing and updating local plans, ensuring effective strategies are embedded. Additionally, a shared measurement framework should be co-developed with stakeholders to track progress toward healthy weight goals. Lastly, residents must be actively involved in designing and delivering these initiatives, working closely with voluntary and community sector partners to ensure their needs are at the heart of local efforts.
- Targeted support for those most in need to achieve and maintain a healthy weight. This includes a combination of nutritional support, upskilling, enhancing care pathways and promoting disease prevention programmes.
- Ensure easy access to affordable healthy food by building on good local practices, increasing food growing, seeking additional opportunities to improve

⁷ City of London, Hackney (2024). *Healthy Connections: the role of Social Capital in City & Hackney*. Available here: [Annual-Director-of-Public-Health-report-2024_25.pdf](#)

⁸ City of London, Hackney (2024). *Healthy Weight Needs Assessment for City and Hackney*. Available here: [Final version- Healthy weight needs assessment report 2024](#)

the wider local food environment, and supporting more low-income families to access healthy food.

- Develop a healthy environment that makes it easy for people to be active, prioritising play in early years, increasing physical activity within schools, improving understanding of physical activity needs and increase awareness of tailored, inclusive leisure programmes amongst inactive residents.
- Enable easy access to information to promote healthy weight messages, including the dissemination of tailored information.

2.18 Cancer Needs Assessment⁹: the report aimed to assess cancer-related needs in City and Hackney and provide recommendations for local action to improve cancer outcomes – through primary prevention (addressing cancer risk factors), secondary prevention (screening and early diagnosis) and tertiary prevention (effective, equitable treatment and ongoing support for cancer survivors).

2.19 Tobacco Needs Assessment¹⁰: recommendations included:


- Sustained and robust partnership action to address inequalities.
- Take a whole school approach by offering tailored support to quit.
- De-normalising smoking.
- Offer flexible services that meet the needs of individuals.
- Developing communication campaigns to dispel myths associated with vaping.

2.20 Joint strategic needs assessment for children and young people with special education needs and disabilities¹¹ recommended enhancing communication strategies to ensure clear, accessible information for families and professionals; improving early identification and intervention processes; increasing accessibility and availability of health and wellbeing services; implementing targeted strategies to

⁹ City of London, Hackney (2024). *City and Hackney Cancer Joint Strategic Needs Assessment 2024*. Available here: [Cancer JSNA FINAL August 2024](#)

¹⁰ City of London, Hackney (2024). *Tobacco needs assessment for City and Hackney*. Available here: [Tobacco Needs Assessment for City and Hackney](#)

¹¹ City of London, Hackney (2024). *City and Hackney Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities*. Available here: [City and Hackney Joint Strategic Needs Assessment for Children and Young People with Special Educational Needs and Disabilities](#)



address health and social inequalities; improving data collection and sharing practices; and addressing broader social determinants of health and wellbeing of children and young people with SEND.

Chapter 3 - Methodology

3.1 In line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013, this PNA has been developed using a range of information sources. These include:

- Nationally published data.
- The City of London and Hackney Health and Wellbeing Profile.¹²
- Local policies and strategies.
- A survey to people who live, work and study in the City of London.
- NHS Business Services Authority.
- Commissioning data from:
 - City of London and the London Borough of Hackney.
 - NHS North East London ICB.

3.2 These data have been collated to illustrate the City of London population, current and future health needs and how pharmaceutical services can be used to support the HWB to improve the health and wellbeing of our population.

Geographical coverage

3.3 PNA regulations require that the HWB divides its area into localities as a basis for structuring the assessment. The PNA Steering Group decided that the City of London geography would be used to define a single locality for the PNA.

3.4 The HWB considered provision and choice of pharmacies is determined by accessible distance as defined as one or more of the following:

- 15-minute walking distance.
- 10-minute driving distance.
- 15-minute journey by public transport.

¹² <https://cityhackneyhealth.org.uk/>

- 3.5 These are mapped and presented in Chapter 7 of this report.
- 3.6 Other factors are considered when determining if there is sufficient pharmacy provision. These include pharmacy provision outside normal working hours (past 5:30pm on weekdays), proximity to GP practices, current and future population density, changes in healthcare provision and deprivation levels.

Patient and public survey

- 3.7 A patient and public survey was shared across the City of London to understand how people use their pharmacies; what they use them for and their views of the pharmacy provision. Responses from the survey of people who live and work in the City of London were explored, and an equality impact assessment was carried out. The findings from the survey are presented in Chapter 6 of this PNA.

Governance and Steering Group

- 3.8 The City of London HWB commissioned delivery of its PNA to Healthy Dialogues through a competitive tender process. The management governance of the production of this PNA was delegated by the HWB to the City and Hackney PNA steering group.
- 3.9 The City and Hackney PNA steering group comprised representation from:
- City of London and the London Borough of Hackney Public Health Team.
 - Community Pharmacy NEL (NEL LPC).
 - NHS North East London.
 - Healthwatch City of London.
 - Healthwatch Hackney.
 - Healthy Dialogues.
- 3.10 The Terms of Reference of the Steering Group presented in Appendix A.

Stakeholder consultation and report

- 3.11 A draft of this PNA was put out to consultation between the period of 20th June to 19th August 2025. Comments received over the period were considered and incorporated into the final report to be published by 1st October 2025.

Chapter 4 - Population demographics

- 4.1 This chapter provides an overview of the City of London's population demographics, highlighting aspects that are likely to influence the demand on pharmaceutical services. It examines the characteristics of the district's residents, population sizes changes, the wider determinants of health and patient groups with specific needs.

About the area

- 4.2 The City of London, often referred to simply as "the City" or "the Square Mile," is a unique local authority at the historic and financial heart of Greater London. Unlike other London local authorities, it holds city status in its own right and operates with a distinctive governance model headed by the Lord Mayor of London, separate from the Mayor of London who oversees the wider metropolis.
- 4.3 Neighbouring the City of London are several London boroughs, including Camden and Islington to the north, Hackney and Tower Hamlets to the east, Southwark to the south across the River Thames, and the City of Westminster to the west.
- 4.4 The City's daytime population swells significantly due to the vast number of commuters working in its major financial institutions, law firms, and corporate offices.
- 4.5 It is home to landmark institutions including the Bank of England, the London Stock Exchange, and numerous global banks. The City is also renowned for its historic buildings including St Paul's Cathedral, The Gherkin, Old Bailey and Leadenhall Market.
- 4.6 Despite being primarily a commercial district, the City includes several green spaces such as Postman's Park and Finsbury Circus.

Demography

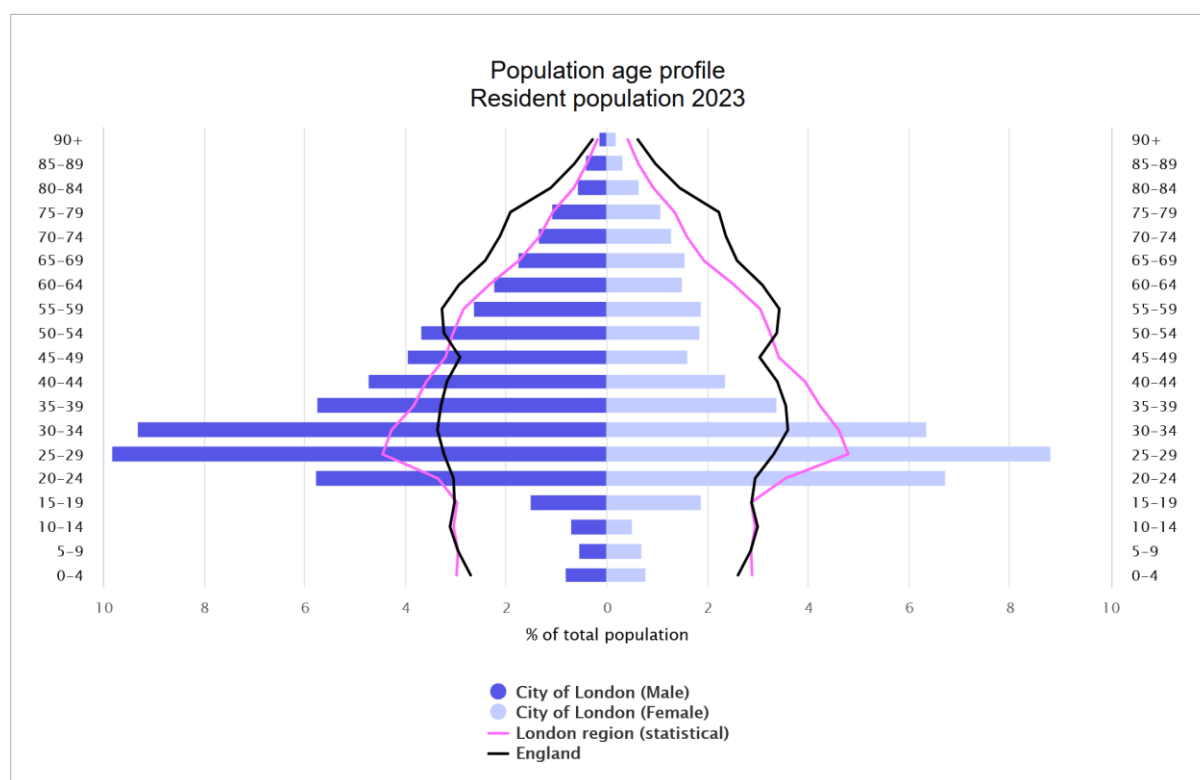
Population size and density

- 4.7 The Greater London Authority projects City of London's population to be 10,559 in 2025 (Housing-led projections, central fertility identified capacity).
- 4.8 With a population density of 37 people per hectare, City of London is one of the least densely populated local authorities in London, attesting to the large commuter presence it exhibits.

Age profile

- 4.9 The City's median age of 37 years is greater than that of London (35 years) but below the national average (40 years).
- 4.10 Older adults (aged 65 and over) make up 13% of the district's population. This is just above London's overall picture which stands at 12%.
- 4.11 The figure below presents a breakdown of the age and gender of the City of London residents. It shows how the City has a higher proportion of young working age population and lower proportion of children compared to the rest of London and the nation.

Figure 4.2: Proportion of City of London resident population by age-band and gender



Source: Public Health Outcomes Framework, Resident Population 2023

Ethnicity and diversity

- 4.12 Often areas that have high diversity, also have higher levels of deprivation and health inequalities. NICE Guidance¹³ highlights that community pharmacies can impact on health inequalities in several ways. For example, pharmacy staff often

¹³ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services. It recommends that they take into consideration how a patient's personal factors may impact on the service they receive, for example, their gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

- 4.13 Nearly a third of City of London residents (31%) are from an ethnic minority as detailed in the table below.

Table 4.1: Proportion of City of London population by ethnicity

	City of London	London	England
Asian or Asian British	17%	21%	9%
Black, Black British, Caribbean or African	3%	14%	4%
Mixed or Multiple ethnic groups	5%	6%	3%
White	69%	54%	82%
Other ethnic group	6%	6%	2%

Source: ONS, Census, 2021

- 4.14 Spanish, French and Italian are the most widely spoken main languages in the district after English.

Table 4.2: Proportion of main languages spoken in the City of London - Top 10

Main Language	Percentage of population
English	78.4%
Spanish	2.9%
French	2.0%
Italian	2.0%
All other Chinese	1.8%
German	1.2%
Greek	1.1%
Portuguese	1.1%
Bengali (with Sylheti and Chatgaya)	1.1%
Polish	1.0%

Source: ONS, Census 2021

- 4.15 1.6% of the borough's population reports that they cannot speak English well or at all.
- 4.16 Clinical services have expanded and become more available in community pharmacy. With that, the need has grown for translation services to support the diverse population in North East London. NEL ICB has agreed for a translation

service provider to be available for community pharmacies in NEL and the cost of translation service will be reimbursed to the pharmacy providers.

Population changes

Population size projections

- 4.17 Any population increases sustained in the lifetime of this PNA need to be taken into consideration. Population increases will likely place increased demands on community pharmacy services with different population groups having different needs.
- 4.18 During the 2025-2028 PNA period, City of London's population is expected to increase by 2.5% to 10,827 (GLA, Housing-led projections, central fertility identified capacity). These projections are based on mid-year population estimates and assumptions such as births, deaths, and migration.

Table 4.3: Projected population changes between 2025 and 2028

Year	Population Size	Percentage Change
2025	10,559	0.0%
2026	10,625	0.6%
2027	10,719	1.5%
2028	10,827	2.5%

Source: GLA population projections

Housing developments

- 4.19 The City of London is scheduled to complete over 1,600 new dwellings in the lifetime of this PNA. The largest of these developments are for student housing. It should be noted that not all units will be complete in the anticipated time.

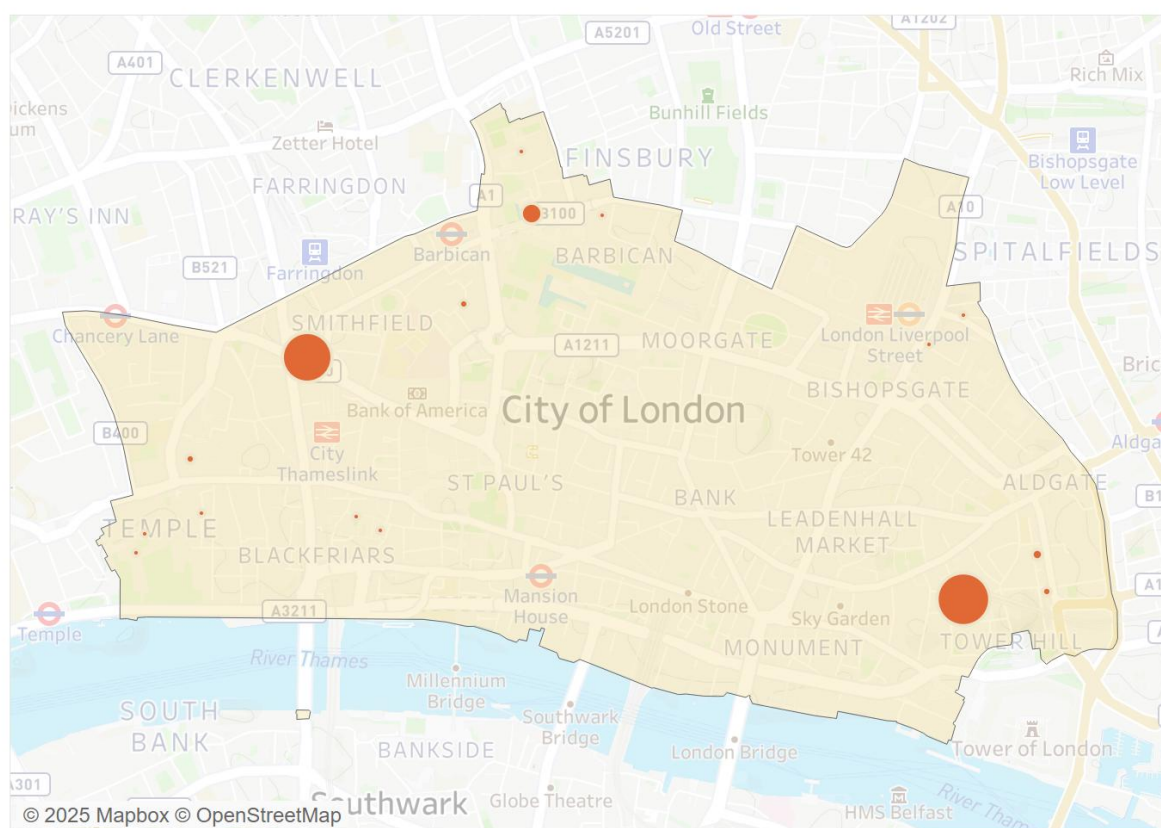
Table 4.4: Housing developments projected to be completed during the lifetime of the PNA

Type	2025	2026	2027	2028	Total
Student housing				1470	1470
Co-living			97		97
Residential	27	42			69
Year Total	27	42	97	1470	1,636

Source: City of London

- 4.20 The location of the development sites is shown below.

Figure 4.3: Location of housing development sites



Source: City of London

- 4.21 The largest of the sites are on Crutched Friars (782 units) and Holborn Viaduct (688 units), both of which are for student accommodation.

Changes in employment

- 4.22 The City of London has a large day time population consisting of people who work in the district but do not live in it. Given the nature of its population base, any significant changes in employment levels would affect the demand for pharmaceutical services in the area.
- 4.23 There are 678,000 workers in the City of London, with jobs having grown over 25% since pre-pandemic 2019 to 2023, with nearly 136,000 more jobs than in 2019 (ONS). Financial and professional services account for over half of the City's workforce. However, given the evolving economic climate and potential shifts in working patterns, it is not possible to reliably predict future employment levels or their impact on the demand for pharmaceutical services in the City of London.

Wider determinants of health

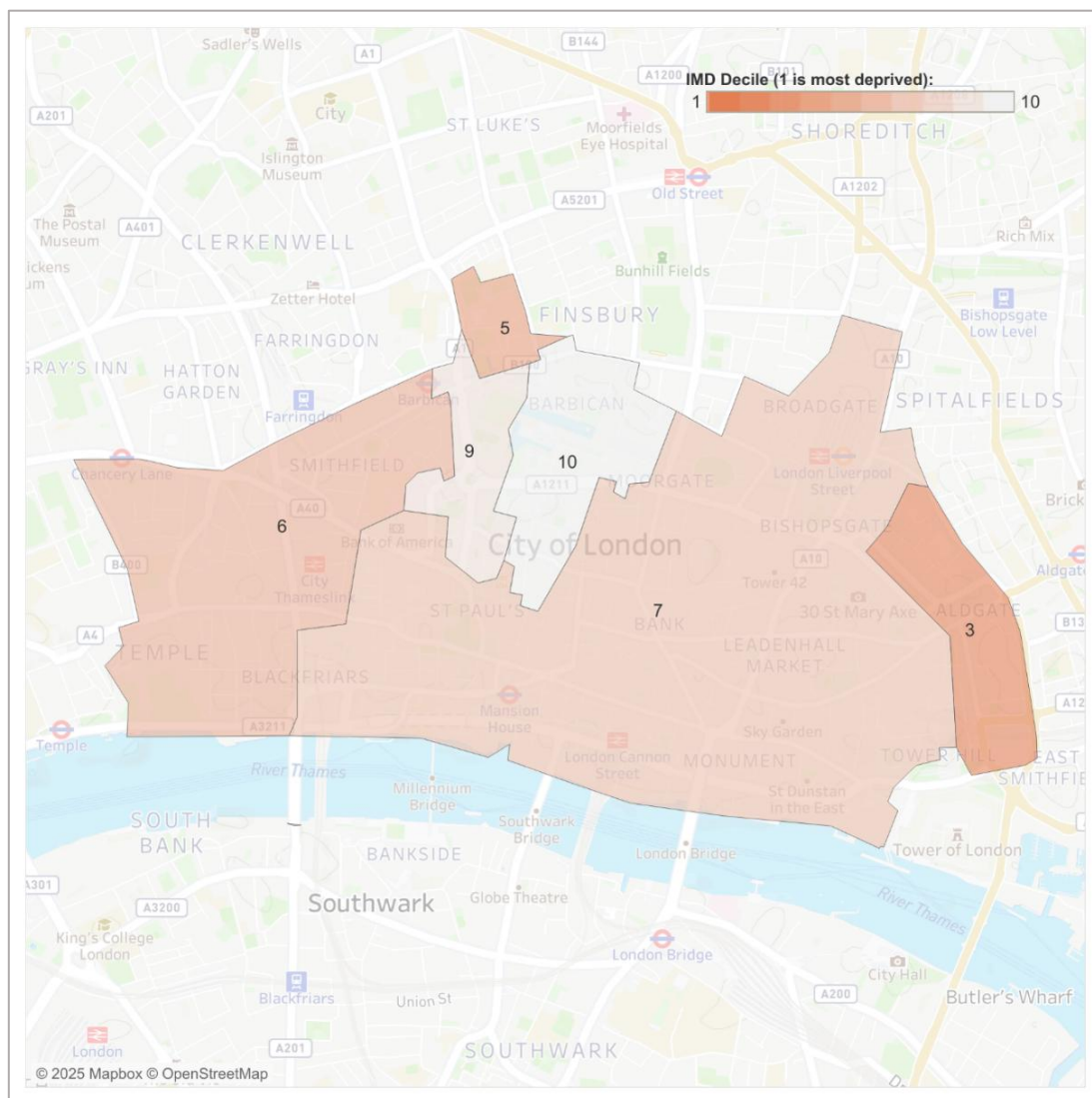
- 4.24 There are a range of social, economic and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes. These are outlined in Fair Society, Healthy Lives: (The Marmot Review)¹⁴ and later the 'Marmot Review 10 Years On'¹⁵. They include factors such as deprivation, education, employment and fuel poverty.

Index of Multiple Deprivation

- 4.25 The Index of Multiple Deprivation (IMD) is a well-established combined measure of deprivation based on a total of 37 separate indicators that encompass the wider determinants of health and reflect the different aspects of deprivation experienced by individuals living in an area. The 37 indicators fall under the following domains: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education, Skills and Training Deprivation, Barriers to Housing and services, Living Environment Deprivation and Crime.
- 4.26 City of London is ranked 126th out of the nation's 151 upper-tier local authorities, where 1 is the most deprived.
- 4.27 Figure 4.4 shows deprivation deciles at Lower Super Output Area (LSOA) level, highlighting that none of the district's 6 LSOAs among the most deprived 20% in all of England (deprivation deciles of 1 or 2).

¹⁴ Fair Society Healthy Lives (The Marmot Review): <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

¹⁵ Marmot Review 10 Years On (February 2020): <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>



Source: Ministry of Housing, Communities & Local Government

Other economic markers

4.28 In 2022, 5.3% of people did not have enough income to afford sufficient fuel. This is lower the London and national rates of 10.4% and 13.1% respectively (OHID, Public Health Profiles).

Patient groups with specific needs

People who are sleeping rough

4.29 Homelessness is a serious and highly visible issue in the City of London, where a disproportionately high number of individuals experience street homelessness. In 2023, 61 people were recorded as sleeping rough on a single night in the Square

Mile, equating to a staggering rate of 562.4 per 100,000 residents¹⁶, significantly above national and regional averages. However, homelessness in the City extends beyond rough sleeping to include individuals in unsafe, overcrowded, or insecure housing, as well as those at risk of losing their home.

- 4.30 The City of London Corporation's Homelessness and Rough Sleeping Strategy (2023–2027)¹⁷ highlights a renewed commitment to tackling the root causes and consequences of homelessness. The strategy prioritises early intervention, rapid and tailored responses, sustainable access to suitable housing, and collaborative working across services and borough boundaries. Special attention is given to individuals with complex vulnerabilities, including those with mental health needs, substance use issues, and histories of trauma, care, or exclusion, who are overrepresented in homelessness statistics.
- 4.31 Community pharmacies in the City of London can play a vital role in supporting residents affected by homelessness. They are often among the most accessible and trusted health services, especially for individuals who may not engage with GPs or secondary care. For those sleeping rough or in precarious housing, pharmacies can provide a safe, stigma-free environment where people can access both clinical services and advice.
- 4.32 Pharmacies contribute to harm reduction by distributing clean needles, offering supervised consumption services, and providing medications management. They can also supply essential health information around personal hygiene, vaccinations, and sexual health, addressing some of the basic but critical health needs of people who are homeless.

¹⁶ Department for Levelling Up, Housing & Communities. Official Statistics. Rough Sleeping snapshot in England: Autumn 2023.

¹⁷ City of London Corporation. (2023). *Homelessness and rough sleeping strategy 2023–2027* [PDF]. <https://www.cityoflondon.gov.uk/assets/Services-DCCS/homelessness-and-rough-sleeping-strategy-2023-27.pdf>

Summary of the demographics of the City of London

The City of London, with an estimated population of 10,559, is one of the least densely populated areas in London, though its daytime population significantly increases due to commuting workers. The population of the City is expected to increase by 2.5% by 2028.

The population is relatively mature, with a median age of 37, and 13% of people aged 65 and over. Around 31% of residents identify as part of an ethnic minority, and multiple European languages such as Spanish, French, and Italian are commonly spoken.

Deprivation levels are comparatively low compared with other local authorities. However, the area faces a notable challenge with homelessness, exhibiting one of the highest rough sleeping rates in the country.

Chapter 5 - Population health needs

- 5.1 This chapter provides an overview of health and wellbeing in City of London, focusing on topics related to the needs for community pharmacy services. This explores health behaviours and major health conditions in City of London.
- 5.2 All the data in this chapter is sourced Office for Health Improvement and Disparities (OHID), Public Health Profiles, 2025.
- 5.3 Some data sources used in this section are specific to the City of London. However, many OHID datasets combine information for both the City of London and Hackney, and cannot be disaggregated. As a result, there are limitations to interpreting this combined data for the City alone. Where such combined data is used, this has been clearly noted in the text.

Our health and behaviours

- 5.4 Community pharmacies are often situated within the heart of communities. The 'walk-in' access to their services makes them ideally placed to provide opportunistic screening and brief interventions, supporting local health and wellbeing.
- 5.5 Within the NHS Community Pharmacy Contractual Framework, community pharmacies are required to have appropriate provisions in place to offer health promotion on risk factors such as smoking cessation and weight management. They can also give opportunistic advice and information on wellbeing and self-care along with signposting, supporting individuals to reach the appropriate services for support.
- 5.6 In the following section, we explore the health behaviours and lifestyle factors that impact on health and wellbeing. The role of pharmacies in supporting these through the Healthy Living Pharmacy framework and by signposting are also discussed. Topics include weight management, physical activity, smoking, alcohol consumption and substance misuse, mental health, and sexual health.

Smoking

- 5.7 Smoking is the leading cause of premature death and preventable illness in England. It is estimated that smoking accounts for 16% of all premature deaths in England and more than 9% of years of life lost as a result of ill health, disability or early death.

Smoking increases the risk of many diseases and conditions, including cancer, respiratory diseases and cardiovascular diseases.

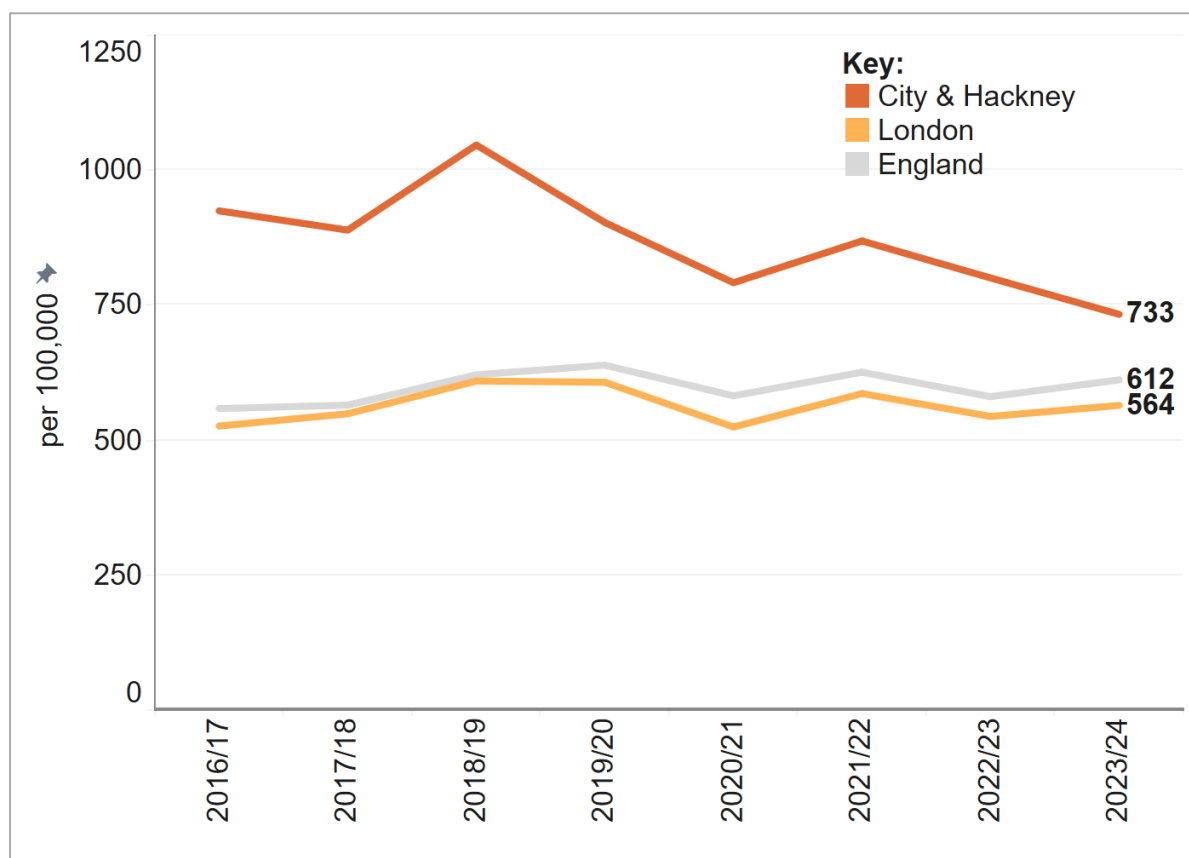
- 5.8 The GP Patient Survey collects data on smoking behaviours from patients at GP services. According to this, in 2022/23, 7.5% of adults aged 18 and over in City of London smoked, half of that in London (15%) and significantly less than the rate in England of 13.6%.
- 5.9 Due to the harmful effects of smoking on maternal health and the baby's growth and development, smoking prevalence among pregnant women is monitored. In 2023/24, 3.7% of mothers in City and Hackney combined, smoked at the time of delivery, similar to the rate of 3.9% in the London region but significantly better than the England rate of 7.4%.
- 5.10 Community pharmacies can provide information and advice around smoking cessation, supplying individuals with appropriate resources such as leaflets and booklets. As detailed in chapter 7, community pharmacies can also offer smoking cessation services, including brief advice on stopping smoking, information on vaping, provision of nicotine replacement therapies as well as prescription medicines (e.g., varenicline and bupropion).

Alcohol

- 5.11 Harmful drinking is associated with a myriad of health issues such as brain damage, alcohol poisoning, chronic liver disease, breast cancer, skeletal muscle damage, and poor mental health. Additionally, other risks include accidents, acts of violence, criminal behaviour, and various social problems following alcohol consumption.¹⁸
- 5.12 In 2023, for City and Hackney combined, the rate of 'alcohol-rated mortality' was 31.3 per 100,000 population, similar to the rate for the London region and is statistically similar to the rate for England (40.7 per 100,000).
- 5.13 In 2023/24, for City and Hackney combined, the rate of admission episodes for alcohol-specific conditions was 733 per 100,000, which is significantly worse than the rate for England of 612 per 100,000. However, this has been decreasing, with improvements since 2018/19.

¹⁸ GOV.UK - Health matters: harmful drinking and alcohol dependence

Figure 5.1: Admission episodes for alcohol-specific conditions in City and Hackney, London and England 2016/17 – 2023/24



- 5.14 Community pharmacies are well-placed to support individuals to engage with local addiction services. Some pharmacies are also able to provide medicine used in the treatment of alcohol use disorder (alcoholism) such as Acamprosate.

Drug use

- 5.15 Substance misuse is associated with a range of mental health issues, including depression, disruptive behaviour and suicide. Between 2021 and 2023, the rate of deaths due to drug misuse was 5.8 per 100,000 population for City and Hackney, which is similar to the rates for England (5.5 per 100,000) and the London region (3.8 per 100,000).
- 5.16 In 2023, 4.5% of drug users aged 18 and over in City and Hackney successfully completed treatment for opiate use, a figure similar to England (5.1%) and the London region (5.2%). Among non-opiate users aged 18 and over, the successful treatment completion rate in City and Hackney was 22.1%, compared to 29.5% for England and 28% for London.

- 5.17 Harm reduction services for substance misuse can be provided by community pharmacies such as offering needle exchange, opioid substitution therapies (e.g., methadone and Buprenorphine) as well as supervised consumption services. Some pharmacies may also provide medicine such as naloxone for the reversal of opioid overdoses.

Weight management

- 5.18 An individual is classified as obese when their Body Mass Index (BMI) exceeds 30. Obesity is associated with premature mortality and preventable ill health, increasing the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes.
- 5.19 In 2023/24, 48.6% of adults in City of London were overweight or obese, significantly lower than the national average of 64.5% and lower than the London rate of 57.8%. This is the third lowest in the London region.
- 5.20 Childhood obesity, which can have life-long health implications, is on the rise. Children who are overweight or obese have increased risk of elevated blood lipids, glucose intolerance, type 2 diabetes, hypertension, and liver enzyme increases linked to fatty liver disease. Additionally, these children may experience psychological issues, including social isolation, low self-esteem, teasing and bullying.
- 5.21 City and Hackney have high levels of overweight and obesity among children. In 2023/24, 26.3% of children in Reception Class in City and Hackney were classified as overweight or obese, significantly worse than the England rate of 22.1% and is the highest in the London region. Similarly, among children in Year 6, 41.4% were overweight or obese in City and Hackney, significantly higher than the national average of 35.8% and the fifth highest in the London region.
- 5.22 Community pharmacies can provide onward referrals to weight management support such as local services or the NHS Digital Weight Management Programme where individuals can receive one-to-one coaching from a weight loss expert.

Physical activity

- 5.23 Maintaining a physically active lifestyle can reduce the risk of developing cardiovascular disease, coronary heart disease, and stroke, along with improving mental health and overall wellbeing. According to the Global Burden of Disease


study, physical inactivity is directly responsible for 5% of deaths in England and is the fourth leading risk factor for global mortality.¹⁹

- 5.24 The population of City of London is relatively active. In 2023/24 63.2% of adults in City of London were considered 'physically active', similar to the England average of 67.4%. Additionally, 26.1% of adults in City of London were classed as 'physically inactive', similar to the England rate of 22%.

Sexual health

- 5.25 Sexual health services in City of London are provided by the Homerton Healthcare NHS Foundation Trust, GPs, pharmacies and online through Sexual Health London.
- 5.26 The rate of new sexually transmitted infection (STI) diagnoses in City of London is considerably higher than the national average although the number of STIs may be over reported due to some sexual health clinics incorrectly registering non-residential City workers with work postcodes.
- 5.27 In 2023, there were 15 cases of chlamydia detected in City of London, equating to a rate of 1,685 per 100,000 young people aged 15–24 (females). This is significantly lower than the rates for England (1,962 per 100,000) and the London rate of (2,028 per 100,000), although rates for the City of London are based on small numbers.
- 5.28 Community pharmacies are vital in promoting and supporting sexual health in a variety of ways, such as STI self-testing, chlamydia treatment and providing contraceptive counselling to support the selection of contraception methods, offering emergency contraceptive services as well as products for on-going contraception. It is possible to easily purchase condoms at pharmacies, and they are also provided free of charge as part of the locally commissioned enhanced service. The role of community pharmacies in providing both PrEP and sexual health related vaccinations such as Hepatitis A/B, Mpox, HPV catch up and MenB for gonorrhoea prevention is an area that is likely to be developed locally for commissioning in 2025/26.
- 5.29 Community pharmacies can also give information about sexual health in leaflets, brochures, and one-on-one consultations. This information can include the signs and

¹⁹ World Health Organization - Global Status Report on Physical Activity 2022



symptoms of common STIs, safe sex practices, treatment seeking and when to get tested. Some pharmacies may also be able to screen for STIs such as chlamydia, increasing access and encouraging early detection.

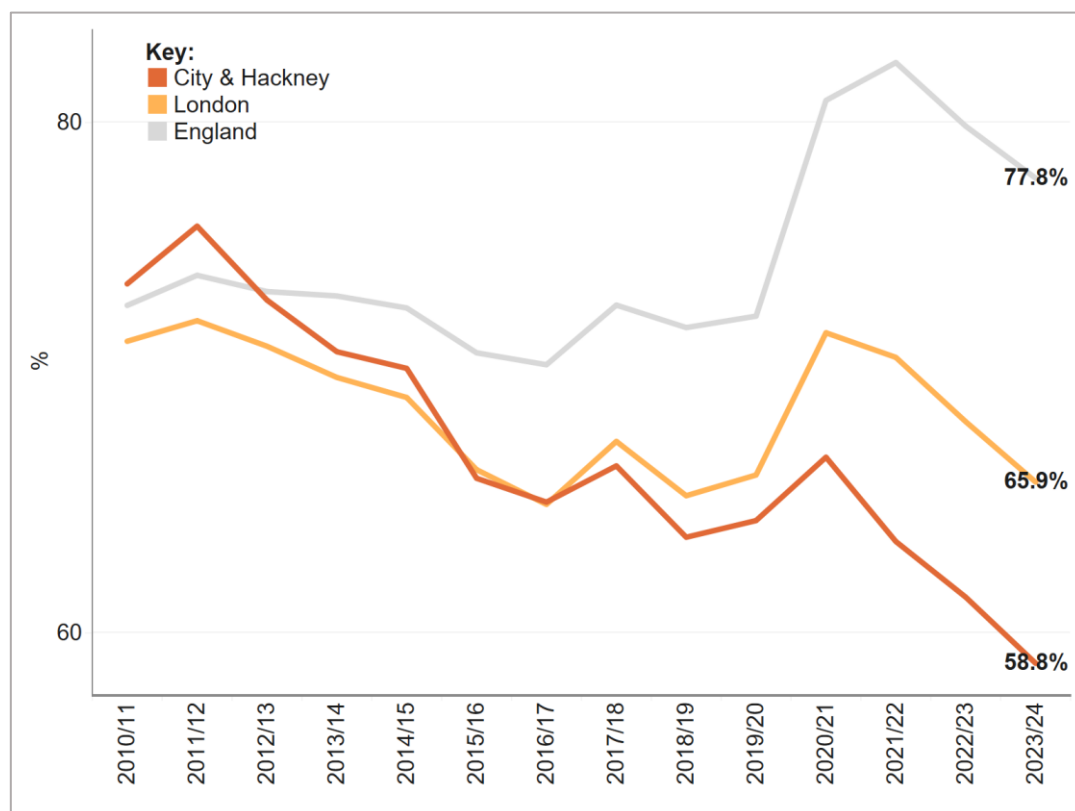
HIV

- 5.30 The latest figures show that there were only 3 residents aged 15-59 years in the City in 2023 newly diagnosed with HIV. This equates to 22.3 per 100,000 population which is statistically similar to the national rate of 10.4 per 100,000 and similar to the regional rate of 17.2 per 100,000.
- 5.31 HIV testing coverage in City of London in 2023 was the second highest in the London region. In City of London, 14,363.4 per 100,000 people who attended specialist sexual health services were tested, which is higher than the London rate of 6,816.5 per 100,000 and is significantly higher than the rate for England (2,770.7 per 100,000).

Flu vaccination

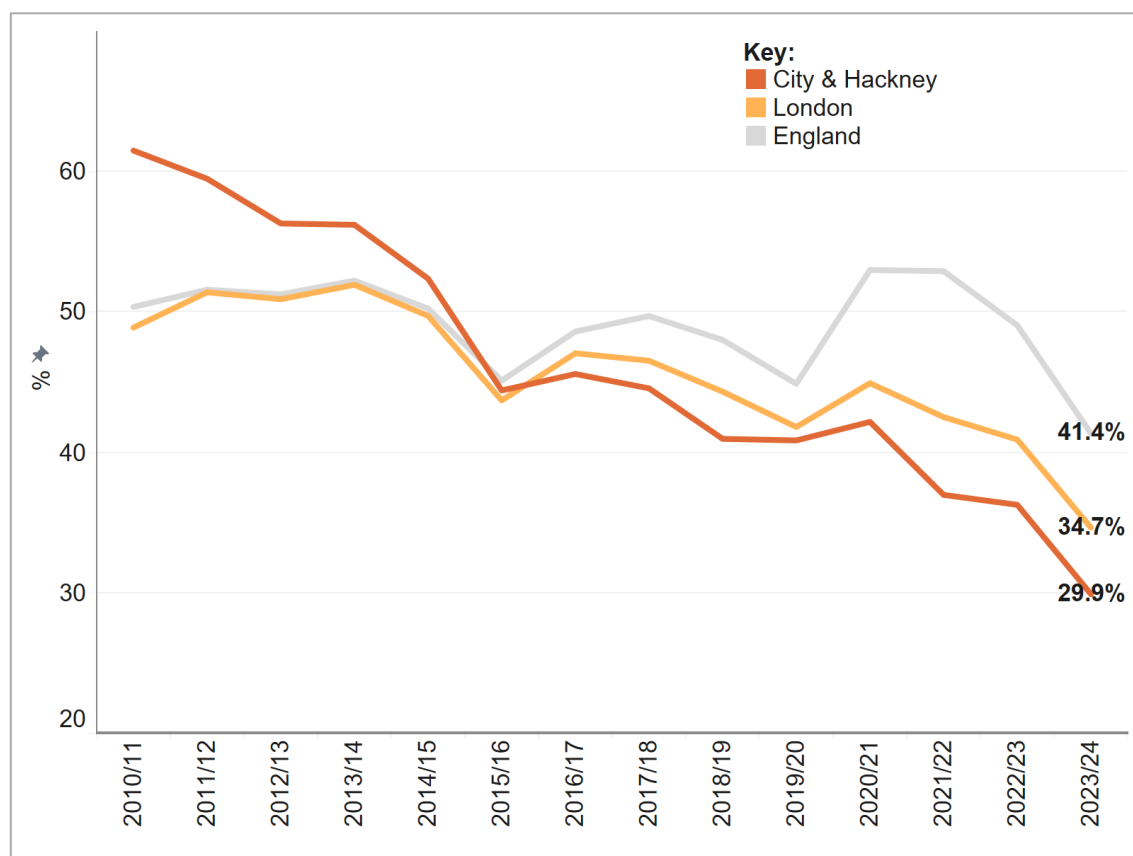
- 5.32 The flu vaccination is offered to individuals at greater risk of developing serious complications from flu. In 2023/24, 58.8% of over-65s in City and Hackney received the vaccine. This is below the England average of 77.8% and is below the national vaccination coverage target of 75%. This has been decreasing and getting worse since 2019/20 (Figure 5.2).

Figure 5.2: Prevalence of flu vaccination coverage for 65s and over in City and Hackney, London and England 2010/11-2023/24



5.33 Flu vaccination coverage for at-risk individuals aged 6 months to 64 years in City and Hackney was 29.9% in 2023/24, the fourth lowest in the London region and below the England average of 41.4%. It also remains below the national vaccination coverage target of 55%. The coverage rate for at-risk individuals has been declining in recent years (Figure 5.3).

Figure 5.3: Prevalence of vaccination coverage for flu for at risk individuals in City and Hackney, London and England 2010/11 – 2023/24






- 5.34 The convenience of flu vaccinations provided by pharmacies can improve accessibility and uptake of flu vaccines, reducing the need to visit a GP for vaccination. Pharmacies are well positioned to reach vulnerable populations at higher risk of complications from the flu, such as older adults, people with chronic conditions, or pregnant women and people who might be less likely to visit their GP.

MMR Vaccinations

- 5.35 Measles, Mumps, Rubella (MMR) a combined vaccine that protects against measles, mumps, and rubella, three highly contagious viral infections. City and Hackney (data combined) have the lowest uptake of the vaccine in England across both age groups (ages 2 and 5) (figure 5.4).

Figure 5.4: Population vaccination coverage for MMR in City and Hackney, London and England in 2023/24

Indicator	Period	Hackney		England				
		Recent Trend	Count	Value	Value	Worst	Range	Best
Population vaccination coverage: MMR for one dose (2 years old)	2023/24	↓	2,720	67.7%*	88.9%	67.7%		96.3%
Population vaccination coverage: MMR for one dose (5 years old)	2023/24	↓	3,135	78.2%*	91.9%	78.2%		97.1%
Population vaccination coverage: MMR for two doses (5 years old)	2023/24	↓	2,437	60.8%*	83.9%	60.8%		94.5%

- 5.36 Children in City can receive their MMR vaccinations from their GP practice and Catch-up Clinics in schools. In addition, parents and carers can book an appointment for their child with the Local Vaccination Team if they have missed a vaccination.

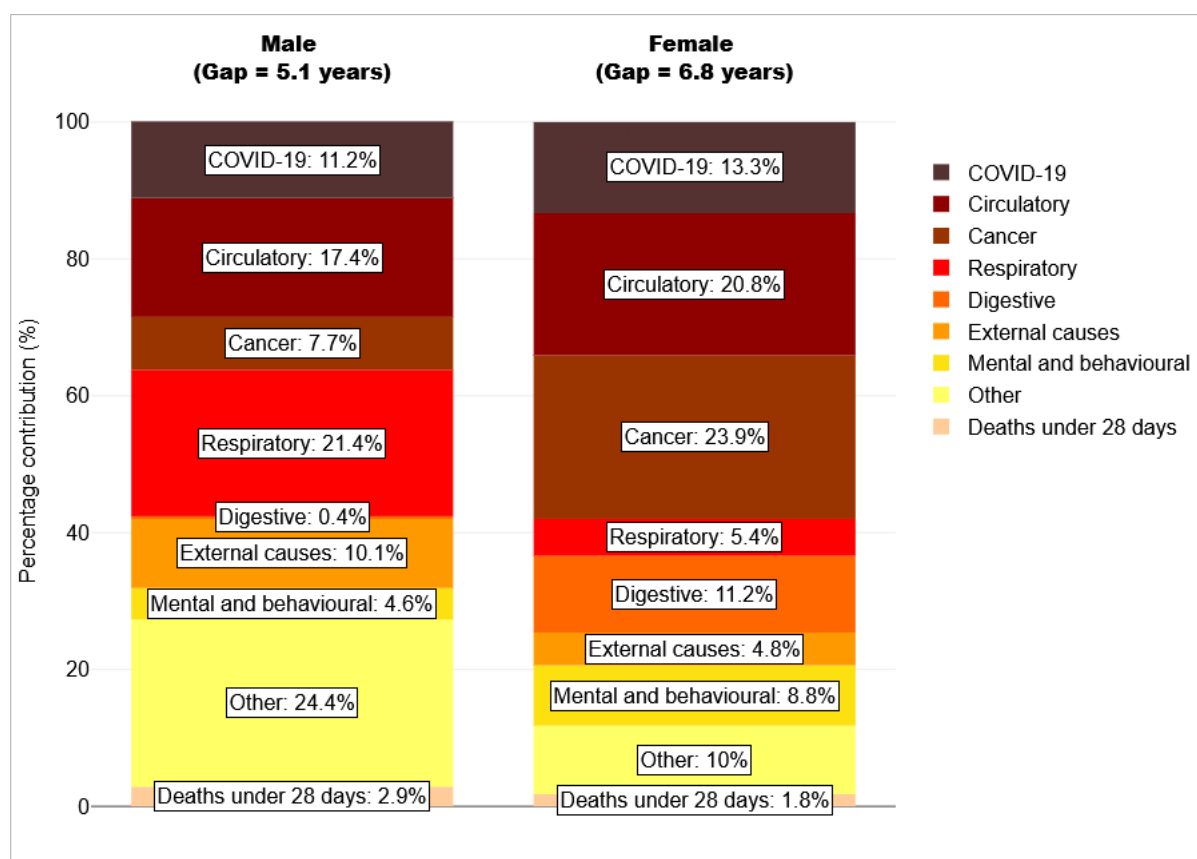
Social isolation and loneliness

- 5.37 Social isolation and loneliness are linked to increased behavioural risk factors, poor mental health, and higher morbidity and mortality rates from conditions such as acute myocardial infarction and stroke. The 2021/22 to 2022/23 Active Lives Adult Survey asked respondents, "How often do you feel lonely?", to understand the proportion who feel lonely always or often. City and Hackney had the fifth highest figure in the London region, with 9.2% reporting that they feel lonely often or always, which is higher than the national figure of 6.8% and the regional figure of 7%.
- 5.38 The 2023/24 Adult Social Care Survey found that 36.8% of adult social care users in the City of London aged 18 and over reported having as much social contact as they would like, which is similar to the regional rate of 40.7% and statistically similar to the national rate of 45.6%. These figures highlight that nearly two thirds of those receiving social care do not have sufficient social contact and are likely experiencing isolation and loneliness.
- 5.39 Pharmacies can support mental health and wellbeing among the community by helping to identify new or worsening symptoms in patients, signposting or referring individuals to existing support services. They can also support medication adherence among patients. Pharmacists can also provide immediate access to necessary medications for those experiencing a mental health crisis, such as emergency supplies of medicines used for the treatment of mental health conditions, to help individuals manage their condition until they can access further support.

Major health conditions

- 5.40 Examining the causes of the life expectancy gap between the most deprived and least deprived populations within a district can gain valuable insight into where a targeted approach is needed by building an understanding of which health conditions have the greatest impact on local populations.
- 5.41 Figure 5.5 illustrates the breakdown of the life expectancy gap (by broad cause of death) between the most deprived and least deprived quintiles of City and Hackney for 2020 to 2021. The leading cause of the life expectancy gap between the most and least deprived quintiles of City and Hackney for males was 'other' diseases, accounting for 24.4% of the gap, the second was respiratory diseases, accounting for 21.4%, whilst the third was circulatory diseases, accounting for 17.4% of the gap. COVID-19 accounted for 11.2% of the gap, external causes accounted for 10.1% of the gap and cancer for 7.7% of the gap. For females, cancer was the main contributor, accounting for 23.9% of the gap, circulatory diseases for 20.8%, COVID-19 for 13.3%, digestive for 11.2% and 'other' diseases for 10%.

Figure 5.5: Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of City and Hackney, by broad cause of death, 2020-21



- 5.42 The next section will take a closer look at respiratory diseases, circulatory diseases and cancer, and their impact in City of London.

Respiratory diseases

- 5.43 Respiratory diseases, such as flu, pneumonia, and chronic lower respiratory diseases such as chronic obstructive pulmonary disease (COPD), are some of the leading causes of death in England for those under 75.
- 5.44 In City and Hackney, the under-75 mortality rate for respiratory diseases between 2021 and 2023 was 36.2 per 100,000 population. This rate is higher than both the national rate for England, which stands at 30.3 per 100,000, and the rate for the London region at 25.5 per 100,000. This is the third highest in the London region.
- 5.45 One of the major respiratory diseases is COPD. The mortality rate from COPD in City and Hackney was 53.8 per 100,000 in 2021-2023, which was higher than the rate for London of 38.8 per 100,000 and significantly higher than the England rate of 43.9 per 100,000.

Circulatory diseases

- 5.46 Circulatory diseases, which affect the heart and blood vessels such as coronary heart disease and stroke, are among the leading causes of death globally. For the period 2021-2023, the under 75 mortality rate from cardiovascular disease in City and Hackney was 99.7 per 100,000 population which was higher than the figures for the London region (74.5 per 100,000 population) and significantly higher than the England rate (77.1 per 100,000 population).
- 5.47 The most recent prevalence of coronary heart disease patients in City of London general practices (2023/24) (1.9%) was similar to the London region (1.9%) and less than two thirds of the overall England rate (3%).
- 5.48 Stroke prevalence was also similar to the London region. In 2023/24, 1.1% of patients registered with a GP in City of London had a stroke or transient ischaemic attack (TIA) diagnosis. This is similar to the London rate of 1.1% but just over half of the England rate of 1.9%.

Cancer

- 5.49 Cancer is a group of diseases whereby abnormal cells grow and reproduce. These abnormal cells have the potential to spread to other areas of the body. In 2023, the

mortality rate from cancer in City and Hackney was 262.5 per 100,000, similar to rates in England (247 per 100,000) and London (226 per 100,000). This is the third highest in the London region. However, premature cancer mortality (under 75) in City and Hackney was 135 per 100,000 in 2021–2023, significantly worse than England (122 per 100,000) and London (110 per 100,000).

- 5.50 Mortality rates for breast (females), prostate (males), colorectal, bladder and stomach cancers were comparable to national figures.
- 5.51 Mortality rate from lung cancer was significantly worse in City and Hackney at 57.7 per 100,000 than England at 47.5 per 100,000. Additionally, the mortality rate for leukaemia and lymphoma was significantly worse in City and Hackney at 25.5 per 100,000 than England at 20.2 per 100,000.
- 5.52 However, oesophageal cancer mortality was significantly lower in City and Hackney at 7.1 per 100,000 compared to 11.6 per 100,000 in England.

Summary of health needs

Overall, the people of City of London can expect to have a good level of health, with low levels of smoking, low rates of overweight and obesity among adults and high sexual health screening rates.

Many health datasets combine information for both the City of London and Hackney, and unfortunately, cannot be disaggregated. They have shown that there are some indicators identified within 'Our Health and Behaviours' where City and Hackney is doing worse than regional and national comparators. These include:

- Proportion of reception and Year 6 school pupils who are overweight or obese (2023/24).
- Flu vaccination coverage for over 65s and 'at-risk' individuals (2023/24).
- Proportion of residents who reported feeling lonely always or often (2021/22-2022/23).
- Admission episodes for alcohol-specific conditions (2023/24).

Respiratory diseases, circulatory diseases and cancer are the 'Major Health Conditions' identified as the main causes of inequalities in life expectancy in City and Hackney.

Chapter 6 - Patient and public survey

- 6.1 To gain insight into the views of patients and the public regarding the use of pharmacies, a survey was developed and widely distributed across in City and Hackney between 4th March and the 1st May 2025. The survey explored how residents, workers, and students access and experience local pharmacy services.
- 6.2 In addition to service use, the survey collected information on respondents' protected characteristics, as defined in section 149 (7) of the Equality Act 2010. These include age, ethnicity, gender, pregnancy and breastfeeding status, sexual orientation, employment status, relationship status, and disability status.
- 6.3 The survey was reviewed and approved by the PNA Steering Group for use with the local population before it was shared.
- 6.4 The following chapter presents the survey findings for City along with the results of the equality impact assessment.

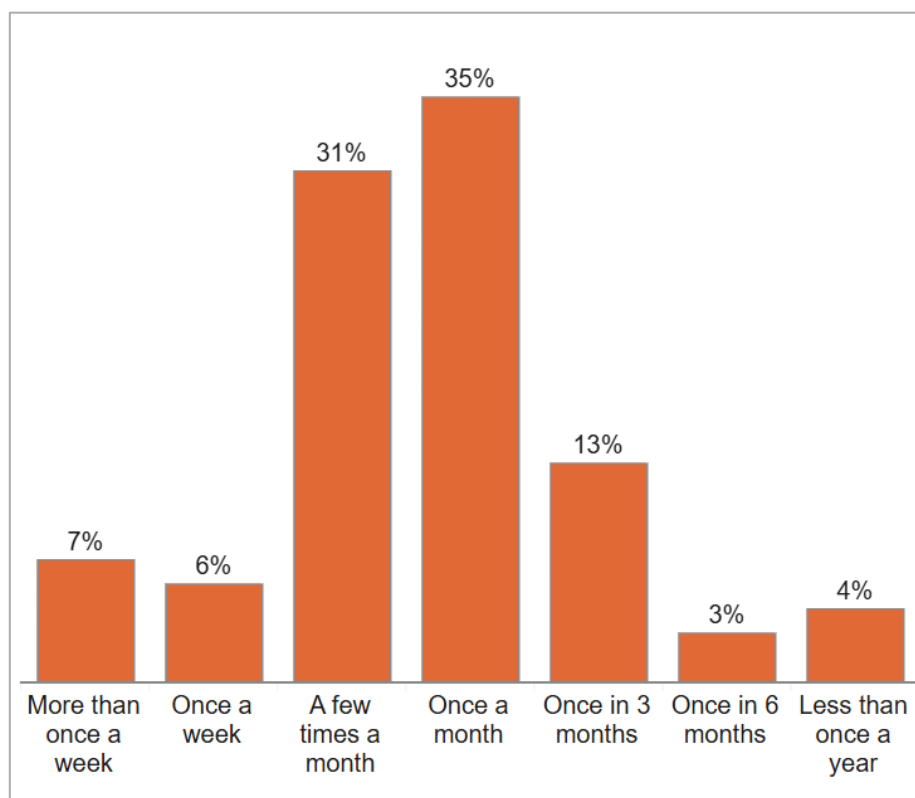
City of London engagement strategy

- 6.5 Working closely with the steering group and the City of London Communications Team, the survey was promoted through a variety of channels. It was shared via the City of London Healthwatch networks and social media channels, Community Champions, Community and Voluntary Sector groups, the Population Health Hub and libraries across the borough.
- 6.6 In total, the survey was completed by 69 residents, workers and students of City of London.

Results of the public survey

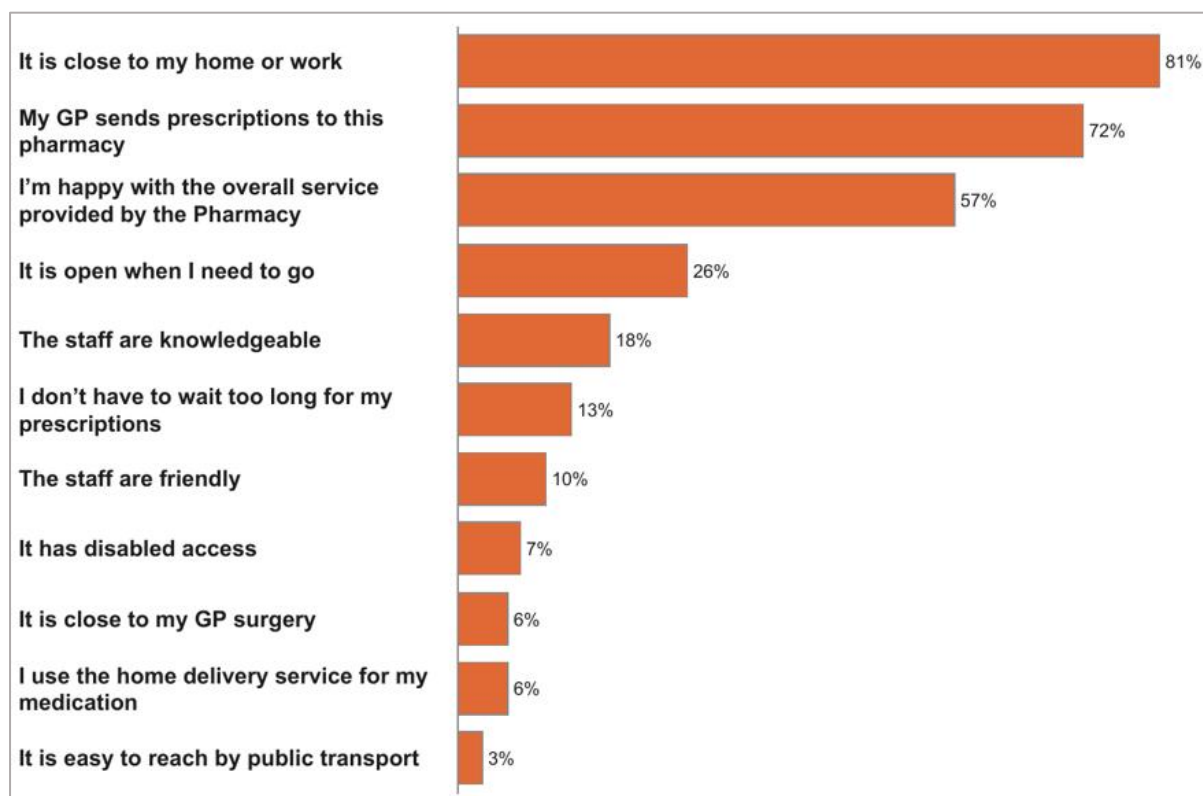
- 6.7 Pharmacies are well frequented by respondents in City of London. Over a third (35%) of respondents reported that they used their pharmacy once a month, 31% a few times a month, 13% once every 3 months, 7% used it more than once a week, 6% once a week, 4% less than once a year and only 3% once every 6 months (Figure 6.1).

Figure 6.1: Responses by frequency of pharmacy use



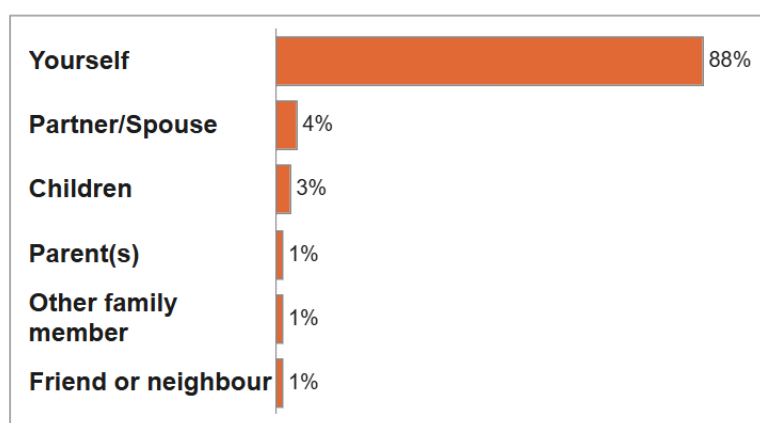
6.8 When asked respondents to provide the top three reasons they chose their particular pharmacy, the vast majority (81%) reported that it was because it was close to their home or work, nearly three quarters (72%) said it was where their GP sent their prescriptions to, for 57% it was because they are happy with the overall service provided and over a quarter (26%) stated that it was open when they needed to go (Figure 6.2).

Figure 6.2: Responses by reasons for pharmacy choice



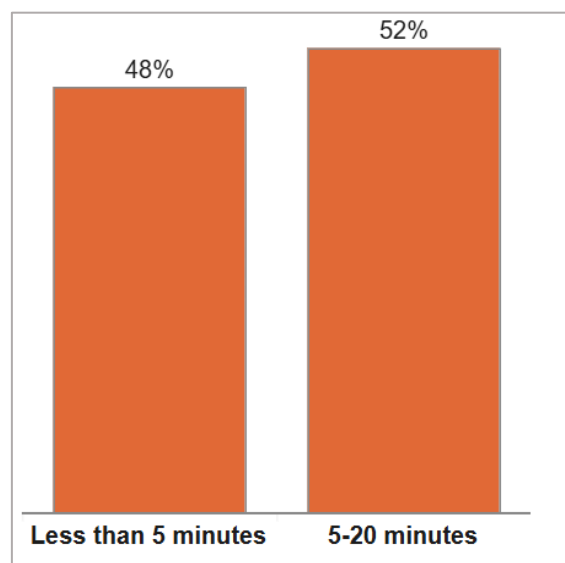
6.9 A large proportion (88%) of respondents reported that they primarily use a pharmacy for themselves, 4% primarily use a pharmacy for their partner/spouse, 3% for their children, 1% for their parent(s), 1% for another family member and 1% a friend or neighbour (Figure 6.3).

Figure 6.3: Responses by whom the pharmacy is primarily used for



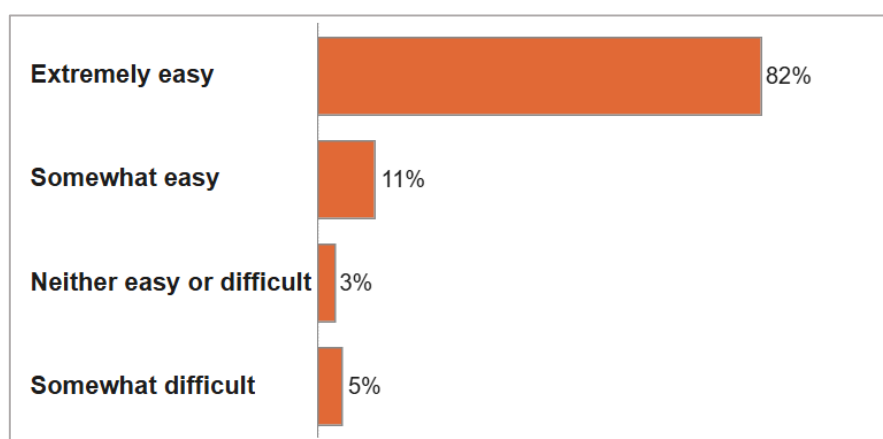
6.10 All respondents could reach their pharmacy in 20 minutes or less. For over half the respondents (52%), it takes between 5 and 20 minutes to travel to their pharmacy, with the remaining 48% spending less than 5 minutes (Figure 6.4). All respondents reported that they walk to their pharmacy.

Figure 6.4: Responses by travel time to pharmacy



6.11 Overall, respondents were happy with their journey to their pharmacy, with the majority of respondents (82%) finding the journey to reach their pharmacy extremely easy, a further 11% finding it somewhat easy, 5% finding it somewhat difficult and 3% finding it neither easy nor difficult (Figure 6.5).

Figure 6.5: Responses ease of journey to pharmacy



6.12 There was not a clear preference among respondents for when to visit their pharmacy. More than half of the respondents (60%) did not have a preference for whether they visit their pharmacy on a weekday or weekend, while just over a third (34%) preferred to go on a weekday and only 6% preferred to go on a weekend (Figure 6.6). When asked what time of the day they usually go to their pharmacy, nearly half (48%) said it was between 9am-12pm, 29% between 3-6pm, 17% between 12-3pm, 3% between 6-9pm and a further 3% between 6am-9am (Figure 6.7).

Figure 6.6: Responses by preferred day for pharmacy use

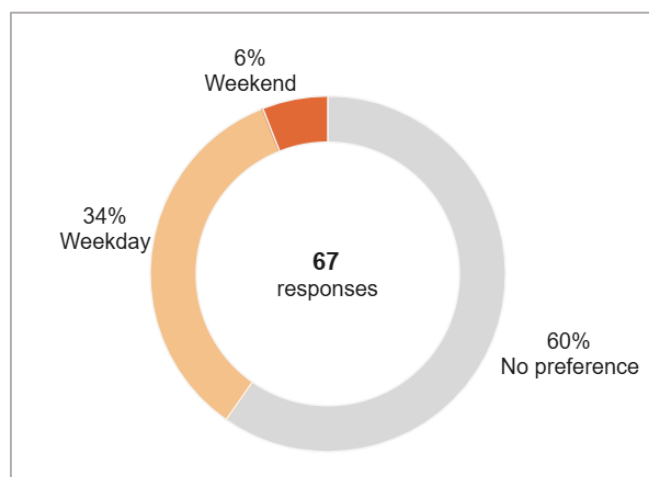
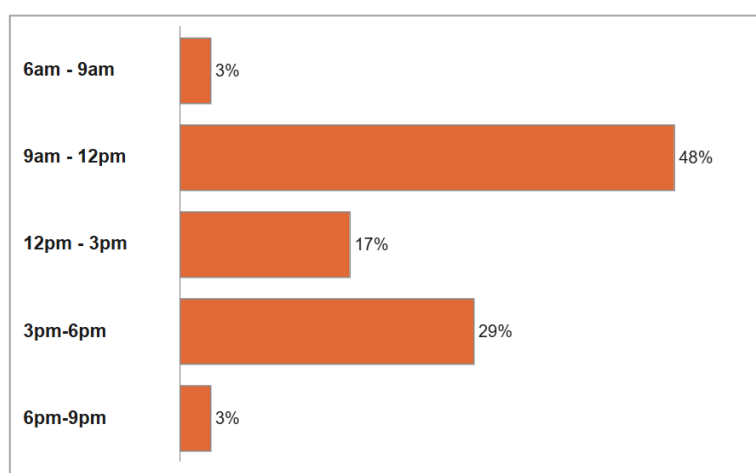
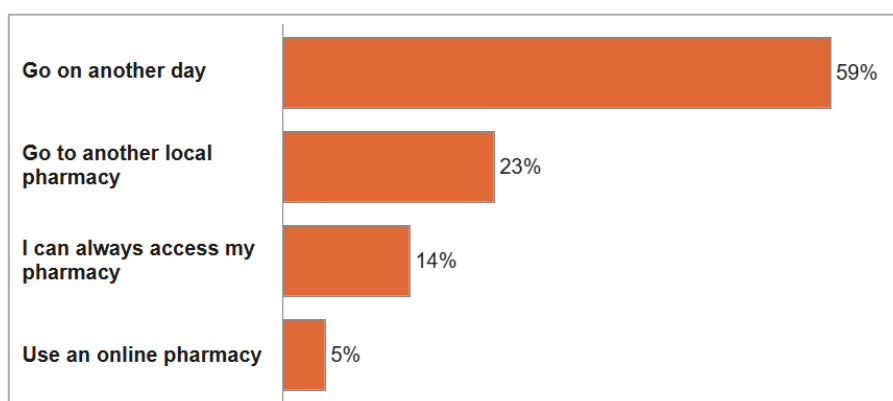


Figure 6.7: Responses by preferred time of day preferred to go to pharmacy



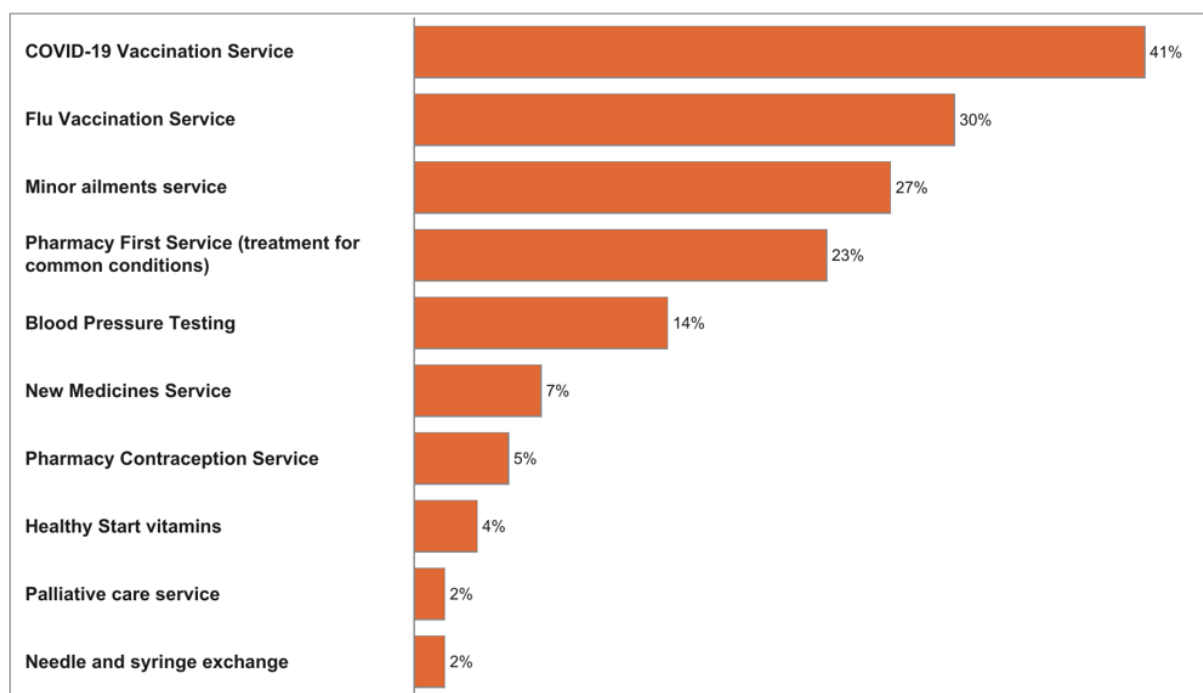
6.13 When asked what they would do if they could not access their pharmacy, most (59%) would go on another day, while nearly a quarter (23%) report that they would go to another pharmacy, 14% reported that they could always access their pharmacy and a further 5% would use an online pharmacy instead (Figure 6.8).

Figure 6.8: Responses by action if had no access to their pharmacy



- 6.14 Respondents were asked what services they would like to see at their pharmacy, with 41% suggesting COVID-19 vaccination services, 30% wanting flu vaccinations services, over a quarter (27%) minor ailments services, nearly a quarter (23%) pharmacy first service and 14% blood pressure testing (Figure 6.9).

Figure 6.9: Responses on services they would like to see at their pharmacy



Equality impact assessment

- 6.15 This section examines the patient and public survey responses by different groups representing protected characteristics to understand similarities and differences between groups.

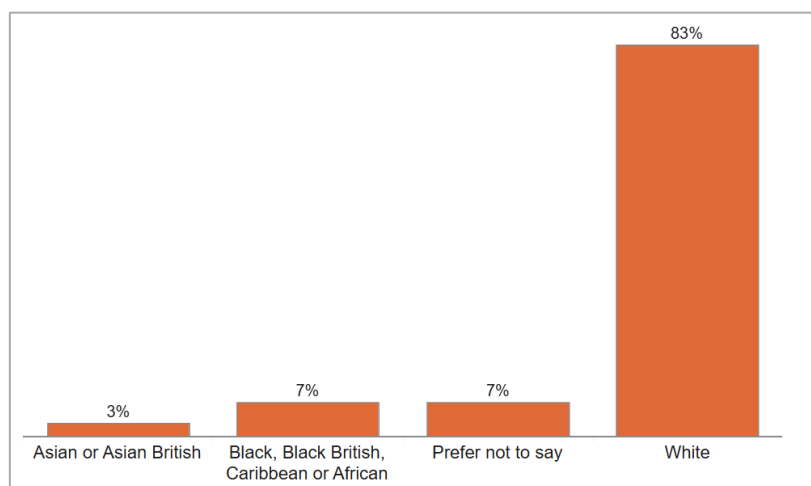
Age

- 6.16 To understand any differences between age groups, we compared differences between those aged over 65 (n=40), and individuals aged 65 and under (n=26).
- 6.17 There were no differences between age groups in access to or use of pharmacy.

Ethnicity

- 6.18 The vast majority (83%; n=57) respondents were from White ethnic groups, 7% (n=5) preferred not to say, 7% (n=5) were from Black, Black British, Caribbean or African ethnic groups and a further 3% (n=2) from Asian or Asian British ethnic groups (Figure 6.10).

Figure 6.10: Responses by ethnicity



- 6.19 Those from white ethnic groups were more likely to use a pharmacy primarily for themselves (91%).

Gender

- 6.20 Respondents were asked what sex they were registered with at birth. Most (70%; n=48) were registered as female, over a quarter (28%; n=19) were registered as male and 3% (n=52) preferred not to say. Respondents were also asked how they would describe their gender identity, with over two thirds (68%; n=47) identifying as women, over a quarter (28%; n=19) identifying as men and 4% (n=3) preferring not to say. No respondents reported that they were Trans or had a Trans history.
- 6.21 Those identifying as men were more likely to usually use their pharmacy between 9am-12pm (74%) than those identifying as women (36%).

Pregnancy and breastfeeding

- 6.22 When asked if they were currently or recently pregnant and/or currently breastfeeding, 1% (n=1) respondents reported that they were currently or recently pregnant and no respondent reported that they were breastfeeding.

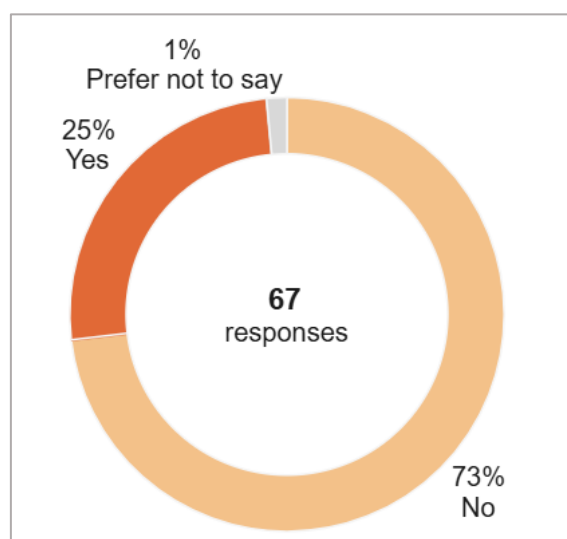
Employment status

- 6.23 Employment status was grouped into those who were in employment and those who were not. Just over half (64%; n=45) were not in employment, nearly a third (32%; n=23) were in employment and 1% (n=1) preferred not to say.
- 6.24 Those not in employment were more likely to not have a preference in what day they visit their pharmacy (71%) than those in employment (39%).

Caring responsibilities

- 6.25 Nearly three quarters (73%; n=49) did not have caring responsibilities, whilst a quarter (25%; n=17) did and 1% preferred not to say (n=1) (Figure 6.11).

Figure 6.11: Responses by caring responsibility status



- 6.26 There were no differences between those with and those without caring responsibilities in access to and use of pharmacies.

Long-Term Conditions

- 6.27 Over half (51%; n=35) respondents had a long-term physical or mental health condition or illness, whilst nearly half (48%; n=33) did not and 1% (n=1) preferred not to say (Figure 6.12). A large proportion (42%; n=15) of these respondents stated 'not at all' when asked if their condition or illness reduces their ability to carry out day-to-day activities, 39% (n=14) responded with 'yes, a little' and nearly a fifth (19%; n=7) responded 'yes, a lot' (Figure 6.13).

Figure 6.12: Responses by long-term condition status

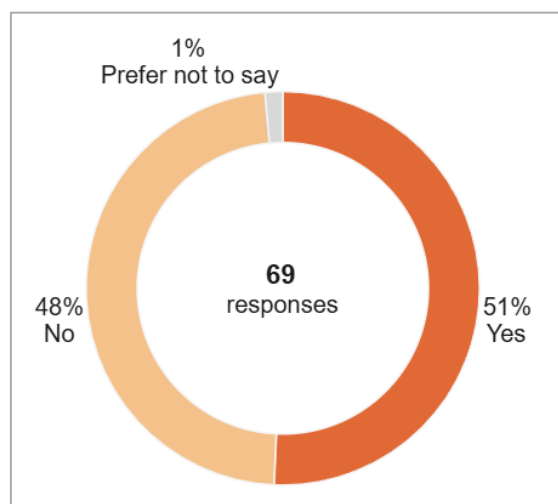
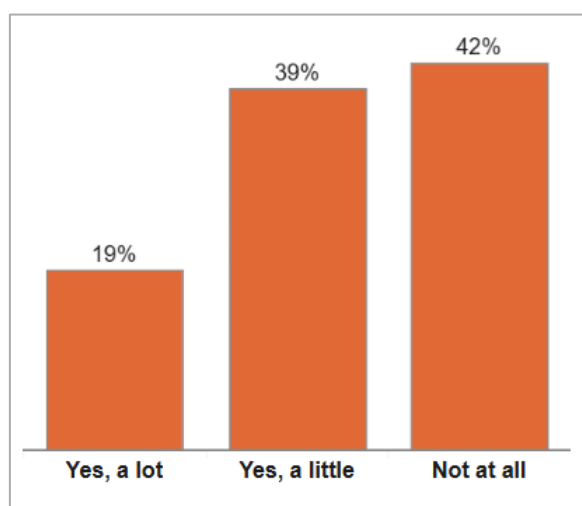


Figure 6.13: Responses by reduced ability status related to long-term condition

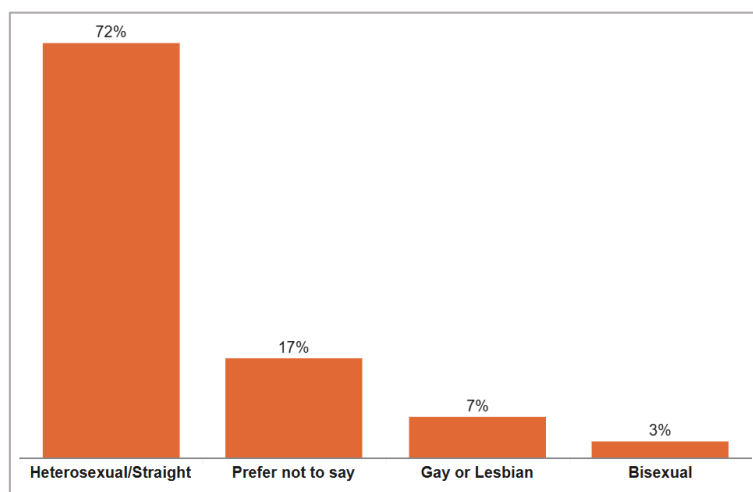


- 6.28 Those who responded 'yes, a lot' to having a reduced ability related to a long-term condition were more likely to visit their pharmacy once a month (71%), were less likely to choose their pharmacy because they are happy with the overall service (29%) and were more likely to usually visit their pharmacy between 3-6pm (71%).

Sexual orientation

- 6.29 Nearly three quarters (72%; n=50) identified as heterosexual/straight, with 17% (n=12) preferring not to say, 7% (n=5) identifying as gay/lesbian and 3% (n=2) identifying as bisexual (Figure 6.14).

Figure 6.14: Responses by sexual orientation

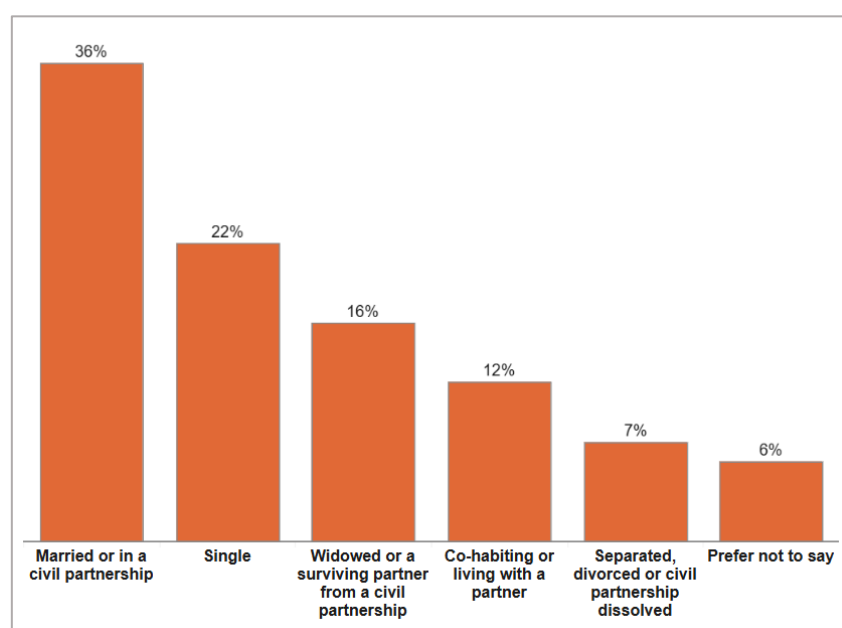


6.30 There were no differences in in access to or use of pharmacies between sexual orientation groups.

Relationship Status

6.31 Many respondents (36%; n=24) reported that they were married or in a civil partnership, 22% (n=15) were single, 16% (n=11) were widowed or a surviving partner from a civil partnership, 12% (n=8) were co-habiting or living with a partner, 7% (n=5) were separated, divorced or had their civil partnership dissolved and 6% (n=4) preferred not to say (Figure 6.15).

Figure 6.15: Responses by relationship status



- 6.32 There were no differences in in access to or use of pharmacies between relationship status groups.

Summary of the patient and public engagement and equality impact assessment

To build an understanding of how pharmacies are being used in City of London, a public and patient survey was carried out. The survey sought to examine how local people are using pharmacies, including how and when they are accessing them.

The survey garnered 69 responses from people who live, work and/or study in City of London. Most respondents used their pharmacy at least once a month over the last 6 months. All respondents could reach their pharmacy in 20 minutes or less with all choosing to walk there. The vast majority of survey respondents found this journey easy. There were no clear preferences in whether respondents visited their pharmacy on a weekday or weekend, although most usually visited between 9am and 6pm.

To understand the health needs of people with protected characteristics and vulnerable groups, an equalities impact assessment was undertaken. No substantial differences or identified needs were found amongst protected characteristics groups and pharmacy usage.

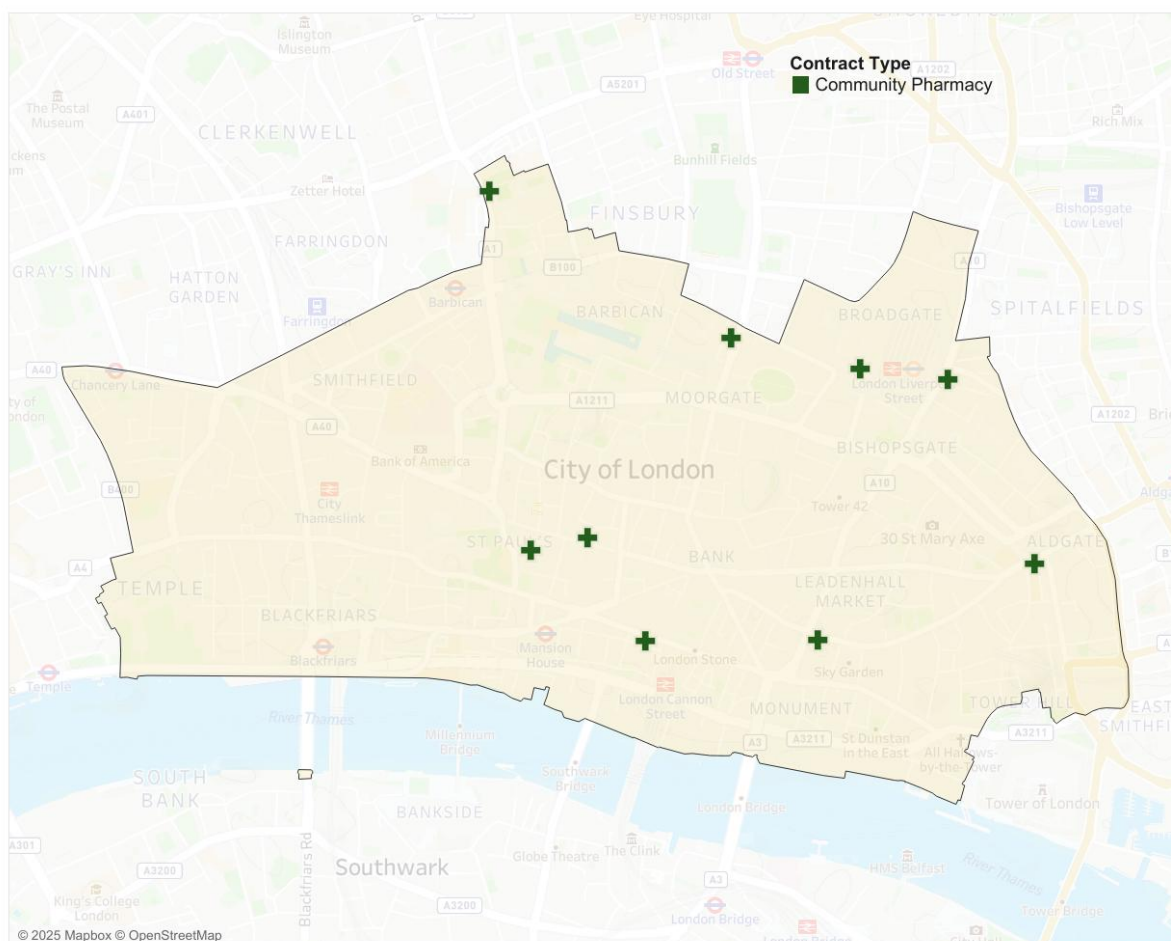
Chapter 7 - Pharmaceutical Services Provision

- 7.1 This chapter identifies the pharmaceutical service providers available in the City of London, the services they provide and maps their accessibility.
- 7.2 It evaluates the adequacy of services by considering:
- Different types of pharmaceutical services provided.
 - Geographical distribution and choice of pharmacies within and outside the district.
 - Opening hours.
 - Dispensing data and capacity.
 - Pharmacies that provide essential, advanced and enhanced services.
- 7.3 Where appropriate, a 0.8-mile radius has been included around service providers to highlight their coverage.

Pharmaceutical Service Providers

- 7.4 As of August 2025, there are 9 pharmacies included in the pharmaceutical list for the City of London HWB area, all of which are community pharmacies. The pharmacies are presented in the map in Figure 7.1 below. All the pharmacy providers in the district are also listed in Appendix B.

Figure 7.1 Pharmaceutical service providers in the City of London



Source: NHSBSA

Community Pharmacies

- 7.5 City of London's 9 community pharmacies equate to 8.5 community pharmacies per 10,000 residents (based on 2025 population estimate of 211,611). This ratio is considerably higher than the national average of 1.7 pharmacies per 10,000 residents (NHBSA and 2021 Census).

Dispensing Appliance Contractors (DACs)

- 7.6 Dispensing Appliance Contractors (DACs) are specialised service providers supply patients with prescribed appliances, primarily focusing on providing appliances such as stoma appliances, catheters, incontinence products and wound care appliances rather than medicines. There are no DACs in the City of London.

GP Dispensing Practices

- 7.7 These are general practices that are authorised to dispense medications directly to their patients, typically in rural or remote areas where community pharmacies are not easily accessible. There are no GP Dispensing Practices in the City of London.

Distance Selling Pharmacies (DSPs)

- 7.8 Distance Selling Pharmacies (DSPs) are pharmacies that operate mainly through remote means, such as online platforms, phone or mail rather than providing face to face services. There are no DSPs in the City of London.

Local Pharmaceutical Services (LPS)

- 7.9 This is a type of pharmacy contract that allows commissioners to commission tailored pharmaceutical services to meet specific needs of a local population. There are no Local Pharmaceutical Service (LPS) contracts in the City of London and no areas in the City of London have been designated as LPS areas.

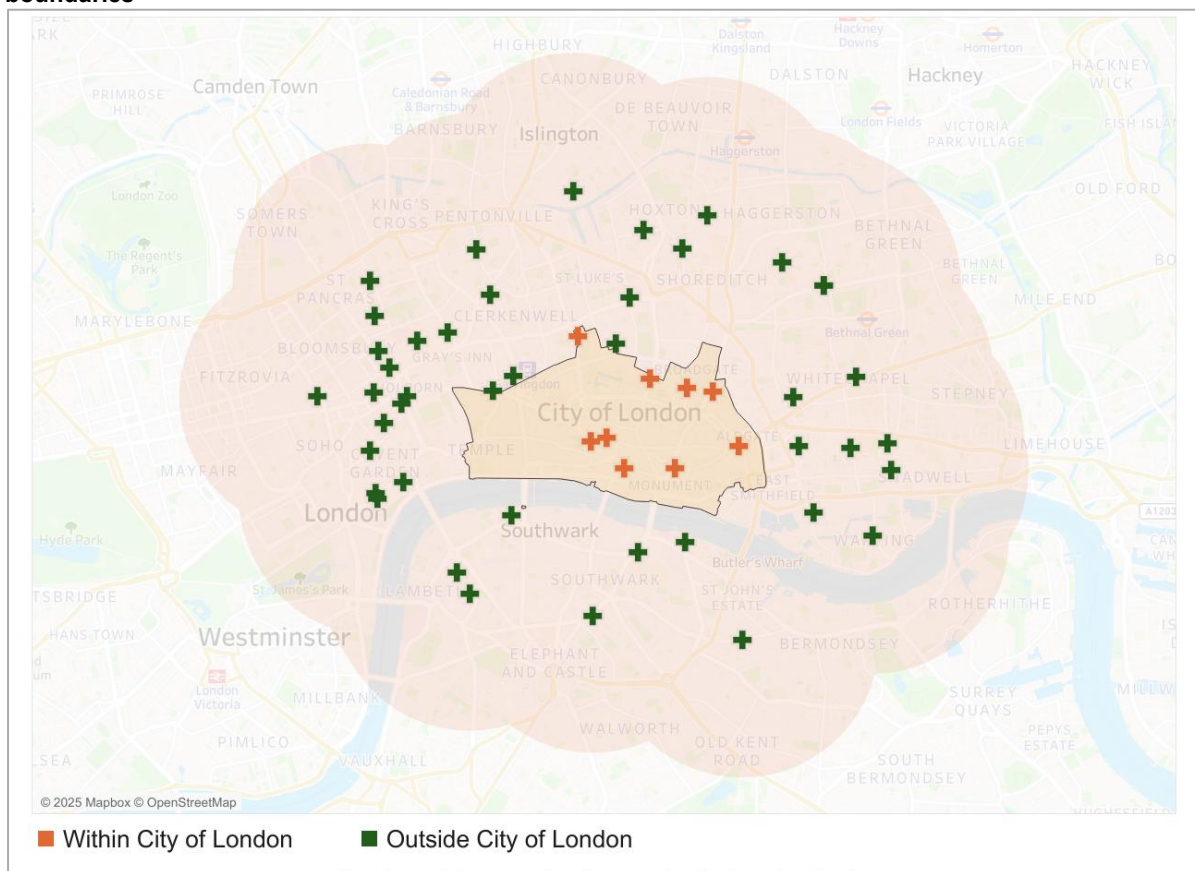
Accessibility

Distribution and Choice

- 7.10 In the City of London, majority of the community pharmacies are owned and operated by a single large contractor, with only one pharmacy owned by an alternative provider. While this represents a limited range of ownership compared with other areas, current evidence does not indicate that this concentration impacts the availability, accessibility, or quality of pharmaceutical services delivered to the local population.
- 7.11 The PNA is required to assess whether the current provision of services meets the needs of the population, rather than to regulate market competition or ownership. NHS England remains responsible for market entry and contractual matters.
- 7.12 As described in Chapter 3, the PNA Steering Group established a maximum acceptable distance for residents to access pharmaceutical services of:
- A 15-minute walk (equivalent of about 0.8 mile).
 - A 10-minute drive.
 - 15 minutes by public transport.

7.13 Figure 7.2 below shows the 9 community pharmacies located in the City of London and 73 additional pharmacies within 0.8 mile of its boundaries.

Figure 7.2: Distribution of community pharmacies in the City of London and within 0.8 mile of the district's boundaries

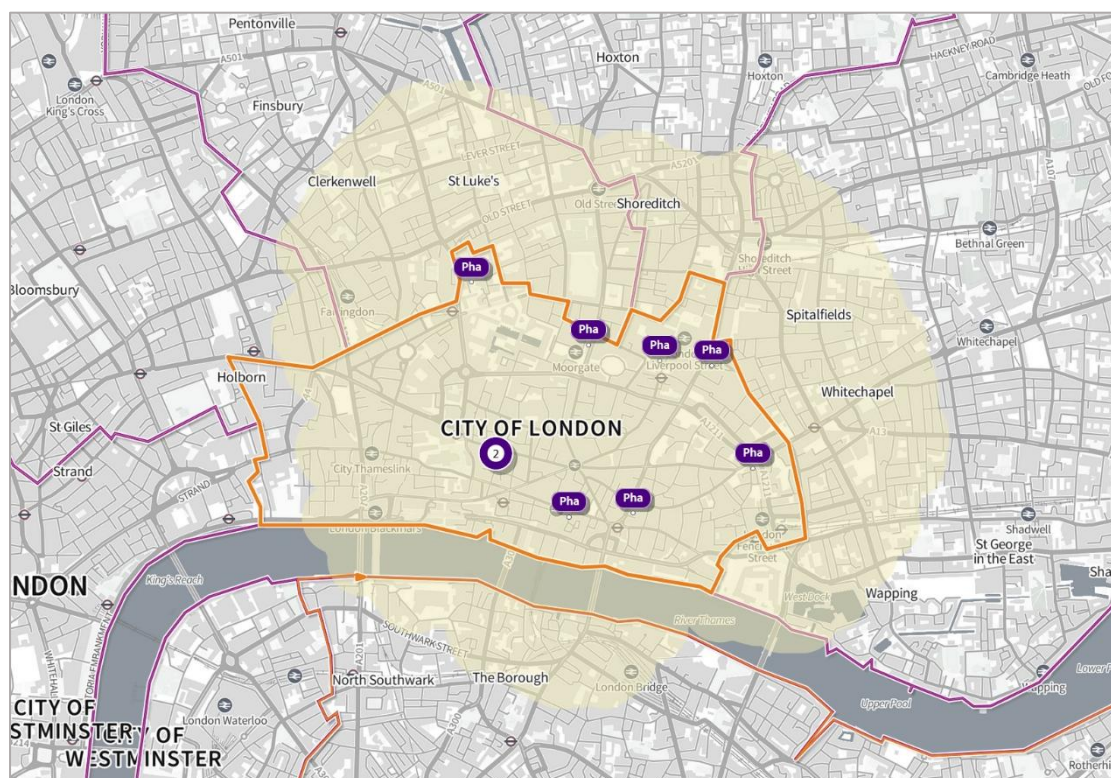


Source: NHSBSA

7.14 As seen, there is a good distribution of pharmacies in and around the City of London attesting to ease of access to pharmacies by its residents.

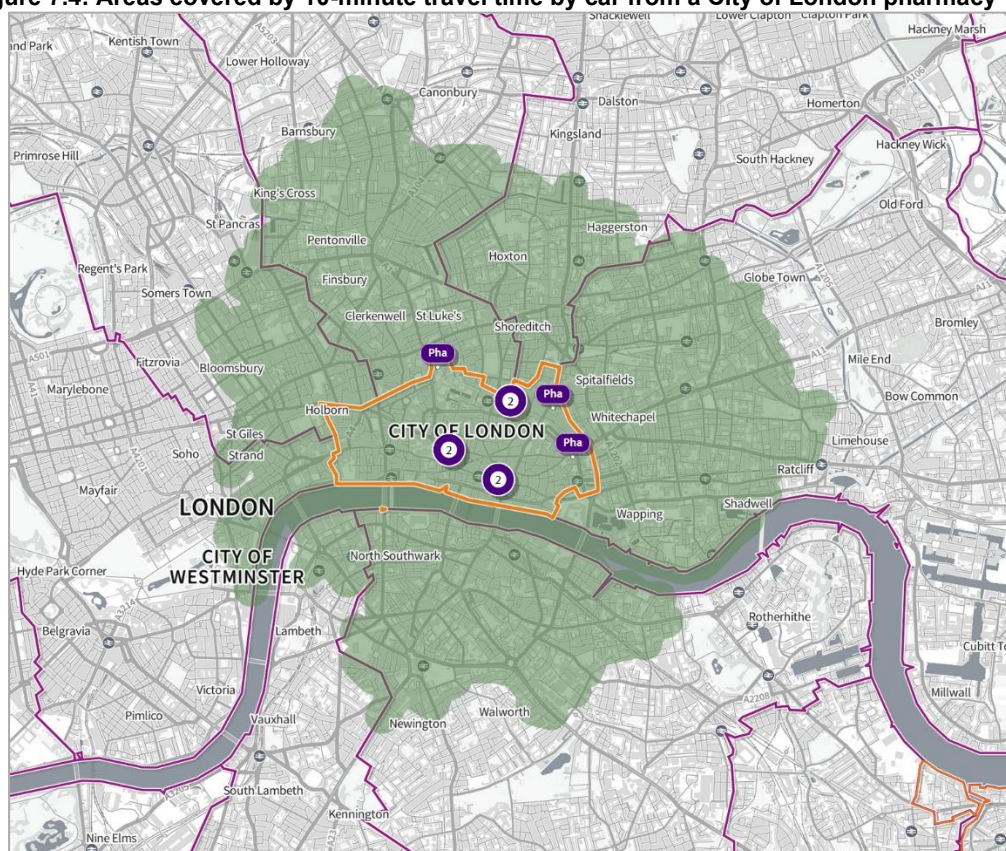
7.15 This is also reflected in terms of easy access to pharmacies by public transport as seen in Figures 7.3 to 7.5 below. City's boundary is shown as orange in these images. As seen, the entire local authority's area is within reach of a pharmacy as per the established criteria (within 15 minutes by walking, 10 minutes by car and 15 minutes by public transport).

Figure 7.3: Areas covered by 15-minute travel time by walking from a City of London pharmacy



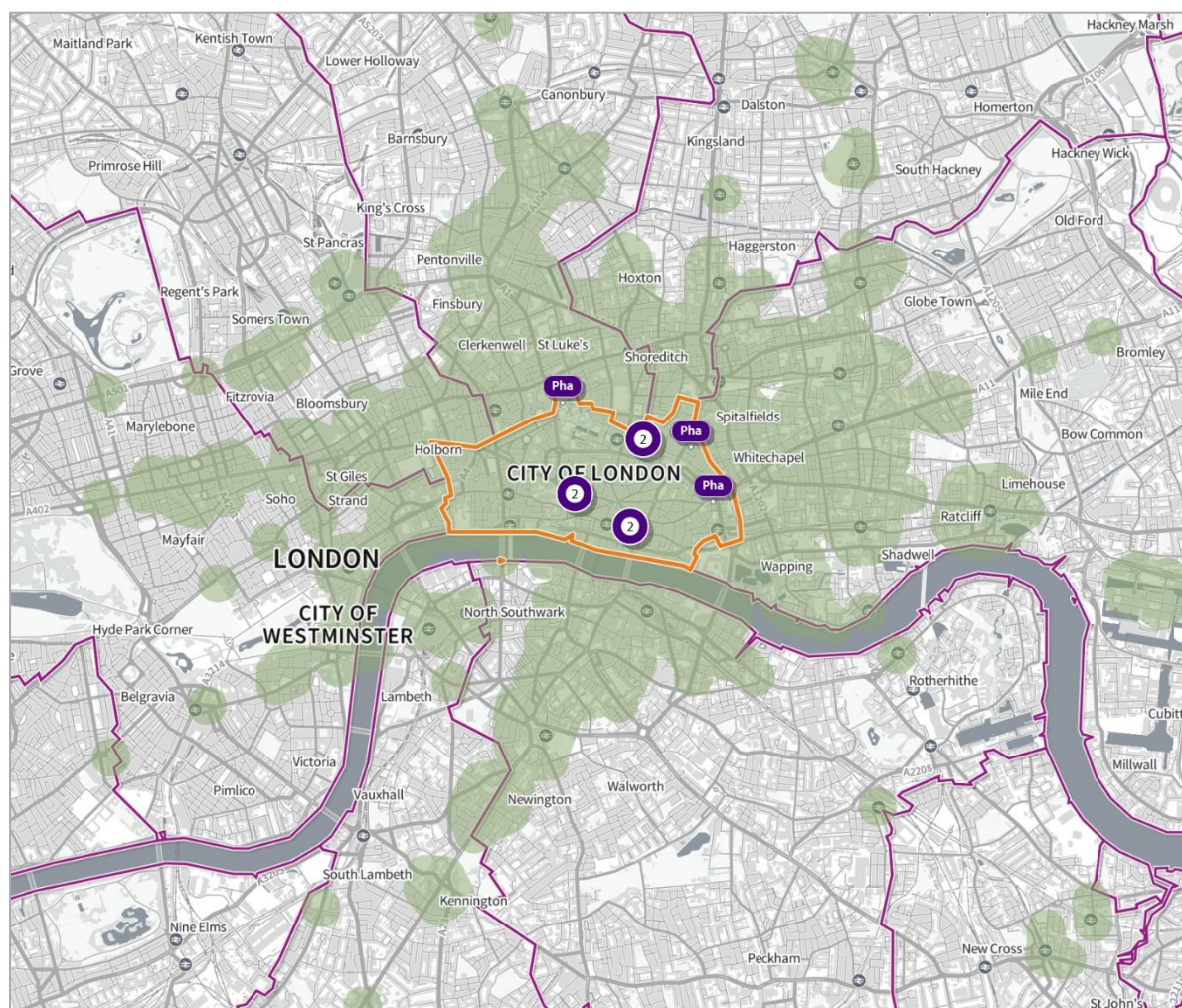
Source: Strategic Health Asset Planning and Evaluation Atlas Tool

Figure 7.4: Areas covered by 10-minute travel time by car from a City of London pharmacy



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

Figure 7.5: Areas covered by 15-minute travel time by public transport from a City of London pharmacy



Source: Strategic Health Asset Planning and Evaluation Atlas Tool

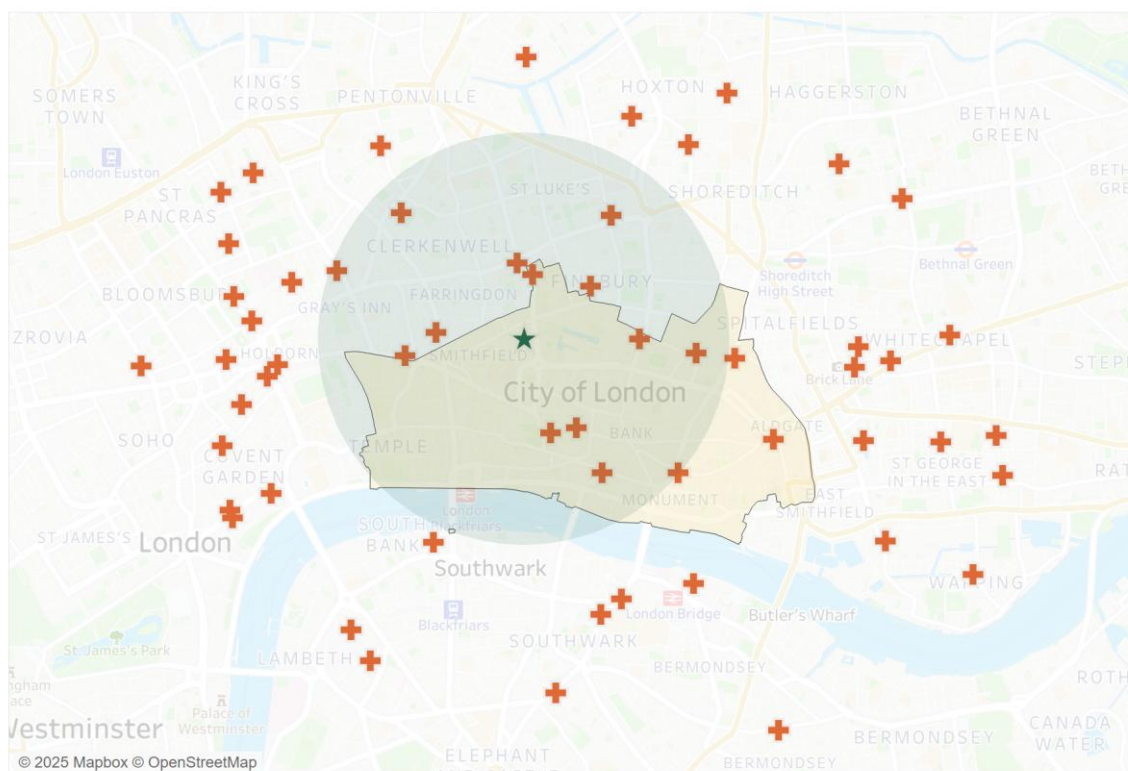
Pharmacy distribution in relation to GP surgeries

- 7.16 In early 2019, the NHS Long Term Plan was announced that urged general practices to form Primary Care Networks (PCNs). PCNs are collaborative entities linking primary care services with hospital, social care and voluntary sector organisations and covering populations between 30,000–50,000 people. The Neaman Practice is the only general practice in the City of London with a combined prescribing list size population of 9,415. It is one of the five practices that make up the Shoreditch Park & City PCN.
- 7.17 Each primary care network has expanded neighbourhood teams which is made up of a range of healthcare professionals including GPs, district nurses, allied health care professionals, community geriatricians and pharmacies. It is essential that community pharmacies can engage with the PCNs to maximise services provided to patients and residents.

7.18 Figure 7.7 below illustrates the ease of access to pharmacies from the general practice in the City of London (The Neaman Practice).

Figure 7.7: General practices and their 0.8-mile coverage in relation to community pharmacies

Key: GP ★ Pharmacy +



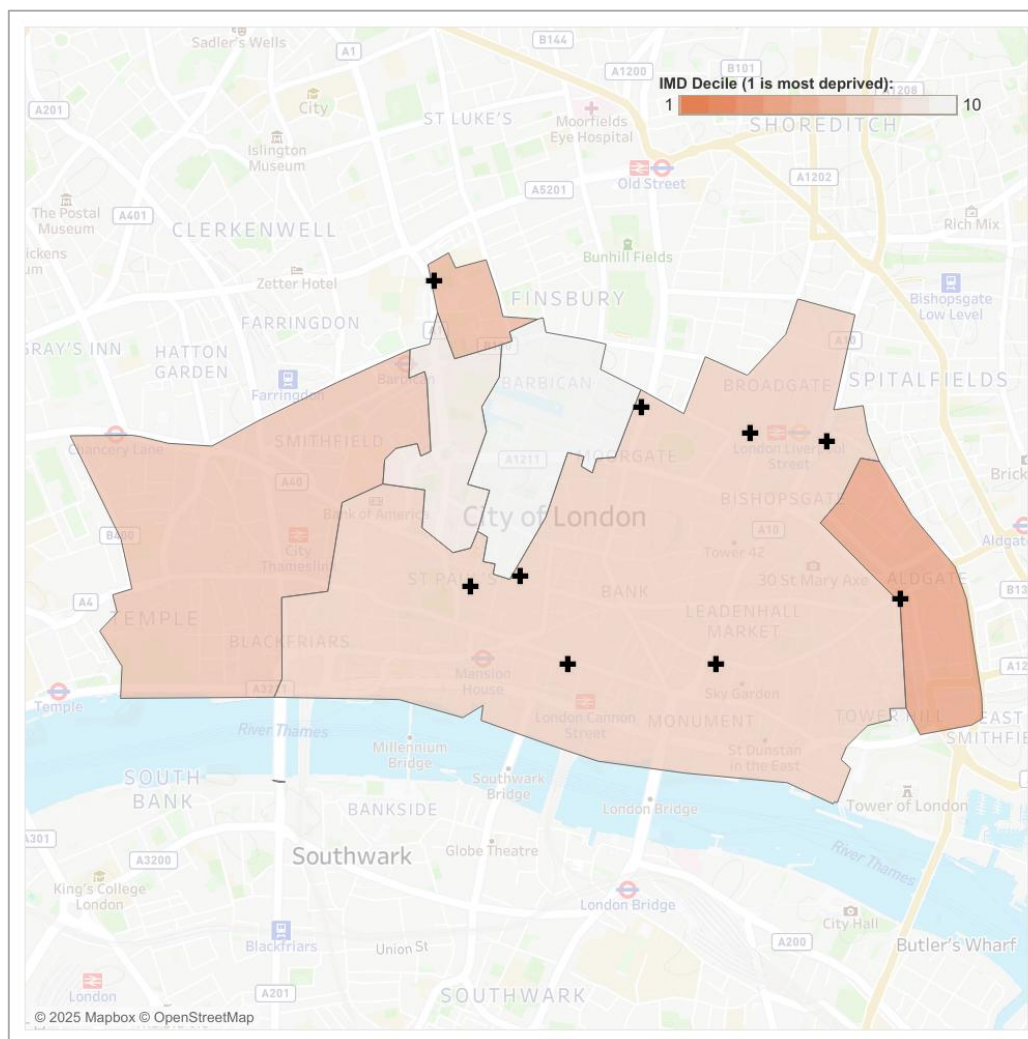
Source: NHSBSA

7.19 NHSE data for 2024-2025 showed that 52.9% of items prescribed by the GP in the City of London were dispensed by pharmacies in Islington while 32.6% were dispensed in the City of London. The next largest place where prescriptions written by GP in the City of London were filled was Westminster (3.8%).

Pharmacy Distribution in relation to Index of Multiple Deprivation

7.20 Figure 7.8 below shows there is good pharmacy distribution among the areas of high deprivation.

Figure 7.8: Pharmacy locations in relation to deprivation deciles in the City of London



Source: NHSBSA & MHCLG

Opening times

- 7.21 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically, pharmacies held 40-hour or 100-hour contracts. However, due to increase in pharmacy closures which was found to particularly affect 100-hour pharmacies, the NHS terms of service was amended to allow 100-hour pharmacies to reduce to no less than 72 hours without needing to demonstrate a change in need. Under the amended regulations, pharmacies that held 100-hour contracts would have to remain open between 17:00 and 21:00 from Monday to Saturday, and between 11:00 and 16:00 on Sundays as well as leave the total core hours on Sunday unchanged so as to maintain out-of-hours pharmacy provision.

- 7.22 It is important to consider access to pharmacies both within and outside regular hours. The Steering Group defined evening opening pharmacies as pharmacies that remain open past 5.30pm on weekdays.

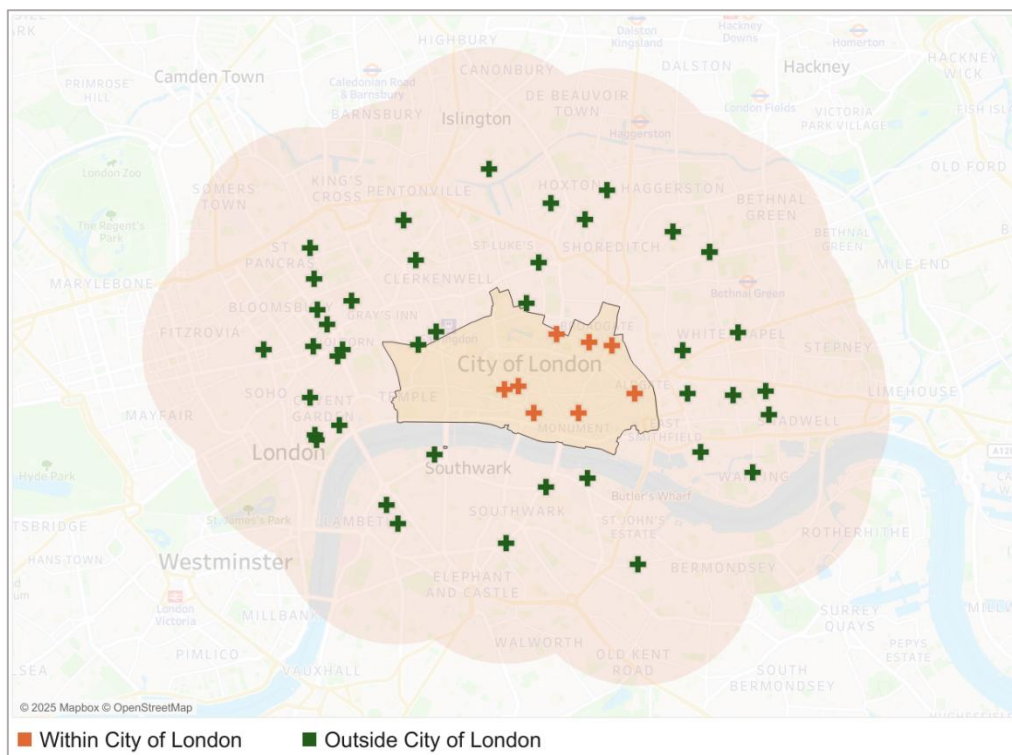
100-hour pharmacies

- 7.23 The City of London has one 100-hour pharmacies (Boots located at 11 Octagon Arcade).

Evening Opening

- 7.24 There is wide availability of pharmacies in the evening, with eight out of the nine pharmacies remaining open past 5.30pm on weekdays and another 31 within 0.8 mile of the district's boundary. These are shown in Figure 7.9.

Figure 7.9: Distribution of community pharmacies remain open past 5:30pm

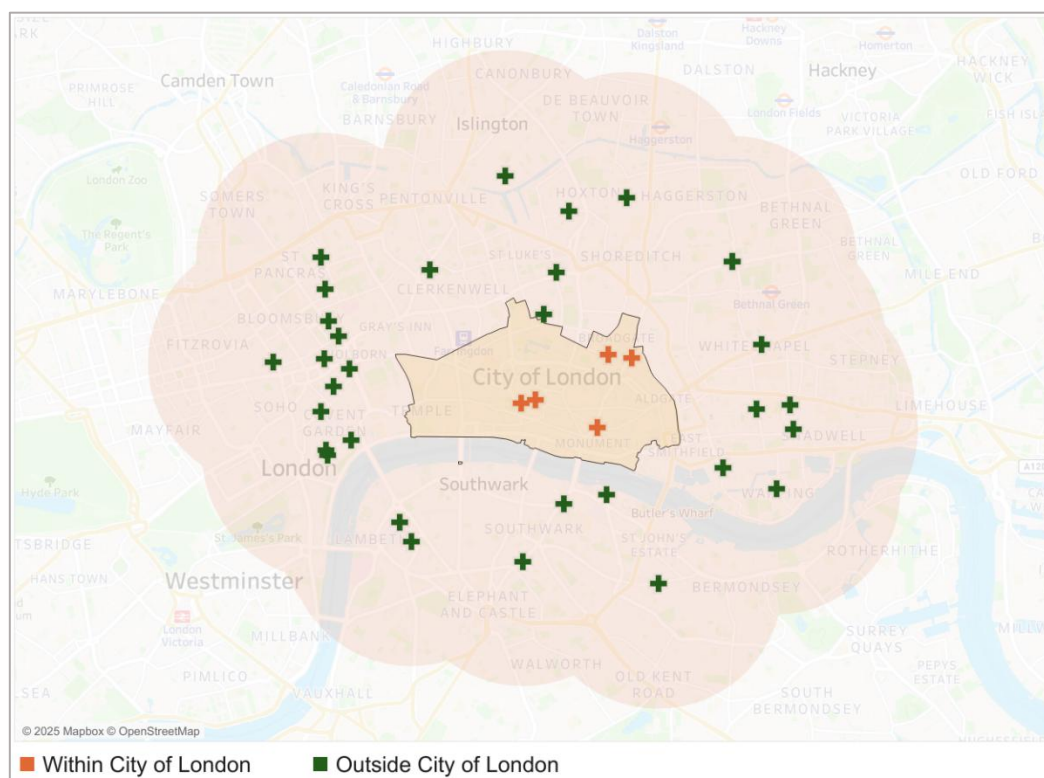


Source: NHSBSA

Saturday Opening

- 7.25 Majority of the pharmacies (5 out of 9) in the City of London are open on Saturdays, with additional 32 pharmacies within close reach of the district's boundaries that are open on Saturdays as can be seen in Figure 7.10.

Figure 7.10: Distribution of community pharmacies open on Saturdays

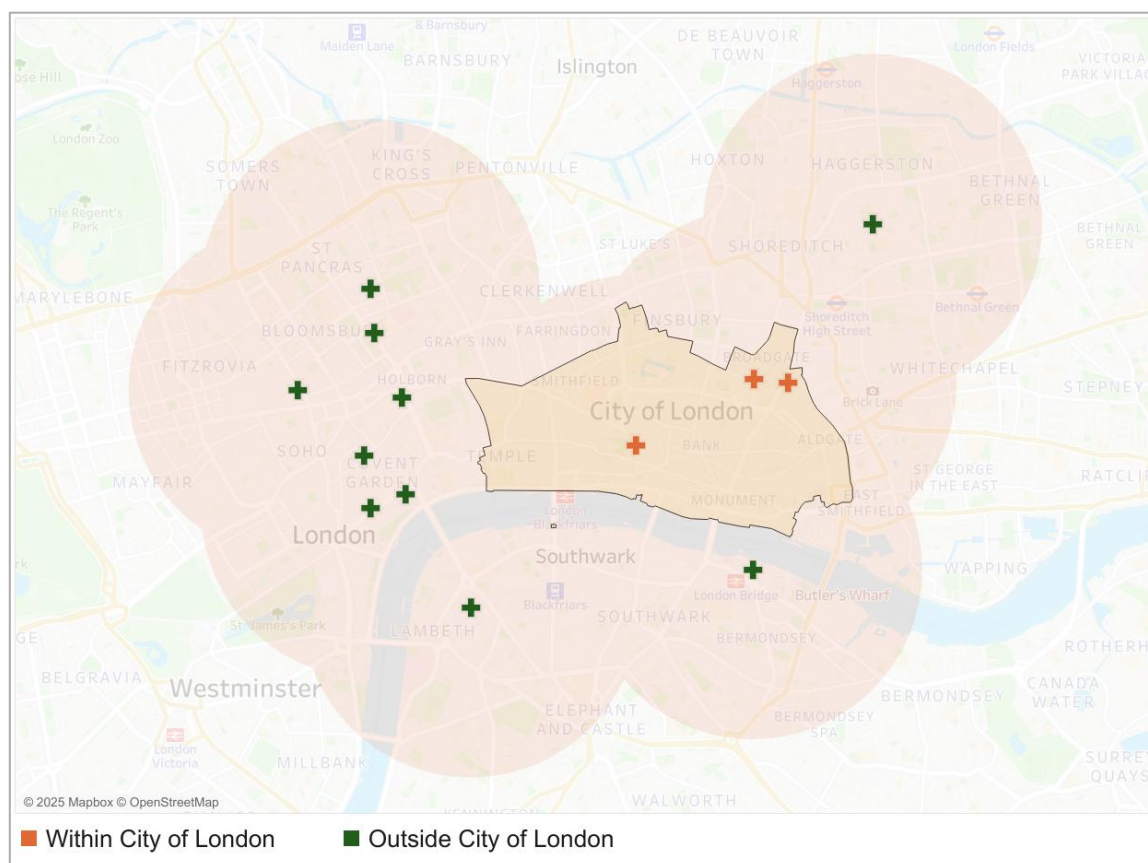


Source: NHSBSA

Sunday Opening

- 7.26 There are 3 pharmacies in the City of London (Boots located at Bishopsgate, Octagon Arcade and New Change Passage) and 10 others within 0.8 mile of its boundaries that are open on Sundays as shown in Figure 7.11 and below.

Figure 7.11: Distribution of community pharmacies open on Sundays



Source: NHSBSA

Summary of the accessibility of pharmacies in the City of London

Overall, there is good distribution and accessibility of pharmacies in and around the City of London covering areas of both low and high population densities. There is also a good number of pharmacies that are open outside weekday core hours and at weekends.

Essential Services

7.27 Essential services are the core services that all community pharmacies must provide under the NHS Community Pharmacy Contractual Framework (CPCF). These services form the foundation of community pharmacy practice and are aimed at ensuring accessibility, quality care and support for patients in managing their health. Below is the list and description of nine essential services provided by community pharmacies in the UK.

- Dispensing medicines.

- Discharge Medicines Service.
- Dispensing Appliances.
- Disposal of unwanted medicines.
- Healthy Living Pharmacies.
- Public Health (promotion of healthy lifestyles).
- Repeat Dispensing and eRD.
- Sign Posting.
- Support for Self-Care.

Dispensing Medicines

7.28 This is one of the core essential services provided by the community pharmacies under the CPCF. It ensures that patients receive their prescribed medicines safely, efficiently and in accordance with regulatory and clinical standards. It includes:

- Accurate dispensing of prescribed medicines.
- Checking of prescriptions for the appropriateness of the medicines, potential drug interactions, dosage accuracy and clarifying any queries or concerns with the prescriber.
- Labelling and packaging in compliance with legal and clinical requirements.
- Provision of counselling and advice to patients on how and when to take their medicines, possible side effects and actions to take if they occur, storage and disposal instructions for unused medicines.
- Management of repeat prescription requests usually through the Electronic Prescription Service (EPS).
- Accurate record keeping of all dispensed items to ensure compliance to regulatory requirements and support clinical audits and continuity of care.
- Having safeguards in place for minimisation of medicine wastage and ensuring that unused and damaged items are safely disposed of, preventing misuse or harm to the environment.

- 7.29 City of London pharmacies dispense an average of **1,512 items per month** (NHSBSA, 2024/25 financial year data). This is markedly lower than London's average of 7,461 items per month and England's average of 8,689 items per month. This suggests that there is a good distribution and capacity amongst the City of London pharmacies to meet current and anticipated need in the lifetime of this PNA.

Discharge Medicines Service (DMS)

- 7.30 The Discharge Medicines Service became a new essential service under the CPCF from the February 2021, at which point NHS Trusts were able to refer patients that would benefit from additional guidance around their prescribed medicines to their community pharmacy for the Discharge Medicines Service. The key objectives of this service are to reduce hospital re-admissions, reduce medicines-related harm during transfers of care, optimise the use of medicines, whilst facilitating shared decision making, improve communication between hospitals, community pharmacies and primary care teams and to support patients through enhancing their understanding and adherence to prescribed medicines following discharge from hospital.
- 7.31 This service is intended for patients who are discharged with changes to their medication regimen as well as patients who are likely to benefit from support in understanding or managing their medications, for instance those with polypharmacy, frailty or chronic conditions.
- 7.32 DMS follows a structured three step process which includes the following:
- Referral: Hospitals identify patients at risk of medication-related problems upon discharge and subject to the patient's consenting to a referral, they will send a referral to the pharmacy via secure electronic system such as Refer to Pharmacy, PharmOutcomes or NHSmail.
 - Community Pharmacy Review: The community pharmacy reconciles their medicines by comparing the discharge summary with the current medication on records to identify and resolve any discrepancies. Tailored advice is provided to the patient about their medication changes, including potential side effects and usage instructions.
 - Ongoing Support: The community pharmacist may follow up with the patient to ensure understanding and adherence and where necessary.

Dispensing Appliances

- 7.33 This service is relevant to dispensing contractors like the community pharmacies and appliance contractors, providing appliances such as stoma care items, incontinence supplies and dressings. This service ensures that these contractors supply appliances as prescribed and in a timely and accurate manner as well as provide advice on their safe and effective use. This is essential in supporting patients to have access to appliances they require for managing their conditions.

Disposal of Unwanted Medicines

- 7.34 This service ensures that patients can dispose of their unwanted, unused or expired medicines safely through their local community pharmacy. This helps to prevent environmental contamination, reduce the risk of misuse and promote safe handling of hazardous substances, ultimately promoting public health and environmental sustainability. As part of this service, pharmacies are obliged to accept back unwanted medicines from patients and if necessary, sort them into solids, liquids and aerosols and in accordance with the Hazardous waste regulations. The local NHS contract management team makes arrangements for a waste contractor to collect the medicines from pharmacies at regular intervals.

Healthy Living Pharmacies (HLP)

- 7.35 This is designed to improve public health by providing accessible health promotion interventions and wellbeing services and helping to reduce inequalities. It aligns with the promotion of healthy lifestyle which is a core requirement for all community pharmacies. Pharmacists were required to become HLPs in 2020/2021 as agreed in the five-year CPCF. This requires pharmacists to comply with the HLP framework requirements through ensuring a health promotion environment which meets stipulated standards, embedding health promotion and prevention in their everyday practice and making sure their staff are well equipped to deliver high quality public health interventions. They are also required to ensure that they continue to meet the terms of service requirements by reviewing their compliance against the requirements at least every 3 years.

Public Health (promotion of healthy lifestyles)

- 7.36 This is a core part of the CPCF which requires all community pharmacies to actively contribute to improving public health by providing targeted health and wellbeing

advice to patients and supporting NHS public health campaigns. This aims to improve public health outcomes, promote preventative care and enhance accessibility through the convenience and important role that community pharmacies provide to patients who may not usually engage with other healthcare services.

7.37 The key requirements of this service include the following:

- Provision of a health promotion environment for instance through having clear displays of health advice materials in the pharmacy.
- Provision of tailored health promotion and lifestyle advice to patients who are receiving prescriptions for conditions where lifestyle can make significant difference such as hypertension and diabetes. This includes focusing on areas such as smoking cessation, healthy eating, exercise, reduction of alcohol consumption and mental health support.
- Providing support for NHS campaigns through actively participating in up to six national public health campaigns per financial year (1st April to 31st March) as directed by NHS England through ways such as displaying and distributing the campaign leaflets and engaging patients in discussions related to the campaign themes.
- Signposting patients who require further support or specialised care to appropriate health, social care or voluntary services for instance referral to stop smoking cessation services and weight management programmes.
- Keeping records of the health promotion interventions undertaken and any referrals made and participating in evaluations to show the impact of such interventions.

Repeat Dispensing and eRD

7.38 Repeat dispensing became an essential service within the CPCF since 2005. This service enables patients to obtain repeat supplies of their medicines and appliances prescribed on a repeat basis from their nominated pharmacy, without the need for their GP to issue a prescription each time a supply is needed. This service is suitable for patients on stable, long-term medications who understand how the service works and consent to participate. This helps to save GP and patients time, improve convenience and ensures ongoing medication adherence by allowing community

pharmacies to be more actively involved in the safe supply of regular prescriptions of patients. This service was initially carried out with paper prescriptions. However, following the development of the Electronic Prescription Service (EPS), the majority of the repeat dispensing is now done through the EPS and referred to as the electronic Repeat Dispensing (eRD).

- 7.39 This service involves the community pharmacy ensuring that each repeat supply is required, confirming there is no reason why the patient should be referred back to their GP and if appropriate dispensing the repeat dispensing prescriptions issued by the GP at the agreed intervals based on the prescription batches.

Signposting

- 7.40 This service involves pharmacies helping people who seek assistance by directing them to the most appropriate health, social care or support services for help when their needs fall outside the pharmacy's scope. Examples include needs related to social care, specialist medical advice or community health programmes. This ensures that patients receive timely and appropriate care. Pharmacies are required to offer clear guidance on where the patient can access the required service. This could include providing contact details, directions or making a direct referral to such services if appropriate.
- 7.41 The lists of sources of care and support in the area can be obtained from NHS England and pharmacies should maintain an up-to-date directory of local services, including NHS and voluntary organisations to aid accurate signposting.

Support for Self-Care

- 7.42 The key components of this service are provision of advice and information to patient, promotion of self-care, supply of over-the-counter medicines by community pharmacy teams to patients as well as signposting them to other services if a condition is beyond the scope of self-care. This service aims at empowering patients to manage minor ailments and common health conditions independently, with guidance from community pharmacy teams through their provision of advice and where necessary, sale of medicines. This also includes handling referrals from NHS 111.

- 7.43 Examples of minor ailments that can be addressed include cold and flu symptoms, sore throat, management of mild aches and pains, skin conditions such as eczema and insect bites, allergies and digestive issues such as constipation and diarrhoea
- 7.44 Provision of this service by community pharmacies help to reduce the burden on GPs and urgent care services, highlights the crucial role that community pharmacies play as the first point of contact for healthcare advice and fosters trust between the patients and the community pharmacy teams.

Advanced Services

- 7.45 Advanced services are nationally set and specified optional services which community pharmacies and dispensing appliance contractors can choose to provide. These services go beyond essential pharmacy services, offering targeted support to improve patient outcomes, enhance public health, and reduce pressure on other parts of the healthcare system.
- 7.46 Pharmacies who choose to provide these services must meet the requirements set out in the Secretary of State Directions.
- 7.47 The NHS community Pharmacy Contractual Framework (CPCF) lists nine advanced services. These include the Pharmacy First service, New Medicines Service (NMS), Flu Vaccination Service, Pharmacy Contraceptive Service (PCS), Hypertension Case-Finding Service, Smoking Cessation Service. Two of the Advanced services are appliance advanced services that pharmacies and dispensing appliance contractors can choose to provide. These are the Appliance Use Review (AUR) service and the Stoma Appliance Customisation (SAC) service. Additionally, the Lateral Flow Device Test Supply (LFD) service was commissioned as an advanced service from November 2023.

Pharmacy First Service

- 7.48 The Pharmacy First Service is a scheme implemented in the United Kingdom to provide easy access to healthcare advice and treatment through community pharmacies. It aims to establish community pharmacies as the first port of call for all healthcare advice, thereby reducing the pressure that General Practices and hospital emergency departments face through enabling them to handle minor ailments, provide emergency supply of medicines and NHS funded treatment via Patient

Group Directions where appropriate for seven clinical conditions referred to as the clinical pathway consultations. The seven clinical pathways in the Pharmacy First service include sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles and uncomplicated urinary tract infection in women.

7.49 The Pharmacy First Service commenced on the 31st January 2024, replacing the Community Pharmacy Consultation Service (CPCS) which ended on the 30th January 2024. Patients can access this service through referral from one of the following routes:

- NHS 111 (online and via telephone).
- Integrated urgent care clinical assessment service.
- 999 services.
- General Practice (low acuity minor illness conditions and the seven clinical pathways only).
- Other urgent and emergency care providers (such as Emergency departments and Urgent Care Centres).

7.50 In addition to the above referral routes, patients can self-refer for the clinical pathway consultations only.

7.51 There are three elements of the Pharmacy First service:

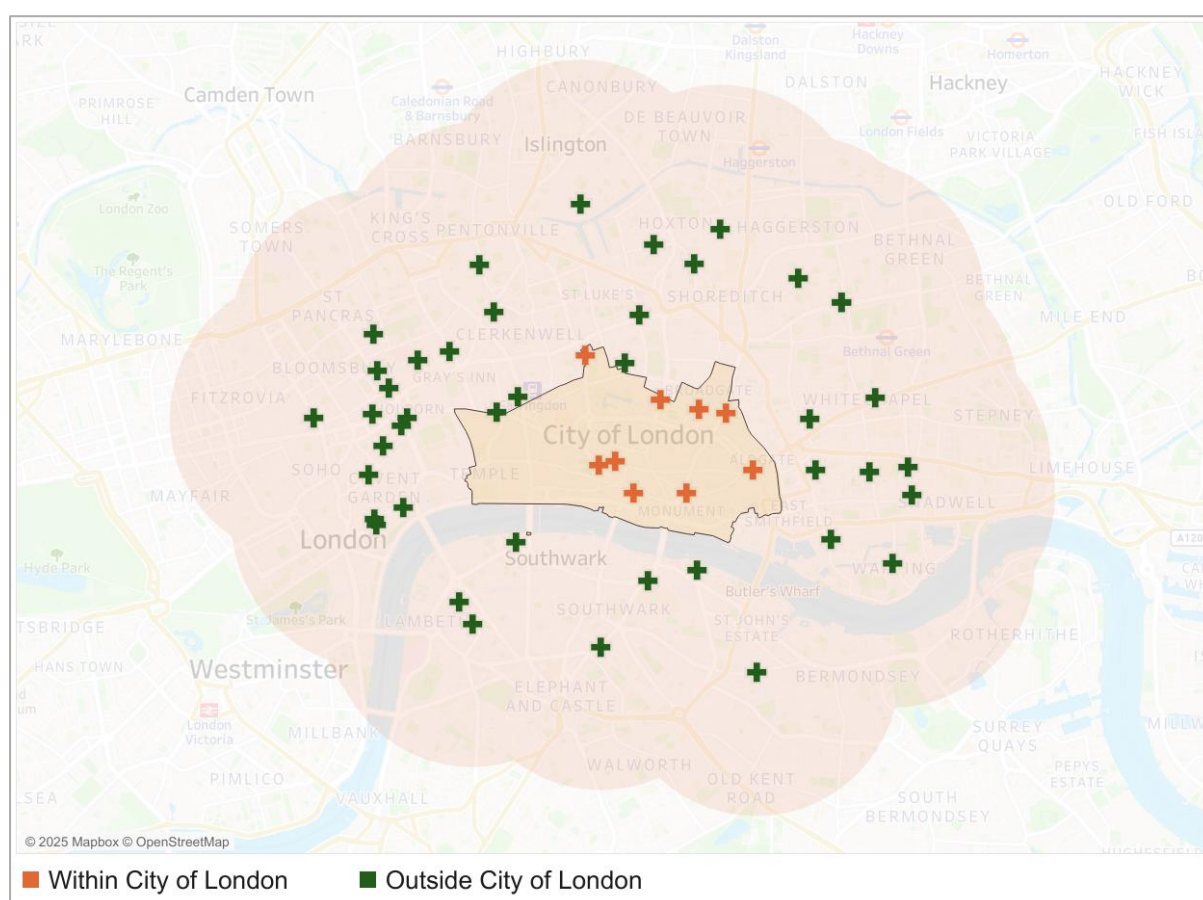
- Pharmacy First (clinical pathways consultations).
- Pharmacy First (urgent repeat medicine supply).
- Pharmacy First (NHS referrals for minor illness).

7.52 Pharmacy contractors can remotely deliver Pharmacy First where it is safe to do so, and with suitable safeguards to ensure face-to-face clinical assessment are provided in person or by good-quality video consultation where needed. Distance selling pharmacies (DSPs) can provide the service for six of the seven conditions (excluding the otitis media which requires in-person examination with an otoscope). DSPs are not able to provide Pharmacy First (clinical pathways) on their pharmacy premises because the first part of the consultation is an Essential service, which DSPs cannot provide. However, they can offer the service and where it is clinically appropriate to do so, minor illness consultations and urgent medicines supply consultations via

telephone/audio or video consultations by a pharmacist present at the pharmacy premises. Local Pharmaceutical Services (LPS) pharmacists wanting to provide the pharmacy first service will need to contact their local commissioner to propose a contract variation that includes the Pharmacy First Service.

- 7.53 All 9 pharmacies in the City of London provide Pharmacy First Service, with 42 additional pharmacies within 0.8 mile of its boundaries that provide pharmacy first service as can be seen in Figure 7.12 below.

Figure 7.12: Distribution of community pharmacies that provide Pharmacy First Service



Source: NHSBSA

New Medicines Service

- 7.54 New Medicines Service (NMS) is a structured, pharmacy-led service which commenced on the 1st of October 2011. It is provided under the NHS Community Pharmacy Contractual Framework to support patients and their carers in managing their medications effectively especially for long term conditions, by improving adherence and resolving medication-related issues.
- 7.55 The 2025–2026 CPCF focuses on embedding and extending services already being provided by community pharmacies. One of the key developments include the

expansion of NMS to include support for patients with depression from October 2025. All pharmacists must complete Centre for Pharmacy Postgraduate Education (CPPE) Consulting with People with mental health problems online training to be able to support patients with dementia under the NMS.

7.56 The following conditions are covered by the service:

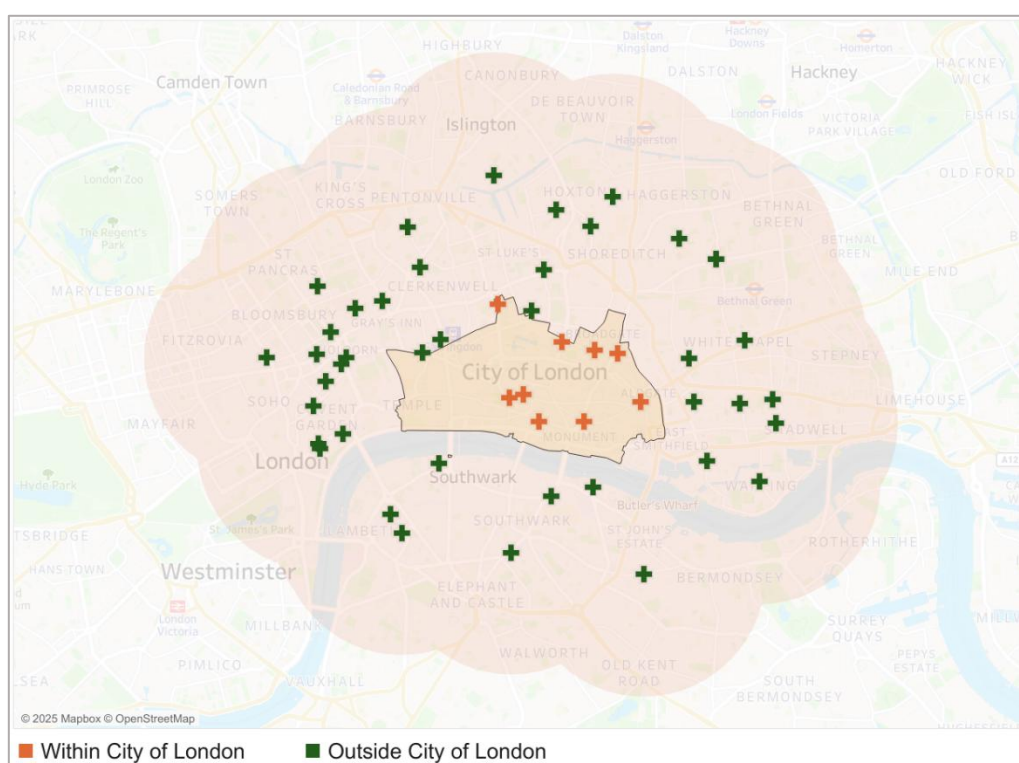
- Asthma and COPD.
- Diabetes (Type 2).
- Hypertension.
- Hypercholesterolaemia.
- Osteoporosis.
- Gout.
- Glaucoma.
- Epilepsy.
- Parkinson's disease.
- Urinary incontinence/retention.
- Heart failure.
- Acute coronary syndromes.
- Atrial fibrillation.
- Long term risks of venous thromboembolism/embolism.
- Stroke / transient ischemic attack
- Coronary heart disease.
- (Depression will be reflected in the updated service specification)

7.57 NMS consultations should usually take place in-person in the pharmacy's consultation room. However, they can also take place remotely via telephone or video consultation when clinically appropriate and with the patient's prior consent. Irrespective of whether the consultation is undertaken in-person or remotely, the environment must be such that the conversation cannot be overheard by others

(except by someone the patient wants to hear the conversation such as a carer). Where appropriate safe-guarding arrangements are in place, NMS can also be provided in patients' homes.

- 7.58 All 9 pharmacies in the City of London offer NMS and an additional 41 pharmacies within 0.8 mile of its boundaries also offering NMS. This is shown in Figure 7.13.

Figure 7.13: Distribution of community pharmacies that provide NMS



Source: NHSBSA

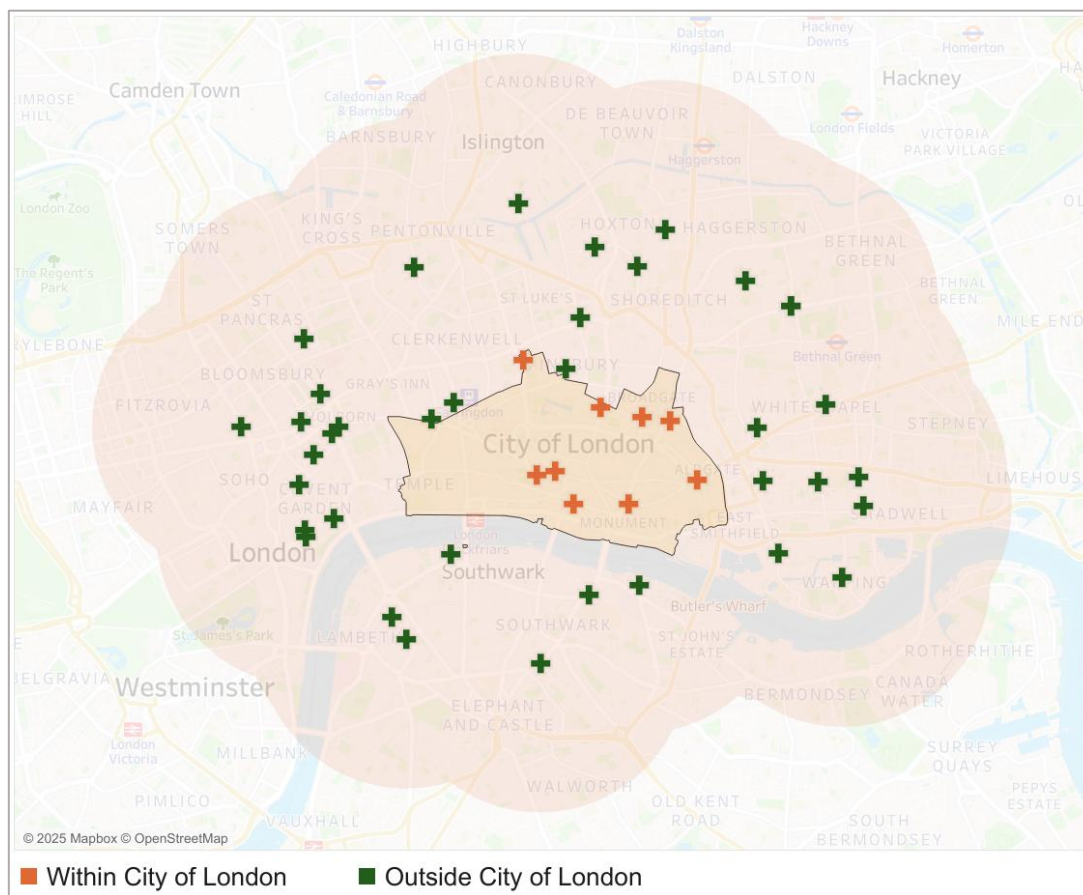
Flu Vaccination Service

- 7.59 The Community pharmacy began providing flu vaccinations under a nationally commissioned service from September 2015.
- 7.60 This service aims to sustain and maximise uptake of seasonal influenza vaccine in those who are most at risk of serious illness or death should they develop seasonal influenza. The accessibility of pharmacies, their extended opening hours and the option they provide for patients to walk in without prior appointment make them an attractive alternative to general practice for patients seeking eligible for flu vaccination. Eligible groups include:
- All people aged 65 years or over

- Those aged between 18 and 65, and in specified clinical risk groups including diabetes, chronic heart disease, chronic kidney disease, chronic liver disease, pregnant women
- People aged 18 or over and living in long-stay residential care homes or other long-stay care facilities (not including prisons, young offender's institutions, or university halls of residence)
- People aged 18 or over in receipt of a carer's allowance or those who are the primary carer of an elderly or disabled person.
- People aged 18 or over and are close contacts of immunocompromised people.
- All frontline social care staff without an employer-led occupational scheme, including those employed by:
 - A registered residential care or nursing home.
 - A registered domiciliary care provider.
 - A voluntary managed hospice provider and
 - Frontline workers employed through direct payment (personal budgets) and/or Personal Health Budgets to deliver domiciliary care to patients and service users, such as personal assistants.

7.61 All 9 of the pharmacies in the City of London provide flu vaccination advanced service, with 37 additional pharmacies within 0.8 mile of its boundaries that provide the service as can be seen in Figure 7.14 below.

Figure 7.14: Distribution of community pharmacies that provide Flu Vaccination services



Source: NHSBSA

Pharmacy Contraceptive Service (PCS)

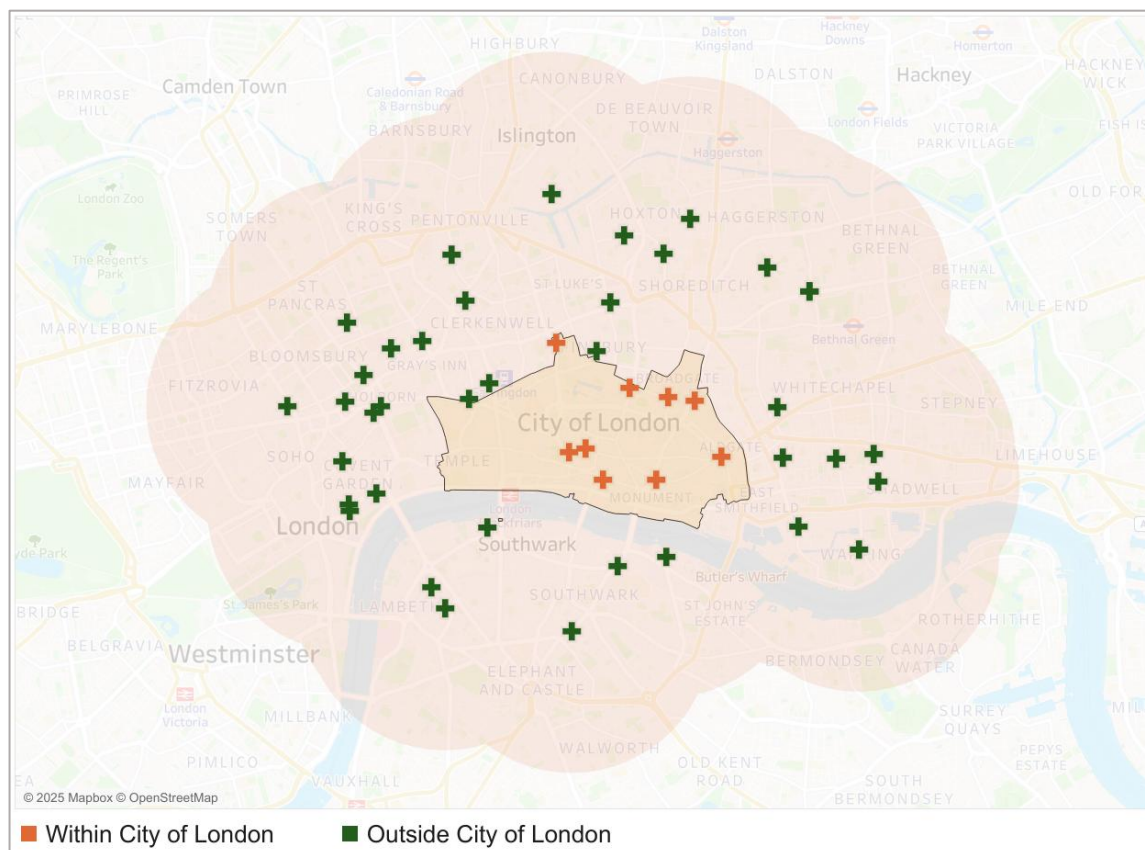
- 7.62 The Pharmacy Contraceptive Service began in April 2023 to allow for continued supply of oral contraception from community pharmacies and from 1st December 2023 included both initiation and on-going supply of oral contraceptives. The aim of this service is to offer greater choice and access to those considering starting or continuing their current form of oral contraception. This forms part of the Community Pharmacy Contractual framework (CPCF) and seeks to reduce the pressure on GPs and sexual health clinics. The service allows for self-referral as well as referral by general practice, sexual health clinics and other NHS service providers such as NHS 111 to a participating pharmacy.
- 7.63 The service involves trained community pharmacists either initiating oral contraceptives or providing on-going supply under the patient group directions.
- Initiation: This includes commencement of oral contraception for the first time in patients who wish to start oral contraceptives, needs to restart oral

contraceptives following a pill free break or when a person is being switched to an alternative pill following consultation.

- Ongoing supply: This focuses on ongoing management and supply of oral contraceptives for patients previously initiated by another provider for instance a General Practitioner or sexual health clinic.

- 7.64 Pharmacies are required to respond to anyone requesting the Pharmacy Contraceptive service as soon as is reasonably possible. However, in the case where the pharmacy is unable to offer a consultation service within the time needed to meet the person's contraception needs, they should be signposted to an alternative pharmacy or other service for a consultation
- 7.65 As part of the agreement within the 2025/2026 CPCF, the PCS will be expanded to include emergency hormonal contraception (EHC) from October 2025. This service expansion will allow all community pharmacies across England the opportunity to provide equitable access to EHC for patients. This expansion will move away from the regional variation seen to date. Contractors will have the opportunity to maximise the service's benefits by initiating a patient on oral contraception as part of an EHC consultation. Additionally, better use of skill mix for the PCS has been agreed through enabling the delivery of parts of these services by registered and non-registered pharmacy staff. This includes enabling the delivery of patient group directions (PGDs) by pharmacy.
- 7.66 All 9 of the pharmacies in the City of London provide the pharmacy contraceptive service. An additional 38 cross-boundary pharmacies provide the pharmacy contraceptive service as shown in figure 7.15 below.

Figure 7.15: Distribution of community pharmacies that provide Pharmacy Contraceptive Service



Source: NHSBSA

Hypertension Case-Finding Service

- 7.67 This is commonly referred to as the NHS Blood Pressure Check Service in public-facing communications. This was commissioned as an advanced service from 1st October 2021 with only registered pharmacy professionals (pharmacists and pharmacy technicians) being allowed to provide the service. However, this was extended from the 1st December 2023 to allow other suitably trained and competent staff to provide the service.
- 7.68 This service provides an opportunity to promote healthy behaviours to patients, and it is aimed at early detection of hypertension and reduction of the risks of associated medical conditions such as stroke and heart diseases through early intervention.
- 7.69 This service is part of the NHS Long Term Plan that emphasises preventive healthcare strategies and demonstrates the NHS commitment to reducing morbidity and mortality due to cardiovascular diseases.
- 7.70 The service operates in two stages:

Stage 1: Blood pressure screening

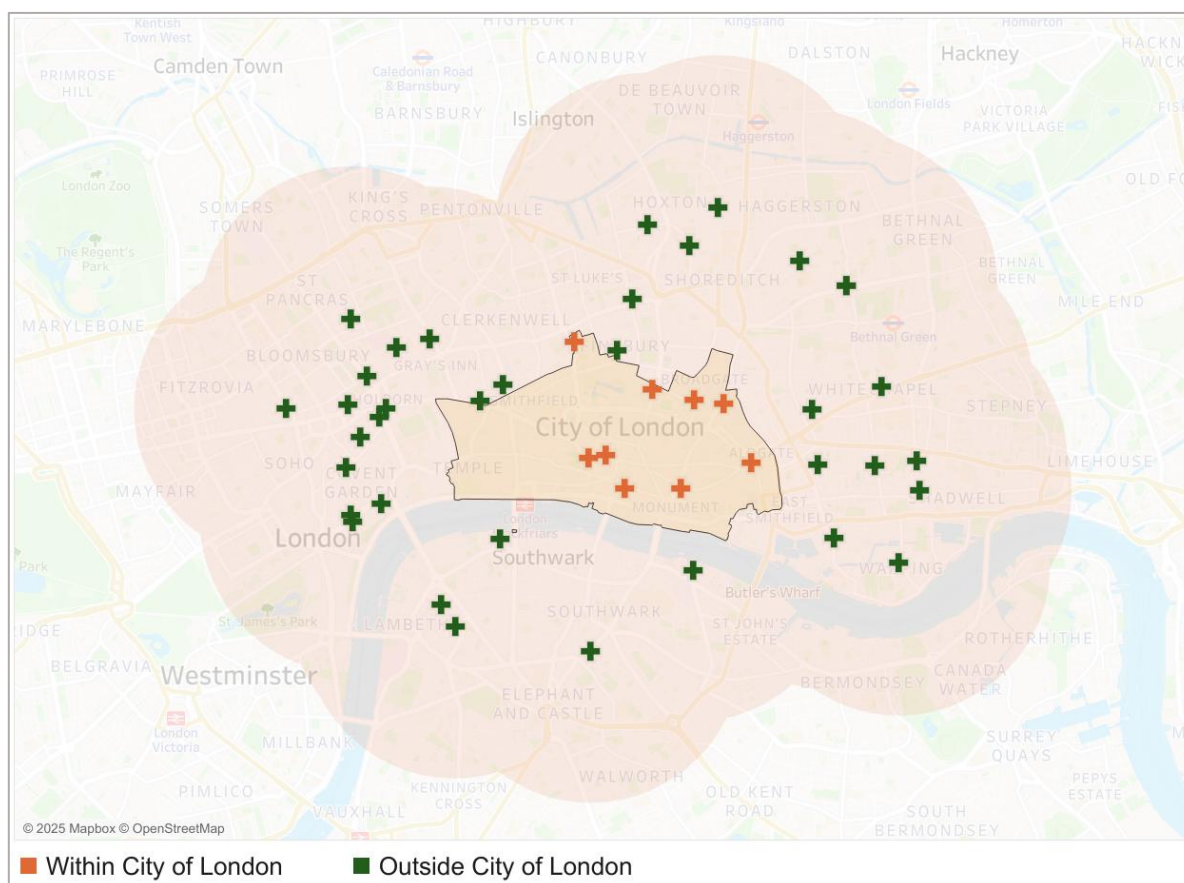
This involves identifying people aged 40 years or older, or at the discretion of the Pharmacy staff, people under the age of 40, with high blood pressure (who do not have a current diagnosis of hypertension) and to refer them to general practice to confirm diagnosis and for appropriate management.

Stage 2: Ambulatory Blood Pressure Monitoring (ABPM)

Patients with an initial high reading undergo 24-hour ABPM to confirm diagnosis as this provides comprehensive assessment by measuring blood pressure at intervals over the day and night. The results are shared with GPs to ensure seamless patient care.

- 7.71 As part of the NHS Hypertension Case-Finding Service, GPs can request community pharmacies to undertake ad hoc clinic and ambulatory blood pressure measurements for people with or without a diagnosis of hypertension where this has been agreed locally.
- 7.72 As part of the agreements made in the 2025/2026 CPCF which was finalised in March 2025, updates to the Hypertension Case Finding Service specification will be made to further align the service to National Institute for Health and Care Excellence (NICE) guidelines, which will place explicit restrictions on the number of funded clinic check consultations a patient can have within a specified time period. Changes will also be made to clarify when it is appropriate for general practices to refer patients to the service for a clinic check consultation. NHS England has also committed to re-look at home blood pressure monitoring to further support the diagnosis of hypertension.
- 7.73 All 9 of the pharmacies in the City of London provide the Hypertension Case-Finding Service together with 36 other pharmacies within 0.8 of its boundaries as can be seen in Figure 7.16 below.

Figure 7.16: Distribution of community pharmacies that provide the Hypertension Case Finding Service



Source: NHSBSA

Smoking Cessation Service (SCS)

7.74 The Smoking Cessation Service was commissioned as an advanced service from 10th March 2022. It is an initiative designed to support individuals who want to quit smoking by offering accessible, evidence-based help through community pharmacies. It forms part of the NHS long term plan of making England a smoke-free society by supporting people in contact with NHS services to quit based on an established smoking cessation model, consequently reducing smoking rates, tackling smoking-related illnesses, reducing morbidity and mortality from smoking and reducing inequalities associated with higher rates of smoking. This service is open to adults referred from hospital settings under the NHS Tobacco Dependency Treatment Programme as well as patients identified during routine pharmacy consultations.

7.75 Currently, only pharmacists and pharmacy technicians can provide this service.

7.76 To provide the service pharmacists and pharmacy technicians must have:

- Read and understood the operational processes to provide the SCS as described in the service specification.
- Successfully completed the following National Centre for Smoking Cessation and Training (NCSCT) courses and satisfactorily passed the assessments (where applicable).
- Stop Smoking Practitioner training and certification.
- Mental health and smoking cessation course.
- Pregnancy and smoking cessation course; and
- E-cigarettes: a guide for healthcare professionals course.
- Have read the NCSCT Standard Treatment Programme (STP), which will be used to support consultations.

7.77 Pharmacists and pharmacy technicians are also required to be aware of the availability of locally commissioned services that they can sign post patients to where applicable as well as support helplines or groups that they can inform patients about.

7.78 As part of the service requirements for this service, pharmacies are required to have a consultation room with IT equipment accessible within the room to allow for contemporaneous documentation of the consultations provided as part of this service. This means that pharmacies that have agreement with NHS England that their pharmacy is too small for a consultation room and pharmacies (including distance selling pharmacies) that do not have a consultation room are not able to provide this service solely on a remote basis.

7.79 Currently available data does not show any City of London pharmacy providing the Smoking Cessation Service, though pharmacies have indicated via the area's LPC that have capacity to supply it.

Appliance Use Reviews (AUR) Service

7.80 The Appliance Use Review (AUR) service was the second Advanced Service introduced into the NHS Community Pharmacy Contractual Framework. It is offered by community pharmacies and Dispensing Appliance Contractors (DACs) who meet NHS requirements, including appropriate training and resources. It is designed to support patients using certain prescribed medical appliances by improving their

understanding and use of the appliances, improving health outcomes and reducing waste. This is achieved through the following:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance; and
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

7.81 AURs can be conducted by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Where it is clinically appropriate and with the consent of the patient, this can be provided by telephone or video consultation. However, such consultations must be done in a way that maintains patient's confidentiality by ensuring is not overhead by others (except by someone whom the patient wants to hear the conversation such as a Carer).

7.82 Patients using prescribed medical appliances such as stoma appliances (such as colostomy or ileostomy bags), incontinence appliances (such as catheters and urine drainage bags) and wound care products can access this service. These patients are often identified during regular prescription dispensing or referred by healthcare professionals. AUR is appropriate for new appliance users as it helps to provide initial education on the appliance, when a patient reports issues such as discomfort or difficulty in using the appliance and as part of routine review to ensure continued appropriate use.

7.83 Though no pharmacies within the City of London indicated providing the service, AURs are widely available from prescribing health, social care providers and DACs outside the borough.

Stoma Appliance Customisation (SAC) Service

7.84 The Stoma Appliance Customisation Service was introduced in April 2010. It is an advanced service offered by community pharmacies and DACs to ensure proper use and comfortable fitting of stoma appliances and to improve their duration of usage, thereby reducing waste. It is provided by suitably trained and qualified persons and

involves customisation of multiple stoma appliances based on the patient's measurements or a template. Eligible appliances are listed in the Part IXC of the Drug Tariff and include stoma pouches, bags and associated accessories such as closures, covers and adhesive discs among others.

- 7.85 If on the presentation of a prescription, the pharmacy is unable to provide the service because the provision of the appliance or its customisation is not within the pharmacists' normal course of business, the prescription must be referred to another pharmacy or appliance provider with the consent of the patient. In the case, the patient refuses to consent, the contact details of at least two pharmacies or suppliers of appliances who can provide the stoma appliance customisation service must be provided to the patient if contact details are known to the pharmacist. If the contact details are unknown to the pharmacist, the local NHS England team may provide this information, or it can be established by the pharmacist.
- 7.86 The service should usually be provided in an area within the pharmacy that meets the following criteria specified by the NHS:
- An area within the pharmacy that is distinct from the public area.
 - Clearly designated as a private area whilst the service is being provided.
 - Suitable and designated for the retention of the appropriate equipment for customisation.
 - Suitable and designated for modification of the appliances.
 - Suitable for the volume of customisation being undertaken at any given time.
- 7.87 Where the pharmacy carries out customisation at other premises outside the pharmacy, such premises must comply with the above specified criteria and the pharmacy must have procedures that ensure co-operation with inspection and review of the premises where the service is provided by the local NHS England team.
- 7.88 Except in exceptional circumstances such as illness, a three-months' notice is required to be given to NHS England and NHSBSA should a pharmacy want to cease providing the service.
- 7.89 No City of London pharmacy provides this service. However, residents can access the SAC service either from non-pharmacy providers within the borough (e.g.

community health services) or from dispensing appliance contractors outside the borough.

Lateral Flow Device Tests Supply Service

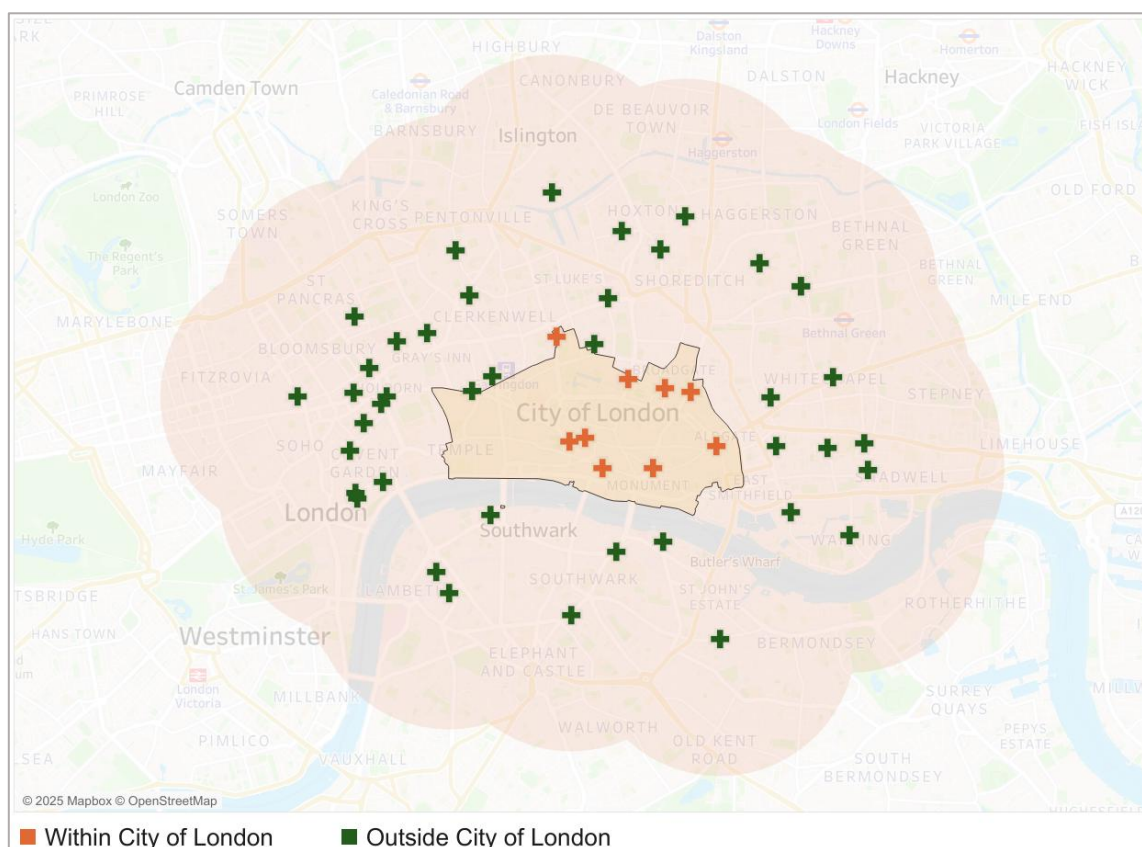
- 7.90 This was commissioned as an advanced service from 6th November 2023. This service involves distribution and availability of rapid antigen tests used to detect COVID-19 and allow eligible patients or their representatives to walk into any participating community pharmacy to collect one box of 5 LFD tests. The full list of the patient groups eligible for this service is contained in the NICE Guidance and include adults with risk factors for progression to severe COVID-19 as defined by the Independent advisory group commissioned by the Department of Health and Social Care.
- 7.91 Following an update to the National Institute for Health and Care Excellence (NICE) guidance on antiviral treatment for COVID-19, from 1st May 2025, eligibility criteria for the service were updated to exclude the following:
- People aged 85 years and over
 - People with end-stage heart failure who have a long-term ventricular assistance device
 - People on the organ transplant waiting list
 - People resident in a care home who are aged 70 years and over
 - People resident in a care home who have a BMI of 35 kg/m2 or more
 - People resident in a care home who have diabetes
 - People resident in a care home who have heart failure
 - People currently in a hospital who are aged 70 years and over
 - People currently in a hospital who have a BMI of 35 kg/m2 or more
 - People currently in a hospital who have diabetes
 - People currently in a hospital who have heart failure
- 7.92 Before providing the service to patients, the pharmacist must confirm eligibility for supply of LFD tests through either of the following ways:

- Seeing the patient's NHS letter which confirms eligibility. However, not all patients will have been sent a letter.
- Establishing that the patient qualifies under any of the pre-specified conditions or by age through having a discussion with the patient or their representative about the patient and their medical history, reviewing of the Patient Medication Record (PMR) or the National Care Records Service (NCRS) and then using their clinical judgement.
- Referring to the pharmacy's clinical records for the service, where the pharmacy has previously seen and made a record of having seen a copy of the patient's NHS letter confirming eligibility or has previously had a discussion with the patient or their representative which confirmed their eligibility, and this was documented.

7.93 The NHS website has a service finder through which the public and other health care professionals can find pharmacies that provide this service. If a pharmacy wishes to withdraw from providing this service, they must notify the NHS England about their decision to cease providing the service via the Manage Your Service (MYS) portal, giving at least 30-days' notice.

7.94 All 9 pharmacies in the City of London provide the Lateral Flow Device Tests Supply Service. This is in addition to 41 other pharmacies within 0.8 mile of its boundaries that provide the Lateral Flow Device Tests Supply Service as can be seen in Figure 7.17 and table 7.10 below.

Figure 7.17: Distribution of community pharmacies that provide the Lateral Flow Device Tests Supply Service



Source: NHSBSA

Enhanced Pharmacy Services

7.95 NHSE in conjunction with the London ICBs currently commission locally enhanced services in the London region.

7.96 The enhanced services include:

- London Flu and COVID-19 vaccination service.
- Bank Holiday Rota.
- MMR Vaccination Service.

London Flu and COVID-19 vaccination service

7.97 This enhanced service enables eligible Community Pharmacies across London that sign up to participate to deliver both seasonal influenza and COVID-19 vaccinations, including co-administration, where both vaccines are offered in the same appointment, where clinically appropriate.

7.98 The aims of the service are to:

- Sustain and maximise uptake of flu vaccine (and Covid-19 vaccine) in at-risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance.
- Provide more opportunities and improve convenience for eligible patients to access flu vaccinations.
- Extend provision of flu vaccinations to a wider patient group, including carers, asylum seekers, the homeless and children from 2 to 18 years.

7.99 Healthwatch have discussed difficulties some City residents experience accessing this service in the last few years. At the time of drafting, there was no data available on which pharmacies are offering this service. Commissioning of this service is seasonal and responsive to the needs of the local population.

Bank Holiday Rota

7.100 During bank holidays in London, pharmacies operate a rota system to ensure continuous service. For instance, over Christmas and New Year holidays, specific pharmacies in London, including the City of London are scheduled to be open on designated days and times.

7.101 None of the City of London pharmacies were listed were part of London's Bank Holiday Rota over the Christmas period in 2024/25. Although pharmacies may not be signed up formally and contractually to open over bank holidays, some pharmacies open anyway.

7.102 A new service will be commissioned starting from Christmas 2025 by the ICB.

MMR Vaccination Service

7.103 The MMR vaccination service by community pharmacy contractors was introduced following the UK Health Security Agency's declaration of a national incident in response to rising measles cases. Under this service, pharmacy contractors must meet the specified requirements and adhere to all NHS England guidance for delivery in community settings. The MMR patient group direction outlines strict inclusion and exclusion criteria.

7.104 The aims of this service include:

- To administer MMR vaccines as recommended by the Joint Committee on Vaccination and Immunisation (JCVI) in the Green book and MMR PGD.
- Increase opportunities for patients to receive MMR vaccinations in a range of settings.
- Maximise uptake of MMR vaccine by patients by providing vaccination services from pharmacy contractors where a need is identified by the commissioner.

7.105 The following group of people are eligible for the MMR vaccination service:


- Those who are resident and/or registered with a GP practice in the London region, those who are resident in the London region and not registered with a GP practice.
- Individuals who are aged 5 years to 19yrs+364 days and having made reasonable attempts to check immunisation status via the London CHIS and/or the patient's SCR (immunisations tab)

7.106 The Pharmacy Contractor must:

- Ensure that the delivery of the vaccination services is accessible, appropriate and sensitive to the needs of all patients.
- Ensure every effort is made to access the Patients vaccination record via the London CHIS and/or the Summary Care Record (Immunisation tab) to establish eligibility for any outstanding MMR1 and or MMR2 vaccines.
- Ensure that vaccinations are provided in line with the PGD and the Green Book.
- Have a process in place to check any updates to the Green Book.
- Only administer MMR vaccine to patients under the provisions of this Enhanced Service.

7.107 Unless there is a documented or reliable verbal vaccine history, individuals should be assumed to be unimmunised and a full course of immunisations planned.

7.108 Where a patient meets the eligibility requirement and is vaccinated, the contractor must notify the patient's GP and the London CHIS via the SONAR POC system that the patient has received vaccination.

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- 7.109 In line with the age cohorts and service specifications, on commissioner request and dependent on changes to current regulations, there may be a requirement to support a response to outbreaks.
- 7.110 As mentioned in Chapter 6, the MMR uptake in City and Hackney (aggregated data) remains the lowest in the country, well below the level needed for herd immunity. Although NHS England London has explored including pharmacies in the local provision of MMR vaccination, it is not currently a commissioned service in the area. While expanding access, such as through pharmacies is essential, it may not be sufficient on its own to improve uptake in City, where deeper social, cultural, and systemic barriers may also be contributing to low vaccination rates.

Chapter 8 - Other NHS Services

- 8.1 This chapter looks at services that are part of the health service, that though not considered pharmaceutical services under the 2013 regulations, are deemed to affect the need for pharmaceutical services.

Locally commissioned services

- 8.2 These are services commissioned by the London Borough of Hackney, City of London District and North-East London ICB to fulfil a local population health and wellbeing need.


- 8.3 These services are listed below:

- Local authority commissioned services:
 - Needle exchange service.
 - Supervised Consumption service.
 - Take Home Naloxone Programme.
 - Sexual Health Service.
 - City of London and Hackney Stop Smoking Service
 - Healthy Start City & Hackney
- NHS North East ICB commissioned services:
 - Palliative End of Life Care (PEoLC) Service
 - Community Pharmacy Selfcare Advice Service (CPSAS)
 - Community Pharmacy Independent Prescribing Pathfinder Programme

- 8.4 Most of these services are jointly commissioned between City and Hackney.

Needle exchange service

- 8.5 The needle exchange service in the City of London supplies sterile injecting equipment such as needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this service is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.

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- 8.6 Needle exchange services also aim to reduce the harm caused by injecting drugs through providing appropriate harm reduction advice and information as well as acting as a gateway to other services, including drug treatment centres.
 - 8.7 This service provides needle and syringe programme for all adults aged 18 years or above requiring sterile injecting equipment and the exchange of clean needles, syringes and associated injecting paraphernalia including those engaged in the wider treatment system.
 - 8.8 This service is available to all adult intravenous drug users including anabolic steroids users and recreational drugs users.
 - 8.9 Community pharmacists can also signpost people to the service, either via the Specialist Harm Reduction Service or directly.
 - 8.10 Community pharmacists should be up to date with NICE guidance and emergent good practice in relation to the needle and syringe programme and harm reduction advice and information service.
 - 8.11 While no pharmacies in City offer the needle exchange service, it is available via eight pharmacies in Hackney which can also be reached by City residents

Supervised consumption

- 8.12 The district in conjunction with Hackney commissions community pharmacies to provide supervised consumption as part of treatment services for opioid dependency.
- 8.13 Pharmacists and contractor staff involved in the provision of this service should have relevant knowledge and be appropriately trained in the operation of the service.
- 8.14 Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 8.15 This service involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

- 8.16 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 or accidental exposure to prescribed medicines.
- 8.17 Pharmacies that provide this service:
- Ensure there is sufficient coverage and availability for the supervised consumption of opiate substitute treatment prescribed by the service. They are encouraged to use the City and Hackney neighbourhood model to ensure equitable access to pharmacies offering supervised consumption, which includes Hackney.
 - Ensure each supervised dose is correctly administered to the service user for whom it was intended.
 - Liaise with the prescriber, named key worker and others directly involved in the care of the service user.
 - Monitor service users' response to the prescribed treatment.
 - Help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
- 8.18 While no pharmacies in City offer the supervised consumption service, it is available via 31 pharmacies in Hackney which can also be reached by City residents.

Take Home Naloxone Programme (THN)

- 8.19 The THN service relates to the supply of Prenoxad® 1mg/ml pre-filled syringe (2ml) injection for lay administration.
- 8.20 This THN service in the City of London is available to anyone over 16 years old.
- 8.21 Contractors are required to offer a user-friendly, non-judgmental, client-centred and confidential service.
- 8.22 Pharmacies supplying Prenoxad® as part of their drug treatment service must have a Standard Operating Procedure (SOP) in place which covers the ordering, storage, access, supply, monitoring and disposal arrangements for Prenoxad®.

8.23 Community pharmacy staff issuing supplies of Prenoxad® to individuals must as best practice:

- Be authorised by name to make Prenoxad® supplies (individuals are authorised to make supplies once they have completed the specified training and signed the training record).
- Keep up to date with any changes to the service. Any changes to the service is communicated via Turning Point.
- The pharmacy should retain a training record for each member of staff completing the training.
- Apply a label to each Prenoxad® unit confirming supply by the named pharmacy only.
- Know where to refer to for further information and advice.
- Pharmacies are required to keep a record of the naloxone they supply.

8.24 City residents can access the service from three Hackney pharmacies.

Sexual Health Service

8.25 The City of London district commissions community pharmacies to provide an enhanced service for sexual health and contribute to an improvement in the sexual and reproductive health and wellbeing of people in the City of London and Hackney with a particular emphasis on young people.

8.26 Medicines counter staff must refer all requests for chlamydia treatment or Emergency Hormonal Contraception (EHC) to the pharmacist without delay. The pharmacist must personally speak with and advise the person requesting treatment. Advice may be given over the telephone, but medication can only be dispensed to the intended user in person.

8.27 The principal aims of this service are:

- To increase the use of condoms by sexually active young people (aged under 25 years).
- To achieve high screening rates for chlamydia and gonorrhoea in sexually active young people.

- To improve access to treatment of chlamydia and other sexually transmitted infections (STIs) for sexually active young people.
- To increase access to EHC for all women, non-binary persons and transgender men who need it.

8.28 The key objectives of this service are:

- To register young people with the free condoms scheme.
- To supply condoms to young people registered to receive free condoms.
- To supply chlamydia and gonorrhoea postal testing kits to sexually active young people, free of charge.
- To supply antibiotic treatment for chlamydia to (young) people who have received a definitive or equivocal diagnosis, as well as their sexual contacts, free of charge.
- To supply EHC to all women, non-binary people with a womb, or transgender men who need it, free of charge.
- To increase awareness of the risk of contracting STIs through unprotected sex and thereby help to decrease the incidence of STIs among young people.
- To signpost the availability of other services, thereby increasing numbers of residents accessing sexual and reproductive health services.
- To refer vulnerable patients, especially young people, into sexual and reproductive to the appropriate service
- The pharmacy must deal with all requests for any element of this service sensitively, discreetly and in a non-judgemental manner. Clients should be offered the option of using a private space for the discussion or consultation.

8.29 The pharmacist can supply chlamydia/gonorrhoea screening kits to the intended user for their own use, plus additional kits for partner screening.

8.30 No City pharmacies offer sexual health services. However, they are made available via Hackney pharmacies (9 Hackney pharmacies offer chlamydia/ gonorrhoea screening kits, and 31 offer EHC).

City of London and Hackney Stop Smoking Service

8.31 Community pharmacies in the City of London and London Borough of Hackney are commissioned to support delivery of this service aimed at reducing smoking

prevalence and related harm in local populations, with a specific focus on high-risk and high-prevalence groups.

8.32 The service will provide specialist support to smokers aged 12 and over through both face-to-face and remote interventions, offering a flexible and accessible programme that reflects the diverse needs of residents and workers across City and Hackney. The service will work alongside local partners, including NHS services and community stakeholders, to ensure timely and seamless access to support.

8.33 The principal aims of this Service are:

- To reduce smoking prevalence and smoking-related harm in City and Hackney;
- To support smokers in quitting or reducing tobacco use, with a view to eventual cessation;
- To target tobacco-related health inequalities by prioritising delivery to high-need communities and vulnerable groups;
- To contribute to national Smokefree 2030 ambitions by reducing smoking rates to 5% or lower;
- To decrease demand on local health and care services by supporting healthier lifestyles.

8.34 The key objectives of this Service are:

- To provide an integrated, evidence-based stop smoking service accessible to residents, workers, and students aged 12 and over in City and Hackney;
- To prioritise support for the following key groups:
 - People from socioeconomically deprived backgrounds
 - Residents of social housing
 - People in routine and manual occupations
 - High smoking prevalence ethnic groups (e.g. Turkish, Kurdish, Black Caribbean, Bangladeshi, Eastern European, Vietnamese)
 - Individuals with poor mental health or long-term conditions
 - Pregnant women and their families
 - People experiencing homelessness, substance misuse or multiple needs

- LGBTQIA+ communities
- To offer behavioural support alongside approved pharmacotherapy, including Nicotine Replacement Therapy (NRT), in accordance with NICE guidelines;
- To provide harm reduction support for individuals not yet ready to quit but motivated to reduce use;
- To track quit outcomes at 4, 26, and 52 weeks, including carbon monoxide (CO) validation where possible;
- To ensure that clients are not concurrently enrolled with other stop smoking programmes.

8.35 Pharmacotherapy offered through the service may include:

- Nicotine patches (16hr or 24hr)
- Gum, lozenges, microtabs
- Nasal spray, mouth spray
- Inhalators

8.36 These may be provided for up to 12 weeks per quit attempt and should only be supplied alongside behavioural support from trained advisors.

8.37 Community pharmacies may refer clients interested in vaping to the core stop smoking service, as electronic cigarettes are only provided by trained specialist advisors within the service. Bupropion (Zyban), Varenicline, and other non-approved pharmacotherapies must not be supplied under this scheme.

8.38 All staff delivering the Stop Smoking Service must ensure that care is provided in a respectful, confidential, and non-judgmental manner. Clients should be offered the option to discuss their quit attempt in a private consultation space if desired.

8.39 One pharmacy in the City (Barbican Pharmacy & Clinic on Goswell Road) offers the service, but it is also available from another 12 pharmacies in Hackney.

Healthy Start City & Hackney

8.40 Community pharmacies in the City of London and Hackney are commissioned to support the delivery of the *Healthy Start City & Hackney* scheme, which aims to improve maternal and child health outcomes by reducing vitamin D deficiency and promoting adequate intake of essential vitamins in pregnancy and early childhood.

8.41 The *Healthy Start* service provides free vitamin supplements to:

- Pregnant women and new mothers (until their child turns one),
- Children from birth until their fourth birthday, who are either resident in the City of London or the London Borough of Hackney, or registered with a GP in these areas.

8.42 The primary aims of this service are:

- To reduce high levels of vitamin D deficiency among pregnant women, new mothers, and children under four years of age in City and Hackney;
- To increase the uptake of folic acid during early pregnancy, thereby reducing the risk of neural tube defects such as spina bifida;
- To ensure adequate intake of vitamins A, C and D in young children, supporting healthy growth, bone development, vision, and immune function.

8.43 The key objectives of this service are:

- To increase the number of eligible women taking Healthy Start vitamin tablets, which include folic acid and vitamins C and D;
- To increase the number of children receiving Healthy Start vitamin drops, which include vitamins A, C and D;
- To promote the Healthy Start scheme to eligible families through community pharmacies, children's centres, and healthcare professionals;
- To encourage registration with the Healthy Start programme and regular collection of supplements from designated pharmacies or children's centres;
- To signpost families to wider support services where appropriate.

8.44 The service must be promoted by pharmacies routinely to pregnant women, new mothers, and families with children under the age of four.

8.45 The service forms part of NICE-recommended antenatal care and must be discussed routinely with families by midwives, health visitors, and other relevant professionals. Promotion must also take place through children's centres and other local authority services.

- 8.46 All staff involved in the delivery of this service must ensure that advice and provision are offered in a sensitive, respectful, and non-judgemental manner. Private consultation space should be made available where required.
- 8.47 One pharmacy in the City (Barbican Pharmacy & Clinic on Goswell Road) delivers this service, but it is also commissioned in 14 Hackney pharmacies.

Palliative End of Life Care (PEoLC) Service

- 8.48 The purpose of this service is to ensure 24/7 availability of PEoLC medicines through community pharmacies in NEL, in turn enabling the provision of PEoLC in accordance with patients' and families' preferences.
- 8.49 Community pharmacies commissioned to provide the out of hours service also supplement the in-hours provision of PEoLC medicines, commissioned through the 25/26 Pharmacy Quality Scheme, as part of the nationally commissioned Community Pharmacy Contractual Framework. They maintain a specific stock of PEoLC medicines and are listed on the NHS Profile Manager as a 'Pharmacy Palliative Care Medication Stockholder'.
- 8.50 During out of hours, a rota system is operated, to provide the out of hours PEoLC medicine supply service. The pharmacies on-call will be so for the entirety of the week, inclusive of weekends and any bank holidays that may fall within that week. The community pharmacies are strategically located to ensure coverage of NEL is represented as fairly as possible, to allow for timely access to the medicines for all NEL residents.
- 8.51 In circumstances where a community pharmacist is unable to supply the PEoLC medicines, they must direct / signpost the individual to the nearest commissioned community pharmacy, checking first that they have the required medicine(s) in stock.
- 8.52 Pharmacists and staff involved in the provision of the service will have received the appropriate training to deliver the service.
- 8.53 Palliative and End of Life care services are currently being reviewed across North East London to ensure that a consistent service is delivered across the entirety of the geography.
- 8.54 Ten pharmacies across City and Hackney provide the service.

Community Pharmacy Selfcare Advice Service (CPSAS)

- 8.55 This service, commissioned by North East London Integrated Care Board, launched on the 22nd July 2024.
- 8.56 This service has been funded by the Population Health and Integration 'Shared Ambition' Fund, to help reduce health inequalities in NEL. This is a priority in the current context of significant health inequalities within our population, with those living in more deprived areas experiencing poorer health outcomes, and high cost of living pressures across NEL
- 8.57 Any pharmacies in North East London who have signed up to this service can provide support to socially vulnerable NEL residents to self-manage their minor ailments with clinical advice and free over-the-counter medicines where indicated. The pharmacies will also provide overall health and wellbeing advice, this includes signposting/referral to other relevant local services e.g. blood pressure checks and sexual health services.
- 8.58 The eligibility criteria for CPSAS are registered patients with a NEL practice, who are currently receiving any financial related benefits e.g. Universal credit, Income support or related allowance and HC2 certificate. This also expands to their dependents who are 18 years of age and under. The CPSAS eligibility also includes specific population such as young care leavers, homeless, refugee and asylum seekers in North East London.
- 8.59 The primary access to service was initially via a referral from patient's GP or NHS111 through NHSE commissioned service – Pharmacy First, where walk-ins were only accepted for patients who are homeless, refugee and asylum seekers.
- 8.60 However, from 4th August 2025, access to CPSAS was extended to walk in for all eligible patients, i.e. not limited to those who are homeless, refugee and asylum seekers. This extension was effected to widen access to patient groups who do not routinely visit their practices
- 8.61 CPSAS has improved patient access to medicines for minor illnesses related conditions, reduced health inequalities by removing the barrier of cost of medicines. This service has also enhanced patient access to timely advice and support on health and wellbeing, providing targeted interventions and reduced fragmentations between care pathways for socially vulnerable cohorts. With the widening of access

to CPSAS, it is hoped that this service can help reduce pressures on GP appointments and on A&E.

8.62 All 9 City of London pharmacies offer this service.

Community Pharmacy Independent Prescribing (IP) Pathfinder Programme

8.63 The aim of the community pharmacy IP pathfinder programme is to establish a framework for the future commissioning of NHS community pharmacy clinical services incorporating independent prescribing.

8.64 Following submission of an expression of interest to NHSE, in August 2023 NEL ICB were approved for 6 NEL community pharmacies to become pathfinder sites.

8.65 The model that was agreed was to link each community pharmacy to one GP practice in close proximity. As part of this programme, the clinical models agreed were:

- Hypertension and CVD risk reduction
- Lipid review

8.66 The nominated community pharmacist providing the clinical review service is a qualified independent prescriber. A robust training framework was implemented to upskill the pharmacists to provide these services in the community pharmacy. The pharmacists have access to EMIS web for their linked practice and are able to book appointments, view and write into patient records, request and access blood tests and prescribe medication in line with the service specifications for the agreed clinical models.

8.67 The development of community pharmacists plays a crucial role in shaping the future of healthcare services. Preliminary evaluation from the pathfinder and lipid POCT has demonstrated the positive impact of the role of a community pharmacy in providing clinical services and prescribing medication in the community pharmacy setting.

8.68 Community pharmacies are already providing health screening and monitoring and proactively expanding this in the community pharmacy setting will help with early detection and management of long-term conditions.

- 8.69 The community pharmacy independent prescribing pathfinder programme has demonstrated that community pharmacists can take a more active role in managing chronic conditions such as hypertension. There is potential to increase their scope of practice further to manage patients with diabetes, respiratory conditions and more complex cardiovascular conditions. In addition, it is hoped to further develop the pathfinder community pharmacists into Designated Prescribing Practitioners (DPPs) to support the future development of pharmacist prescribers.
- 8.70 No City pharmacies are currently enrolled in the service.

Other prescribing centres

- 8.71 These are considered in the PNA as they have the potential to increase demand for pharmaceutical services.

Walk-in Centres

- 8.72 These centres provide urgent medical care for non-life-threatening conditions. Below is the walk-in centre in the City of London.

- Soho NHS walk-in centre located at Frith Street.

GP extended access hubs

- 8.73 Enhanced Access Services are established to provide patients with improved access to GP appointments outside of standard working hours. These services are coordinated through various Enhanced Access Hubs across the area. Appointments are available during weekday evenings and weekends, aiming to accommodate patients who may have difficulty attending during regular hours.
- 8.74 The extended access hubs are strategically located to serve different areas in the City of London.
- 8.75 GP extended access hub in the City of London is the Neaman Practice located at Half Moon Court.

End of life services

- 8.76 A range of services are available to residents of the City of London to support individuals requiring end-of-life care, including inpatient facilities, community-based services, and support organisations. These services aim to provide compassionate


care tailored to individual's needs, ensuring comfort and dignity during end-of-life stages.

8.77 The following NHS and charitable services provide end-of-life services to residents if the City of London:

- St Joseph's Hospice located at Mare Street Offers community palliative care, inpatient services, and bereavement support. They provide services to residents of the City of London and surrounding areas).
- Palliative Care Team at Homerton University Hospital located at Homerton Row (provided specialist palliative care for patients with serious or life-limiting illnesses, support for families and carers, management of complex symptoms such as pain, nausea, and fatigue, emotional, spiritual, and psychological support).
- Pembridge Hospice and Palliative Care located at St Charles Centre for Health and Wellbeing, Exmoor Street (includes community palliative care team providing home visits, day hospice offering treatments, support, and complementary therapies, bereavement counselling services and 24-hour advice line staffed by nurses and specialist consultants).
- University College London Hospitals NHS Foundation Trust – Transforming End of Life Care Team located at Euston Road (provides daily reviews for patients in the last days of life, advance care planning support, facilitation of discharges towards the end of life as well as educating and mentoring for healthcare professionals).
- Advanced Care Planning Team based at Beaumont House, Mile End Hospital (supports patients in the final stages of life, assisting with care planning and coordination.
- City of London Adult Social Care located at Guildhall (provides advice, information, and care services to City residents over the age of 18 with community care needs, including those related to end-of-life care).

Mental Health Services

8.78 A variety of mental health services are available in the City of London to support individuals across needing support with their mental health. These services include



community-based teams, specialised programs, and support organisations, all working collaboratively to provide comprehensive care:

- City and Hackney Child and Adolescent Mental Health Service (CAMHS) located at Homerton Row.
- City and Hackney Centre for Mental Health located at Homerton Row.
- City and Hackney Wellbeing Network (various locations)
- City and Hackney Specialist Psychotherapy Service located at Donald Winnicott Centre.
- Mind in City, Hackney and Waltham Forest with its main office at Tudor Road.

Chapter 9 - Conclusions and Statements

- 9.1 This PNA has considered the current provision of pharmaceutical services across the City of London HWB area and assessed whether it meets the needs of the population and whether there are any gaps in the provision of pharmaceutical services either now or within the lifetime of this document.
- 9.2 This chapter will summarise the conclusion of the provision of these services in the City of London with consideration of surrounding HWB areas.

Current Provision

- 9.3 The PNA steering group has identified the following services as necessary to meet the need for pharmaceutical services:
- Essential services provided at all premises, including those though outside the City of London HWB area, but which nevertheless contribute towards meeting the need for pharmaceutical services in the area.
- 9.4 Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to pharmaceutical services. The PNA steering group has identified the following as Other Relevant Services:
- Adequate provision of advanced, enhanced, and locally commissioned services to meet the need of the local population, including premises which although outside the City of London HWB area, but which nevertheless have secured improvements, or better access to pharmaceutical services in its area.
- 9.5 Preceding chapters of this document have set out the provisions of these services, as well as identifying services by contractors outside the HWB area, as contributing towards meeting the need for pharmaceutical services in the City of London.

Current provision of necessary services

- 9.6 In assessing the provision of necessary services against the needs of the population, the PNA steering group considered access as the most important factor in determining the extent to which the current provision of essential services meets the

needs of the population. To determine the level of access to pharmaceutical services, the following criteria were considered:

- Distance and travel time to pharmacies
- Opening hours of pharmacies
- Proximity of pharmacies to GP practices
- Demographics of the population
- Health needs of the population and patient groups with specific pharmaceutical service needs

- 9.7 There are 8.5 community pharmacies per 10,000 residents in the City of London. This ratio is considerably higher than the national average of 1.7 pharmacies per 10,000 residents.
- 9.8 All of City's population is within a 15-minute walk to a pharmacy. Additionally, all residents can reach a pharmacy in 10 minutes by car or 15 minutes by public transport. All GP practices in City of London are also within 0.8 mile of a pharmacy.
- 9.9 Factoring in all of this, the residents of the City of London are well served in terms of the number and location of pharmacies.

Current provision necessary services during normal working hours

- 9.10 All pharmacies are open for at least 40 hours each week, with one of the pharmacies opening for 100 hours a week. There are 9 community pharmacies in the City of London, and a further 73 within 0.8 mile of its boundaries, providing good access as determined in Chapter 7.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services inside normal working hours in the City of London.

Current provision of necessary services outside normal working hours

- 9.11 On weekdays, eight of the nine pharmacies are open past 5:30pm. These are mapped out in Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

- 9.12 Five of the district's 9 community pharmacies are open on Saturday while three are open on Sunday. Considering these pharmacies and those in neighbouring boroughs, as shown in the maps in Chapter 7, there is adequate accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing the PNA, no gaps were identified in the current provision of necessary services outside normal working hours in the City of London.

Current provision of other relevant services

Current provision of advanced pharmacy services

- 9.13 The following advanced services are currently available for provision by community pharmacies: Pharmacy First Service, New Medicine Service, Flu vaccination service, Pharmacy Contraception Service, Hypertension Case-finding service, Smoking Cessation Service, Appliance Use Reviews, Stoma Appliance Customisation and Lateral Flow Device tests supply service.
- 9.14 The Pharmacy First Service is provided by all 9 pharmacies in the district.
- 9.15 NMS is widely available with all 9 pharmacies in the district providing it.
- 9.16 Flu vaccinations are also widely provided, with all 9 pharmacies in the district offering them.
- 9.17 All 9 pharmacies in the City of London offer the Pharmacy Contraception Service.
- 9.18 All 9 pharmacies in the City of London provide the Hypertension Case-finding Service.
- 9.19 According to the NHSBA data, no pharmacies were indicated as providing the nation Smoking Cessation Service in the previous fiscal year. However, through the LPC the PNA has ascertained that local pharmacies are indeed already providing the service and have capacity to continue doing so.
- 9.20 Though no pharmacies in the City of London indicated providing the Appliance Use Review Service or Stoma Appliance Customisation Service, these services are widely available from other health providers such as district nurses and dispensing

appliance contractors. Pharmacies have also indicated that they are willing to provide these services if called upon to do so.

9.21 The Lateral Flow Device test supply service is provided by all 9 pharmacies in the City of London

9.22 It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of the City of London.

Current provision of enhanced pharmacy services

9.23 There are currently three enhanced services commissioned by the London region of NHSE in conjunction with London ICBs. These are the London Flu and COVID-19 vaccination service, the Bank Holiday Rota Service and the MMR Vaccination Service.

9.24 At the time of drafting, no data was available about pharmacies offering the London Flu and COVID-19 vaccination service.

9.25 No City pharmacies were on the most recent Bank Holiday Rota, though two from Hackney were.

9.26 Although no pharmacies in City or Hackney currently deliver the MMR vaccination service, MMR vaccination can be accessed through alternative avenues such as GP surgeries, community clinics and school-based programs.

Current provision of locally commissioned services

9.27 These services are commissioned by the City of London district and North East London ICB. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the City of London population. These services are the needle exchange service, supervised consumption Service, take home naloxone programme, sexual health services, City & Hackney Stop Smoking service, Healthy Start City & Hackney, the Palliative End of Life Care Service, Community Pharmacy Selfcare Advice Service and the Community Pharmacy Independent Prescribing Pathfinder Programme. Most of these services are jointly commissioned with Hackney as explored in Chapter 8.

9.28 Though no City of London pharmacies currently offer the needle exchange service, supervised consumption, take home naloxone or sexual health services, these services are readily available from nearby Hackney pharmacies.

- 9.29 One pharmacy in City of London offers the City of London and Hackney Stop Smoking Service.
- 9.30 One City pharmacy offers the Healthy Start City & Hackney service.
- 9.31 Across City and Hackney 10 pharmacies provide the Palliative End of Life Care Service.
- 9.32 Community Pharmacy Selfcare Advice Service is available from all 9 CoL pharmacies.
- 9.33 No City pharmacies are enrolled in the Community Pharmacy Independent Prescribing Pathfinder Programme.

Based on the information available at the time of developing the PNA, no gaps were identified in services that if provided would secure improvements and better access to pharmaceutical services in general, or pharmaceutical services of a specific type in the City of London.

Future Provision

- 9.34 The Health and Wellbeing Board has considered the following future developments:
- Forecasted population growth.
 - Housing Development information.
 - Regeneration projects.
 - Changes in the provision of health and social care services.
 - Other changes to the demand for services.

Future provision of necessary services

Future provision of necessary services during normal working hours

- 9.35 The HWB is aware of new regulatory changes by the Department of Health and Social Care affecting DSPs. This includes that from 23rd June 2025, no new applications for DSPs can be accepted/are permitted under the Pharmaceutical and Local Pharmaceutical Services regulations. It is also expected that from 1st October 2025 (with exception of COVID-19 and influenza vaccination services), DSPs will no longer be permitted to deliver directed services (Advanced and Enhanced services)

in person to a patient. They may continue to deliver the COVID-19 and influenza vaccination services onsite, face-to-face, at their premises, until 31st March 2026.

- 9.36 The PNA is aware of and has considered proposed changes in the City of London including commitment to building more housing which will result in a population increase (2.5% population increase is expected during the 2025-2028 PNA period). The largest of these developments will see an increase of 782 new student housing units, while the total number of new units across the entire district is forecast to be 1,636 in that period.
- 9.37 These changes do not represent large shifts in the population size. Furthermore, City pharmacies have comparatively low dispensing numbers compared to the rest of the nation (1,512 items per month compared to 8,689 for the national average). This suggests that the pharmacies have ample capacity to cater for any additional pharmaceutical provision demands created by the anticipated small changes population size.
- 9.38 It is therefore concluded that pharmacy provision within the City of London is well placed to support these during the lifetime of the PNA.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services during normal working hours in the lifetime of this PNA in the City of London.

Future provision of necessary services outside normal working hours

- 9.39 The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.

Based on the information available at the time of developing this PNA, no gaps were identified in the future provision of necessary services outside of normal working hours in the lifetime of this PNA in the City of London.

Future provision of other relevant services

- 9.40 Through the LPC, local pharmacies have indicated that they have capacity to meet future increases in demand for advanced, enhanced and locally commissioned services.

9.41 The PNA analysis is satisfied that there is sufficient capacity to meet any increased demand of services.

Based on the information available at the time of developing this PNA, no future needs were identified for improvement and better access.

Appendix A - City and Hackney Pharmaceutical Needs Assessment Steering Group Terms of Reference

Background

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

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

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The City of London and Hackney published their last PNAs under the Regulations in October 2022. The Health and Wellbeing Board has now initiated the process to refresh the PNAs; this is in accordance with the Regulations which require a new document to be published every 3 years. The PNAs will be published by the Health and Wellbeing Boards by the 1st October 2025.

Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered and

robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd.

In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Health and Wellbeing Boards.
- Establishing arrangements to ensure the appropriate maintenance of the PNAs, following publication, in accordance with the Regulations.

Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned by the London Borough of Hackney and City of London; and services commissioned by the ICB and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, with both the joint strategic needs assessment and the health and wellbeing strategies of the London Borough of Hackney and the City of London.
- Ensure that the PNA links with both national and local priorities and other local key strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the City of Hackney population.
- Approve the framework for the PNA document, including determining the maps which will be included.

- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the ICB.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Hackney and City of London HWBs, on formal PNA consultations undertaken by neighbouring HWBs.
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.
- Document and manage potential and actual conflicts of interest.

Accountability and reporting

The City and Hackney Health and Wellbeing Boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group

The PNA steering group will be accountable to the London Borough of Hackney and City of London Health and Wellbeing Boards and will report on progress as required by the Health and Wellbeing Boards.

The final draft PNAs will be presented to the Health and Wellbeing Board for approval.

Membership

Membership of the group shall be:

- City of London and the London Borough of Hackney Public Health Team.
- Community Pharmacy NEL.
- NHS North East London.
- Healthwatch City of London.

- Healthwatch Hackney.
- Healthy Dialogues.

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

Quorum

Meetings will be considered quorate regardless of the number of members present.

Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

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

Frequency of meetings

The group will meet as required for the lifetime of this project. Meetings may be held, or decisions taken, virtually, where appropriate.

Following publication of the final PNA, the Steering Group will be convened on an 'as required' basis to:

- Fulfil its role in timely maintenance of the PNA.
- Advise the HWB, when consulted by NHS England, in relation to consolidated applications.

Appendix B – Pharmacy provision within The City of London and 0.8 miles of its boundary (equivalent of 15-minute walk)

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	W	A	O	O
City Of London	Community Pharmacy	FXY14	Barbican Pharmacy & Clinic	36 Goswell Road, London	EC1M 7AA	No	No	No	No
City Of London	Community Pharmacy	FDC23	Boots	80 Cannon Street, London	EC4N 6AE	Yes	Yes	No	No
City Of London	Community Pharmacy	FGC54	Boots	200 Bishopsgate, London	EC2M 4NR	Yes	Yes	Yes	Yes
City Of London	Community Pharmacy	FGG53	Boots	11 Octagon Arcade, Liverpool Street Station, London	EC2M 2AB	Yes	Yes	Yes	Yes
City Of London	Community Pharmacy	FGQ44	Boots	60 Gracechurch Street, London	EC3V 0HR	Yes	Yes	Yes	No
City Of London	Community Pharmacy	FHN79	Boots	21 New Change Passage, London	EC4M 9AG	Yes	Yes	Yes	Yes
City Of London	Community Pharmacy	FTH22	Boots	88 Aldgate High Street, London	EC3N 1LH	Yes	Yes	No	No
City Of London	Community Pharmacy	FTP53	Boots	107 Cheapside, London	EC2V 6DN	Yes	Yes	Yes	No
City Of London	Community Pharmacy	FVC98	Boots	171 Moorgate, London	EC2M 6XQ	Yes	Yes	No	No
Camden	Community Pharmacy	FDY54	Boots	16-17 Tottenham Court Rd, London	W1T 1BE	No	Yes	Yes	Yes
Camden	Community Pharmacy	FH432	Boots	122 Holborn, London	EC1N 2TD	Yes	Yes	No	No
Camden	Community Pharmacy	FHK32	John Walker Chemists	2-3 Medway Court, Leigh Street, London	WC1H 9QX	No	Yes	Yes	No
Camden	Community Pharmacy	FKD52	Superdrug Pharmacy	232 High Holborn, London	WC1V 7DA	Yes	Yes	No	No
Camden	Community Pharmacy	FMK19	Zen Pharmacy	150 Southampton Row, London	WC1B 5AN	No	Yes	Yes	Yes
Camden	Community Pharmacy	FN299	Boots	129-133 Aviation House, Kingsway, Holburn, London	WC2B 6NH	Yes	Yes	Yes	Yes

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	E ar	La te	O pe	O pe
Camden	Community Pharmacy	FN642	Gray's Inn Pharmacy	81 Gray's Inn Road, London	WC1X 8TP	No	No	No	No
Camden	Community Pharmacy	FNK76	Holborn Pharmacy	88 Southampton Row, London	WC1B 4BB	Yes	Yes	Yes	No
Camden	Community Pharmacy	FPF52	Boutalls Pharmacy	60 Lambs Conduit Street, London	WC1N 3LW	No	Yes	No	No
Camden	Community Pharmacy	FQ977	Boots	40-42 Brunswick Shopp Ctr, Marchmont Street, London	WC1N 1AE	Yes	Yes	Yes	Yes
Camden	Community Pharmacy	FV174	Essentials Pharmacy	169 Drury Lane, Covent Garden, London	WC2B 5QA	No	No	Yes	No
Camden	Community Pharmacy	FWL66	Boots	25-27 Farringdon Road, Smithfield, London	EC1M 3HA	Yes	Yes	No	No
Camden	Community Pharmacy	FX460	Kerrs Chemist	41 Bloomsbury Way, London	WC1A 2SA	No	Yes	Yes	No
Camden	DSP	FMC51	Hasscon Pharmacy	76 Cromer Street, Camden	WC1H 8DR	No	Yes	No	No
Hackney	Community Pharmacy	FFE07	Judds Chemist	73 Pitfield Street, City And Hackney, London	N1 6BT	No	Yes	No	No
Hackney	Community Pharmacy	FNH97	Finstead (Hoxton) Ltd	193 Hoxton Street, London	N1 6RA	No	Yes	Yes	No
Hackney	Community Pharmacy	FW125	Murray's Chemist	96-98 Murray Grove, Islington, London	N1 7QP	No	Yes	Yes	No
Islington	Community Pharmacy	FDN39	St Peter's Pharmacy	51 St Peters St, London	N1 8JR	No	Yes	Yes	No
Islington	Community Pharmacy	FHD65	Apex Pharmacy	199 Old Street, London	EC1V 9NP	No	Yes	Yes	No
Islington	Community Pharmacy	FJJ16	Portmans Pharmacy	Unit 5, Cherry Tree Walk, Whitecross Street, London	EC1Y 8NX	No	Yes	Yes	No
Islington	Community Pharmacy	FM604	Wc & K King Chemist	35 Amwell Street, London	EC1R 1UR	No	Yes	No	No
Islington	Community Pharmacy	FRM14	Clerkenwell Pharmacy	44 Exmouth Market, London	EC1R 4QE	Yes	Yes	Yes	No
Islington	DAC	FC850	Apex Appliances	199 Old Street, London	EC1V 9NP	No	Yes	Yes	No
Islington	DSP	FEW08	Pharmica	1-5 Clerkenwell Road, London	EC1M 5PA	No	Yes	No	No

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	U ar	La te	O pe	O pe
Lambeth	Community Pharmacy	FLA76	Boots	Waterloo Station, London	SE1 7LY	Yes	Yes	Yes	Yes
Lambeth	Community Pharmacy	FLG18	Boots	98/99 Lower Marsh, London	SE1 7AB	Yes	Yes	Yes	No
Southwark	Community Pharmacy	FCR97	Qrystal Pharmacy	301-303 Borough High St, London	SE1 1JH	No	Yes	Yes	No
Southwark	Community Pharmacy	FDA71	Boots	Units 8-11 Hays Galleria, Counter Street, North Southwark, London	SE1 2HD	Yes	Yes	Yes	Yes
Southwark	Community Pharmacy	FJH24	City Pharmacy	39/41 Borough High Street, London	SE1 1LZ	Yes	Yes	Yes	No
Southwark	Community Pharmacy	FKC34	Amadi's Chemist	107 Abbey Street, North Southwark, London	SE1 3NP	No	Yes	Yes	No
Southwark	Community Pharmacy	FXY86	Kalmak (Chemists) Ltd	Unit 11, South Bank Tower, Upper Ground, London	SE1 9LP	Yes	Yes	No	No
Southwark	DSP	FHK99	Pharmaceutra	64 Borough High Street, London	SE1 1XF	No	No	No	No
Tower Hamlets	Community Pharmacy	FA089	Sai Pharmacy	19 Stable Walk, Goodman Fields, London	E1 8ZF	No	Yes	No	No
Tower Hamlets	Community Pharmacy	FDN37	Florida Pharmacy	307 Bethnal Green Road, London	E2 6AH	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FG327	The Old Maids Pharmacy	321 Bethnal Green Road, London	E2 6AH	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FHF74	Day Lewis Pharmacy	12-14 Old Montague Street, London	E1 5NG	Yes	Yes	No	No
Tower Hamlets	Community Pharmacy	FKA84	Columbia Pharmacy	104 Columbia Road, London	E2 7QB	No	Yes	No	Yes
Tower Hamlets	Community Pharmacy	FQJ20	Chapel Pharmacy	139 Cannon Street Road, London	E1 2LX	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FRD61	Dmb Chemist	4 Watney Market, Shopping Centre, Stepney, London	E1 2PR	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FTM20	City Dock Pharmacy	Unit 2a, Building A, Lndn Dock, 142 Vaughan Way, London	E1W 2AF	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FVE07	Tower Pharmacy	50 Wapping Lane, Wapping, London	E1W 2RL	No	Yes	Yes	No
Tower Hamlets	Community Pharmacy	FWP36	Ali's Pharmacy	93 Watney Street, Stepney, London	E1 2QE	No	Yes	Yes	No

HWB	Contract Type	ODS Code	Pharmacy	Address	Post Code	U ar	La te	O pe	O pe
Tower Hamlets	Community Pharmacy	FXR56	Day Lewis Pharmacy	253 Whitechapel Road, Stepney, London	E1 1DB	No	Yes	Yes	No
Tower Hamlets	DSP	FDW47	Pharmacyforce	Lower Ground Floor, 101 Whitechapel Road, London	E1 1DT	No	Yes	No	No
Tower Hamlets	DSP	FLF08	Letterboxpharmacy.Com	Ground & Lower Ground Fl, 20 Spelman Street, London	E1 5LQ	No	Yes	No	No
Westminster	Community Pharmacy	FA906	Boots	107-115 Long Acre, London	WC2E 9NT	No	Yes	Yes	Yes
Westminster	Community Pharmacy	FJJ43	Boots	105-109 The Strand, London	WC2R 0AA	Yes	Yes	Yes	Yes
Westminster	Community Pharmacy	FL592	Superdrug Pharmacy	49-50 The Strand, London	WC2N 5LH	Yes	Yes	Yes	No
Westminster	Community Pharmacy	FTA34	Boots	426-427 Strand, London	WC2R 0QE	Yes	Yes	Yes	Yes

Appendix C - Consultation report

This report presents the findings of the consultation for the City of London PNA for 2025 to 2028.

For the consultation, the draft PNA was sent to a list of statutory consultees outlined in Chapter 1, paragraph 1.13. In total 5 people responded to the consultation via email or via our consultation survey, they represented:

- NHS England
- Boots UK Limited
- Healthwatch City of London
- Homerton Hospital NHS Foundation Trust
- North East London ICB

The PNA steering group constituted the majority of the stakeholders we must consult with for this consultation who fed into this PNA before it was presented for the 60-day consultation.

The responses to the survey regarding the PNA were positive. They are presented in the table below. Additional comments received via are presented in the table that follows.

Consultation survey Question	Yes	No	Unsure/not entirely
Has the purpose of the pharmaceutical needs assessment been explained?	4		
Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?	3		1
Are there any gaps in service provision i.e. when, where and which services are available that have not been identified in the pharmaceutical needs assessment?	1	2	1
Does the draft pharmaceutical needs assessment reflect the needs of your area's population?	4		
Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e. decisions on applications for new pharmacies and dispensing appliance contractor premises?	4		
Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?	4		
Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?	3	1	
Do you agree with the conclusions of the pharmaceutical needs assessment?	4		
Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?	3		1

The table below presents the comments received during the statutory 60-day consultation period and the response to those comments from the steering group.

Comment received during consultation	PNA Steering Group response
<p>NHS England: One of the pharmacies in the City HWBB area has and a change of ownership as of 1 August 2025. Chauhan Pharmacy FD099 is now Barbican Pharmacy & Clinic FCY14. All other details remain the same.</p>	<p>This has been updated</p>
<p>NHS England: National changes to the pharmacy regulations need to be added to the PNA, especially the information regarding DSPs and the changes to services for these.</p>	<p>This has now been updated to include the new regulatory changes regarding DSPs</p>
<p>NHS England: Page 85 Bank Holiday Rota – A new service will be commissioned starting from Christmas 2025 by the ICB.</p>	<p>The section has been updated</p>
<p>NHS England: All the pharmacies with the exception of one are owned by Boots, it might be prudent for the PNA to make a statement about choice and how this is made in this area where most of the pharmacies are owned by one contractor.</p>	<p>The steering group acknowledges this comment. The PNA is required to assess the adequacy of pharmaceutical services in terms of access, availability, and range of services provided, rather than regulate ownership structures or market competition. The ownership profile of pharmacies in the City of London has been noted, and the PNA will include a contextual statement reflecting this position. However, current assessment indicates that the pharmaceutical needs of the population are being met and there is no identified gap in service provision related to ownership.</p>

<p>NHS England:</p> <p>Page 89 Locally commissioned services There is a typo, these should be North East London ICB services.</p>	<p>This has been corrected</p>
<p>NHS England:</p> <p>Since the publication of the last PNA pharmaceutical services have been delegated to ICBs and therefore they can and should now commission services as locally enhanced services where they fall within this category. There will be some services that were commissioned previously as ICB locally commissioned services that will now need to transition to Locally enhanced services. We have noted that some of the services commissioned by the ICB are therefore quoted in the PNA within the wrong heading and these need to be amended and if appropriate the context of the PNA amended.</p>	<p>The latest PNA guidance states the following: “Where an ICB commissions a service from one or more pharmacies using the NHS standard contract, this is a locally commissioned service and not an enhanced service. The HWB will therefore need to seek clarification from the ICB or ICBs for its areas on the contracting route used to commission services from pharmacies in order to establish whether they are enhanced services or locally commissioned services. HWBs should reference locally commissioned services in their PNA as other NHS services (see Other NHS services)”.</p>
<p>Healthwatch City of London:</p> <p>I feel this is too Hackney centric and does not support a detailed enough assessment of the needs of the people in the east of the City, Tower hamlets is barely mentioned and there needs to be a greater focus on access at that end of the City where there are greater areas of deprivation. Very few people use Homerton for secondary care and many will use UCLH/ RLH or Barts and there is limited description of how they work with City and Hackney. Sexual health testing has not been recognised as an artifact of city workers accessing services using work addresses.</p>	<p>As stated in Chapter 5 of the document, some data sources are not available in a disaggregated form to show City of London specific data. Additionally, some services are jointly commissioned as both City and Hackney.</p> <p>The methodology of the PNA, as set out in Chapter 3 of this report. It highlights that HWB considered provision and choice of pharmacies is determined by accessible distance as defined as one or more of the following:</p> <ul style="list-style-type: none"> 15-minute walking distance. 10-minute driving distance. 15-minute journey by public transport. <p>In addition, Chapter 7 and Appendix B present the pharmacy provision</p>

	within 0.8 miles of CoL borders, showing strong provision from Tower Hamlets (among others). The section on sexual health testing was reviewed and worded by a City of Hackney Public Health Consultant and found to be accurate.
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