



Haringey Pharmaceutical Needs Assessment 2022

Haringey Health and Wellbeing Board

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

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Executive summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment that may have an effect on the needs of pharmaceutical services. Due to the COVID-19 pandemic the Department of Health and Social Care postponed the requirement for all HWBs to publish until 1 October 2022.

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

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

This PNA has been produced through the PNA Steering Group on behalf of Haringey HWB by Haringey Council with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Pharmaceutical service providers in Haringey

Haringey has 56 community pharmacies, including three DSPs (as of 29 March 2022) for a population of around 266,000. Haringey has an average of 21.0 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

Conclusions

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

For the purposes of this PNA, Necessary Services for Haringey HWB are defined as Essential Services.

Current provision of Necessary Services

Necessary Services – gaps in provision

In reference to [Section 6](#), and as required by paragraph 2 of Schedule 1 to the Pharmaceutical Regulations 2013:

- Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Haringey to meet the needs of the population.

- Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Haringey to meet the needs of the population.

- Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future (lifetime of this PNA) circumstances across Haringey.

Improvements and better access – gaps in provision

- Current and future access to Advanced Services

There are no gaps in the provision of Advanced Services at present or in the future (lifetime of this PNA) that would secure improvements or better access to Advanced Services in Haringey.

- Current and future access to Enhanced Services

No gaps have been identified that if provided either now or in the future (lifetime of this PNA) would secure improvements or better access to Enhanced Services across Haringey

- Current and future access to Locally Commissioned Services

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.

Abbreviations

AF – Atrial Fibrillation

AUR – Appliance Use Review

A&E – Accident and Emergency

BSA – Business Services Authority

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

COA – Census Output Area

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSMMS – Disease-Specific Medicines Management Services

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EoL – End of Life

EoLC – End of Life Care

EPS – Electronic Prescription Service

eRD – Electronic Repeat Dispensing

ES – Essential Services

GCSE – General Certificate of Secondary Education

GLA – Greater London Authority

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care Systems
IMD – Index of Multiple Deprivation
JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Layer Super Output Area
LTP – Long Term Plan
MUR – Medicines Use Review
NCL – North Central London
NCMP – National Child Measurement Programme
NEX – Needle and Syringe Exchange
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NMS – New Medicine Service
NRT – Nicotine Replacement Therapy
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
OW – Overweight
PCN – Primary Care Network
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs

QOF – Quality and Outcomes Framework

SAC – Stoma Appliance Customisation

SCPF – Self-Care Pharmacy First

VOW – Very Overweight

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1 April 2013. The Pharmaceutical Regulations 2013 require each Health and Wellbeing Board (HWB) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment. This document is called a Pharmaceutical Needs Assessment (PNA). This document should be revised within three years of its previous publication. The last PNA for Haringey was published in April 2018 and since then has been kept updated with accompanying supplementary statements.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**² The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next 10 years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.1](#).
- **Clinical Commissioning Groups (CCGs)** are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Due to the COVID-19 pandemic, there is a delay in ICSs becoming legal entities with decision-making authority, with some not due to go live until April 2023.
- All pharmacies were required to become Level 1 **Healthy Living Pharmacies** by April 2020.

¹ The Pharmaceutical Regulations 2013. www.legislation.gov.uk/uksi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.³ During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁴ In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 Lateral Flow Device (LFD) provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.⁵
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.
- **Community Pharmacist Consultation Service (CPCS):**⁶ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, as part of the NHS LTP.
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.⁷

³ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

⁴ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁵ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁶ Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

⁷ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS is a voluntary scheme that forms part of the CPCF.⁸ It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing, the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (DHSC) and NHSE&I.

1.3 Purpose of the PNA

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products.⁹ Information and JSNA products will be updated on the Haringey Council website, which is kept live as a rolling programme of documents and informs the Joint Health and Wellbeing Strategy (JHWS), which will take into account the findings of JSNA products. The report contains a summary of the latest evidence base across a range of public health issues and related wider determinants. The report also contains demographic data for Haringey.

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

⁸ NHSE&I. Pharmacy Quality Scheme Guidance 2021/22. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

⁹ Haringey Council. JSNA. www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna

Current plans are for North Central London (NCL) ICS to be in place by July 2022. It is anticipated that it will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services currently commissioned from pharmacies by CCGs may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as ‘pharmaceutical services’.

Although the Steering Group is aware that during the lifetime of this PNA CCGs will transition to ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

1.4 Scope of the PNA

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

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

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

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

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

- Pharmacy contractors
- Dispensing Appliance Contractors (DAC)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, ‘pharmaceutical services’ has been defined as those that are/may be commissioned under the provider’s contract with NHSE&I. A detailed description of each provider type and the pharmaceutical services as defined in their contract with NHSE&I is set out below.

1.4.1 Community pharmacy contractors

The CPCF, last agreed in 2019,¹⁰ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

1.4.1.1 Essential Services

Haringey has designated that all Essential Services (ES) are to be regarded as Necessary Services.

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: DMS

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, cardiovascular or respiratory conditions.

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

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

¹⁰ DHSC. Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most-accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and in directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The pandemic highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care to improve health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Haringey JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect of the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: Since 15 February 2021, NHS Trusts have been able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

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

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

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

1.4.1.2 Advanced Services

The Advanced Services are all considered relevant for the purpose of this PNA.

There are several Advanced Services within the CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Haringey can be seen in [Section 3.1.4](#) and in [Section 6.3](#) by locality.

- A.1 Appliance Use Review (AUR)
- A.2 Stoma Appliance Customisation (SAC)
- A.3 COVID-19 LFD distribution service (stopped 1 April 2022)
- A.4 Pandemic delivery service (stopped 5 March 2022, at 23:59)
- A.5 Community Pharmacist Consultation Service (CPCS)
- A.6 Flu vaccination service
- A.7 Hepatitis C testing service
- A.8 Hypertension case-finding service
- A.9 New Medicine Service (NMS)
- A.10 Smoking Cessation Advanced Service

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, Haringey HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and

4. Advising the patient on the safe and proper disposal of appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 and A.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

The COVID-19 LFD distribution service was a service that pharmacy contractors could choose to provide, as long as they met the necessary requirements, aimed at improving access to COVID-19 testing by making LFD test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. Since 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹¹

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, GPS have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, the CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), integrated urgent care clinical assessment services and, in some cases, the 999 service, and it has been available since 29 October 2019.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, therefore increasing uptake across the population. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

¹¹ Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, Chronic Obstructive Pulmonary Disease (COPD) or Cardiovascular Disease (CVD), or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

This Advanced Service has recently been introduced. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service (NMS)

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

The service is split into three stages: 1. patient engagement; 2. intervention; and 3. follow-up.

From 1 September 2021, the following conditions are covered by the service:

- Asthma and COPD
- Parkinson's disease
- Diabetes (type 2)
- Urinary incontinence/retention
- Hypertension
- Heart failure
- Hypercholesterolaemia
- Acute coronary syndromes
- Osteoporosis
- Atrial fibrillation
- Gout
- Long-term risks of venous thromboembolism/embolism
- Glaucoma
- Stroke/transient ischaemic attack
- Epilepsy
- Coronary Heart Disease (CHD)

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.¹²

A.10 Smoking cessation

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS LTP care model for tobacco addiction.

1.4.1.3 Enhanced Services

The Enhanced Services are all considered relevant for the purpose of this PNA.

London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

COVID-19 vaccination

This has been added to the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. On 21 January 2022 it was the one-year anniversary of providing COVID-19 vaccinations in Haringey from community pharmacies.

The number of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the 12 months to 14 January 2022.

There are currently eight (14%) community pharmacies providing this service in Haringey. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.3](#).

Bank holiday, Easter Sunday and Christmas Day coverage

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

This service is provided by one pharmacy to cover the whole of Haringey.

Details of this service can be found in [Section 6](#).

¹² NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

1.4.2 Distance-Selling Pharmacies (DSPs)

A DSP provides services as per the Pharmaceutical Regulations 2013. It may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England.

It is possible that patients within Haringey may receive pharmaceutical services from a DSP outside Haringey. There are three DSPs in Haringey: Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, the average number items dispensed per month from DSPs has increased by 16%. Of items prescribed in Haringey, 5.06% have been dispensed by a DSP nationally in 2021-22 (10 months).

1.4.3 Dispensing Appliance Contractors (DACs)

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the Advanced Services of AUR and SAC.

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

1.4.4 Local Pharmaceutical Service (LPS) providers

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

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

1.4.5 Dispensing GP practices

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

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

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

1.4.6 Pharmacy Access Scheme (PhAS) providers¹³

The Pharmacy Access Scheme (PhAS) has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

DSPs, DACs, LPS contractors, and dispensing doctors remain ineligible for the scheme.

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services is protected.

1.4.7 Other providers of pharmaceutical services in neighbouring HWB areas

There are six other HWB areas that border Haringey:

- Barnet HWB
- Camden HWB
- Enfield HWB
- Hackney HWB
- Islington HWB
- Waltham Forest HWB

In determining the needs of and pharmaceutical service provision to the population of Haringey, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.4.8 Other services and providers in Haringey

As stated in [Section 1.4](#), for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE&I.

[Section 4](#) outlines services provided by NHS pharmaceutical providers in Haringey, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA. At the time of writing the commissioning organisations primarily discussed are the local authority and CCG.

¹³ DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

1.5 Process for developing the PNA

Public Health Haringey has a duty to complete the PNA document on behalf of Haringey HWB. In late 2021 Enfield Council led a procurement exercise on behalf of the five local authorities in NCL to find a provider to support all five HWBs in fulfilling their statutory obligation of producing a PNA.

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

A paper was presented to the Haringey HWB on 20 July 2022. The paper provided an update on progress to date and to seek delegation to the chair of the HWB and the Director of Public Health, requesting sign-off following the consultation period at a subsequent board meeting.

Haringey HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA.

- **Step 1: Steering Group**

On 13 January, Haringey's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

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

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

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹⁴ and JSNA.

- **Step 4: Public questionnaire on pharmacy provision**

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and was circulated to residents via various channels. More details can be found in [Section 5](#).

A total of 147 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.

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

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

¹⁴ Haringey. PNA Supplementary Statement. 2018.
www.haringey.gov.uk/sites/haringeygovuk/files/haringey_hwb_supplementary_statement_001.pdf

A total of 46 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.

- **Step 4c: Commissioner questionnaire**

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Haringey to inform the PNA.

A total of three responses were received. A copy of the commissioner questionnaire can be found in Appendix F with detailed responses.

- **Step 5: Mapping of services**

Details of services and service providers were collated and triangulated to ensure the information upon which the assessment was based was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to its contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the Steering Group before the assessment was commenced.

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the **priorities** were identified correctly. As the PNA is an assessment taken at defined moment in time, the Steering Group agreed to monitor any changes and, if necessary, to update the PNA before finalising or publish with accompanying supplementary statements as per the regulations unless the changes had a significant impact on the conclusions. In the case of the latter the Group was fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 20 June and 19 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA as Appendix G. The draft PNA was also posted on Haringey Council's website.

- **Step 8: Collation and analysis of consultation responses**

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix H. The comments received are included in Appendix I.

- **Step 9: Production of final PNA**

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

The final PNA was signed off by the public health team on behalf of Haringey HWB for approval and publication before 1 October 2022.

1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within Haringey geography would be defined.

The majority of health and social care data is available at local authority level and at this level provides reasonable statistical rigour. It was agreed that new localities would be used to define the localities of the Haringey geography.

The localities are:

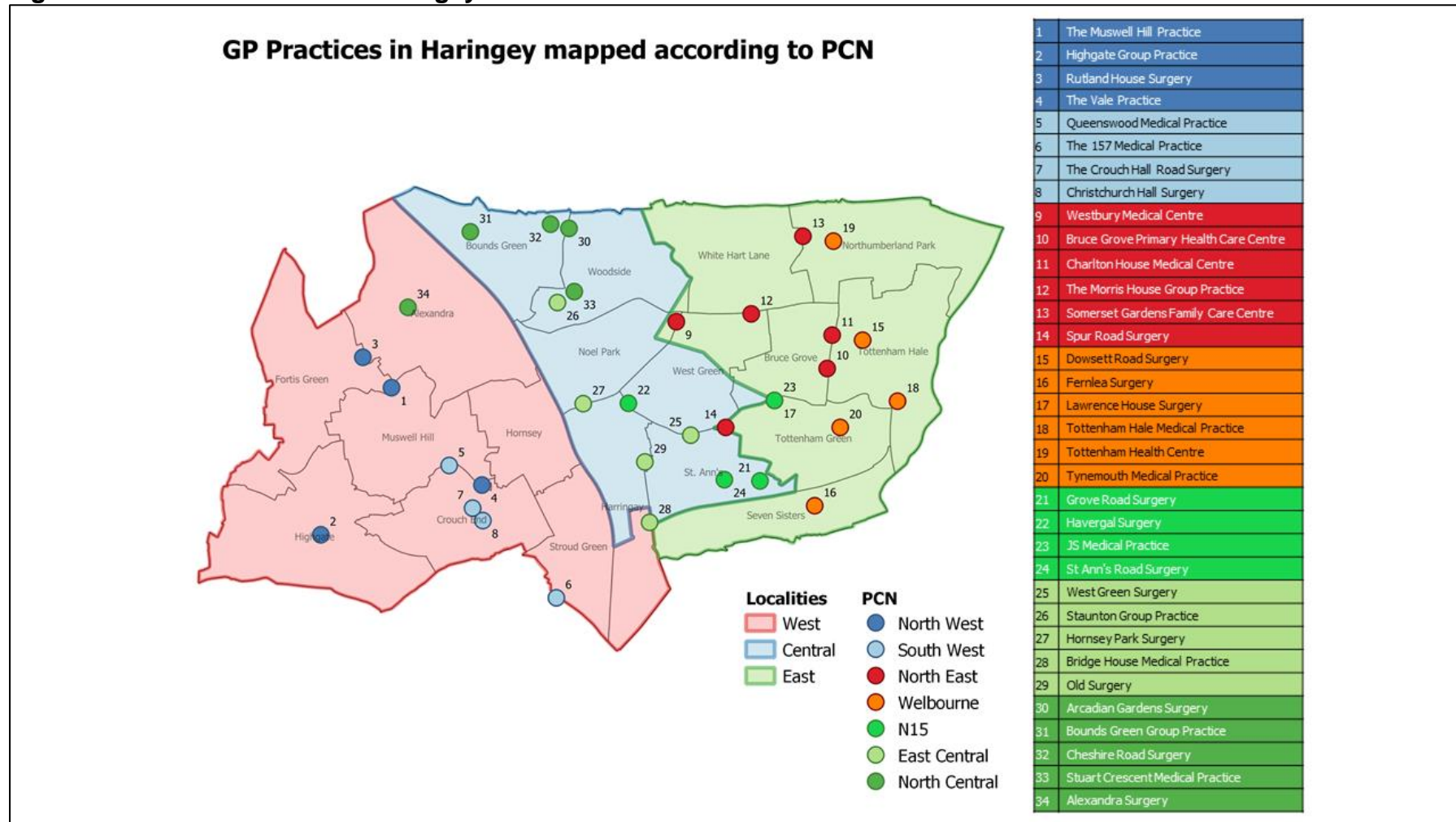
- West
- Central
- East

A list of providers of pharmaceutical services in each locality is found in Appendix A. Table 2 and Figure 1 show which wards are within which locality.

Table 2: Localities in Haringey

Locality	Ward	Primary Care Network (PCN)
West	Alexandra	West Central
West	Crouch End	West Central, Southwest
West	Fortis Green	Northwest
West	Highgate	Northwest
West	Hornsey	No practices
West	Muswell Hill	Southwest
West	Stroud Green	Southwest
Central	Bounds Green	North Central
Central	Harringay	East Central
Central	Noel Park	East Central, N15, Northeast
Central	St Ann's	N15
Central	West Green	N15, Welbourne, Northeast
Central	Woodside	East Central, North Central
East	Bruce Grove	Northeast, Welbourne
East	Northumberland Park	N15, Welbourne
East	Seven Sisters	Welbourne
East	Tottenham Green	Welbourne
East	Tottenham Hale	Welbourne
East	White Hart Lane	Northeast

Figure 1: PCNs and wards in Haringey



The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), London Borough of Haringey and NCL CCG. The Steering Group agreed that providers previously included in the Haringey 2018 PNA would continue to be included within the 2022 PNA.

Section 2: Context for the PNA

2.1 NHS Long Term Plan (LTP)¹⁵

The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next 10 years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Priority clinical areas in the LTP include:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
 - Hypertension
- Better care for major health conditions
 - Cancer
 - CVD
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- **Section 4.21** states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’, and goes on to state: ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- **Section 1.10** refers to the creation of fully integrated community-based healthcare. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 started to directly book into GP practices across the country, as well as referring on to **community pharmacies** who support urgent care and promote patient self-care and self-management. The CPCS has been developed, and has been available since 31 October 2019 as an Advanced Service.
- **Section 1.12** identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.

¹⁵ NHS Long Term Plan. www.longtermplan.nhs.uk/

- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- **Section 6.17** identifies 10 priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: ‘Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.’

2.2 Joint Strategic Needs Assessment (JSNA)¹⁶

The Haringey JSNA is comprised of a rolling series of factsheets providing an in-depth perspective on the key health and wellbeing needs of the local population. The JSNA pages are currently being refreshed. Once refreshed, the JSNA will provide a balanced and holistic assessment of public health issues affecting residents and communities in Haringey and how these are related to the wider socio-economic determinants of health. The factsheets developed to date as part of the refresh are set out below. The remaining factsheets are in the process of being developed and will be published upon completion.

- Adult Mental Health
- Air Pollution
- Alcohol
- Cancer
- CVD
- Children and Young People’s Mental Health and Wellbeing
- Drugs – Haringey Stat
- Modern Slavery
- Sexual Health
- Sexual and Reproductive Health Strategy 2021–2024
- Special Educational Needs and Disabilities
- Violence Against Women and Girls

¹⁶ Haringey Council. JSNA. www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna

The JSNA is a statutory responsibility of the Director of Public Health, the Director of Children's Services and the Director of Adult Social Services. The Director of Public Health's annual reports for Haringey should:

- Contribute to improving the health and wellbeing of local populations
- Reduce health inequalities
- Promote action for better health, through measuring progress towards health targets
- Assist with the planning and monitoring of local programmes and services

2.3 Joint Health and Wellbeing Strategy (JHWS)¹⁷

Haringey's JHWS 2020-24 aims to have a clear joint vision, priorities to work towards and oversight through the HWB to monitor progress and ensure accountability.

The JHWS is organised into key themes. These are:

- Creating a healthy place
- Start well
- Live well
- Age well
- Violence prevention

The JHWS sets out initial priority areas of focus within each of these themes and these are:

- Partnership working – commitment to work collectively with a wide range of partners in a transparent and open way
- Community focused – listening and working closely with residents, communities, and organisations to support community organisations to thrive
- Long-term impact – making sure decisions taken benefit the health of the population at present and in the long term
- An informed approach – making sure decisions are based on good information including views and feedback from residents
- Equity – commitment to provide support to populations who need it most
- Quality – commitment to get basics right in terms of quality and accessibility of local health and care services for all areas of the strategy

2.4 The impact of COVID-19 in Haringey¹⁸

At the time of writing (April 2022) the COVID-19 pandemic has exacerbated health inequalities and shown how deep-rooted injustices continue to blight our society. The most significant disruption and loss of life has been felt by those at a socioeconomic disadvantage, who are also more likely to suffer from complex or long-term health conditions. COVID-19 has transformed the way we live our lives and access support, with more delivered online or through local networks and groups.

¹⁷ Haringey Council. JHWS 2020-24. www.haringey.gov.uk/social-care-and-health/health/health-and-wellbeing-strategy

¹⁸ Haringey Council. COVID-19 in Haringey. 2021. www.haringey.gov.uk/social-care-and-health/health/covid-19-local-outbreak-management-plan/covid-19-cases-haringey

The estimated prevalence of common mental health disorders, such as depression and anxiety, is predicted to have increased in response to the COVID-19 pandemic with a corresponding rise in the number of residents requiring support for these issues. Furthermore, the pandemic also exacerbated some of the risk factors that are associated with poor mental health, such as financial insecurity and unemployment.

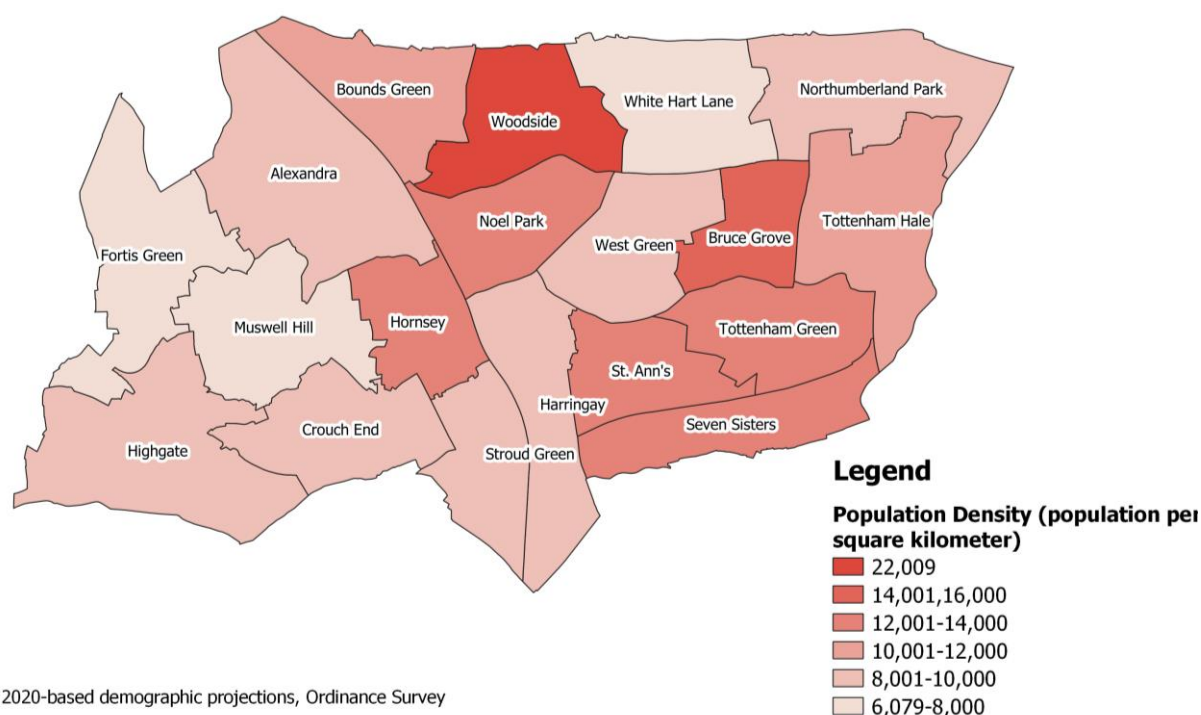
2.5 Population characteristics

2.5.1 Population overview and projections

The Greater London Authority (GLA) 2020-based housing-led projections estimate that Haringey has a total population of 266,196, comprising 134,938 males (50.69%) and 131,258 (49.31%) females. The population is spread over three localities: West, Central and East.

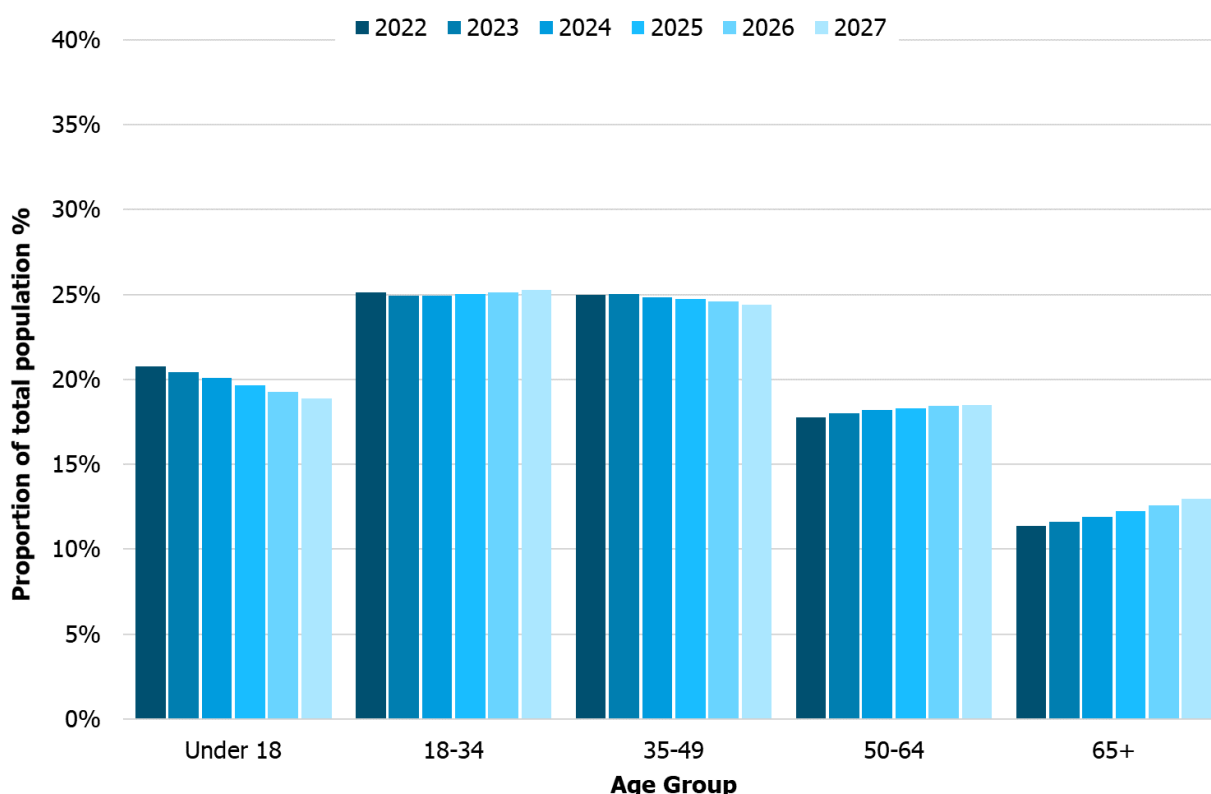
East locality has the largest number of residents by population, with 99,194 (37%); Central locality has the second largest population, with 88,335 (33%); and West locality has the smallest population, with 78,666 (30%). West locality also has the lowest population density in Haringey, with the density ranging from around 6,000 to 12,000 per km². This can be compared with Woodside ward in Central locality, which has a density of around 22,000 per km².

Figure 2: Population density (residents per km²), by ward, 2022



Over the next five years the population of Haringey is expected to rise by 3% and by around 8,000 individuals, as shown across Tables 3–5. Generally, the population is projected to age, with the proportion of those aged 50+ increasing in all three localities. This follows the pattern seen across London as a whole.

Figure 3: Projected change in population structure, 2022-27



Source: GLA 2020-based housing-led population projections

Tables 3 ,4 and 5 show the predicted population change in the three localities over the next five years. Each locality is expected to have an ageing population, with West locality seeing the largest increase in the proportion of its population aged 65+. The same can be seen in NCL, as shown in Table 6.

East locality has the largest population in Haringey and is also expected to see the largest increase in population size, increasing by around 7,300 over the next five years.

Generally, the population is projected to age – with the proportion of people aged 65+ increasing in all three localities. This can be seen across NCL, as shown in Table 6.

Table 3: Population projections for West locality (2022-27)

Age	Under 18	Under 18 %	18–64	18–64 %	65+	65+ %	Total population
2022	14,927	19%	52,361	67%	11,379	14%	78,666
2023	14,472	18%	52,382	67%	11,629	15%	78,483
2024	13,976	18%	52,326	67%	11,884	15%	78,186
2025	13,413	17%	52,163	67%	12,130	16%	77,705
2026	12,857	17%	51,916	67%	12,366	16%	77,139
2027	12,337	16%	51,639	67%	12,647	17%	76,623

Source: GLA 2020-based housing-led population projections

Table 4: Population projections for Central locality (2022-27)

Age	Under 18	Under 18 %	18–64	18–64 %	18–64	18–64 %	Total population
2022	15,967	18%	62,963	71%	9,405	11%	88,335
2023	15,806	18%	63,607	71%	9,729	11%	89,142
2024	15,594	17%	64,173	71%	10,049	11%	89,816
2025	15,301	17%	64,593	72%	10,438	12%	90,332
2026	15,010	17%	65,018	72%	10,768	12%	90,796
2027	14,735	16%	65,403	72%	11,162	12%	91,301

Source: GLA 2020-based housing-led population projections

Table 5: Population projections for East locality (2022-27)

Age	Under 18	Under 18 %	18–64	18–64 %	65+	65+ %	Total population
2022	24,335	25%	65,414	66%	9,445	10%	99,194
2023	24,557	24%	66,425	66%	9,832	10%	100,814
2024	24,688	24%	67,285	66%	10,269	10%	102,241
2025	24,696	24%	68,109	66%	10,760	10%	103,565
2026	24,723	24%	69,069	66%	11,211	11%	105,003
2027	24,732	23%	69,931	66%	11,779	11%	106,442

Source: GLA 2020-based housing-led population projections

Table 6: Population projections for North Central London (2022-27)

Age	Under 18	Under 18 %	18–64	18–64 %	65+	65+ %	Total population
2022	300,252	20%	1,026,817	67%	196,014	13%	1,523,083
2023	298,561	19%	1,034,012	67%	201,773	13%	1,534,346
2024	295,983	19%	1,039,648	67%	207,507	13%	1,543,137
2025	292,180	19%	1,044,587	67%	213,438	14%	1,550,205
2026	287,919	18%	1,049,927	67%	219,581	14%	1,557,427
2027	283,937	18%	1,055,126	67%	226,073	14%	1,565,136

Source: GLA 2020-based housing-led population projections

2.5.2 Age and predicted population growth

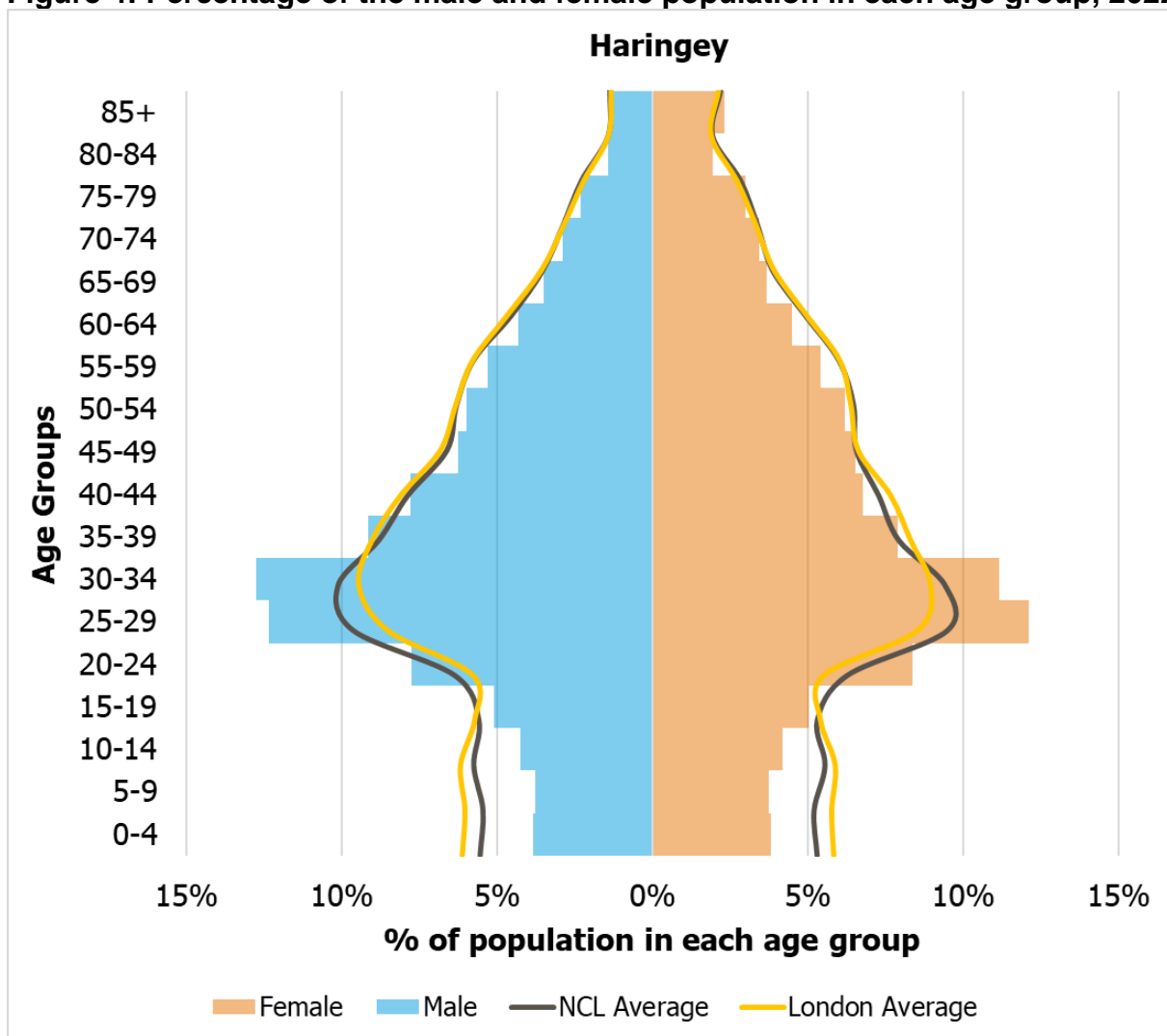
The greatest proportion of the population in Haringey falls within the working-age categories 25–29 and 30–34, as shown in Figure 4 and Table 7. These proportions are greater than the NCL and London averages. The smallest proportion of the population in Haringey falls within the 80+ age group, which is similar to the NCL and London averages. Haringey has a smaller proportion of the population aged 14 and under than London and NCL, as shown in Figure 4.

The population of West locality is expected to decrease by around 2,000 individuals between 2022 and 2027, as it sees a large increase in the proportion of individuals aged 65+, rising from 14% to 17%. At the same time, the proportion of people aged under 18 is projected to decrease from 19% to 16%, as shown in Table 3.

The population of Central locality is projected to see an increase of around 3,000 individuals between 2022 and 2027. It is also expected to see a decrease in the under-18 population, as shown in Table 4.

East locality is projected to see the largest population increase of around 7,300 individuals between 2022 and 2027, while seeing a decrease in the proportion of residents aged under 18, as shown in Table 5.

Figure 4: Percentage of the male and female population in each age group, 2022



Source: GLA 2020-based housing-led projections

Table 7: Number and percentage of age groups in Haringey, 2022

Age bands	Number	%
0–4	15,586	6%
5–9	15,008	6%
10–14	15,643	6%
15–19	14,677	6%
20–24	14,854	6%
25–29	22,035	8%
30–34	24,285	9%
35–39	23,805	9%
40–44	23,154	9%
45–49	19,579	7%
50–54	18,229	7%
55–59	16,466	6%
60–64	12,645	5%
65–69	9,602	4%
70–74	7,663	3%
75–79	5,642	2%
80–84	3,666	1%
85+	3,656	1%
TOTAL	266,196	

Source: GLA 2020-based housing-led population projections

2.5.3 Housing development

In Haringey, new development will contribute to the projected increase in population. In February 2022, Haringey Council’s Planning Department estimated that there will be approximately 7,800 additional homes built in the borough by 2024-25, with a further 4,800 added by 2026-27. New developments are taking place around Tottenham Hale, which is undergoing significant transformation and will deliver a large component of the new homes expected over the next three years, and in Wood Green, particularly on the former Clarendon Road gasworks site. It should be noted that further alterations to the London Plan (July 2021) require Haringey to deliver a minimum of 1,592 homes per year, which Haringey is meeting in its housing projections and is planning to accommodate in its emerging new Local Plan.

2.5.4 GP-registered population

According to data published by NHS Digital, and set out in Table 8, 301,204 people are recorded as being registered with a GP in Haringey, of which the largest number and proportion of GP-registered people live in Seven Sisters ward (n=22,703). The smallest number and proportion live in St Ann's ward (n=5,462).

East locality has the largest number of patients registered to a GP practice, at 119,878, compared with Central locality (83,972) and West locality (97,354).

Table 8: People registered at a GP practice

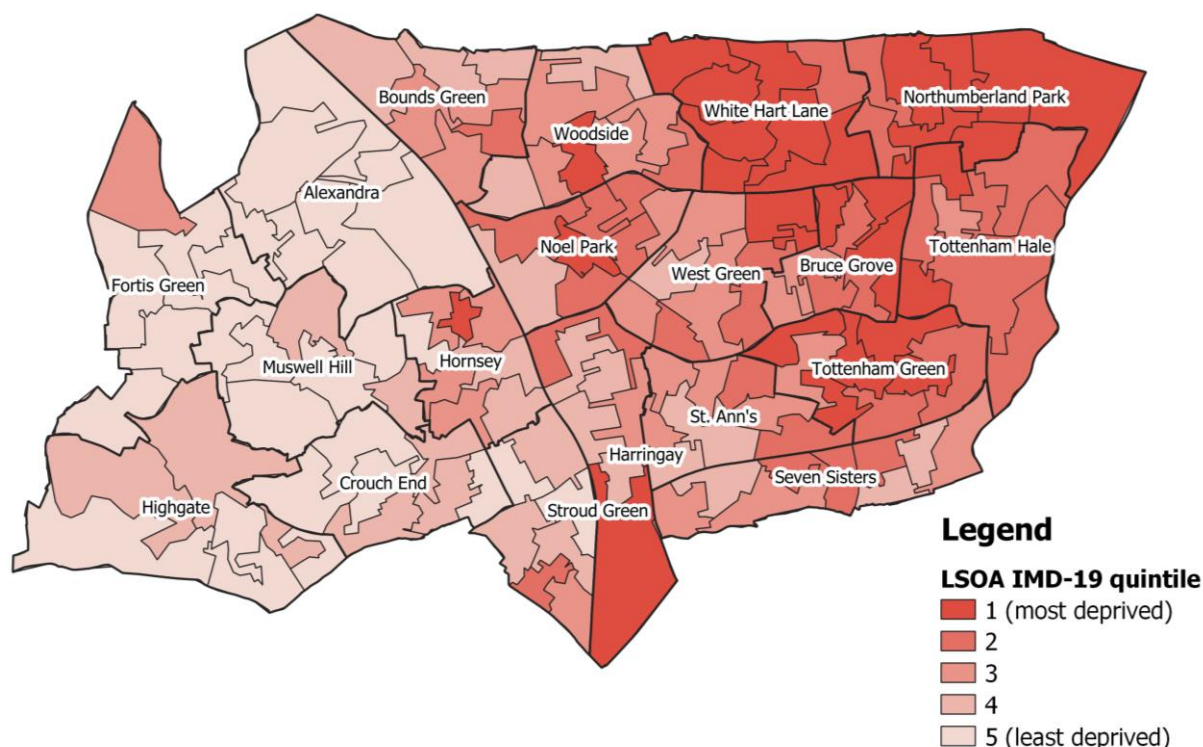
Ward	Locality	Number registered to a GP practice	Proportion of total population registered
Alexandra	West	13,095	4%
Bounds Green	Central	17,032	6%
Bruce Grove	East	18,795	6%
Crouch End	West	14,423	5%
Fortis Green	West	15,285	5%
Harringay	Central	18,316	6%
Highgate	West	12,884	4%
Hornsey	West	15,800	5%
Muswell Hill	West	12,354	4%
Noel Park	Central	18,116	6%
Northumberland Park	East	19,693	7%
Seven Sisters	East	22,703	8%
St Ann's	Central	5,462	2%
Stroud Green	West	13,513	4%
Tottenham Green	East	20,275	7%
Tottenham Hale	East	22,068	7%
West Green	Central	16,755	6%
White Hart Lane	East	16,344	5%
Woodside	Central	8,291	3%

Source: NHS Digital, Jan 2022

2.5.5 Deprivation

The 2019 English Indices of Multiple Deprivation (IMD) ranked Haringey as the fourth most deprived borough in London and among the 40 most deprived local authorities in England. In London, Haringey has the second highest proportion of Lower Layer Super Output Areas (LSOAs) within the 10% most deprived in the country. However, deprivation varies significantly across the borough, with the east of the borough generally more deprived than the west of the borough.

Figure 5: Local IMD quintiles by LSOA, 2019



Source: Ministry of Housing, Communities and Local Government, English Indices of Deprivation, 2019

2.5.6 Daytime population

Table 9 shows that the total daily population (2014) was 225,474, of which 15,590 were tourists. Please note: the figures given in Table 9 are an average day during school term-time. No account has been given for seasonal peaks and troughs.

Table 9: Estimated number of people in borough in daytime during an average day

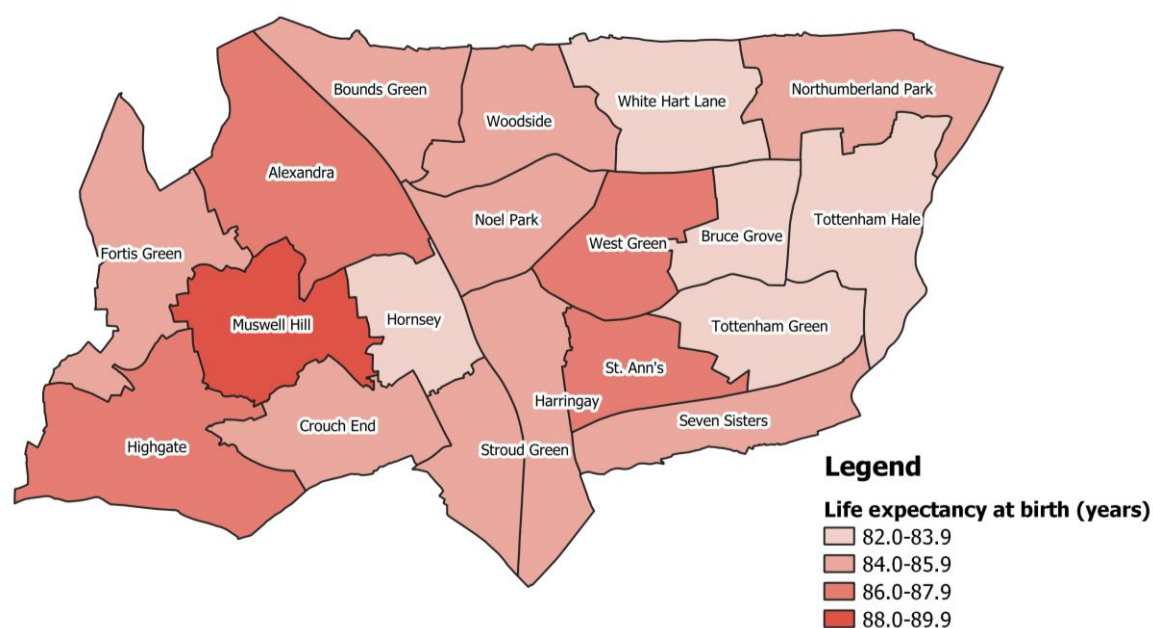
Total daytime population (includes tourists)	Workday population (excludes tourists)
225,474	209,884

Source: GLA Daytime population, 2014

2.6 Life expectancy

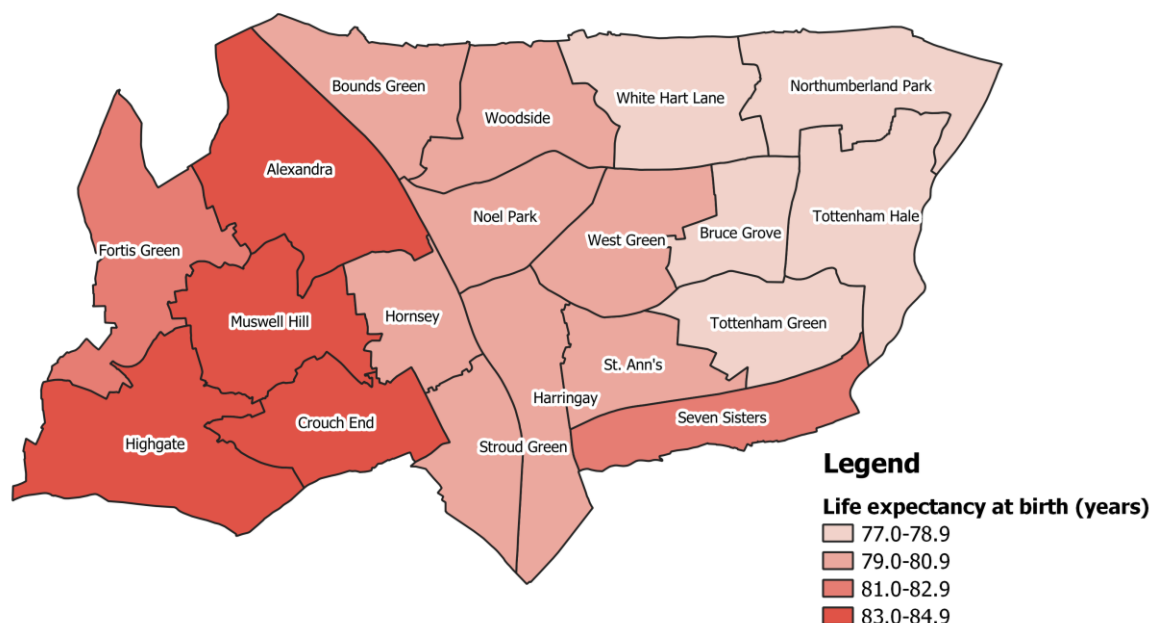
Overall, life expectancy at birth in Haringey is significantly lower than the London average for men (79.6 years in Haringey and 80.3 in London) but does not differ significantly from the England average. For women, life expectancy is significantly higher than the England average (84.4 years in Haringey vs 83.1 in England). However, the gap in life expectancy across the borough can be seen in Figures 6 and 7, with people in the most deprived areas having a lower life expectancy than in the least deprived areas. These differences in health outcomes can be masked by good life expectancy overall.

Figure 6: Female life expectancy by ward, 2015-19



Source: Office for Health Improvement & Disparities (OHID). Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 7: Male life expectancy by ward, 2015-19



Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Healthy life expectancy is a measure of the number of years a person would be expected to live in good health. In Haringey, the healthy life expectancy for males is 62.6 and the healthy life expectancy for females is 65.0, both of which do not differ significantly from the London and England averages. Haringey residents, on average, spend between 15 and 20 years of life in ill health.

Table 10: Life expectancy and health life expectancy for Haringey, London and England, 2018-20

	Sex	Haringey	London	England	Significant difference to London	Significant difference to England
Life expectancy (years) – 3-year range	Male	79.6	80.3	79.4	Lower	No significant difference
Life expectancy (years) – 3-year range	Female	84.4	84.3	83.1	No significant difference	Higher
Healthy life expectancy (years) – 3-year range	Male	62.6	63.8	63.1	No significant difference	No significant difference
Healthy life expectancy (years) – 3-year range	Female	65.0	65.0	63.9	No significant difference	No significant difference

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

2.7 Religion

According to census data from 2011 and as shown in Table 11, the most practised religion in Haringey is Christianity (45% of the population). This is significantly higher than the NCL average but significantly lower than the England average.

The second most practised religion is Islam (14%), which is a significantly higher proportion than the NCL and England averages. Across the borough, a quarter of the population has no religion, which is significantly higher than the NCL and England averages.

Table 11: Population size by religious group from the 2011 census

Religion	Haringey number	Haringey %	NCL %	England %	Significant difference to NCL	Significant difference to England
Christian	114,659	45%	43%	59%	Higher	Lower
No religion	64,202	25%	21%	25%	Higher	Higher
Muslim (Islam)	36,130	14%	13%	5%	Higher	Higher
Jewish	7,643	3%	6%	<1%	Lower	Higher
Hindu	4,539	2%	3%	2%	Lower	Higher
Buddhist	2,829	1%	1%	<1%	Higher	Higher
Other religion	1,303	1%	1%	<1%	Lower	Higher
Sikh	808	<1%	<1%	1%	No significant difference	Lower
Religion not stated	22,813	9%	12%	7%	Lower	Higher

Source: Census 2011

2.8 Ethnicity

The GLA 2016-based housing-led ethnic group projections in Table 12 and Figure 8 show that the largest ethnic group is White British (n=99,440) followed by the 'Any Other White' ethnic group (n=77,952), which is a significantly higher proportion than the NCL average.

In Haringey there also live a large number of people from Black–African and Black–Caribbean ethnic groups.

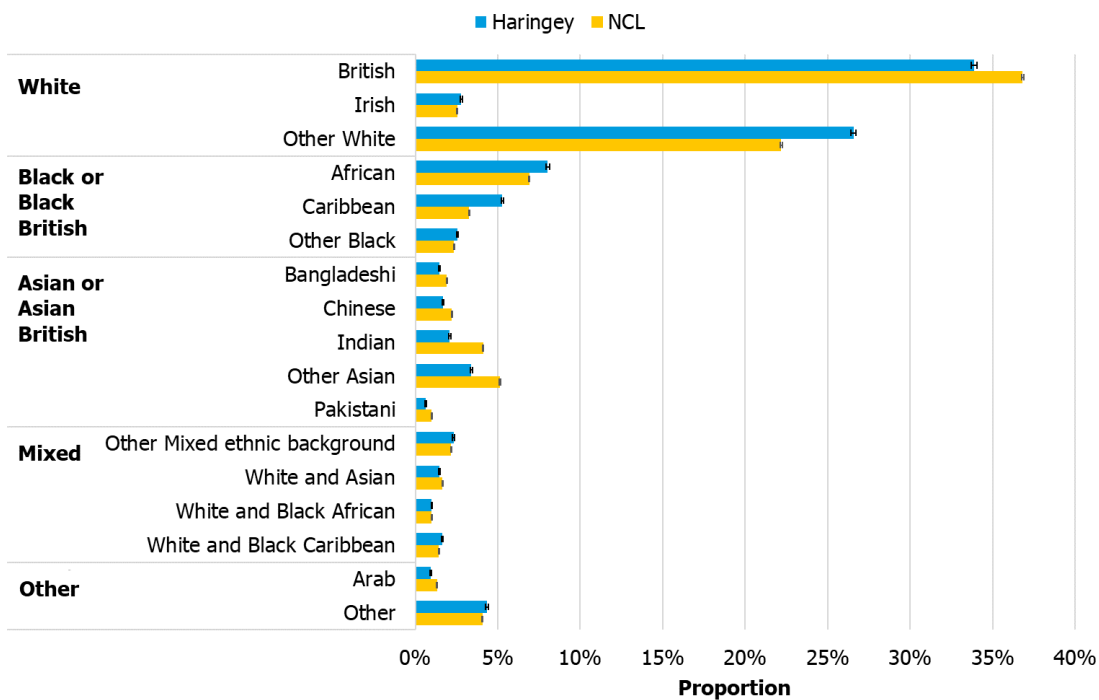
Table 12: Population size by ethnicity

Ethnic grouping	Ethnicity	Haringey number	Haringey %	NCL %	Significant difference to NCL
Asian or Asian British	Bangladeshi	4,229	1%	2%	Lower
Asian or Asian British	Chinese	4,910	2%	2%	Lower

Ethnic grouping	Ethnicity	Haringey number	Haringey %	NCL %	Significant difference to NCL
Asian or Asian British	Indian	6,140	2%	4%	Lower
Asian or Asian British	Other Asian	9,979	3%	5%	Lower
Asian or Asian British	Pakistani	1,828	1%	1%	Lower
Black or Black British	African	23,550	8%	7%	Higher
Black or Black British	Caribbean	15,485	5%	3%	Higher
Black or Black British	Other Black	7,490	3%	2%	Higher
Mixed	Other mixed ethnic background	6,807	2%	2%	Higher
Mixed	White and Asian	4,283	1%	2%	Lower
Mixed	White and Black African	2,922	1%	1%	Higher
Mixed	White and Black Caribbean	4,818	2%	1%	Higher
Other	Arab	2,772	1%	1%	Lower
Other	Other	12,742	4%	4%	Higher
White	British	99,440	34%	37%	Lower
White	Irish	8,154	3%	3%	Higher
White	Other White	77,952	27%	22%	Higher

Source: GLA 2016-based housing-led ethnic group population projections

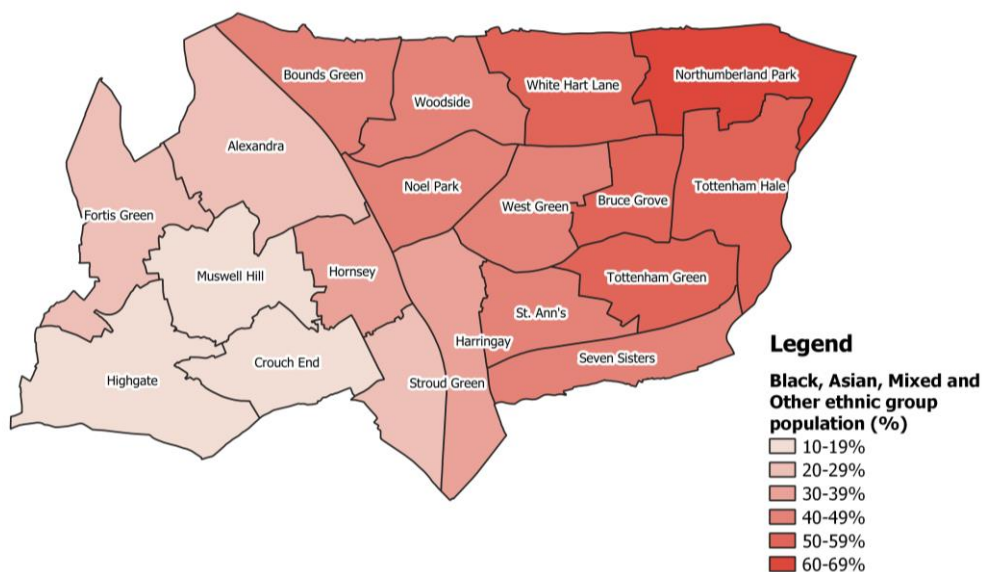
Figure 8: Population projections by ethnic group 2022



Source: GLA 2016-based housing-led ethnic group population projections

Haringey is very ethnically diverse, with around one-third of the population having a recorded ethnicity from a Black, Asian, Mixed or Other ethnic group. However, this varies across the borough, with the proportion of individuals from a Black, Asian, Mixed or Other ethnic group ranging from 53% in East locality to 22% in West locality. Figure 9 shows these proportions by ward, with Northumberland Park having the highest proportion of individuals from a Black, Asian, Mixed or Other ethnic group. Northumberland Park is the most deprived ward in the borough, and within Haringey higher proportions of people from Black, Asian, Mixed and Other ethnic groups can be seen in the more deprived areas.

Figure 9: Proportion of individuals from a Black, Asian, Mixed or Other ethnic group, by ward, 2011



Source: Census 2011

2.9 Vulnerable populations

This section highlights some of the vulnerable populations in Haringey. These groups are considered to be vulnerable due to their additional health needs, or the barriers they may experience in accessing healthcare service. Barriers to access can result in poorer health outcomes.

2.9.1 Care home residents

Table 13 shows that the largest number of care home residents live in East locality.

Table 13: Number of care home residents in each locality

Locality	Number of care home residents
West	120
Central	87
East	161

Source: NHS capacity tracker app, February 2022

2.9.2 Looked-after children

According to data from Mosaic in January 2022, 388 children in Haringey are looked after in the borough.

2.9.3 Children and adults with special educational, physical, and sensory needs

In February 2022, 14 young people in Haringey had an allocated social worker in the Disabled Children’s Team. In the same period, 2,900 adults had a social care package. These are categorised as follows (rounded to the nearest 10):

- 780 – Learning difficulties
- 130 – Sensory difficulties

- 1,990 – Physical difficulties

2.9.4 People experiencing homelessness

According to data from Homes for Haringey, at the end of September 2021 there were 2,709 households in temporary accommodation and a further 1,454 in nightly paid accommodation. According to the latest street count in the same period, 10 individuals were sleeping rough.

Table 14: People experiencing homelessness

	Households in temporary accommodation	Households in nightly paid accommodation	Number sleeping rough
Haringey	2,709	1,454	10

Source: Homes for Haringey, Households in temporary accommodation and households in nightly paid accommodation; Latest street count (number sleeping rough), Q3 2021-22

2.9.5 Gypsy, Roma and Traveller population

According to data submitted by Haringey Council to the Department for Levelling Up, Housing and Communities, at the end of September 2021, there were 10 caravans in Haringey spread across two campsites.

2.9.6 Population of unaccompanied asylum-seeking children

According to data submitted by Haringey to the Department for Education, there were 24 unaccompanied asylum-seeking children living in Haringey in January 2022.

2.10 Employment rate

According to the Office for National Statistics (ONS) Annual Population Survey (October 2020–September 2021), 154,900 people aged 16+ in Haringey are in employment. Of the economically active population, 76% are in employment.

2.11 Mortality

Table 15 shows that the overall all-cause all-age mortality rate in 2020 was 1,026 per 100,000. In the under-75 population, the all-cause mortality rate was 382 per 100,000. Both rates did not differ significantly from the London and England averages.

The excess death rate did not differ significantly from the London and England averages.

In 2020, the under-75 cancer mortality rate was 87 per 100,000, which was significantly lower than the England average. The under-75 CVD mortality rate was 90 per 100,000, which was significantly higher than the London and England averages. The under-75 respiratory mortality rate was 29 per 100,000 and did not differ significantly from the London or England averages.

Table 15: Mortality rates and causes, 2020 (number of persons)

Mortality rates (per 100,000)	Haringey	London	England	Significant difference to London	Significant difference to England
All-age all-cause mortality	1,026	975	1,042	No significant difference	No significant difference

U75 all-cause mortality	382	359	358.5	No significant difference	No significant difference
Excess deaths (preventable mortality U75)	136	123	140.5	No significant difference	No significant difference
Cancer mortality (U75)	104	111	125.1	No significant difference	Lower
CVD mortality (U75)	90	72	73.8	Higher	Higher
Respiratory mortality (U75)	29	27	29.4	No significant difference	No significant difference

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

2.12 Lifestyle factors

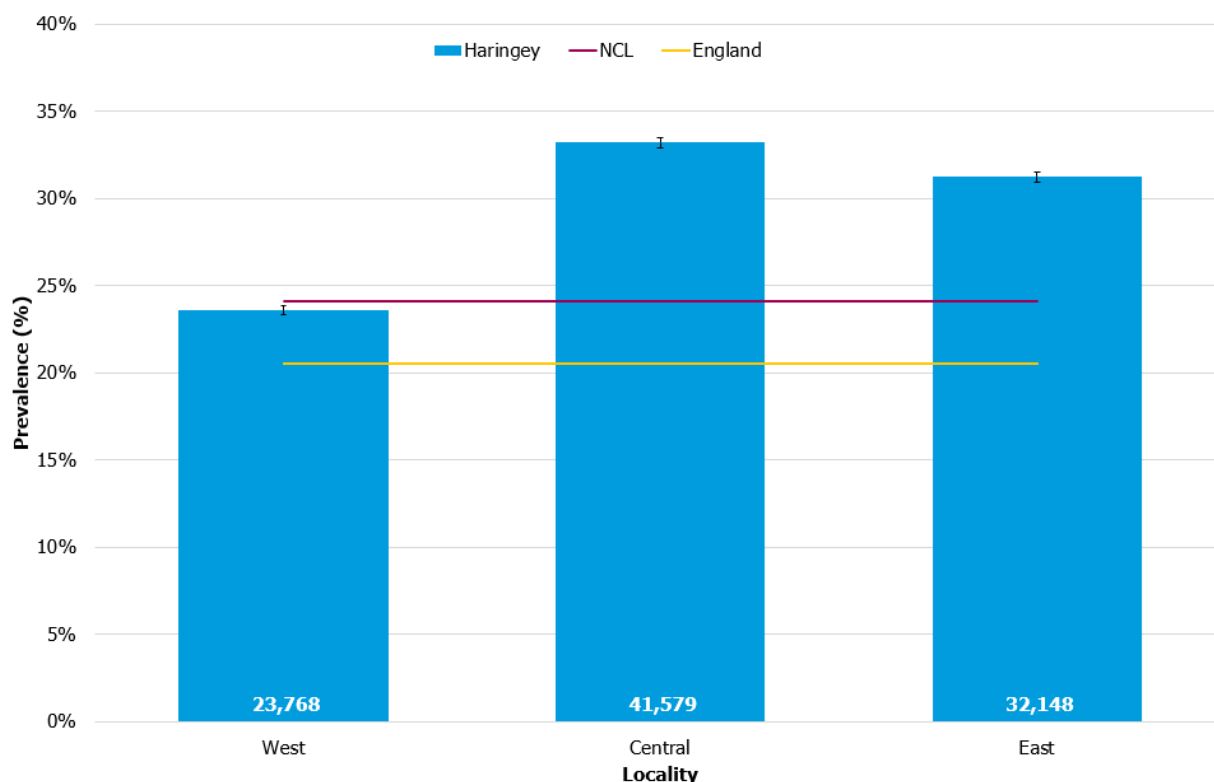
2.12.1 Smoking

In Haringey it is estimated that between 15% (Annual Population Survey) and 19% (GP Patient Survey) of the population are active smokers (depending on the source). It is known that smoking levels are higher in more deprived and socially marginalised populations, and among certain ethnic groups, which in turn fuels the inequality gap. Levels are also higher in people with long-term mental health conditions, with the GP Patient Survey in 2020-21 reporting that 24% of adults in Haringey with a long-term mental health condition smoke. This was significantly higher than the average smoking rate within the borough.

By locality, the recorded number of smokers is significantly higher in Central (33%) and East (32%) than in West locality. The recorded smoking prevalence in those localities is also significantly higher than the NCL average (24%). In all localities the prevalence is significantly higher than the England average (21%).

Smoking in early pregnancy and smoking at delivery were 7% and 5% respectively. These figures were significantly lower than the England average but did not differ from the London average.

Figure 10: Quality and Outcomes Framework (QOF) smoking prevalence aged 15+, 2020-21



Note: Labels show number of estimated smokers in each locality. Localities have been aggregated based on PCN rather than ward.
Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

2.12.2 Vaccination

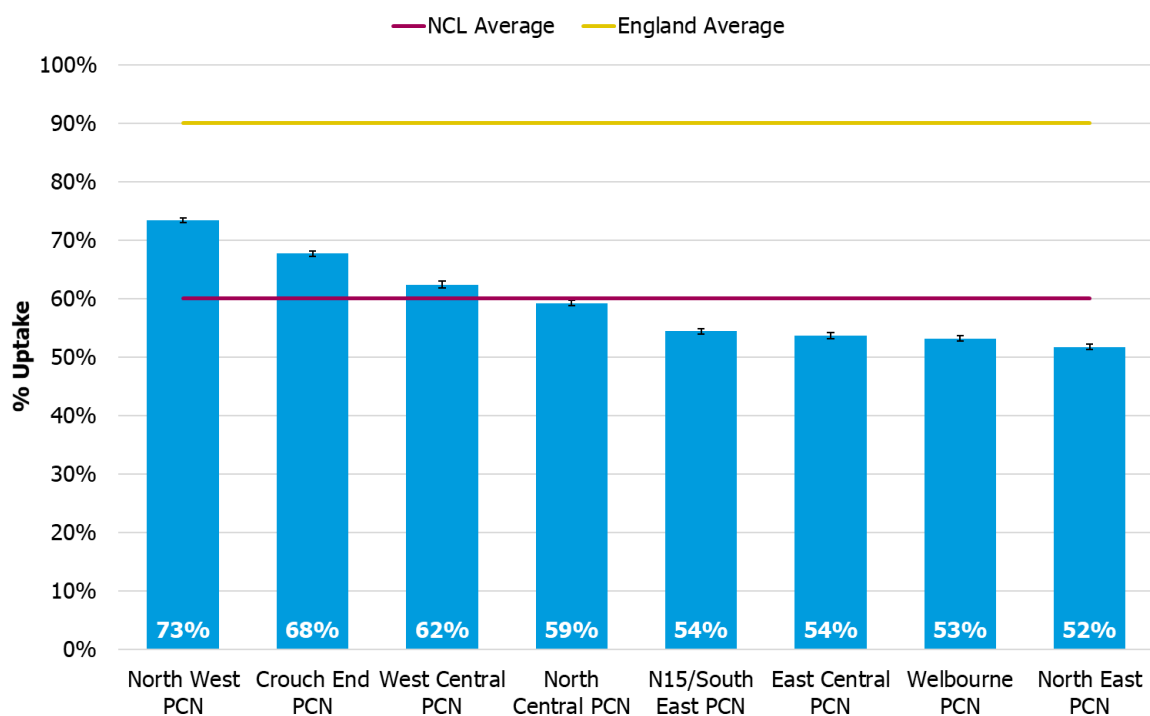
In 2019-20, uptake of the DtAP/IPV/HiB vaccination and MMR vaccination at age 2 were 89% and 82% respectively. These rates were significantly lower than the England average but did not differ significantly from the NCL average.

Overall uptake of childhood vaccinations at age 2 was lowest in the PCNs covering the east of the borough (Welbourne PCN, North East PCN and N15/South East PCN).

The uptake of the first-dose COVID-19 vaccination and the flu vaccination were 59% and 38% respectively (as of 17 January 2022), significantly lower than the NCL averages and, in the case of the COVID-19 vaccination, lower than the England average.

Figure 11 shows that the uptake of the first-dose COVID-19 vaccination was lowest in the east of the borough, with N15/South East, East Central, Welbourne and North East PCNs having a significantly lower uptake (52%–54%) compared with the other PCNs and the NCL average.

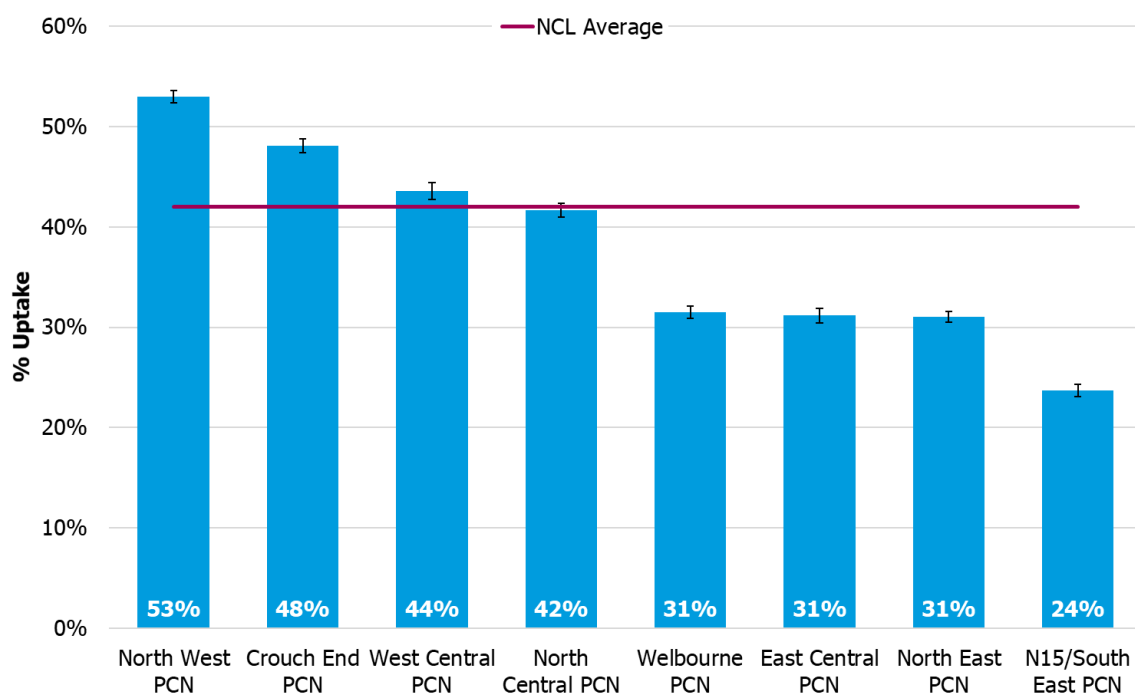
Figure 11: First-dose COVID-19 vaccine uptake by PCN, January 2022



Source: National Immunisation Management System [accessed: 17 January 2022]

Figure 12 shows that on 17 January 2022, uptake of flu vaccination was lowest in the east of the borough, with N15/South East, East Central, Welbourne and North East PCNs having a significantly lower uptake (31%–24%) compared with the other PCNs and the NCL average.

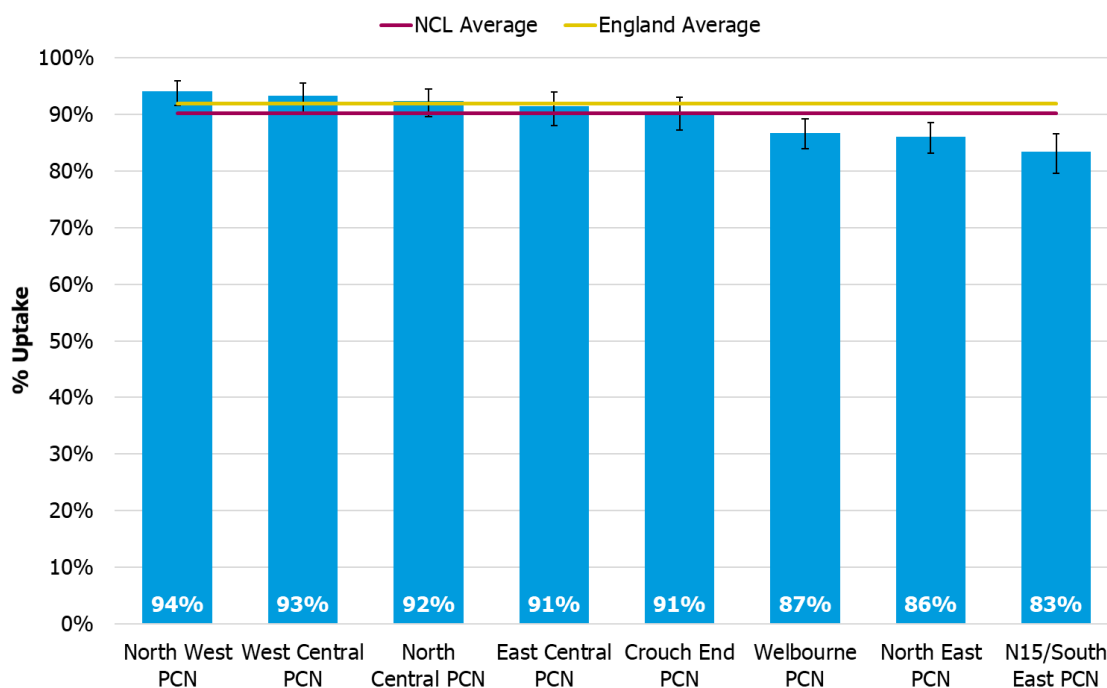
Figure 12: Flu vaccination uptake by PCN, January 2022



Source: National Immunisation Management System [accessed: 17 January 2022]

Figure 13 shows that in 2019-20 the uptake of DtAP/IPV/Hib vaccination at 2 years was lowest in N15/South East PCN (83%).

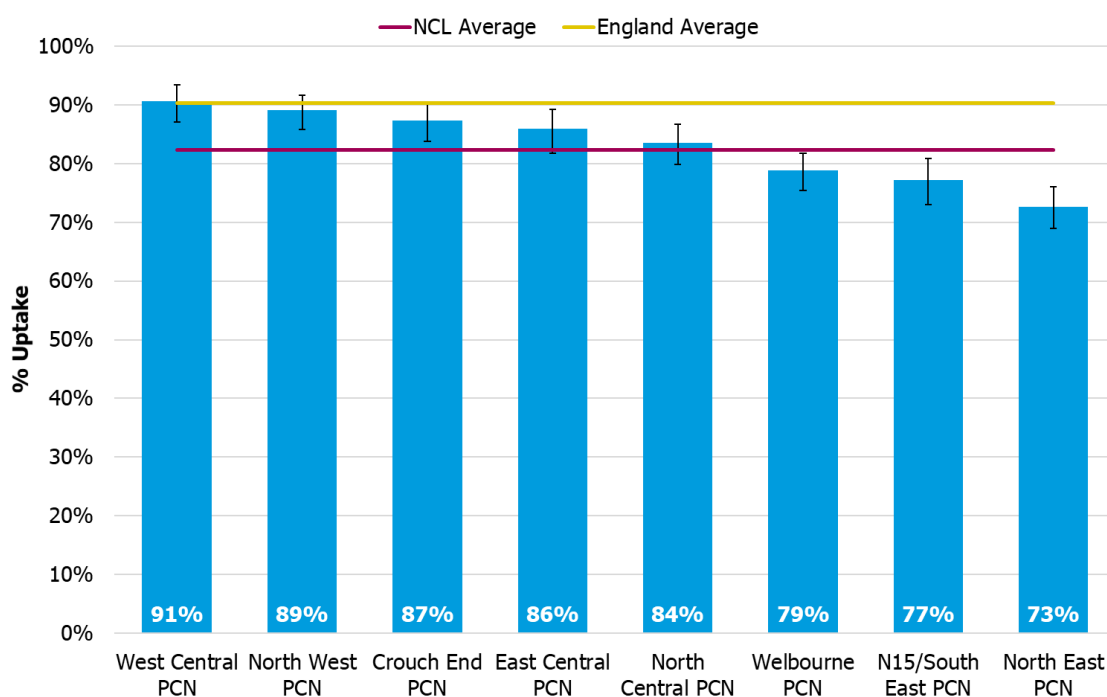
Figure 13: DtAP/IPV/Hib vaccination (2 years) uptake by PCN, 2019-20



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Figure 14 shows that in 2019-20 the uptake of the MMR vaccine at 2 years was significantly lowest in the North East PCN, which was significantly lower than the NCL and England averages.

Figure 14: MMR vaccination one dose (2 years) uptake by PCN

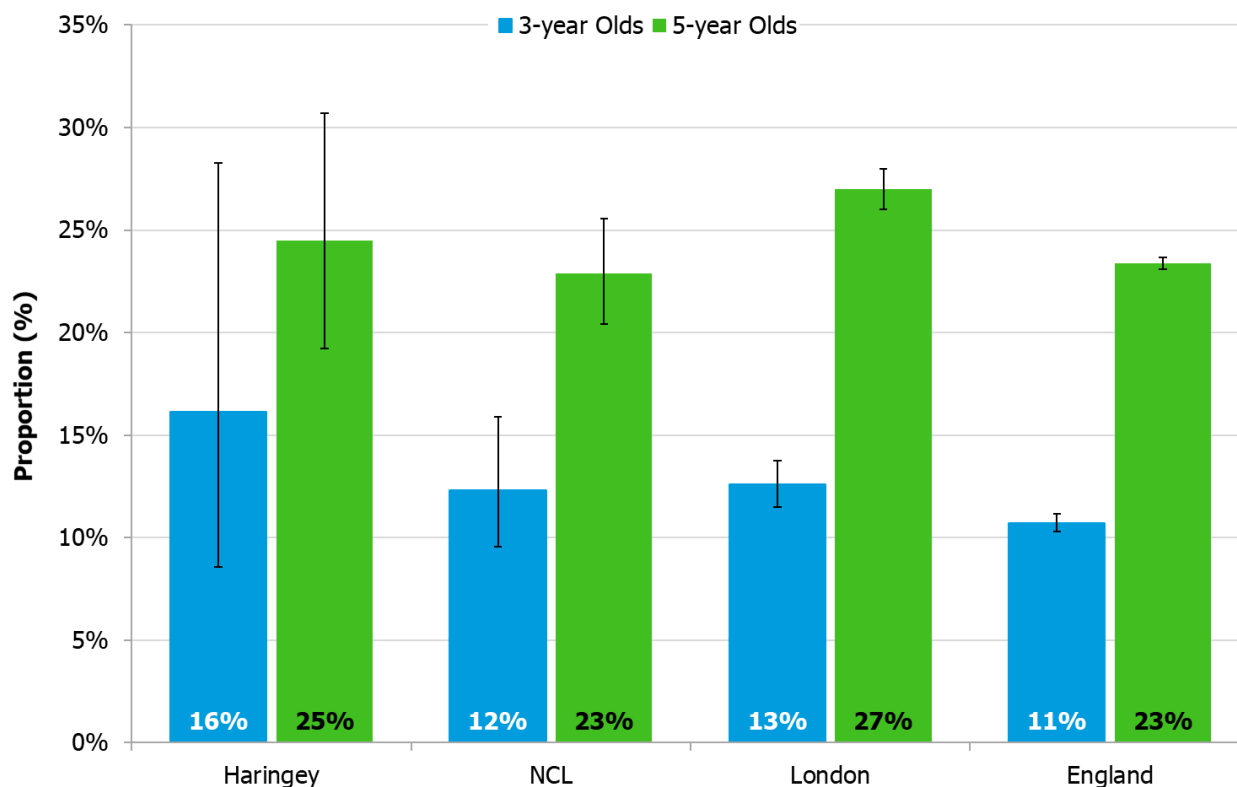


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2.12.3 Oral health

In 2018-19 the proportion of 5-year-old children in Haringey with visually obvious dental decay was 25%. In 2019-20 the proportion of 3-year-old children with visually obvious dental was 16%. However, these proportions did not differ significantly from the England or NCL averages.

Figure 15: Children with experience of visually obvious dental decay (%), 2018-19 (5-year-olds) and 2019-20 (3-year-olds)

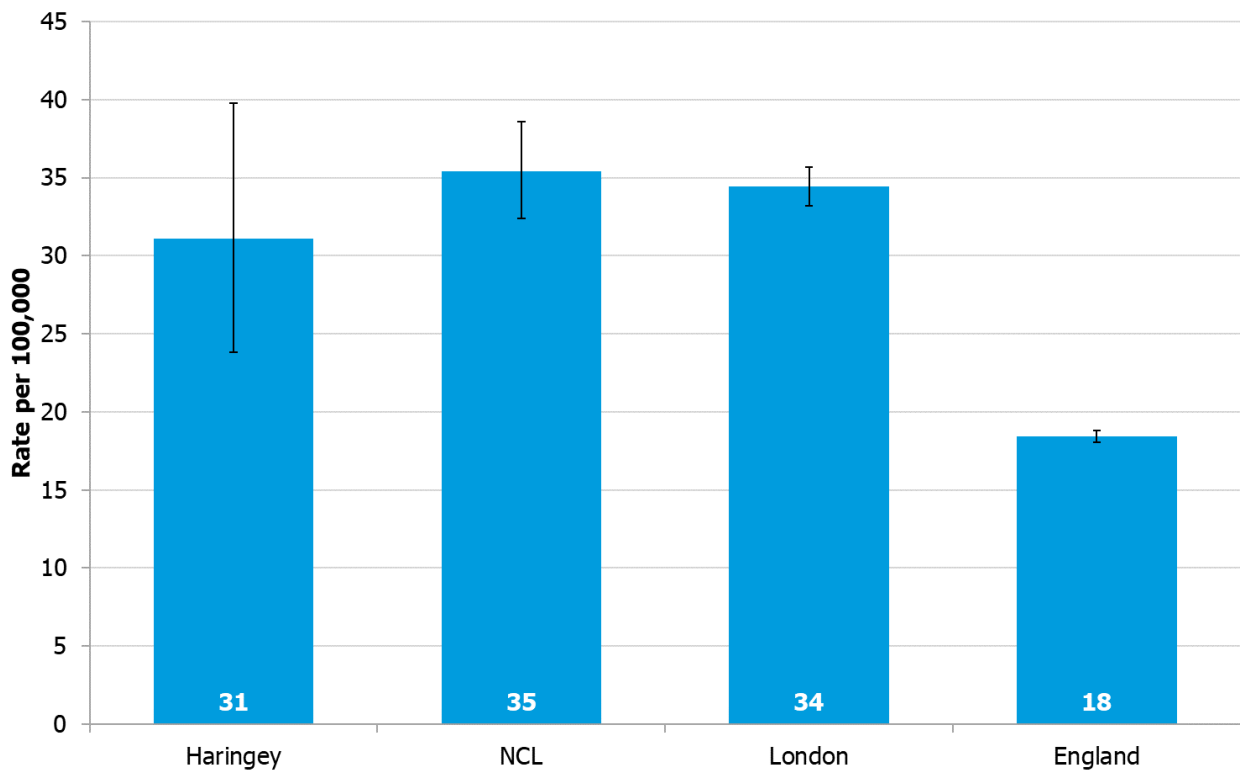


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2.12.4 Hepatitis C

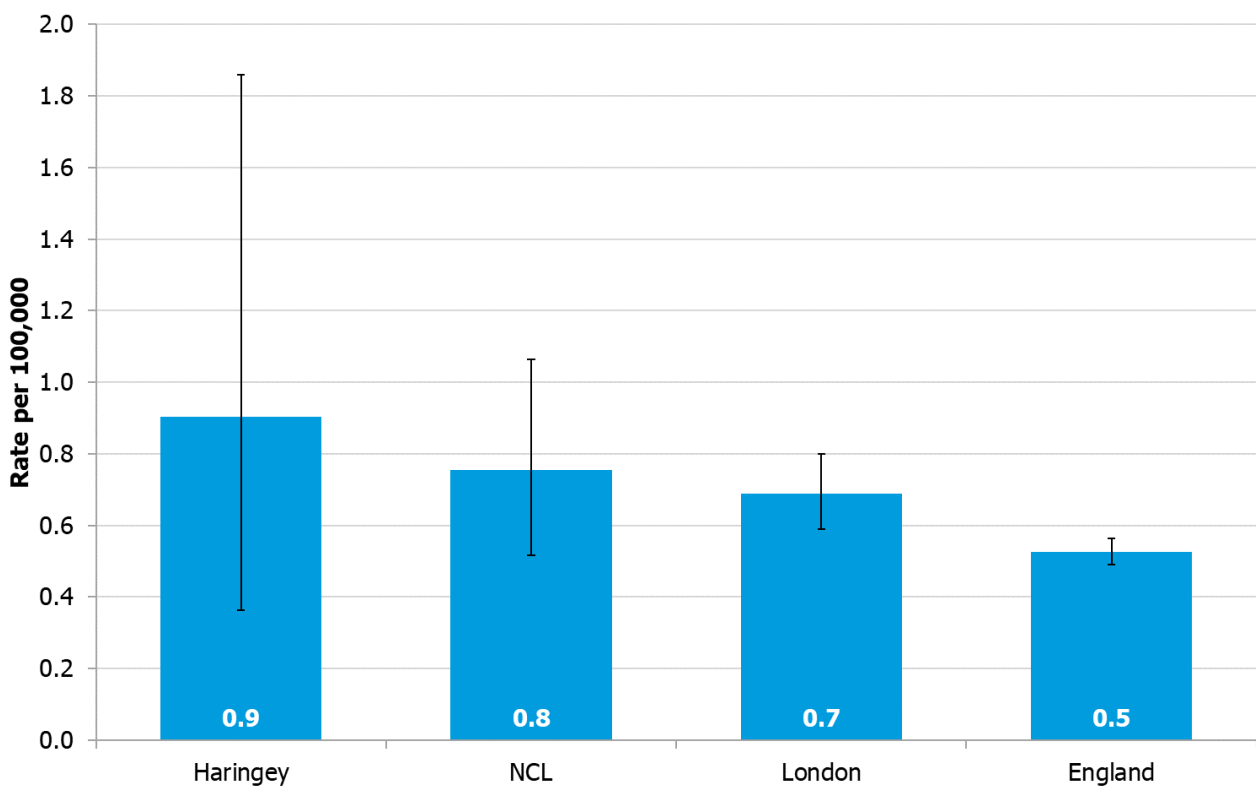
In 2017, Haringey had a hepatitis C detection rate of 31 per 100,000. This was significantly higher than the England average but did not differ from the NCL or London averages. In 2017-19, the premature mortality from hepatitis C-related liver disease or hepatocellular carcinoma in Haringey was 0.9 per 100,000, which did not differ significantly from the NCL, London or England averages.

Figure 16: Hepatitis C detection rate per 100,000, 2017



Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 17: Under-75 hepatitis C mortality rate per 100,000, 2017-19



Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

2.12.5 Sexual health

In 2020 the chlamydia detection rate in individuals aged 15–24 was 2,432 per 100,000, and the overall rate of new STI diagnoses in all ages was 1,564 per 100,000. Both rates were significantly higher than the London and England averages.

In 2019, the under-18 conception rate was 18 per 1,000, which was significantly higher than the London average, as shown in Table 16.

Table 16: Sexual health data

Indicator	Year	Haringey	London	England	Significant difference to London	Significant difference to England
Chlamydia detection rate /100,000 aged 15–24	2020	2,432	619	359	Higher	Higher
All new STI diagnosis rate/100,000	2020	1,564	1,167	562	Higher	Higher
Under-18 conception rate/1,000	2019	18	13	16	Higher	No significant difference

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

2.12.6 Alcohol and drug use

In 2020-21, the directly age-standardised rate of hospital admissions where the primary or secondary diagnosis was an alcohol-specific (wholly attributable) condition was 508 per 100,000. This was lower than the England average but did not differ significantly from the London average.

In 2018-19, data published by the government estimated that 3,276 adults in Haringey were dependent drinkers. In 2016-17, it was estimated that 2,106 individuals aged 15–64 were opiate or crack cocaine users.

2.12.7 Obesity in children

In 2018-19, 23% of Reception and 38% of Year 6 pupils were overweight or very overweight. By locality, East had the highest proportion of overweight and very overweight Reception (26%) and Year 6 pupils (46%). While this did not differ significantly from Central locality, West locality had a significantly lower proportion of overweight and very overweight children.

In Reception, the proportion of overweight and very overweight children in East locality did not differ from the London (22%) or England (23%) averages, but in Year 6 the proportion was greater than the England average (34%). This did not differ significantly from the London or England averages in Reception but was significantly higher than the England average in Year 6.

Due to the COVID-19 pandemic, the last complete National Child Measurement Programme (NCMP) measurements were completed in 2018-19. However, national and London figures published by NHS Digital show the rate of overweight and very overweight children increased in 2020-21.

Table 17: Rate of Overweight (OW) and Very Overweight (VOW) children by locality, 2018-19

Locality	Reception OW/VOW	Reception %	Year 6 OW/VOW	Year 6 %
West	104	16%	159	23%
Central	168	23%	321	43%
East	272	28%	444	46%

Note: The denominator is the total number of pupils in each locality.

Source: NCMP, 2018-19

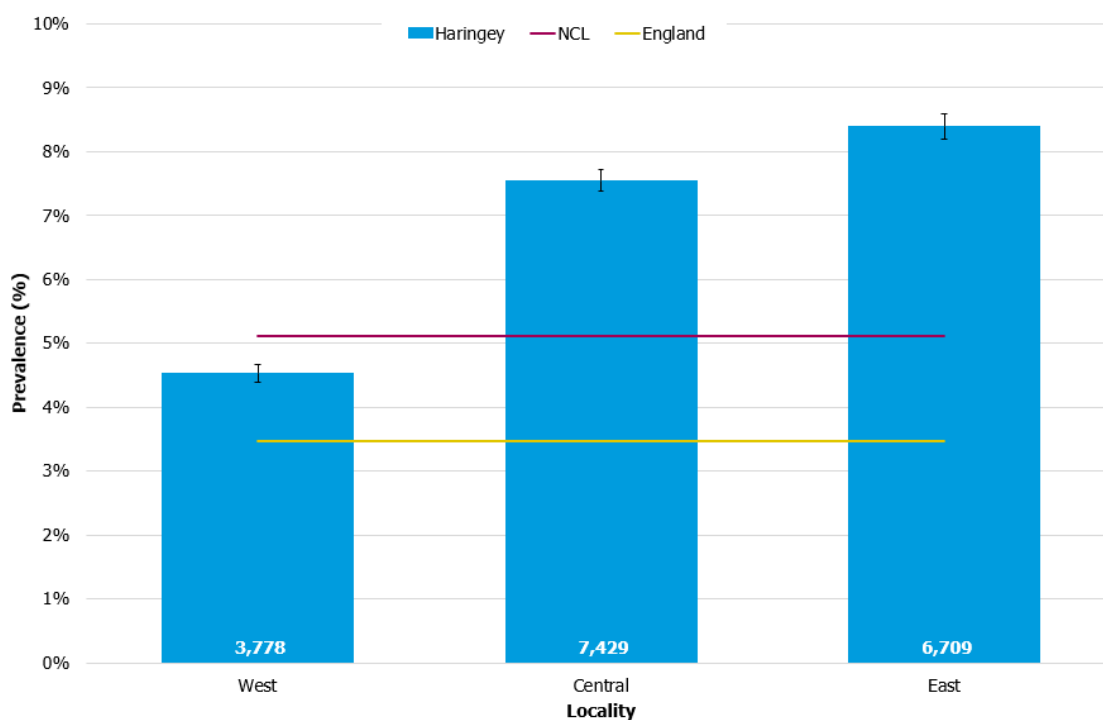
2.12.8 Adult obesity

In 2020-21 the QOF prevalence of obesity in individuals aged 18+ was 7%, which was significantly higher than the England average (3%). East locality had the highest prevalence of 10%, compared with 5% in West locality. However, the largest number of obese adults live in Central locality (n=7,429). The prevalence in Central and East localities was significantly higher than the NCL average.

Table 18: Adult obesity 2020-21 (QOF prevalence 18+)

Locality	% 18+ obese	Number 18+ obese	Significant difference to NCL	Significant difference to England
West	5%	3,778	Lower	Higher
Central	8%	7,429	Higher	Higher
East	7%	6,709	Higher	Higher
NCL	5%			
England	3%			

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 18: Adult obesity (QOF prevalence aged 18+), 2020-21

Note: Labels show number of individuals with obesity in each locality. Localities have been aggregated based on PCN rather than ward.

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

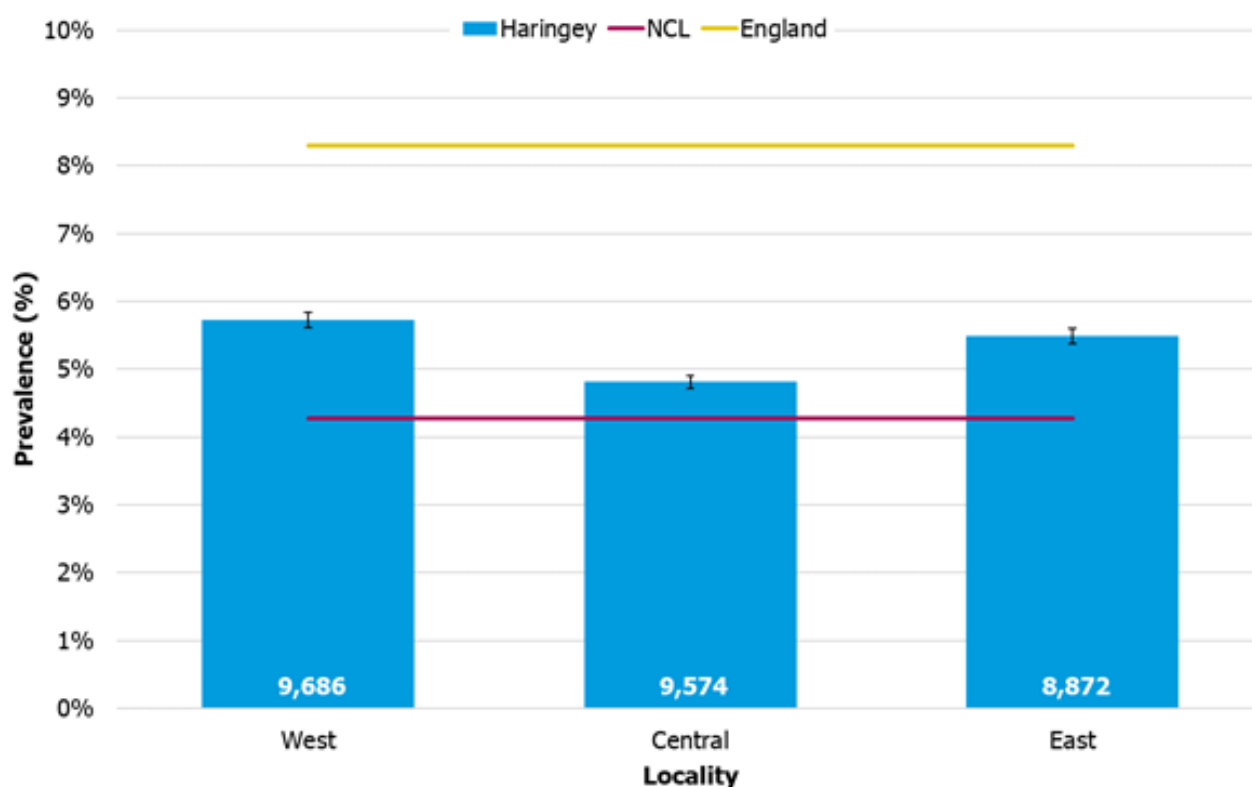
2.12.9 Depression

In 2020-21, the recorded prevalence of depression in Haringey was 5%, which was significantly higher than the NCL average but significantly lower than the England average. The highest recorded prevalence was in West locality (6%) and this locality also had the highest number of people with depression (n=9,686); Central and East localities were 5% each.

Table 19: Depression – recorded prevalence (aged 18+)

Locality	Recorded prevalence of depression %	Number of individuals with recorded depression	Significant difference to NCL	Significant difference to England
West	6%	9,686	Higher	Lower
Central	5%	9,574	Higher	Lower
East	5%	8,872	Higher	Lower
NCL	4%			
England	8%			

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 19: Recorded prevalence of depression 2020-21

Note: Labels show number of individuals with depression in each locality. Localities have been aggregated based on PCN rather than ward.

Source: OHID. Public Health Profiles 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022

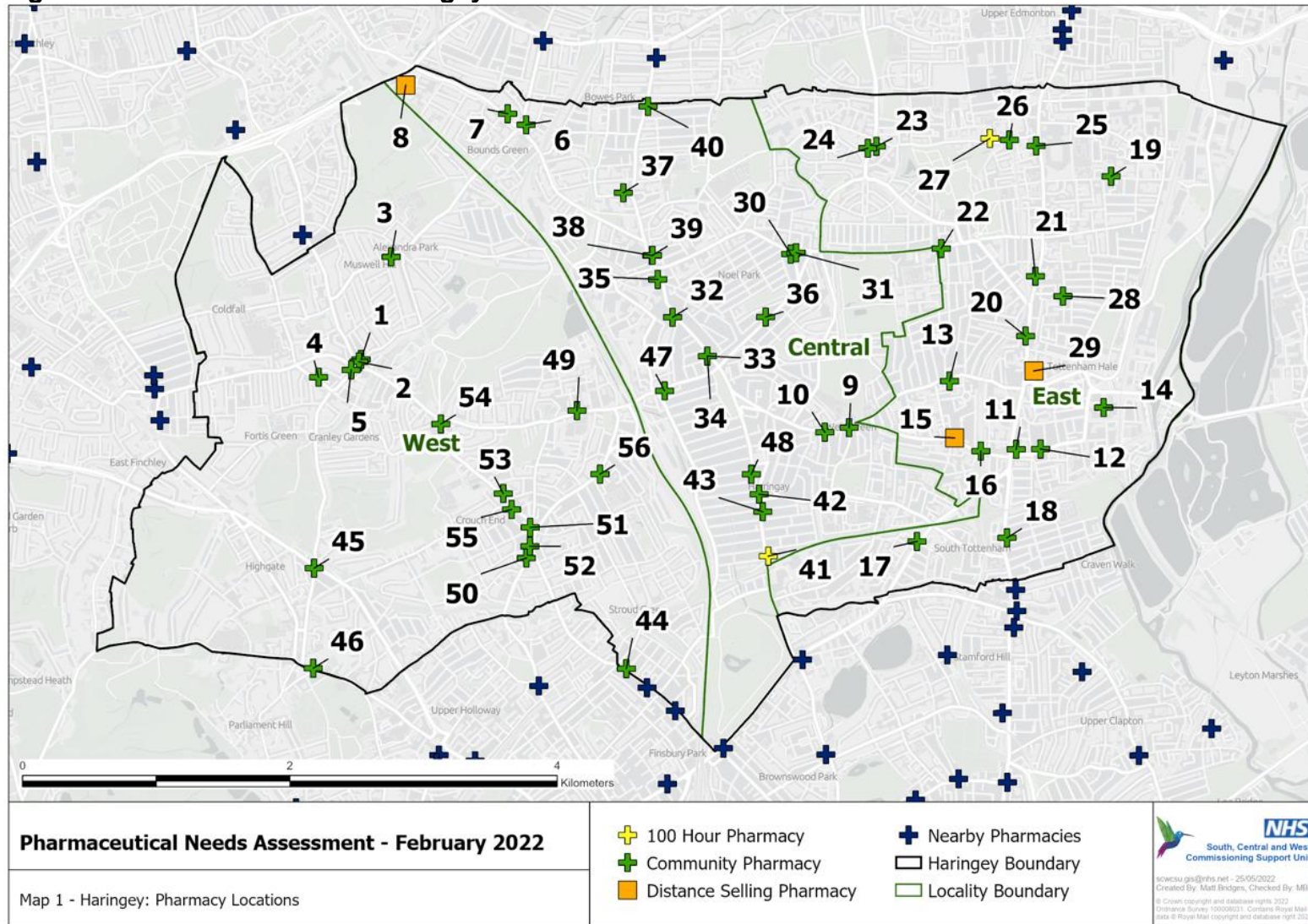
2.12.10 Physical activity

Regular physical activity is associated with a reduced risk of obesity and improved mental health. It is recommended that adults undertake 150 minutes of moderate intensity equivalent physical activity each week. In Haringey in 2020-21, 75% of adults aged 19+ reached this target, according to the Active Lives Survey. However, this did not differ from the London or England averages.

It is recommended that children undertake 60 minutes of moderate-to-vigorous physical activity each day. In Haringey in 2017-18, only 42% of children and young people reached this target, according to the Active Lives Children and Young People Survey. This was significantly lower than the London and England averages.

Section 3: NHS pharmaceutical services provision, currently commissioned

Figure 20: All contractors in Haringey



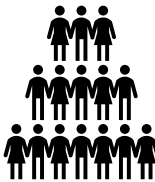


There is a total of 56 contractors in Haringey

- 51 x 40-hour community pharmacies
- 2 x 100-hour community pharmacies
- 3 x DSP

The total number of community pharmacies includes DSPs where relevant.

3.1 Community pharmacies

<p>56 community pharmacies in Haringey (of which 3 are DSPs)</p> 	<p>266,196 population of Haringey</p> 	<p>21.0 pharmacies per 100,000 population*</p> 
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*Correct as of 29 March 2022

In England during the COVID-19 pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.¹⁹

Since the previous PNA was published in 2018, there has been reduction in the number of community pharmacies in Haringey from 60 to 56. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018, when the average number was 21.2.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Barnet (18.7), Camden (22.8), Enfield (17.7), Hackney (17.2), Islington (18.7), and Waltham Forest (21.3).

Table 20 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Haringey is well served with community pharmacies and is comparable to the London and national averages.

Table 20: Number of community pharmacies per 100,000 population

	England	London	Haringey
2020-21	20.6	20.7	21.0
2019-20	21.0	20.2	21.1
2018-19	21.2	20.7	21.4

¹⁹ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

Source: ONS Population

The public questionnaire details the perception of access to community pharmacies and the services they provide. The full results of the pharmacy user questionnaire are detailed in [Section 5](#).

Table 21 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 21: A breakdown of average community pharmacies per 100,000 population

Locality	No of community pharmacies (March 2022)*	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population*
West	16	78,666	20.3
Central	16	88,335	18.1
East	24	99,194	24.2
Haringey (2021)	56	266,196	21.0
London (2021)	1,873	8,965,488	20.7
England (2021)	11,636	56,760,975	20.6

* Data includes DSPs, which do not provide face-to-face services

[Section 1.4.1.1](#) lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in [Section 6](#).

3.1.1 Choice of community pharmacies

Table 22 shows the breakdown of community pharmacy ownership in Haringey. The data shows that Haringey has a higher percentage of independent pharmacies compared with national data and London, with no one provider having a monopoly in any locality. People in Haringey therefore have a good choice of pharmacy providers.

Table 22: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Haringey (2022)	11%	89%

3.1.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 23 shows the percentage of Haringey pharmacies open for 100 hours or more, compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends. Haringey has two 100-hour pharmacies, both in East locality.

Table 23: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
London	104 (5.5%)
Haringey	2 (4.6%)
West	0
Central	0
East	2 (8.3%)

3.1.3 Access to community pharmacies

Most pharmacies are located in East locality, which has the highest population. Haringey, like the rest of London, is highly populated. Many pharmacies also provide extended opening hours and/or open at weekends.

A previously published article suggests:²⁰

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

A list of community pharmacies in Haringey and their opening hours can be found in Appendix A.

²⁰ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.1.3.1 Routine daytime access to community pharmacies

Figure 21: Off-peak driving times to nearest pharmacy

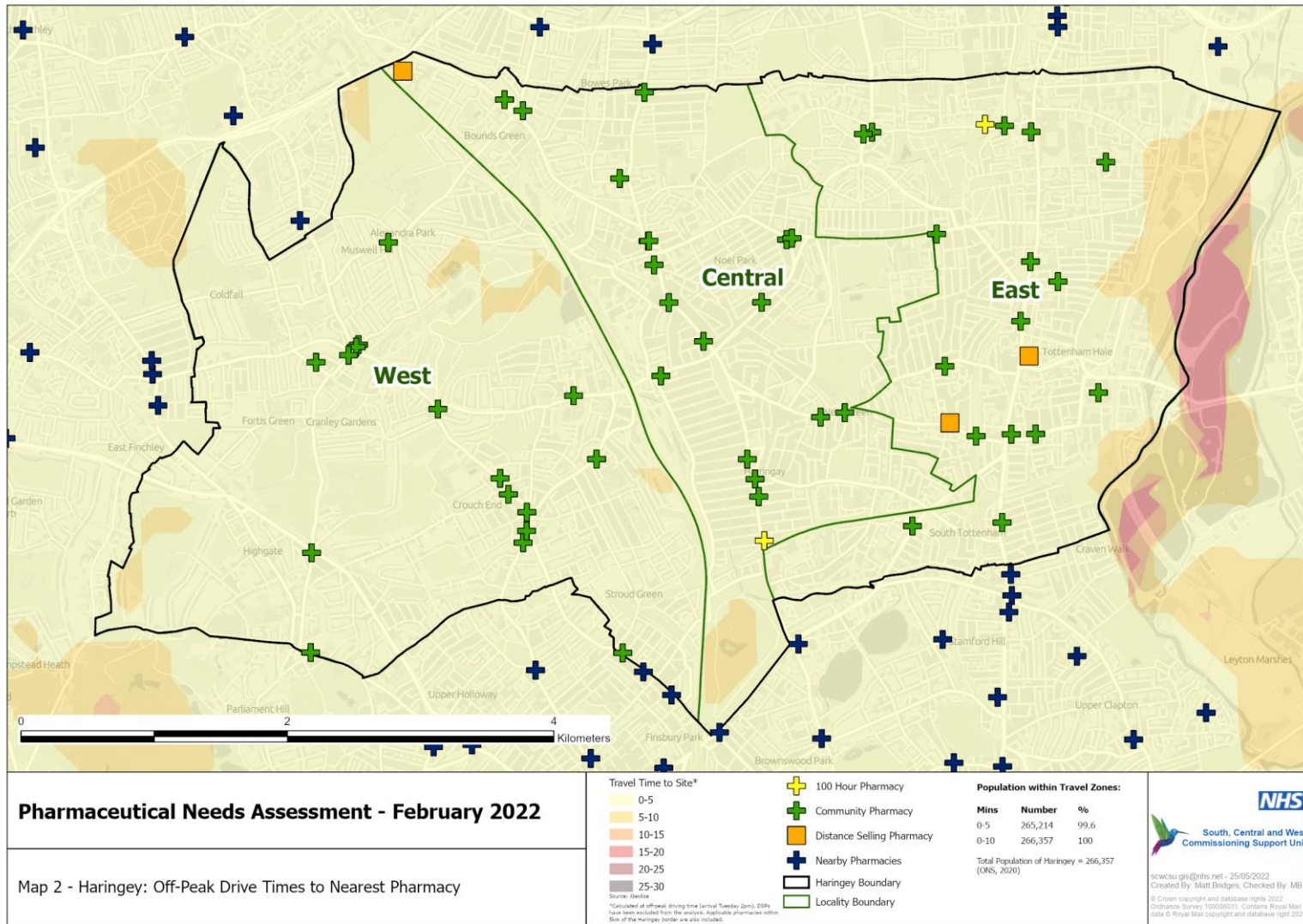
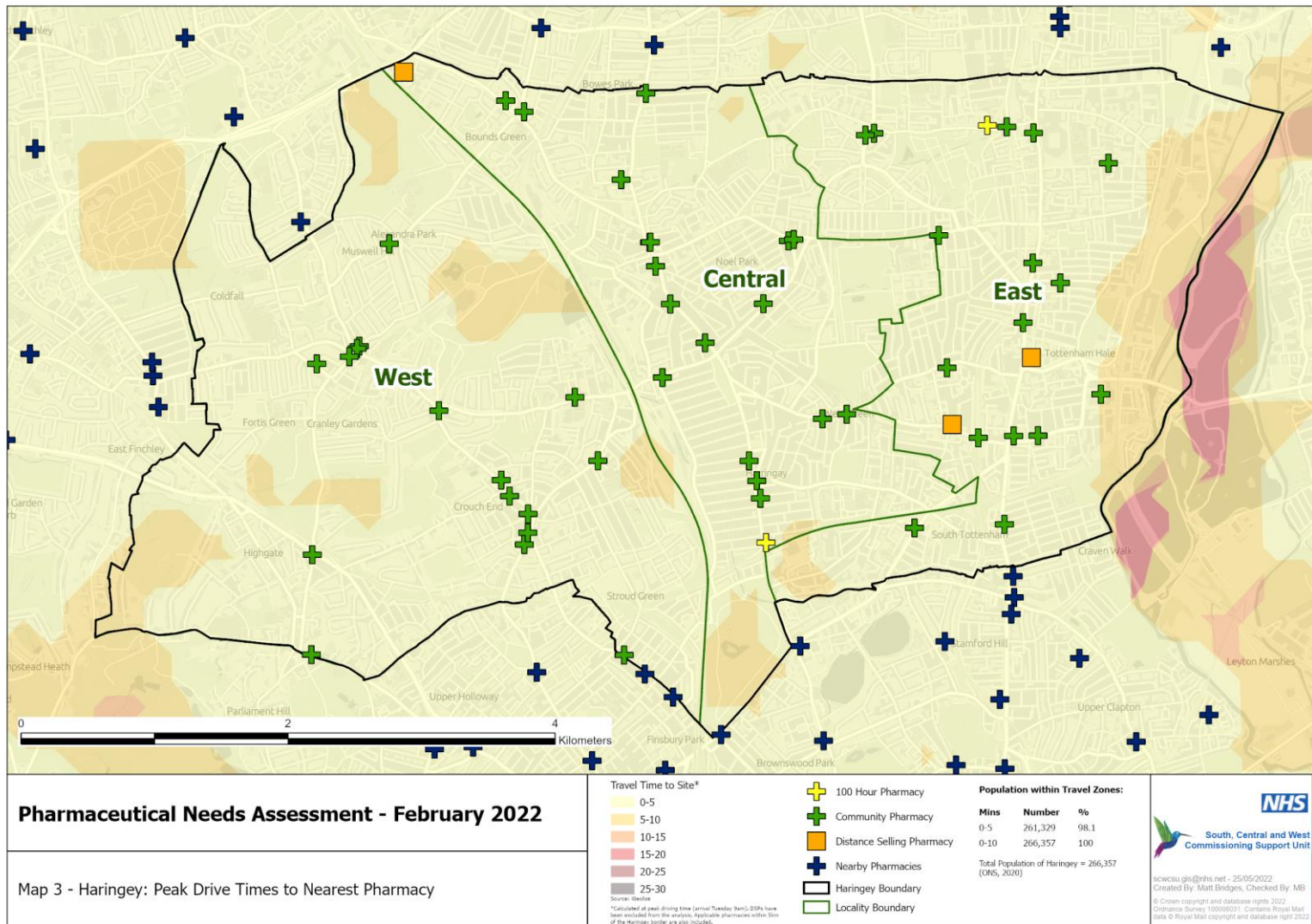
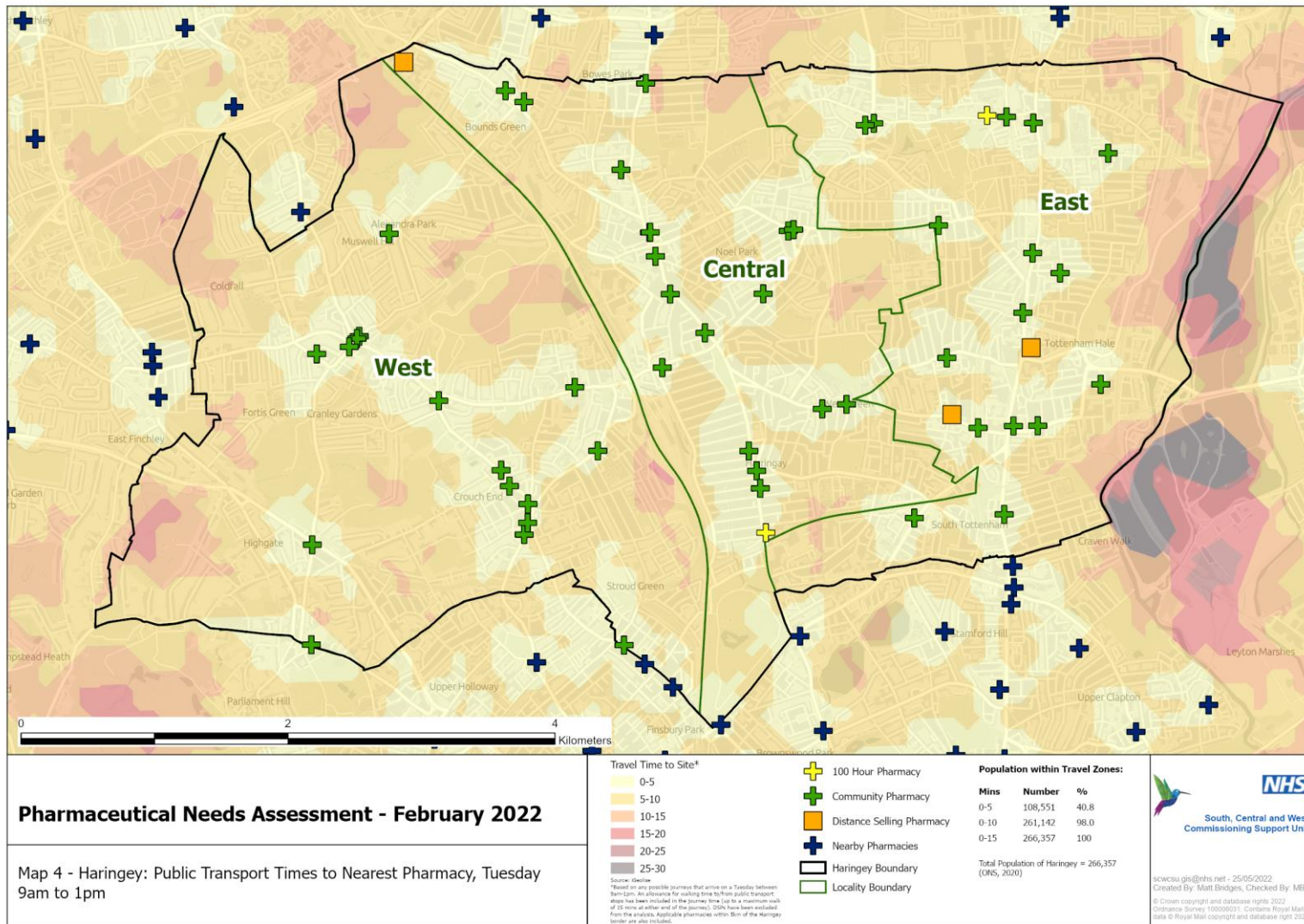


Figure 22: Peak driving times to nearest pharmacy



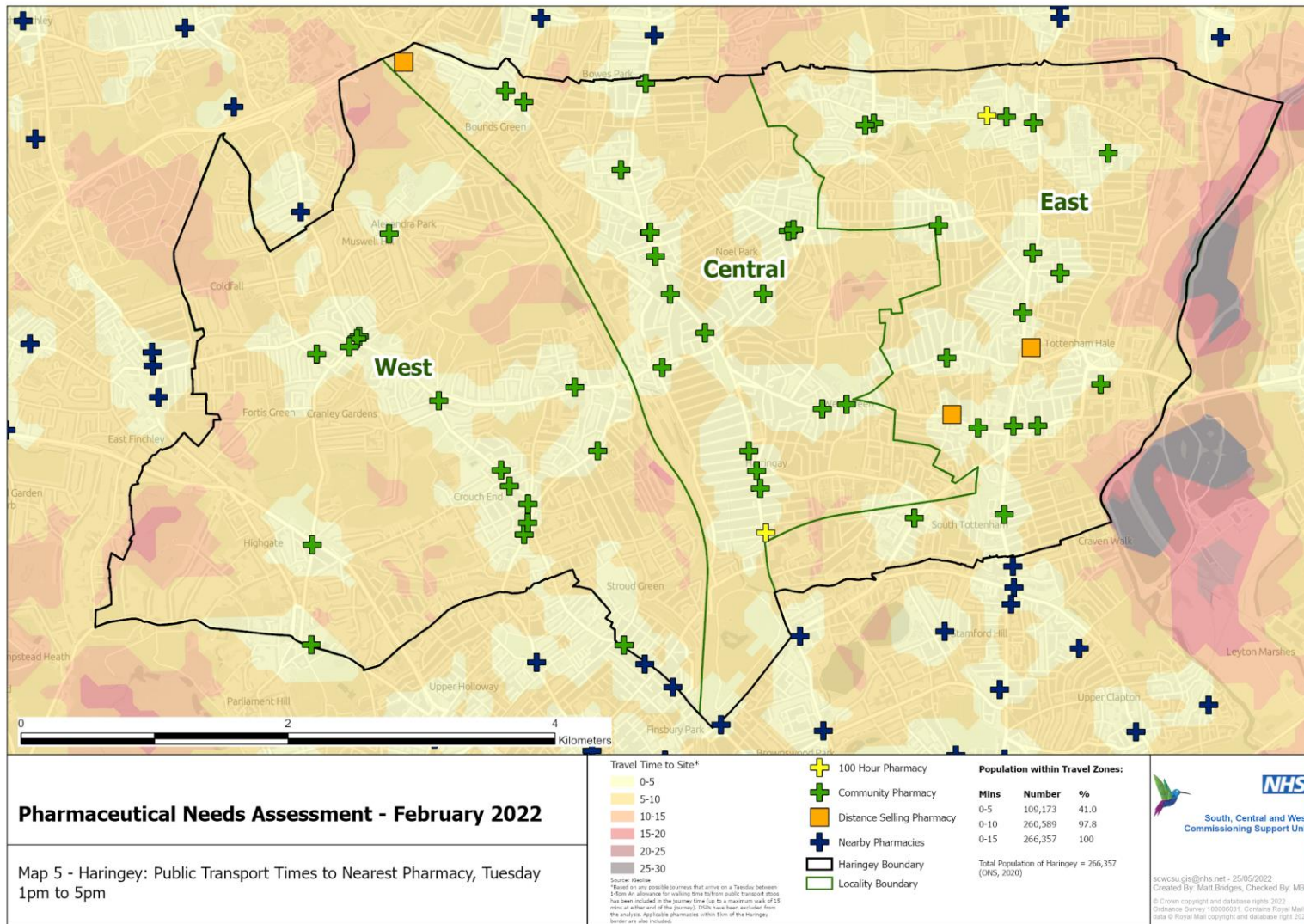
Path: X:\PROJECTS\Pharmacy\PNA_2021_22\Soar Beyond\GL2473_PNA_Haringey\ArcGISPro_ProjectFiles\GL2473_Haringey_PNA\GL2473_Haringey_PNA.aprx

Figure 23: Public transport times to nearest pharmacy (am)



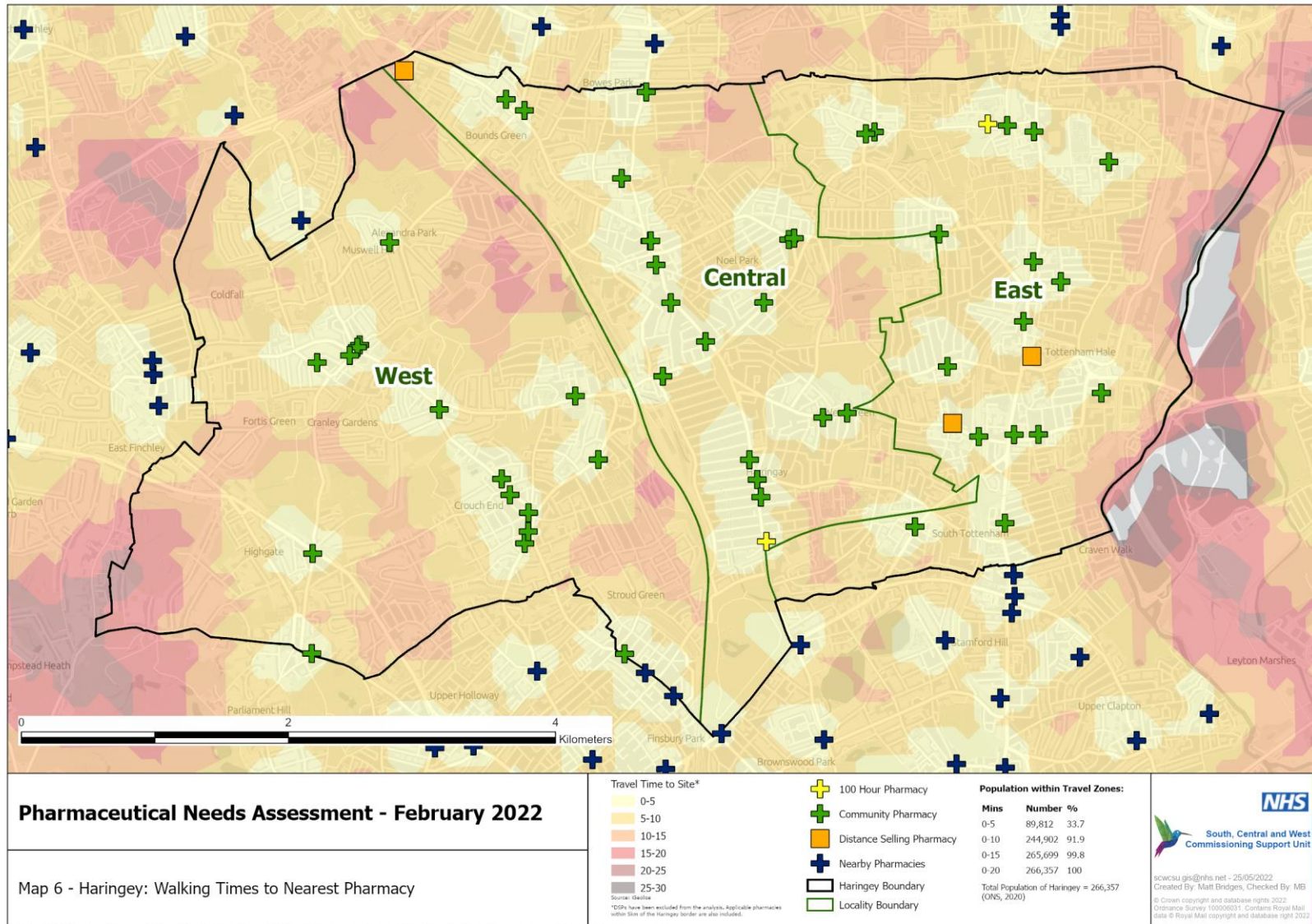
Note: Travel analysis was run on a Tuesday, as a proxy for weekday driving times

Figure 24: Public transport times to nearest pharmacy (pm)



Note: Travel analysis was run on a Tuesday, as a proxy for weekday driving times

Figure 25: Walking times to nearest pharmacy



Travel-time analysis has been used to derive the areas from within which it is possible to access pharmacies within specified time limits. This analysis was based on the pharmacies within the study area and also included pharmacies that are outside of the area but could potentially be accessed by residents within the study area. The analysis incorporated community pharmacies (including 100-hour pharmacies) and excluded dispensing GP practices, DACs and DSPs.

The travel analysis incorporates the road network, public transport schedules and prevailing traffic conditions and was carried out to model pharmacy accessibility based on driving by car (during peak and off-peak hours) and by public transport (during morning and afternoon) and by walking.

The areas from where a pharmacy can be reached within the stated conditions are presented as shaded zones in the maps in this section. The colour used in the shading on the maps corresponds to the time required to travel to a pharmacy from within that area. If an area is not shaded within the map it would take greater than the allocated upper time limit to access any of the pharmacies included in the analysis (or is inaccessible using the travel mode in question).

A point dataset containing the ONS mid-term population estimate (2020) at Census Output Area (COA) level was then overlaid against the pharmacy access zones. The population points that fall within the pharmacy access zones were identified and used to calculate the numbers and percentages of the resident population within the study area who are able to access a pharmacy within the stated times. These calculations are also presented in the maps.

Please note that the COA population dataset represents the location of approximately 125 households as a single point (located on a population-weighted basis) and is therefore an approximation of the population distribution. Also, the travel-time analysis is modelled on the prevailing travel conditions and actual journey times may vary. The population coverage should therefore be viewed as modelling rather than absolutely accurate.

In summary:

- Walking: 91.9% of the population are within a 10 minutes' walk to a community pharmacy (100% within 20 minutes)
- Driving off-peak: 99.6% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
- Driving at peak: 98.1% can drive to a pharmacy within 5 minutes (100% within 10 minutes)
- Public transport: Approximately 98% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); up to 100% of people can reach a pharmacy within 15 minutes

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6.30pm, Monday to Friday (excluding bank holidays), vary within each locality; they are listed in Table 24. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult to assess, given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 24 which shows that at least 1 in 5 or more pharmacies are open beyond 6.30pm in each locality.

Table 24: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30pm, and on Saturday and Sunday (not including DSPs)

Locality	Percentage of pharmacies open beyond 6.30pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on a Sunday
Haringey	49%	91%	19%
West	38%	100%	25%
Central	33%	87%	13%
East	68%	86%	18%

3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Haringey, 91% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult to assess given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays vary within each locality. Fewer pharmacies are open on Sundays than any other day in Haringey. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

For the last two years, NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required. The current service level agreements expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA.

In Haringey there is the following coverage:

Somerset Gardens Pharmacy, Somerset Gardens Family Health Care Centre, 4 Creighton Road, Tottenham N17 8NW	Christmas Day and Easter Sunday coverage 10:00–18:00
Somerset Gardens Pharmacy, Somerset Gardens Family Health Care Centre, 4 Creighton Road, Tottenham N17 8NW	Bank holiday coverage 10:00–14:00

3.1.4 Advanced Service provision from community pharmacies

[Section 1.4.1.2](#) lists all Advanced Services that may be provided under the pharmacy contract. As these services are voluntary, not all providers will provide them all of the time.

The information in Table 25, provided by NHSE&I, has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: The community pharmacy COVID-19 LFD service stopped on 1 April 2022 and COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59, and these services have therefore not been included in the table.

Table 25: Percentage of community pharmacies signed up to provide Advanced Services in Haringey (2021-22) by locality (number of pharmacies)

Advanced Service	West (16)	Central (16)	East (24)
NMS	75%	75%	88%
Community pharmacy seasonal influenza vaccination	69%	69%	58%
CPCS*	38%	75%	67%
Hypertension case-finding service	25%	50%	50%
Smoking cessation Advanced Service	0	0	13%

* This includes CPCS and GP CPCS consultations

Based on the information provided, none of the community pharmacies in Haringey have signed up to provide AUR, SAC or the community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023).

However, it should be noted that for some of these services such as AUR, pharmacies may still provide without signing up to the service. To date, there has been no data recorded on the use of the community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally). There was a delay in introducing these services due to the COVID-19 pandemic.

Table 26: Advanced Service provision by percentage of providers currently providing

Advanced Service	England	London	Haringey
NMS*	85%	81.5%	80%
Community pharmacy seasonal influenza vaccination (31 March 2021 data)	63.5%	67%	68%

Advanced Service	England	London	Haringey
CPCS and GP CPCS*	77%	71%	64%
Hypertension case-finding service**	5%	3%	4%
Community pharmacy hepatitis C antibody-testing service**	0.1%	0.3%	0%
AUR*	0.3%	0.2%	0%
SAC*	8%	2.1%	0%

Source: NHS BSA Dispensing Data

* Data taken from NHS BSA 2021-22 (7 months)

** Data taken from NHS BSA Dispensing Data, Nov–Dec 2021

Table 26 provides information on the providers' recorded activity of Advanced Service delivery in Haringey in 2021-22 (over a seven-month period) (except for the hypertension case-finding service). It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which is used to measure activity

New services such as CPCS are in place, but data shows low uptake nationally, which is based on referrals into the service.²¹ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.²² This is improving, in particular GP CPCS.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally and regionally, and there has been no activity in Haringey at time of writing.

The smoking cessation Advanced Service started on 10 March 2022, and therefore no activity data is available at time of writing.

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I ([Section 1.4.1.3](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

²¹ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

²² Royal College of General Practitioners. Making the Community Pharmacist Consultation Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

There are currently four Enhanced Services commissioned in Haringey:

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in the London area: this Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required
- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required

3.2 Dispensing Appliance Contractors (DACs)

There are no DACs in Haringey, however there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

The pharmacy contractor questionnaire received 49 responses to the question regarding supply of appliances, and 34 of them reported that they provide all types of appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Haringey. There were 112 DACs in England in 2020-2021. Of items prescribed in Haringey, 0.61% have been dispensed by a DAC nationally in 2021-22 (over a 10-month period).

3.3 Distance-Selling Pharmacies (DSPs)

There are three DSPs in Haringey:

- Good Health Pharmacies Ltd, 112 West Green Road, Tottenham, London N15 5AA
- Pharmacy Warehouse, Unit 3, 2 Somerset Road, Tottenham, London N17 9EJ
- Homeupath Pharmacy, Office 2, Bounds Green Industrial Estate, Bounds Green, London N11 2UD

3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in Haringey.

3.5 Dispensing GP practices

There are no dispensing GP practices in Haringey.

3.6 Pharmacy Access Scheme (PhAS) pharmacies

There are no PhAS pharmacies in Haringey.

3.7 Pharmaceutical service provision provided from outside Haringey

Haringey is bordered by six other HWB areas: Barnet, Camden, Enfield, Hackney, Islington and Waltham Forest. As previously mentioned, like London, Haringey has good transport links. As a result, it is anticipated that many residents in Haringey will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Haringey area by which Haringey residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Haringey area boundaries and are marked in Figure 20. Further analysis of cross-border provision is undertaken in [Section 6](#).

Section 4: Other services that may affect pharmaceutical services provision

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

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

The services commissioned in Haringey are described below and in [Section 6](#). Those commissioned from community pharmacy contractors in Haringey are listed in Table 27.

Table 27: Commissioned services from community pharmacies in Haringey

Commissioned service	CCG-commissioned service	LA-commissioned service
Healthy Start Vitamins		X
Sexual Health Service: <ul style="list-style-type: none"> • Emergency Hormonal Contraception (EHC) • Chlamydia and gonorrhoea testing • Chlamydia treatment • Pan-London Come Correct condom distribution scheme for young people aged 13–24 (C-Card) • C-Card for adults • HIV/syphilis POCT 		X
Stop smoking		X
Needle and syringe exchange		X
Supervised consumption		X
Nasal naloxone distribution (pilot)		X
Supply of End of Life (EoL) medicines	X	
Self-Care Pharmacy First	X	

4.1 Local authority-commissioned services provided by community pharmacies in Haringey

Haringey commissions six services from community pharmacies. These services may also be provided from other providers, e.g. GP practices or community health services.

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

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHSE&I's local teams. In Haringey, most commissioned services are public health services and hence are commissioned by the Haringey Public Health and Communities Haringey Team.

Appendix A provides a summary of LCS within Haringey pharmacies and [Sections 4.1](#) and [4.2](#) provide a description of those services.

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

4.1.1 Healthy Start Vitamins

Healthy Start is a means-tested nationwide government scheme that aims to improve the health of children and low-income childbearing women to promote healthy eating and provide a nutritional safety net. The Healthy Start scheme provides eligible families with vouchers, which can be exchanged for fresh or frozen fruit and vegetables, plain cow's milk or infant formula and free vitamin supplements. It is an opportunity to improve access to professionals, who are able to provide encouragement, information and support about topics such as healthy eating, breastfeeding, vitamin supplements and nutrition for pregnant women, new mothers, babies and young children.

Haringey has high levels of child poverty (under 18 years). In 2021, 14.7% of children live in poverty, which equates to approximately 9,225 children.²³ Additionally, Haringey also has higher than average levels of obesity, with 23% of children aged 4–5 and 38.4% of children aged 10–11 being classified as overweight (which includes obese children), when compared with England (34.3%). As part of the Haringey Council Borough Plan, Healthy Start aims 'to enable every child and young person to have the best start in life'.

Haringey made a local decision to offer free vitamins to all pregnant and breastfeeding women and children under four, in order to increase the uptake of essential vitamins and promote healthy eating practices and healthy lifestyle choices early in life, with the aim of contributing to reduction in childhood obesity.

Patients who are eligible for the national means-tested Healthy Start government scheme will present at the pharmacy with a green Healthy Start vitamin coupon issued by the DHSC. Coupons are exchanged for Healthy Start vitamins at the pharmacy. Those who are not eligible for the national scheme will still be eligible for free vitamins under the local Haringey scheme.

4.1.2 Sexual health service

It is recognised nationally that in order to improve the sexual health of a population and to reduce teenage conceptions, a local area should commission a variety of interventions from a variety of providers to increase access to sexual health services. Community pharmacists are viewed as an effective provider for prevention and early intervention in improving sexual health through the provision of services such as:

²³ Haringey Council. State of the Borough. June 2022.

www.haringey.gov.uk/sites/haringeygovuk/files/state_of_the_borough_final_master_version.pdf

- Emergency Hormonal Contraception (EHC), which is recognised as one of the most effective last interventions available to prevent an unplanned pregnancy from occurring; evidence shows that providing it free to women within a community pharmacy setting is a cost-effective solution
- Interventions that combine discussion and demonstration of condom use to increase adolescent condom use and engagement with clinical services have also been shown to be effective intervention
- Chlamydia screening and treatment
- Increasing testing coverage in STI clinics to reduce undiagnosed HIV infection, and the introduction and consolidation of rapid HIV testing in a variety of different clinical, primary care and community settings

Community pharmacies in Haringey will provide young people and adults, free of charge, with the following:

- Levonorgestrel EHC, where appropriate, to female clients aged 13 and older (no upper age limit), in line with the requirements of the Patient Group Direction (PGD)
- Ulipristal acetate (Ellaone) EHC, where appropriate, to female clients aged 13 and older (no upper age limit), in line with the requirements of the PGD
- Chlamydia and gonorrhoea testing, including postal self-test kit, to service users aged 15 and over (no upper age limit)
- Chlamydia treatment, where appropriate, in line with a PGD to service users aged 15 and older (no upper age limit)
- The Pan-London Condom Distribution programme (Come Correct C-Card Scheme) including registration and repeat encounters for condoms to young people aged 13–24
- The Haringey-specific condom scheme for adults 25 and over

HIV/syphilis POCT to service users aged 18 and over is provided from a number of targeted pharmacies where there are higher prevalence levels (11 pharmacies provide the service in Haringey).

4.1.3 Needle and syringe exchange (NEX)

The provision of NEX services alongside opiate substitution therapy is the most effective way of reducing the transmission of blood-borne viruses, including hepatitis C and other infections caused by sharing injecting equipment.

In 2016-17 it was estimated that 2,106 individuals aged 15–64 were opiate or crack cocaine users in Haringey.

Community-based NEXs are an important, easily accessible, public health intervention. Community-based NEX and harm reduction initiatives are developed as part of the overall wider approach to prevent the spread of blood-borne diseases (mostly HIV and hepatitis) and other drug-related harm, including drug-related death. Their open accessibility and availability mean they often have contact with drug users who are not in touch with other specialist treatment drug services. These services will have a health remit as well as a social welfare role within the wider community.

On presentation at the pharmacy, a client is supplied with a ready-prepared pack that contains syringes, steri-cups, citric acid, sharps disposal bin and information on:

- Harm reduction
- How to safely dispose of used equipment
- Hepatitis A, B and C infections
- The Grove services and other local services as appropriate

The Needle and Syringe Provision Scheme will provide a suitable container for the safe storage of the used sharps and arrange collection by the contracted waste disposal company SCRL at intervals agreed with the NEX coordinator.

4.1.4 Supervised consumption

The DHSC's 'Drug misuse and dependence: UK guidelines on clinical management' (2017) states: 'Supervision of consumption by an appropriate professional provides the best guarantee that a medicine is being taken as prescribed. Following the introduction of supervised consumption in England and Scotland, methadone-related deaths reduced fourfold (Strang et al 2010).'

The aim of the service is to provide supervised consumption of methadone/buprenorphine within community pharmacies for The Grove Drug Service clients.

The service has the following main targets:

- To reduce the client's need to use illegal substances
- To monitor closely stabilisation on a methadone/buprenorphine programme
- To offer the above in a way that supports success by being local, confidential and efficient
- To reduce the leakage of prescribed methadone/buprenorphine

4.1.5 Stop smoking

In Haringey, between 14.9% (Annual Population Survey) and 19% (GP Patient Survey) of adults aged over 18 smoke, depending on the source. Data from the GP Patient Survey shows that this is significantly higher than the London (15%) and England (14%) averages.

Reducing smoking in the population is a government priority. The government targets to reduce smoking rates are as follows:

- To reduce adult smoking rates to 10% or less by 2020
- To halve smoking rates for routine and manual workers, pregnant women and in the most disadvantaged areas by 2020
- To reduce the smoking rate among 11–15-year-olds to 1% or less, and the rate among 16–17-year-olds to 8% by 2020

Seven out of 10 smokers say they would like to quit smoking. Smokers are four times more likely to quit with the help of a stop smoking service. Therefore it is important for smokers living and working in Haringey to have access to high quality smoking cessation service.

The overall aim of the stop smoking programme is to reduce smoking-related illnesses and deaths by helping patients/service users to give up smoking.

The service shall improve access for Haringey residents to stop smoking support and, where appropriate, supply Nicotine Replacement Therapy (NRT). Residents requiring pharmacological intervention will be advised to attend their GP to discuss a prescription. Complex clients requiring specialist support shall be referred to the specialist service at One You Haringey.

Each (participating) Healthy Living Pharmacy will have a trained, dedicated stop smoking adviser to provide a structured stop smoking programme as outlined in the National Centre for Smoking Cessation and Training course. As a general rule this programme will involve an initial assessment appointment and a quit date appointment, and the adviser will continue to see smokers on a weekly basis (via telephone or in person) for a 1-to-1 session for the first four weeks after the person quits smoking, to provide behavioural support in addition to stop smoking medication. The adviser can see people who are stopping smoking for up to 12 weeks.

Note these services are also provided by GP practices and other organisations within Haringey.

4.1.6 Nasal naloxone distribution (pilot)

Community pharmacists play a key role in providing harm reduction advice for opiate users in the community, including distributing and advising service users on the use of nasal naloxone.

This service is provided from two pharmacies in Haringey.

Pharmacies issue nasal naloxone alongside the needle and syringe programme, and will provide access to and information on nasal naloxone, including how and when to administer it.

This service is for adult opiate drug users whose stated age is 18 or over. The service user will be provided with appropriate health promotion materials relating to safer injecting practices or other harm reduction materials, as provided by substance misuse commissioners.

4.2 CCG-commissioned services

Haringey, under NCL CCG, commissions two services to community pharmacies:

- Supply of EoL medicines
- Self-Care Pharmacy First

4.2.1 Supply of EoL medicines

NCL CCG commissions this service.

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

Community pharmacies across NCL stock EoL medications – five pharmacies in Haringey borough provide an in-hours service.

The use and relevance of this service has substantially increased following COVID-19, with EoLC in the community being a key priority. EoLC patients with COVID-19 can deteriorate very rapidly, so timely access to a range of medicines that enable symptom control is essential.

4.2.2 Self-Care Pharmacy First (until September 2022)

NCL CCG is committed to delivering best value to patients by ensuring that it uses its resources well. Therefore, to help support the cost-effective, evidence-based use of medicines, NCL CCG no longer supports the routine prescribing of probiotics, vitamins and minerals and medicines that can be bought over the counter for self-limiting, short-term illnesses and minor conditions. By managing minor health needs through self-care, it will help to ease the pressure on the NHS.

NCL CCG is running a pilot scheme called Self-Care Pharmacy First for people on low incomes. The pilot scheme will run from 1 July 2021 to 31 January 2022, although this has now been extended to run until 30 September 2022.

- Currently, the pilot scheme is available for socially vulnerable patients in Haringey, who are unable to purchase over-the-counter medicines due to low income and so may not be able to afford to self-care. The aim of the scheme is to provide timely access to supply of medicines for the management of minor health conditions.
- The scheme will support GPs with the implementation of the NHSE&I guidance, making better use of community pharmacies while ensuring that the most deprived sections of the population receive the advice and treatment they need.
- The scheme was offered to 22 pharmacies, with 14 in areas of deprivation. However, currently the scheme is being provided by six community pharmacies in Haringey. The LPC is engaging with local contractors to increase provision across the borough. Patients who usually make an appointment to see their GP for minor conditions can instead visit their pharmacy to receive advice and treatment.

A full list of community pharmacy providers is listed in Appendix A.

CCGs are to be replaced by ICBs as part of ICSs. It is anticipated that ICBs will take on the delegated responsibility for pharmaceutical services from 2023 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

4.3 Other services provided from community pharmacies

There were 54 responses to the community pharmacy contractor questionnaire, found in Appendix D. Respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

The majority of pharmacies indicated that they would be willing to provide such services if commissioned – for example for CHD (89%), COPD (87%), diabetes (89%), STI screening (70%) and childhood vaccinations (67%).

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

4.4 Collection and delivery services

The pharmacy contractor questionnaire indicates that up to 89% of community pharmacies provide free home delivery services on request.

Of pharmacies who responded, 94% offer to collect prescriptions from GP surgeries on behalf of their patients.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are three DSPs based in Haringey, and there 372 throughout England. Free delivery of appliances is also offered by DACs. There are no DACs based in Haringey, however there are 110 DACs throughout England, providing services nationally.

4.5 Provision of services to nursing and residential care homes

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire indicate that currently 2% provide a service to care homes commissioned via the local authority, and 77% indicate they would be willing to provide it if commissioned.

4.6 Language services

There were 43 responses to this question in the contractor questionnaire. The most common additional language being spoken was Gujarati (31). It is not possible to make any conclusions from this data.

From the contractor questionnaire, 82% would be willing to provide a language access service if commissioned.

4.7 Services for people with disabilities or mobility limitations

There are different ways that contractors can make their community pharmacies accessible and, under the Equality Act 2010,²⁴ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including disabled persons.

Access and support for those with disabilities or mobility limitations is a key consideration. This was explored in the public questionnaire and contractor questionnaire by asking contractors about wheelchair access to consultation rooms, see Table 28.

Table 28: Summary of findings of wheelchair access to consultation rooms

Locality	Number of pharmacies	Number and percentage with wheelchair access
West	15	12 (80%)
Central	15	14 (93%)
East	22	14 (64%)

²⁴ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

Contractors said that 77% of consultation rooms in pharmacies in Haringey were accessible to wheelchair users. Full details can be found in Appendix E.

From respondents to the public questionnaire, 32% were aware there is consultation room that is fully accessible.

4.8 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. Of respondents to the public questionnaire, 41% reported that their GP can send prescriptions to their chosen pharmacy via an EPS. However, within the borough the majority are transferred from the GP to community pharmacy via electronic transfer.

4.9 GP practices providing extended hours

There are a number of GP practices in Haringey that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The most common late opening evening is any weekday, and usually the latest opening time is 7pm. Details may be found in Appendix A.

There are GP access hubs provided by Federated for Health, for the GP out-of-hours service.

4.10 Other providers

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

NHS hospitals – pharmaceutical service provision is provided to patients by the hospital:

- Whittington Hospital, Highgate Hill, London N19 5NF

Urgent care centres:

- Whittington Hospital, Highgate Hill, London N19 5NF
- North Middlesex University Hospital, Sterling Way, London N18 1QX

Walk-in centres – residents of Haringey have access to a walk-in centre:

- Finchley Memorial Hospital, Granville Road, London N12 0JE

There are no minor injury units in Haringey.

The following are services provided by NHS pharmaceutical providers in Haringey, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA:

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

The following are examples of services that may fall within the definition of an Enhanced Service. However, as the service has not been commissioned by the NHS and is funded and provided privately, it is not a pharmaceutical service:

- Care home service, e.g. direct supply of medicines/appliances and support medicines management services to privately run care homes
- Home delivery service, e.g. direct supply of medicines/appliances to the home
- PGD service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

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

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix D) and compiled by Haringey PNA Steering Group. This was circulated to a range of stakeholders as listed below:

- All pharmacy contractors in Haringey, to distribute to the public
- Haringey People Extra newsletters
- Haringey Council staff
- Social media
- Cabinet member video for social media channels
- Haringey Council website and as news item on the council website homepage
- Haringey partners newsletters
- Libraries in Haringey
- Charity, voluntary sector, and local groups, for onward distribution to their members

From the **147 responses** received from the public questionnaire:

5.1 Visiting a pharmacy

- 90% have a regular or preferred pharmacy (6% use a combination of traditional or internet pharmacy)
- 62% have visited a pharmacy once a month or more frequently for themselves in the past 6 months
- 6 respondents (4%) reported having used an internet pharmacy instead of a community pharmacy in past 6 months
- 91% found it very easy/fairly easy to speak to their pharmacy team during the 18 months of the pandemic

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (very/extremely important)
Quality of service	98%
Convenience	92%
Accessibility	42%
Availability of medication	90%

5.3 Mode of transport to a community pharmacy

The main way reported that respondents access a pharmacy:

- Walking (70%)
- Car (9%)
- Public transport (7%)
- Wheelchair/mobility scooter (3%)
- Bicycle (2%)
- 1% use a taxi

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
98%	83%

- 87% of the 125 responding to the question report no difficulty in travelling to a pharmacy
- Of the 16 respondents reporting any difficulty: 11 reported difficulty in travelling to a pharmacy due to parking; 2 suggest lack of disabled access/facilities was the issue; 2 suggest the pharmacy is too far away and 2 suggest a lack of suitable public transport (Note: it was possible to give multiple reasons)

5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Of note: 94% of respondents suggest that the pharmacy is open on the most convenient day and 94% stated the pharmacy was open at the most convenient time

5.6 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (over 90%), with the exception of the DMS (26%). However due to DMS being a service provided to patients discharged from hospital, a high percentage may not be aware due to the lack of need or perceived need.

Table 29 shows the awareness of respondents for each service and a second column that identifies the percentage that would wish to see the service provided.

Table 29: Awareness of Advanced Services

Advanced Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS	26%	77%
COVID-19 LFD distribution	91%	90%
CPCS	27%	68%
Flu vaccination	82%	87%
NMS	32%	60%
Needle exchange	25%	59%
Smoking cessation Advanced Service	58%	67%
Supervised consumption	30%	55%
Chlamydia testing/treatment (STIs)	19%	60%
Condom distribution, emergency contraception	53%	78%
Access to palliative care medicines	22%	73%
Hepatitis C testing	10%	56%
COVID-19 vaccination	62%	81%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination and COVID-19 LFD distribution. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a needle exchange service).

There were only 147 responses from a population of over 266,000, so the findings should be interpreted with some care regarding the representation of the community as a whole.

The demographics of respondents were not fully representative of population:

- 100 of 133 (75%) responders stated that they were from the 'White' ethnic group, while 67% of the population of Haringey are White
- Only 5 (4%) stated that they were Asian, but the population of Haringey is 18% Asian
- 95% of respondents stated that their preferred language was English
- 84% of respondents were aged 50 or over

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

Table 30 provides some demographic analysis of respondents.

Table 30: Demographic analysis of the community pharmacy user questionnaire respondents

Sex	Male	Female
%	28%	70%

Age	Under 21	22–39	40–49	50–59	60–74	75+
%	1%	6%	9%	20%	40%	24%

Illness or disability?	Yes	No
%	30%	67%

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

[Section 2](#) discusses Haringey's JSNA and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within Haringey. Some of these services are Essential Services and already provided, and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS CPCR that were introduced during the COVID-19 pandemic. The changes were agreed by the PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services were temporary and the Advanced Services have now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the COVID-19 pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.²⁵

At present, it is not clear what shape services locally commissioned by CCG will take in the long-term future. The development of ICSs will conceivably lead to an alignment of these LCS across ICS areas.

6.2 Haringey health needs

Some of the causes of ill health in Haringey are outlined in [Section 2](#). Some of the identified areas are as follows:

Healthy life expectancy is 62.6 for males and 65.0 for females, which do not differ significantly from the London or England averages.

- Under-75 all-cause mortality was 382 per 100,000, which did not differ significantly from the London and England averages
- Excess deaths did not differ significantly from the London and England averages
- Under-75 cancer mortality was significantly lower than the England average
- Under-75 CVD mortality was significantly higher than the London and England averages
- Under-75 respiratory mortality did not differ significantly from the London and England averages

²⁵ PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

Smoking prevalence in adults according to the GP Patient Survey was 19%, which was significantly higher than the London and England averages.

Vaccination uptake in Haringey was the lowest in NCL and lower than the average seen in England.

The five boroughs in NCL have a higher hepatitis C detection rate than the England average. Premature mortality from hepatitis C-related liver disease in Haringey is also higher than the England average.

Sexual health in 2020:

- The chlamydia detection rate in individuals aged 15–24 was 2,432 per 100,000, which was significantly higher than the London and England averages
- The rate of new STI diagnoses was 1,564 per 100,000, which was significantly higher than the London and England averages
- In 2019, the under-18 conception rate was 18 per 1,000, which was significantly higher than the London average

In 2016-17 it was estimated that 2,106 individuals aged 15–64 were opiate or crack cocaine users.

In 2018-19 it was estimated that 3,276 adults in Haringey were dependent drinkers.

6.2.1 Haringey Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in [Section 2](#). The following summarises the key priorities.

The JHWS is organised into key themes. These are:

- Creating a healthy place
- Start well
- Live well
- Age well
- Violence prevention

6.2.2 Priorities from the NHS Long Term Plan (LTP)

LTP priorities that can be supported from community pharmacy:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
 - Hypertension
- Better care for major health conditions
 - Cancer
 - CVD
 - Stroke care

- Diabetes
- Respiratory disease
- Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **CPCS** has been available since October 2019 as an Advanced Service, with the addition of GP CPCS from 1 November 2020.

Pharmacist review of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacies, and should include services that support patients in taking their medicines to get the best from them, reducing waste and promoting self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check** and rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacies as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states: 'We will do more to support those with respiratory disease to receive and use the right medication.' Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence. Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

6.3 PNA localities

There are 56 community pharmacies within Haringey. Individual pharmacy opening times are listed in Appendix A. Of the 56 community pharmacies there are three DSPs, one in Central locality and two in East locality, which are not open on weekends. DSPs may not provide Essential Services face-to-face and therefore provision is by mail order and/or wholly internet.

As described in [Section 1.6](#), the PNA Steering Group decided that the PNA should be divided into three localities:

- West
- Central
- East

Community pharmacy information by locality is summarised in the following three tables in terms of opening hours and availability of services.

Table 31: Number and type of contractor per locality

Opening times*	West	Central	East
100-hour pharmacy	0	0	2 (8%)
After 18:30 weekday	6 (38%)	5 (33%)	15 (68%)
Saturday	16 (100%)	13 (87%)	19 (86%)
Sunday	4 (25%)	2 (13%)	4 (18%)
Community pharmacies	16	15	22
DSPs	0	1	2
Total pharmacies	16	16	24

*Does not include DSPs as they do not provide face-to-face services therefore opening times are not relevant

Table 32: Provision of NHSE&I Advanced and Enhanced Services by locality (number of pharmacies)

NHSE Advanced or Enhanced Service	West (16)	Central (15)	East (24)^
NMS	12 (75%)	12 (75%)	21 (88%)^
CPCS	6 (38%)	12 (75%)	16 (67%)
Flu vaccination	11(69%)	11 (69%)	14 (58%)^
SAC	None	None	None
AUR	None	None	None
Hypertension case-finding service	4 (25%)	8 (50%)	12 (50%)^
Stop smoking	0	0	4 (13%)^
Hepatitis C testing	No providers	No providers	No providers
COVID-19 vaccination*	0	3 (20%)	5(21%)^
London Vaccination*	No data provided	No data provided	No data provided

* Enhanced

^ DSPs in East do provide some Advanced and Enhanced Services and are included. The DSP in Central does not provide any non-Essential Services.

The smoking cessation Advanced Service has had a delayed implementation nationally and the hepatitis C testing service has had very low uptake across England for a number of reasons, most significantly the COVID-19 pandemic.

Table 33: Provision of Locally Commissioned Services (CCG and LA) by locality (number of community pharmacies)

CCG	West (16)	Central (15) *	East (22)*
Supply of EoL medicines	1 (6%)	1 (7%)	3 (14%)
Self-Care Pharmacy First	1 (6%)	0	5 (21%)
LA			
Healthy Start vitamins	1 (6%)	2 (13%)	4 (18%)
Sexual health service	8 (50%)	8 (53%)	10 (45%)
HIV testing	1 (6%)	2 (13%)	8 (36%)
Needle and syringe exchange	2 (13%)	4 (27%)	4 (18%)
Stop smoking	3 (19%)	4 (27%)	8 (36%)
Supervised consumption	3 (19%)	4 (27%)	14 (64%)
Nasal naloxone distribution (pilot)	0	1 (7%)	1 (5%)

* The DSPs do not provide LCS and so are excluded from the table

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

6.3.1 West

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.3.1.1 Necessary Services: current provision

West locality has a population of 78,666.

There are 16 community pharmacies in this locality. The estimated average number of community pharmacies per 100,000 population is 20.3, slightly lower than the Haringey (21.0) and England (20.6) averages ([Section 3.1](#), Table 20). All 16 pharmacies hold a standard 40-core hour contract.

Of the 16 pharmacies:

- 6 pharmacies (38%) are open after 6.30pm on weekdays
- All 16 pharmacies are open on Saturdays
- 4 pharmacies (25%) are open on Sundays

There are a number of accessible providers open in neighbouring localities and HWB areas.

6.3.1.2 Necessary Services: gaps in provision

During the lifetime of this PNA there is expected to be a reduction in the population of West locality by approximately 1,000 people.

Generally, there is adequate pharmaceutical service provision across the whole locality on weekdays and Saturdays. Although there are no pharmacies open on a Sunday within the locality, there are pharmacies open a short distance away in Central locality and in other neighbouring HWB areas.

No gaps in the provision of Necessary Services have been identified for West locality.

6.3.1.3 Other relevant services: current provision

Table 32 shows the pharmacies providing Advanced and Enhanced Services in West – it can be seen that there is good availability of NMS (75%) and flu vaccination (69%) in the locality.

There are six pharmacies (38%) providing CPCS, and four have signed up to the hypertension case-finding service.

There are no providers of the smoking cessation Advanced Service, however, at the time of writing this is a new service and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- No pharmacies provide the COVID-19 vaccination service

Regarding access to **LCS** in the 16 pharmacies:

- 1 pharmacy (6%) provides the supply of EoL medicines service
- 1 pharmacy (6%) provides the Self-Care Pharmacy First service
- 1 pharmacy (6%) provides Healthy Start vitamins
- 8 pharmacies (50%) provide the sexual health service
- 1 pharmacy (6%) provides the HIV/syphilis testing service
- 2 pharmacies (13%) provide needle and syringe exchange
- 3 pharmacies (19%) provide smoking cessation
- 3 pharmacies (19%) provide supervised consumption

6.3.1.4 Improvements and better access: gaps in provision

Some of the Advanced and Enhanced Services are provided in relatively small numbers of pharmacies, if at all. The short travel times and proximity of pharmacies providing these services in Central locality or other HWB areas ensures that there is access to these services.

There is provision of all of the LCS from community pharmacies within West locality (except the nasal naloxone pilot).

[Section 6.5](#) discusses improvements and better access across the whole of Haringey.

There are lower levels of deprivation and life expectancy is higher in West locality than other areas of Haringey. The proportion of individuals from a Black, Asian, Mixed or Other ethnic group is 22% in West locality, which is less than other localities; Black, Asian, Mixed or Other communities are at a higher risk of health challenges.

There are higher levels of depression in West locality compared with NCL.

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies to help meet the health needs of the population.

No gaps have been identified that if provided either now or in the future (lifetime of this PNA) would secure improvements or better access to Advanced Services across West locality.

6.3.2 Central

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.3.2.1 Necessary Services: current provision

Central locality has a population of 88,335.

There are 16 community pharmacies in this locality (including one DSP) and the estimated average number of community pharmacies per 100,000 population is 18.1, lower than the Haringey (21.0) and England (20.6) averages ([Section 3.1](#), Table 20). All of the 15 community pharmacies (excluding the DSP) hold a standard 40-core hour contract.

The DSP in the locality is open 9am–5pm, Monday to Friday, and is closed at weekends. It does not provide any non-Essential Services; it is therefore not discussed in the narrative below.

Of the 15 community pharmacies:

- 5 pharmacies (33%) are open after 6.30pm on weekdays
- 13 pharmacies (87%) are open on Saturdays
- 2 pharmacies (13%) are open on Sunday

6.3.2.2 Necessary Services: gaps in provision

During the lifetime of this PNA there is expected to be an increase in the population of Central locality of approximately 2,000 people. The ratio of community pharmacies drops to 17.7 per 100,000 population when the increased population is factored in.

There is a significant new housing development in Wood Green on the former Clarendon Road gasworks site.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday in the locality. In addition, there are a number of community pharmacies within easy reach in neighbouring localities and HWBs.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the proposed new developments.

Haringey HWB will continue to monitor pharmaceutical service provision in specific areas within the locality where major housing developments are planned, to ensure there is capacity to meet potential increases in service demand.

No gaps in the provision of Necessary Services have been identified for Central locality.

6.3.2.3 Other relevant services: current provision

Table 32 shows the pharmacies providing Advanced and Enhanced Services in Central locality – there is good availability of NMS (75%), CPCS (75%), hypertension case-finding (50%) and flu vaccination (69%) in the locality. There are no providers of the smoking cessation Advanced Service, however, at time of writing this is a recently introduced service, and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 3 pharmacies provide the COVID-19 vaccination service

Regarding access to **LCS** within the 15 community pharmacies:

- 1 pharmacy (7%) provides the supply of EoL medicines service
- 2 pharmacies (13%) provide Healthy Start vitamins
- 8 pharmacies (53%) provide the sexual health service
- 2 pharmacies (13%) provide HIV/syphilis testing
- 4 pharmacies (27%) provide needle and syringe exchange
- 4 pharmacies (27%) provide smoking cessation
- 4 pharmacies (27%) provide supervised consumption
- 1 pharmacy (7%) is involved in the nasal naloxone pilot

6.3.2.4 Improvements and better access: gaps in provision

All of the available Advanced, Enhanced and Locally Commissioned Services are available from community pharmacies within Central locality.

There are some significant variations in health indicators from the Haringey average in Central locality:

- Central has the highest estimated prevalence of smoking at 33%, which is higher than NCL (24%) and England (21%)
- Central has higher levels of adult obesity than NCL average

Consideration should be given to incentives for further uptake of services from current providers and extending provision through community pharmacies to help meet the health needs of the population, including the locally commissioned stop smoking service. The PNA Steering Group would also wish to encourage pharmacies to consider signing up for the smoking cessation Advanced Service.

No gaps have been identified that if provided either now or in the future (lifetime of this PNA), would secure improvements or better access to Advanced Services across Central locality.

6.3.3 East

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.3.3.1 Necessary Services: current provision

East locality has a population of 99,194. This locality is the most deprived in Haringey based on IMD scores.

There are 24 community pharmacies in this locality (including two DSPs) and the estimated average number of community pharmacies per 100,000 population is 24.2, higher than the Haringey (21.0) and England (20.6) averages ([Section 3.1](#), Table 20). Of the 22 community pharmacies (ex-DSPs), 20 pharmacies hold a standard 40-core hour contract and two pharmacies hold a 100-hour contract.

A DSP must not provide Essential Services to a person who is present at the pharmacy, or in the vicinity of it, and therefore they are not included in the numbers of pharmacies when assessing Necessary Services, i.e. opening times. Both of the DSPs provide Advanced and Enhanced Services and are therefore included in the relevant section below.

Of the 22 pharmacies:

- 15 pharmacies (68%) are open after 6.30pm on weekdays
- 19 pharmacies (86%) are open on Saturdays
- 4 pharmacies (18%) are open on Sundays

6.3.3.2 Necessary Services: gaps in provision

During the lifetime of this PNA there is expected to be an increase in the population of East locality of approximately 4,400 people. The ratio of community pharmacies drops to 23.2 per 100,000 population when the increased population is factored in.

New developments are taking place around Tottenham Hale, which is undergoing significant transformation and will deliver a large component of the new homes expected over the next three years.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday in the locality. In addition, there are a number of community pharmacies within easy reach in neighbouring localities and HWBs.

The high obesity levels in East locality could be supported by targeted signposting (Essential Service) to weight management services from the existing community pharmacy infrastructure.

Generally, there is adequate pharmaceutical service provision across the whole locality to ensure continuity of provision to the proposed new developments.

No gaps in the provision of Necessary Services have been identified for East locality.

6.3.3.3 Other relevant services: current provision

Table 32 shows the pharmacies providing Advanced and Enhanced Services in East locality – there is good availability of NMS (88%), CPCS (67%), hypertension case-finding (50%) and flu vaccination (58%) in the locality. There is currently low provision of the smoking cessation Advanced Service (13%), however, at the time of writing this is a new service, and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 5 pharmacies provide the COVID-19 vaccination service

Regarding access to **LCS** in the 22 community pharmacies (DSPs do not provide these services):

- 3 pharmacies (14%) provide the supply of EoL medicines service
- 5 pharmacies (21%) provide the Self-Care Pharmacy First Service
- 4 pharmacies (18%) provide Healthy Start vitamins
- 10 pharmacies (45%) provide the sexual health service
- 8 pharmacies (36%) provide HIV/syphilis testing
- 4 pharmacies (18%) provide needle and syringe exchange
- 8 pharmacies (36%) provide the stop smoking service
- 14 pharmacies (64%) provide supervised consumption
- 1 pharmacy (5%) is involved in the nasal naloxone pilot

6.3.3.4 Improvements and better access: gaps in provision

It is important that there is a broad provision of services in this locality, as it has the highest IMD scores in Haringey. All of the available Advanced, Enhanced and Locally Commissioned Services are available from community pharmacies in East locality. There is a high proportion of pharmacies targeted to provide HIV testing in this locality based on prevalence studies. There are a greater proportion of pharmacies (36%) providing stop smoking services in East locality when compared with Haringey as a whole.

The proportion of individuals from a Black, Asian, Mixed or Other ethnic group is 53% in East locality, which is likely to impact the health needs of the locality, as Black, Asian, Mixed or Other ethnic groups have a higher risk of health challenges.

Variations in health in East locality, when compared with the Haringey average, include:

- Highest levels of childhood obesity
- Higher levels of adult obesity (nearly 10%) than NCL and England averages (less than 4%)
- Second-highest estimated prevalence of smoking at 32%, which is higher than NCL (24%) and England (21%)
- Lowest life expectancy in this locality compared with other areas of Haringey.

Consideration should be given to incentives for further uptake of services, including smoking cessation, from current providers, and extending provision through community pharmacies to help meet the health needs of the population.

No gaps have been identified that if provided either now or in the future (lifetime of this PNA) would secure improvements or better access to Advanced Services across East locality.

6.4 Necessary Services: gaps in provision

For the purposes of the PNA, **Necessary** Services for Haringey are:

- All **Essential** Services

The following **Advanced** Services are considered relevant:

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service
- COVID-19 LFD distribution service (stopped)
- Pandemic delivery service (stopped)

When assessing the provision of pharmaceutical services in Haringey and each of the three PNA localities, Haringey HWB has considered the following:

- The health needs of the population of Haringey from the JNSA, Haringey JHWS and nationally from the NHS LTP
- The map showing the location of pharmacies within Haringey ([Section 3](#), Figure 20)
- Population information ([Section 2.5](#)) including specific populations

- In Haringey there are a large number of people from Black–African and Black–Caribbean ethnic groups. Black, Asian, Mixed or Other ethnic groups have health inequalities and are at risk of a range of health challenges from infant mortality through to a higher incidence of long-term conditions such as diabetes and CVD.
- The 2019 English IMD ranked Haringey as the fourth most deprived borough in London and among the 40 most deprived local authorities in England.
 - There is a correlation between higher levels of deprivation and ill health
- Access to community pharmacies via various types of transport ([Section 3.1](#)); from the maps provided in [Section 3](#), the travel times to community pharmacies were:
 - Walking: 91.9% of the population can walk to a pharmacy within 10 minutes (100% within 20 minutes)
 - Driving off-peak: 99.6% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
 - Driving at peak: 98.1% can reach a pharmacy within 5 minutes (100% within 10 minutes)
 - Public transport: approximately 98% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); 100% of people can reach a pharmacy within 15 minutes
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of Haringey (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the three PNA localities and the whole of Haringey (Appendix A)
- Results of the public questionnaire, based on 147 responses (Appendix C and [Section 5](#)):
 - 90% have a regular or preferred pharmacy
 - 62% have visited a pharmacy once a month or more for themselves in the previous six months
 - The main ways reported is that patients access a pharmacy are:
 - walking 70%
 - driving 9%
 - public transport 7%
 - wheelchair/mobility scooter 3%
 - 87% report no difficulty in travelling to a pharmacy:
 - of the 16 respondents reporting difficulty travelling, 11 identified a lack of parking and 2 suggested lack of disabled access/facilities
 - 94% of respondents suggest that the pharmacy is open on the most convenient day and 94% state it is open at the most convenient time
- Results of the contractor questionnaire (Appendix D)
- Projected population growth and housing development ([Section 2.5.3](#))
 - GLA 2020-based housing-led projections indicate that Haringey has a total population of 266,196

- Over the next five years the population of Haringey is expected to rise by 3% (approximately 8,000 people)
- An Equalities Impact Assessment was also completed alongside the production of the PNA

Table 34: Expected population growth in Haringey, 2022 to 2025 (PNA lifespan)

Locality	2022 population	2025 population	Growth
West	78,666	77,705	(961)
Central	88,335	90,332	1,997
East	99,194	103,565	4371

[Section 6.3](#) discusses impact of the population growth by locality.

There are 56 community pharmacies including three DSPs in Haringey. There are 21.0 pharmacies per 100,000 population in Haringey, compared with 20.6 per 100,000 in England.

There are two 100-hour pharmacies in Haringey and there are many pharmacies open on weekday evenings and weekends. The vast majority of community pharmacies (91%) are open on Saturdays and 51% of community pharmacies open after 6.30pm on weekdays. While only 11% of pharmacies are open on Sundays within Haringey, the travel times are short and, in addition, there are easily accessible pharmacies open in neighbouring HWB areas. Opening hours do vary by locality and this is discussed in [Section 6.3](#).

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service from one community pharmacy to cover all of Haringey.

There are a significant number of community pharmacies on or near the border of Haringey, which further improves the access to pharmaceutical services for the population.

The information provided demonstrates adequate access to community pharmacies within Haringey.

There is no evidence to suggest there is a gap in service that would equate to the need for additional access to Necessary Services outside normal hours anywhere in Haringey.

6.5 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision.

Haringey HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Haringey HWB has identified LCS that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

Some causes of ill health in Haringey are discussed in [Section 2](#) and more information can be found on the JSNA website. Some of the areas are as follows:

- Healthy life expectancy is 62.6 for males and 65.0 for females, which do not differ significantly from the London or England averages
 - Under-75 all-cause mortality was 382 per 100,000, which did not differ significantly from the London and England averages
 - Excess deaths did not differ significantly from the London and England averages
 - Under-75 cancer mortality was significantly lower than the England average
 - Under-75 CVD mortality was significantly higher than the London and England averages
 - Under-75 respiratory mortality did not differ significantly from the London and England averages
- Smoking prevalence in adults according to the GP Patient Survey was 19%, which was significantly higher than the London and England averages (there are number of other sources of this information)
- Vaccination uptake in Haringey was the lowest in NCL and lower than the average seen in England
- The prevalence of adult obesity in Haringey is significantly higher than in England
- The five boroughs in NCL have a higher hepatitis C detection rate than the England average; premature mortality from hepatitis C-related liver disease in Haringey is also higher than the England average
- Sexual health in 2020:
 - The chlamydia detection rate in individuals aged 15–24 was 2,432 per 100,000, which was significantly higher than the London and England averages
 - The rate of new STI diagnoses was 1,564 per 100,000, which was significantly higher than the London and England averages
 - In 2019, the under-18 conception rate was 18 per 1,000, which was significantly higher than the London average
- In 2016-17 it was estimated that 2,106 individuals aged 15–64 were opiate or crack cocaine users
- In 2018-19 it was estimated than 3,276 adults in Haringey were dependent drinkers

Should these areas of health need be a priority target area for commissioners, they may want to give consideration to incentives for further uptake of existing services from current providers and extending provision through community pharmacies including:

- Delivery of the recently introduced Advanced Service – hypertension case-finding service – as a factor in CVD mortality
- Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and CVD
- Delivery of the hepatitis-C testing service, which has been extended to March 2023, would seem a relevant service within Haringey

- Using the DMS and NMS services to support specific disease areas that are national priorities, e.g. asthma and diabetes
- The Essential Services include signposting patients and carers to local and national sources of information and reinforcing those sources already promoted. Signposting for NHS Health Checks may help in earlier detection of CVD and thereby help to reduce mortality rates. Signposting for weight management services would be very relevant in Haringey.

Respondents to the public questionnaire identified that they wished to see a variety of services provided from community pharmacies, although the questionnaire did highlight that there was a lack of awareness of some of the services that were available. A review of how services are advertised would be worthwhile in an effort to improve uptake. A summary of the questionnaire results can be seen in [Section 5](#) (full results in Appendix D).

There were 54 responses to the community pharmacy contractor questionnaire, found in Appendix E. Respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

The majority of pharmacies indicated that they would be willing to provide services if commissioned – for example CHD (89%), COPD (87%), diabetes (89%) and STI screening services (70%).

Respondents also indicated that they would be willing to provide a variety of vaccination services, a health area where Haringey performs at a level below the England average. For example, childhood vaccinations (72%), COVID-19 vaccination (89%), HPV (73%).

There were three responses to the commissioner questionnaire (Appendix F), however, not all questions were completed by all respondents. There was an indicated willingness to commission new services in areas such as diabetes (including screening), obesity, a non-emergency hormonal contraception service and NHS Health Checks.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. LFD distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response should be an indication that further implementation of new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Haringey, this has been included within the document. Appendix I discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognises that the burden of health needs in Haringey will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The Steering Group provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

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

For the purposes of this PNA, Necessary Services for Haringey HWB are defined as Essential Services.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Haringey.

LCS are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Haringey, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.1 Current Provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4.1.1](#). Access to Necessary Service provision in Haringey is provided by locality in [Section 6.3](#).

In reference to [Section 6](#), and as required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Haringey to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Haringey to meet the needs of the population.

7.2 Future provision of Necessary Services

A clear understanding of the potential impact of proposed population growth and housing development over the next 10 years by locality would support the understanding of ongoing needs for service provision in future PNAs.

No gaps have been identified in the need for pharmaceutical services in specified future (lifetime of this PNA) circumstances across Haringey.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Haringey.

LCS are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Haringey, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in each locality discussed in [Section 6.3](#).

[Section 6.5](#) discusses improvements and better access to services in relation to the health needs of Haringey.

There are no gaps in the provision of Advanced Services across the whole HWB area.

Appendix L discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Haringey.

There are no gaps in the provision of Advanced Services at present or in the future (lifetime of this PNA) that would secure improvements or better access to Advanced Services in Haringey.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#).

[Section 6.5](#) discusses improvements and better access to services in relation to the health needs of Haringey.

No gaps have been identified that if provided either now or in the future (lifetime of this PNA) would secure improvements or better access to Enhanced Services across Haringey.

7.4 Current and future access to Locally Commissioned Services (LCS)

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 4](#) and their provision by locality is discussed in [Section 6.3](#).

[Section 6.5](#) discusses improvements and better access to LCS in relation to the health needs of Haringey.

Appendix L discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Haringey.

Based on current information the Steering Group has not considered that any of these LCS should be decommissioned or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future (lifetime of this PNA) circumstances across Haringey to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in Haringey HWB area

West locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA																	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	End of life care	SCPF	Maloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing	Healthy Start vitamins										
The Highgate Pharmacy	FE047	Community	64 Highgate High Street, London	N6 5HX	09:00-18:00	09:00-18:00	10:00-14:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Broadway Pharmacy	FGV95	Community	185 Muswell Hill Broadway, Muswell Hill, London	N10 3RS	09:00-18:00	09:30-17:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Dukes Pharmacy	FN758	Community	330 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	08:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Coral Pharmacy Ltd	FNF21	Community	312 Park Road, Hornsey, London	N8 8LA	09:00-18:30	09:30-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Muswell Hill Pharmacy	FNP72	Community	110 Fortis Green Road, Muswell Hill, London	N10 3HN	09:00-18:30 (Thu 09:00-18:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Petter Pharmacy	FPE55	Community	49/51 The Broadway, Crouch End, London	N8 8DT	09:00-18:30 (Wed 09:00-18:00)	09:00-18:00	11:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	
Santas Limited	FQ264	Community	182 Stroud Green Road, Haringey, London	N4 3RN	09:00-18:30	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	
Boots	FQK44	Community	11 The Broadway, Crouch End, London	N8 8DU	09:00-19:00	09:00-18:00	10:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Redwood Pharmacy	FQL21	Community	116 Alexandra Park Road, Muswell Hill, London	N10 2AH	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	
Pharmacia Naturale	FTE76	Community	27 Veryan Court, Ormsey, London	N8 8JR	09:00-18:30 (Wed 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Frost & Co	FTQ82	Community	9 High Street, Hornsey, London	N8 7PS	09:00-18:00	09:00-14:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Amy Pharmacy	FV601	Community	53 Park Road, Crouch End, London	N8 8SY	09:00-19:00	10:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	
Saigrace Pharmacy	FVF76	Community	93 Tottenham Lane, Hornsey, London	N8 9BG	09:00-18:30	10:00-15:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Hayward Pharmacy	FXR08	Community	353 Archway Road, Highgate, London	N6 4EJ	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	
Boots	FYA07	Community	358 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	09:00-19:00	09:00-19:00	10:00-18:30	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Reena Pharmacy	FYD39	Community	14 Crouch End Hill, Hornsey, London	N8 8AA	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	

Central locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG	LA								
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination		Bank holiday	End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing
Warwick Pharmacy	FCW41	Community	48-50 Bounds Green Road, New Southgate, London	N11 2EU	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	-	-
Alpha Pharmacy	FDL55	Community	18 Commerce Road, Wood Green, London	N22 8ED	09:00-18:00 (Wed, Fri 09:00-18:30)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Greenwoods Pharmacy	FG479	Community	17 The Broadway, High Road, Wood Green, London	N22 6DS	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	
Morrisons Pharmacy	FHF75	Community	Station Road, High Road, Wood Green, London	N22 6BH	09:00-20:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	-	-	Y	
Clockwork Pharmacy	FJJ70	Community	9 Queens Parade, Brownlow Road, Bounds Green, London	N11 2DN	09:00-18:30	Closed	Closed	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	
Reena Pharmacy	FJW79	Community	352 High Road, Wood Green, London	N22 8JW	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	
Crescent Pharmacy Express	FKF23	Community	240 High Road, Wood Green, London	N22 8HH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	
Pharmacy Express	FKL74	Community	214 High Road, Wood Green, London	N22 8HH	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	
Sia Pharmacy	FKP44	Community	113 Turnpike Lane, Hornsey, London	N8 0DU	09:00-18:30	09:00-13:30	Closed	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Cross Chemist	FLE67	Community	471 Lordship Lane, Wood Green, London	N22 5DJ	09:00-18:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	-	-	
Savemore Pharmacy	FLV30	Community	67 Westbury Avenue, Wood Green, London	N22 6SA	09:00-18:00	09:30-12:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Boots	FP366	Community	Wood Green Shopping City, 137-139 High Road, Wood Green, London	N22 6BA	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Stearns Pharmacy	FQ011	Community	571 Green Lanes, Haringey, London	N8 0RL	09:00-18:15	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-		
Homeupath Pharmacy	FRX48	DSP	Office 2, Bounds Green Industrial Estate, Bounds Green, London	N11 2UD	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
J Lord Chemist	FW690	Community	439 Lordship Lane, Wood Green, London	N22 5DJ	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-		
Mintons Chemist	FX036	Community	5 High Road, Wood Green, London	N22 6BH	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	-	

East locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG		LA																
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing	Healthy Start vitamins									
Good Health Pharmacies Ltd	FA345	DSP	112 West Green Road, Tottenham, London	N15 5AA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Boots	FAM62	Community	Unit 2A, Tottenham Hale Retail Park, Broad Lane, London	N15 4QD	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-		
The Cadge Pharmacy	FCV53	Community	105 Philip Lane, Tottenham, London	N15 4JR	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Ram Pharmacy*	FD831	Community	1 Vicarage Parade, West Green Road, Tottenham, London	N15 3BL	09:00-18:15 (Thu 09:00-17:00)	10:00-17:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Somerset Gardens Healthcare LLP	FF252	Community	4 Creighton Road, Tottenham, London	N17 8NW	07:00-22:30	07:00-22:30	10:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Beautychem Chemist	FFK71	Community	11 Great Cambridge Road, Tottenham, London	N17 7LH	09:00-18:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	
Dowsett Pharmacy	FFR30	Community	70 Dowsett Road, Tottenham, London	N17 9DD	09:00-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Pharmacy Warehouse	FHG01	DSP	Unit 3, 2 Somerset Road, Tottenham, London	N17 9EJ	09:00-18:00 (Fri 09:00-19:30)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Reena Pharmacy	FJ342	Community	50 West Green Road, Tottenham, London	N15 5NR	09:30-19:00	09:30-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	
Parade Chemist	FL197	Community	25 Grand Parade, Green Lanes, Haringey, London	N4 1LG	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Pharmacare	FLC31	Community	575-577 High Road, Tottenham, London	N17 6SB	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	
Phillips Chemist	FM689	Community	193 Lordship Lane, Tottenham, London	N17 6XF	09:00-19:00 (Wed, Fri 09:00-18:30; Thu 09:00-18:00)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greenlight Pharmacy	FNJ72	Community	4 Grand Parade, Green Lanes, Haringey, London	N4 1JX	09:00-19:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	
Tesco Pharmacy	FPE65	Community	230 High Road, Tottenham, London	N15 4AJ	08:00-19:00	08:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA							
										NMS	ALUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday		End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing
Allcures Pharmacy	FQC60	Community	331 West Green Road, Tottenham, London	N15 3PB	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
GF Porter Chemist	FR470	Community	48 Great Cambridge Road, Tottenham, London	N17 7BU	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Coopers Pharmacy	FR702	Community	59A Broad Lane, Tottenham, London	N15 4DJ	09:00-18:30	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	Y	-
Safedale Pharmacy	FR778	Community	491-493 Seven Sisters Road, Tottenham, London	N15 6EP	09:00-19:00 (Thu 09:00-17:30)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y
Med-Chem UK Ltd	FRW62	Community	73 Grand Parade, Green Lanes, Haringey, London	N4 1DU	09:00-24:00	09:00-24:00	10:00-24:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-	-
Pharmacare	FTP75	Community	465 High Road, Tottenham, London	N17 6QB	09:00-19:00	09:00-17:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	Y
Grace Pharmacy	FVP54	Community	165-167 Park Lane, Tottenham, London	N17 0HJ	09:00-19:00	09:00-18:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacare	FVX18	Community	753 High Road, Tottenham, London	N17 8AH	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-
Pharmacare	FW269	Community	65A White Hart Lane, Tottenham, London	N17 8HH	09:00-19:00	Closed	Closed	-	-	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-
Mansons Chemists	FX076	Community	108 High Road, South Tottenham, London	N15 6JR	09:00-18:30 (Thu 09:00-18:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y

*Closed at the moment due to death of the contractor. Potentially to be removed but still on the Haringey pharmaceutical list for now.

Appendix B: PNA Steering Group terms of reference

Objective/Purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Health and Wellbeing Boards (HWBs) in North Central London, to ensure that it satisfies the relevant regulations including consultation requirements.

Delegated responsibility

To formally delegate the sign-off of the draft and final PNA to the chair of the HWB and Director of Public Health.

Accountability

The Steering Group is to report to the nominated Public Health Lead.

Membership

Core members for each council:

- Consultant for Public Health/nominated PH lead per council
- NHSE&I representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Consultant in Public Health/nominated PH lead per council will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance per council, one of which must be an LPC member from the respective council. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists
- Local Medical Committee representative.

In attendance at meetings will be representatives of Soar Beyond Ltd who has been commissioned by North Central London councils to support the development of the PNA. Other additional members may be co-opted if required.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the PNA for submission to the HWB.

Responsibilities

- Soar Beyond will provide a clear and concise PNA process that is recommended by the Department of Health and Social Care PNA Information pack for local authority HWBs, published in Oct 2021
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any LPC for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS Trust or NHS Foundation Trust in its area
 - NHSE&I
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022

Appendix C: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<p>Stage 1: Project Planning and Governance</p> <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group meeting two Draft update for HWB 													
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for consultation Steering Group meeting three Draft update for HWB 													
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses Production of consultation findings report Draft final PNA for approval Steering Group meeting four Minutes to meetings Edit and finalise final PNA 2022 Draft update for HWB 													

Appendix D: Public questionnaire

Total responses received:¹ **147**

1) Do you have a regular or preferred local community pharmacy? (Please select one answer)

Answered – 147; skipped – 0

Yes		90%	133
No		3%	4
I prefer to use an internet/online pharmacy*		1%	1
I use a combination of traditional and internet pharmacy		6%	9

*An internet pharmacy is one which is operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home.

2) On a scale of 1 to 10 how well does your local community pharmacy meet your needs? (Please select one answer) (1 = Poorly and 10 = Extremely well)

Answered – 147; skipped – 0

1		0%	0
2		1%	1
3		1%	1
4		1%	1
5		3%	4
6		3%	4
7		7%	10
8		18%	26
9		23%	34
10		45%	66







3) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months? (Please select one answer for yourself and one for someone else)

For yourself: Answered – 139; skipped – 8

Once a week or more		2%	3
A few times a month		31%	43
Once a month		29%	40
Once every few months		31%	43
Once in six months		4%	6
I haven't visited/contacted a pharmacy in the last six months		3%	4





¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

For someone else: Answered – 92; skipped – 55

Once a week or more		3%	3
A few times a month		15%	14
Once a month		16%	15
Once every few months		27%	25
Once in six months		10%	9
I haven't visited/contacted a pharmacy in the last six months		28%	26

4) If you have not visited/contacted a pharmacy in the last six months, is there a reason why?
(Please select one answer)

Answered – 25; skipped – 122





I have used an internet/online pharmacy		24%	6
Someone has done it on my behalf		12%	3
I have had no need for any pharmacy service during this period		40%	10
Other (please specify below)		24%	6

Other:

N/A	4	Used a hospital when needed	1
Advice and help	1		






5) How easy has it been to speak to someone at your local pharmacy over the last 18 months, during the pandemic? (Please select one answer)

Answered – 147; skipped – 0

Very easy		66%	97
Fairly easy		25%	37
Neither easy nor difficult		6%	9
Fairly difficult		2%	3
Very difficult		1%	1

6) Who do you normally visit/contact a pharmacy for? (Please select all that apply)

Answered – 147; skipped – 0

Yourself		95%	139
A family member		33%	49
A neighbour/friend		4%	6
Someone you are a carer for		9%	13
All of the above		2%	3
Other (please specify below)		1%	1

Other:

Church			1
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7) If you normally visit/contact a pharmacy on behalf of someone else, please give a reason why?
(Please select all that apply)

Answered – 58; skipped – 89

For a child/dependant		34%	20
The person is too unwell		31%	18
Opening hours of the pharmacy are not suitable for the person requiring the service		14%	8
The person can't access the pharmacy (e.g. due to disability/lack of transport)		26%	15
The person can't use the delivery service		5%	3
The person can't access online services		14%	8
All of the above		3%	2
Other (please specify below)		26%	15




Other:

Convenience	6	N/A	4
Person is less mobile	2	First aid box supplies	1
Carer duties	1	The person suffers dementia	1

8) How important are each of the following aspects to you when choosing a pharmacy? (Please select one answer for each factor)

Answered – 147; skipped – 0

Quality of service (friendly staff, expertise)			
Extremely important		60%	88
Very important		38%	55
Moderately important		1%	2
Fairly important		1%	1
Not at all important		0%	0
Convenience (location, opening times)			
Extremely important		63%	90
Very important		29%	41
Moderately important		6%	8
Fairly important		2%	3
Not at all important		1%	1
Accessibility (languages including British sign language, parking, clear signage, wheelchair/buggy access)			
Extremely important		22%	31
Very important		20%	28
Moderately important		20%	29
Fairly important		6%	9
Not at all important		32%	46
Availability of medication/services (stocks, specific services)			
Extremely important		60%	87






Very important		30%	44
Moderately important		8%	12
Fairly important		1%	1
Not at all important		1%	2

Other:

Knowledgeable about products	2	Continuity of care	2
Close links with GP	1	The pharmacy service is fantastic	1
Advice on 'worth a try' products	1	Time to be served	1
Parking availability	1	Delivery service	1

9) Is there a consultation room in your local community pharmacy, and is it fully accessible to wheelchair users, or to people with other accessibility needs (e.g. sight or hearing loss, translation services)? (Please select one answer)

Answered – 147; skipped – 0









Yes, there is a fully accessible consultation room		32%	47
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/ buggies		10%	15
No		10%	15
I don't know		43%	63
Any other comments you would like to make about the consultation room?		5%	7

Other:

Not sure if accessible	3	Room exists	2
Prefer to talk directly with no room	1	Has to be open to use so not private	1
Would be useful for vaccinations	1	Never offered option	1

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

Answered – 145; skipped – 2




Bicycle		2%	3
Car		9%	13
Public transport		7%	10
Taxi		1%	2
Walk		70%	102
Wheelchair/mobility scooter		3%	4
I don't, someone goes for me		0%	0
I don't, I use an online pharmacy		1%	1
I don't, I utilise a delivery service		6%	8
Other (please specify below)		1%	2

Other:

Carer drives me there when not well	1	Question should allow multiple answers	1
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11) If you travel to a pharmacy, where do you travel from? (Please select all that apply)

Answered – 125; skipped – 22




Home		100%	125
Work		8%	10
Other (please specify below)		2%	2

Other:

Doctors surgery	1	On the way back from school/shops	1
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12) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

Answered – 132; skipped – 15

0 to 15 minutes		83%	110
16 to 30 minutes		15%	20
Over 30 minutes		2%	2

13) Do you face any difficulties when travelling to a pharmacy? (Please select all that apply)

Answered – 129; skipped – 18





Lack of parking		9%	11
Lack of suitable public transport		2%	2
It's too far away		2%	2
Lack of disabled access/facilities		2%	2
Lack of facilities for sight loss		0%	0
Lack of facilities for hearing loss		1%	1
No, I don't face any difficulties		85%	109
Other (please specify below)		7%	9

Other:

Parking can be difficult	2	Disabled parking is across main road	1
Uneven road	1	Illness makes it difficult	1
Door is a narrow for a wheelchair	1	Needs more flexibility for delivery	1
Not always open	1	Need two buses to reach	1



14) What days are you able to visit/contact a pharmacy? (Please select one answer)

Answered – 141; skipped – 6

Monday to Friday		27%	38
Saturday		5%	7
Sunday		1%	1
Varies		38%	53
I don't mind		30%	42



15) Is your preferred pharmacy open on the most convenient day for you? (Please select one answer)

Answered – 139; skipped – 8

Yes		94%	130
No		6%	9



16) What time of the day do you normally visit/contact a pharmacy? (Please select one answer)

Answered – 141; skipped – 6

Morning (8am–12pm)		13%	18
Lunchtime (12pm–2pm)		6%	9
Afternoon (2pm–6pm)		19%	27
Early evening (6pm–8pm)		6%	9
Late evening (after 8pm)		1%	1
Varies		45%	64
I don't mind/no preference		9%	13









17) Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 140; skipped – 7

Yes		94%	132
No		6%	8

18) How frequently do you buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

Answered – 140; skipped – 7

Daily		1%	1
Weekly		2%	3
Fortnightly		2%	3
Monthly		20%	28
Every few months		44%	62
Yearly		3%	4
Rarely		25%	35
Never		3%	4

19) Which of the following pharmacy services are you aware that a pharmacy may provide? (Please select Yes or No for each service – even if you do not use the service)

Service	Yes (%)	Yes	No (%)	No	Answered
Advice from your pharmacist	98%	133	2%	3	136
COVID-19 lateral flow device (LFD) distribution service	91%	124	9%	12	136
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	48%	59	52%	64	123

Service	Yes (%)	Yes	No (%)	No	Answered
COVID-19 vaccination services	62%	77	38%	47	124
Flu vaccination services	82%	103	18%	23	126
Buying over-the-counter medicines	99%	135	1%	1	136
Dispensing prescription medicines	100%	138	0%	0	138
Dispensing appliances (items/ equipment to manage health conditions)	74%	96	26%	34	130
Repeat dispensing services	95%	126	5%	7	133
Home delivery and prescription collection services	75%	95	25%	31	126
Medication review	44%	54	56%	68	122
New medicine service	32%	38	68%	79	117
Discharge from hospital medicines service	26%	30	74%	86	116
Emergency supply of prescription medicines	60%	74	40%	50	124
Disposal of unwanted medicines	81%	99	19%	23	122
Appliance use review	21%	24	79%	92	116
Community Pharmacist Consultation Service (urgent care referral)	27%	31	74%	86	117
Hepatitis testing service	10%	11	90%	103	114
Stoma appliance customisation service (stoma/ostomy bag: pouch used to collect waste from the body)	11%	13	89%	101	114
Needle exchange (disposal of used needles and providing clean ones)	25%	29	75%	85	114
Stopping smoking/nicotine replacement therapy	58%	69	42%	50	119
Chlamydia testing/treatment (Sexually transmitted infections)	19%	21	81%	92	113
Condom distribution, emergency contraception	53%	61	47%	54	115
Immediate access to specialist drugs e.g. palliative (end of life) medicines	22%	25	78%	89	114
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	30%	34	70%	80	114
Travel immunisation	46%	56	54%	65	121

Other:

Options left blank when I don't know	7	Does not provide disposal of needles	1
Hearing aid batteries	1	This is a poorly worded question	1
Anticoagulant monitoring	1	Facility for weight monitoring	1
Diabetes	1	Asthma	1
Blood pressure monitoring tools	1	Service provided by some pharmacies but not my pharmacy	1

20) And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)

Service	Yes (%)	Yes	No (%)	No	No Opinion (%)	No Opinion	Answered
Advice from your pharmacist	99%	132	0%	0	1%	1	133
COVID-19 lateral flow device (LFD) distribution service	90%	119	3%	4	7%	9	132
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	76%	93	2%	3	22%	27	123
COVID-19 vaccination services	81%	104	3%	4	16%	20	128
Flu vaccination services	87%	112	2%	2	12%	15	129
Buying over-the-counter medicines	98%	130	0%	0	2%	3	133
Dispensing prescription medicines	98%	133	0%	0	2%	3	136
Dispensing appliances (items/equipment to manage health conditions)	85%	109	0%	0	16%	20	129
Repeat dispensing services	98%	131	0%	0	2%	3	134
Home delivery and prescription collection services	93%	123	0%	0	7%	9	132
Medication review	64%	82	11%	14	26%	33	129
New medicine service	60%	74	2%	2	39%	48	124
Discharge from hospital medicines service	77%	99	2%	2	21%	27	128
Emergency supply of prescription medicines	94%	124	0%	0	6%	8	132
Disposal of unwanted medicines	95%	124	0%	0	5%	6	130
Appliance use review	57%	71	3%	4	40%	49	124
Community Pharmacist Consultation Service (urgent care referral)	68%	85	0%	0	32%	40	125
Hepatitis testing service	56%	69	2%	3	42%	52	124






Service	Yes (%)	Yes	No (%)	No	No Opinion (%)	No Opinion	Answered
Stoma appliance customisation service (stoma/ostomy bag: pouch used to collect waste from the body)	48%	60	1%	1	51%	63	124
Needle exchange (disposal of used needles and providing clean ones)	59%	73	4%	5	37%	46	124
Stopping smoking/nicotine replacement therapy	67%	84	2%	3	30%	38	125
Chlamydia testing/ treatment (sexually transmitted infections)	60%	74	4%	5	36%	45	124
Condom distribution, emergency contraception	78%	95	4%	5	18%	22	122
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	73%	90	2%	3	25%	31	124
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	55%	67	9%	11	36%	43	121
Travel immunisation	82%	102	3%	4	15%	18	124

Other:

Language isn't appropriate for public	1	Advice on minor health problems	1
No prescription affordable alternatives	1	Blood test for cholesterol	1






21) Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 140; skipped – 7

Yes		50%	70
No – it normally takes one day		15%	21
No – it normally takes two or three days		21%	29
No – it normally takes more than three days		4%	5
I don't know		11%	15










22) Is your pharmacy able to alert you (by call/text/email) when your medication is ready for collection? (Please select one answer)

Answered – 139; skipped – 8

Yes – using my preferred method		38%	53
Yes – by using a method that is not convenient to me		2%	3
No – but I would like to be alerted		24%	34
No – and I wouldn't use an alert service		2%	3
I don't know		33%	46

23) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)

Answered – 135; skipped – 12




Paper request form to my GP practice		10%	14
Paper request form through my pharmacy		2%	3
By email to my GP practice		7%	9
Online request to my GP practice		41%	55
My pharmacy orders on my behalf		22%	30
Electronic Repeat Dispensing (eRD)		16%	22
NHS app		2%	3
Varies		8%	11
Other (please specify below)		18%	24

Other:

Telephone	9	Online app	3
No regular prescription	2	Not sure	2
Email	1	E consult	1
eRD	1	Varies	1
EMIS	1	Speak to them in pharmacy	1

24) Have you ever used Electronic Repeat Dispensing (eRD)? (Electronic repeat dispensing is a process that allows your GP to authorise and issue a batch of repeat prescriptions for medication/appliances until you need to be reviewed. The prescriptions are then available at your nominated pharmacy at the intervals specified by your GP).

Answered – 138; skipped – 9

Yes		33%	46
No		34%	47
I don't know/I have never heard of it		33%	45

Other:

Excellent service	7	Sounds good	3
Prefer to call for advice/to request	2	Not user friendly	2
I think this is what I use	1	I monitor instead	1
Is not available to me	1	Never heard of this service	1
Services need advertising	1	My GP does not provide	1

25) Not all health needs require a GP appointment or a visit to an urgent treatment centre or A&E. Many minor health needs can be met by phoning 111 or visiting a pharmacy. What treatments or advice would you like to receive from pharmacies so they can better meet your needs?

Answered – 81; skipped – 66

No/none	16	Minor ailment service	11
Advice service	9	They already provide a good service	5
All blood tests	4	What they are qualified to provide	3
Pain relief	3	UTI scan	1
Childhood illness service	1	Allergy information	1
Bites and stings service	1	Urgent acyclovir dispensing	1
Dress minor wounds	1	Travel vaccinations	1
Advice managing chronic issues	1	Better communications	1
Non-urgent health conditions	1	Ear infections treatment	1
Weight management service	1	Analgesia and emollients	1
Chiropody	1	Not put everything on pharmacies	1
Unbiased advice	1	Skin conditions	1
Ear wax removal	1	Antibiotics or asthma meds	1
Medicines advice	1	Late-night pharmacy	1
They need better premises	1	All GP services	1

26) Do you have any other comments you would like to make about your pharmacy?






Answered – 75; skipped – 72

They provide a good service	50	No/none	11
I appreciate delivery service	2	Need better clarity	1
Should be open weekends	2	All staff should be pharmacists	1
Open pharmacy closed without warning	1	Staff are racially biased to serve Bengali speakers first	1
Brexit supply issues, otherwise perfect	1	Pharmacy didn't give vaccines	1
Supporting local pharmacies is important	1	They need to take on suggestions	1
Very poor communication	1		

A bit about you




27) Age – Which age group applies to you?

Answered – 137; skipped – 10

Under 21		1%	1
22–39		6%	8
40–49		9%	12
50–59		20%	28
60–74		40%	55
75+		24%	33



28) Sex – Please tick the box that best describes your sex:

Answered – 137; skipped – 10

Male		28%	39
Female		70%	96
Prefer not to say		1%	2
I use another term (please specify below)		0%	0




29) Do you consider yourself to be trans? (Trans is an umbrella term to describe people whose gender identity is not the same as, or does not sit comfortably with, the sex they were regarded to be at birth).

Answered – 136; skipped – 11

Yes		0%	0
No		99%	134
Prefer not to say		1%	2










30) Disability – Are you disabled? (Under the Equality Act 2010, a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities).

Answered – 138; skipped – 9

Yes		30%	42
No		67%	93
Prefer not to say		2%	3

31) If you have answered Yes to the previous question, please tell us which of the following impairment groups apply to you. (Please select all that apply)

Answered – 48; skipped – 99






Visual impairment		2%	1
Physical impairment		27%	13
Learning difficulties		2%	1
Hearing impairment		6%	3
Neurodiverse		4%	2
Deaf/British sign language user		0%	0
Long term health condition/hidden impairment		25%	12
Mental health/mental distress issues		6%	3
Prefer not to say		10%	5
Other (please specify below)		17%	8

Other:

Various long-term conditions	3	Visual impairment	1
Osteoporosis arthritis	1	Physical, hearing impairment	1
Epilepsy	1	Neuropath, diabetes type 2	1

32) National identity – How would you describe your national identity? (Please select all that apply)

Answered – 136; skipped – 11









Afghan		0%	0
Australian		0%	0
Bangladeshi		0%	0
British		60%	82
Bulgarian		0%	0
Chilean		0%	0
Chinese		0%	0
Colombian		0%	0
Cypriot		1%	1
Ecuadorian		0%	0
English		24%	33
Eritrean		0%	0
French		1%	1
German		1%	1
Ghanaian		0%	0
Hungarian		0%	0
Irish		5%	7
Italian		0%	0
Indian		0%	0
Jamaican		1%	2
Kosovan		0%	0
Lithuanian		0%	0
Northern Irish		1%	1
Polish		0%	0
Romanian		0%	0
Scottish		1%	1
Spanish		0%	0
Somali		0%	0
Turkish		1%	1
United States		1%	1
Welsh		0%	0
Other (please specify below)		4%	5

Other:

Nigerian	1	Greek	1
Canadian	1	European/New Zealander	1

33) Ethnicity – Please select the option that best describes your ethnic group:

Answered – 133; skipped – 14





Asian: Bangladeshi		0%	0
Asian: Chinese		1%	1
Asian: Indian		2%	3
Asian: Pakistani		1%	1
Mixed: White & Asian		1%	1
Mixed: White & Black African		0%	0
Mixed: White & Black Caribbean		2%	2
White: English/Welsh/Scottish/ Northern Irish/ British		63%	84
White: Irish		7%	9
White: Gypsy or Irish Traveller		0%	0
White: Roma		0%	0
Black: African		2%	3
Black: Caribbean		7%	9
Other Ethnic Group: Arab		0%	0
Other Ethnic Group: Kurdish		0%	0
Other Ethnic Group: Turkish		2%	2
Other (please specify below)		14%	18

Other:

White: Other	4	White European	3
Asian: Caribbean	1	African Caribbean	1
White	1	Cypriot	1
White Jewish	1	Half Ashkenazi Jew	1
Greek	1	White mixed	1
English	1	White Canadian	1

34) Sexual orientation – Which of the following best describes your sexual orientation?

Answered – 136; skipped – 11












Heterosexual/Straight		86%	117
Bi		3%	4
Gay or Lesbian		3%	4
Prefer not to say		7%	10
I use another term (please specify below)		1%	1

Other:

I don't know	1
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35) Religion or belief – How would you describe your religion or belief?

Answered – 136; skipped – 11

Atheist		15%	20
Hindu		1%	2
Rastafarian		0%	0
Buddhist		1%	1
Jewish		7%	10
Sikh		0%	0
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)		35%	48
Muslim		2%	3
No Religion		28%	38
Prefer not to say		9%	12
Prefer to self-describe		5%	7



Other:

Agnostic	2	Deist	1
Humanist	1	Agnostic humanist	1
Spiritualist	1	Jewish atheist	1



36) Pregnancy and maternity:

Answered – 128; skipped – 19

Are you pregnant?






Yes		0%	0
No		100%	128

Have you had a baby in the last 12 months?

Yes		0%	0
No		100%	124




37) Marriage and Civil Partnership – Please tick the box which best describes you:




Answered – 134; skipped – 13

Single		28%	38
Cohabiting		6%	8
Married		40%	53
Divorced		8%	11
Widowed		7%	9
Separated		3%	4

38) Universal Credit – Which if any of the following benefits are you claiming?








Answered – 131; skipped – 16

Universal Credit		4%	5
Child Tax Credit		0%	0
Housing Benefit		3%	4

Income Support		0%	0
Working Tax Credit		0%	0
Income-based Jobseeker's Allowance (JSA)		0%	0
Income-related Employment and Support Allowance (ESA)		2%	3
None of the above		85%	111
Prefer not to say		6%	8


39) Education – Which of these qualifications do you have? (Please select your qualification or its nearest equivalent) (Please select all that apply)

Answered – 137; skipped – 10

No formal qualifications		4%	5
Level 1, e.g. 1–4 GCSEs, Scottish Standard Grade or equivalent qualifications		10%	14
Level 2, e.g. 5 or more GCSEs, Scottish Higher, Scottish Advanced Higher or equivalent qualifications		12%	17
Apprenticeship		1%	1
Level 3, e.g. 2 or more A-levels, HNC, HND, SVQ level 4 or equivalent qualifications		18%	24
Level 4 or above, e.g. first/higher degree, professional qualifications or other equivalent higher education qualifications.		66%	91
Other qualifications e.g. other vocational/work-related qualifications and non-UK/foreign qualifications		17%	23
Prefer not to say		10%	14

40) Language – Please tick the boxes that best describes your preferred language:

Answered – 133; skipped – 14

Albanian		0%	0
Akan		0%	0
Arabic		0%	0
Bengali		0%	0
Bulgarian		0%	0
BSL user		0%	0
Chinese		0%	0
English		95%	126
French		1%	1
German		0%	0
Greek		0%	0
Gujarati		0%	0
Hungarian		0%	0
Italian		0%	0

Japanese		0%	0
Kurdish		0%	0
Lithuanian		0%	0
Persian/Farsi		0%	0
Polish		0%	0
Portuguese		0%	0
Romanian		0%	0
Russian		0%	0
Somali		1%	1
Spanish		0%	0
Tagalog/Filipino		0%	0
Turkish		1%	1
Urdu		0%	0
Yiddish		0%	0
Any other language (please specify below)		3%	4

Other:

Irish	2	Punjabi	1
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Appendix E: Pharmacy contractor questionnaire

Total responses received:¹ 54




1) Premises and contact details

Answered – 53; skipped – 1

- Provided contractor code (ODS Code) – 53
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 53
- Provided trading name – 51
- Provided address of contractor pharmacy – 53
- Provided premises shared NHS mail account – 50
- Provided pharmacy telephone – 53
- Provided pharmacy fax – 12
- Provided pharmacy website address – 14



2) Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?

Answered – 52; skipped – 2

Yes		6%	3
No		81%	42
Possibly		13%	7

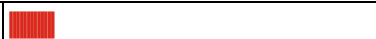

3) Is this pharmacy a 100-hour pharmacy?

Answered – 52; skipped – 2

Yes		4%	2
No		96%	50



4) Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)

Answered – 52; skipped – 2

Yes		13%	7
No		87%	45

5) Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)



Answered – 51; skipped – 3

Yes		2%	1
No		98%	50

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

6) May the LPC update its premises and contact details for you with the above information?

Answered – 52; skipped – 2

Yes		96%	50
No		4%	2

7) Core contractual hours of opening:

Provided hours – 51; skipped – 3

8) Core contractual hours of opening – If you are contracted to close for lunch, please specify your lunchtime closing hours:

Provided hours – 3; skipped – 51

9) Total hours of opening:




Provided hours – 46; skipped – 8

10) Total hours of opening – If you close for lunch, please specify your lunchtime closing hours:

Provided hours – 1; skipped – 53


11) There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (Please tick as appropriate).**On premises:**

Answered – 50; skipped – 4

None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room		0%	0
None, NHSE&I has approved my request that the premises are too small for a consultation room		0%	0
None (Distance-Selling Pharmacy)		0%	0
Available (including wheelchair access)		74%	37
Available (without wheelchair access) or		24%	12
Planned before 1st April 2023		2%	1
Other (please specify)		0%	0




12) Where there is a consultation area, is it a closed room?

Answered – 49; skipped – 5

Yes		100%	49
No		0%	0



13) During consultations are there hand-washing facilities?

Answered – 49; skipped – 5

In the consultation area		63%	31
Close to the consultation area		31%	15
None		6%	3

14) Do patients attending for consultations have access to toilet facilities?

Answered – 49; skipped – 5

Yes		35%	17
No		65%	32







15) Languages spoken (in addition to English)

Answered – 43; skipped – 15

Gujarati	32	Hindu	25	Turkish	14
French	10	Urdu	9	Albanian	8
Romanian	8	Spanish	8	Bengali	6
Greek	6	Italian	6	Swahili	6
Arabic	5	Kurdish	4	Punjabi	4
Slovakian	4	Mandarin	3	Polish	3
Bulgarian	2	Farsi	2	Indian	2
Portuguese	2	Somali	2	Tamil	2
Dutch	1	Ghanaian	1	Lithuanian	1
Macedonian	1	Malay	1	Pashto	1
Persian	1	Filipino	1	Russian	1
Singhalese	1				

16) Does the pharmacy dispense appliances?

Answered – 49; skipped – 5

None		2%	1
Yes – All types		69%	34
Yes, excluding stoma appliances, or		10%	5
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		2%	1
Yes, just dressings, or		12%	6
Other (please specify below)		4%	2

Other:

Some leg bags etc	1	If on prescription	1
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17) Does the pharmacy provide the following services?

Service	Yes (%)	Yes	Intending to begin within next 12 months (%)	Intending to begin within next 12 months	No – not intending to provide (%)	No – not intending to provide	Answered
Appliance use review service	9%	4	16%	7	75%	33	44
Community pharmacist consultation service (CPCS)	96%	46	4%	2	0%	0	48
COVID-19 LFD distribution	100%	47	0%	0	0%	0	47
Flu vaccination service	92%	45	8%	4	0%	0	49
Hepatitis C testing service (until 31 March 2022)	9%	4	27%	12	64%	28	44
Hypertension case finding	40%	19	42%	20	19%	9	48
New medicine service	98%	48	2%	1	0%	0	49
Pandemic delivery service (until 31 March 2022)	88%	42	0%	0	13%	6	48
Stoma appliance customisation service	9%	4	13%	6	78%	36	46

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

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Anticoagulant monitoring service	4%	2	0%	0	2%	1	81%	38	11%	5	2%	1	47
Antiviral distribution service (1)	2%	1	0%	0	2%	1	78%	36	15%	7	2%	1	46

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Care home service	0%	0	0%	0	2%	1	77%	36	19%	9	2%	1	47
Chlamydia testing service (1)	0%	0	6%	3	25%	12	52%	25	15%	7	2%	1	48
Chlamydia treatment service (1)	0%	0	6%	3	26%	12	57%	27	6%	3	4%	2	47
Contraceptive service (not EC) (1)	4%	2	4%	2	11%	5	72%	34	6%	3	2%	1	47

19) Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease Specific Medicines Management Services (DSMMS):

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
DSMMS – Alzheimer’s/ Dementia	2%	1	0%	0	2%	1	87%	40	7%	3	2%	1	46
DSMMS – Asthma	2%	1	0%	0	0%	0	91%	42	4%	2	2%	1	46
DSMMS – CHD	0%	0	0%	0	0%	0	89%	41	9%	4	2%	1	46
DSMMS – COPD	0%	0	0%	0	2%	1	89%	41	7%	3	2%	1	46
DSMMS – Depression	2%	1	0%	0	2%	1	87%	40	7%	3	2%	1	46
DSMMS – Diabetes type I	0%	0	0%	0	2%	1	89%	41	7%	3	2%	1	46
DSMMS – Diabetes type II	0%	0	0%	0	2%	1	89%	41	7%	3	2%	1	46
DSMMS – Epilepsy	0%	0	0%	0	0%	0	89%	41	9%	4	2%	1	46
DSMMS – Heart Failure	0%	0	0%	0	0%	0	89%	41	9%	4	2%	1	46
DSMMS – Hypertension	4%	2	0%	0	2%	1	87%	40	4%	2	2%	1	46

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
DSMMS – Parkinson’s Disease	0%	0	0%	0	0%	0	89%	41	9%	4	2%	1	46
DSMMS – Other (please state below)	0%	0	0%	0	0%	0	79%	23	17%	5	3%	1	29

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

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Emergency supply service	28%	13	6%	3	4%	2	55%	26	4%	2	2%	1	47
Gluten-free food supply service (i.e. not via FP10)	2%	1	4%	2	0%	0	83%	38	11%	5	0%	0	46
Home delivery service (not appliances) (1)	13%	6	2%	1	2%	1	64%	30	9%	4	11%	5	47
Independent prescribing service	0%	0	0%	0	0%	0	74%	34	17%	8	9%	4	46

If currently providing an independent prescribing service, what therapeutic areas are covered?

Currently providing independent prescribing service privately	1
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21) Which of the following other services does the pharmacy provide, or would be willing to provide?

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Medication review service	20%	9	0%	0	0%	0	76%	35	4%	2	0%	0	46
Medicines assessment & compliance support service	2%	1	0%	0	2%	1	89%	40	7%	3	0%	0	45
Minor ailment scheme	4%	2	9%	4	9%	4	69%	31	7%	3	2%	1	45
Medicines optimisation service (1)	2%	1	0%	0	0%	0	89%	41	9%	4	0%	0	46

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

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Obesity management (adults and children) (1)	2%	1	0%	0	4%	2	87%	39	7%	3	0%	0	45
Not-dispensed scheme	7%	3	0%	0	0%	0	72%	31	21%	9	0%	0	43
On-demand availability of specialist drugs service	2%	1	2%	1	0%	0	68%	30	25%	11	2%	1	44
Out-of-hours services	2%	1	0%	0	0%	0	46%	21	52%	24	0%	0	46
Patient group direction service (please name the medicines below)	5%	2	0%	0	5%	2	64%	28	18%	8	9%	4	44
Phlebotomy service (1)	0%	0	0%	0	0%	0	58%	26	38%	17	4%	2	45
Prescriber support service	0%	0	0%	0	0%	0	77%	34	18%	8	5%	2	44

Schools service	0%	0	0%	0	0%	0	69%	31	29%	13	2%	1	45
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Please name the medicines for your Patient Group Direction Service:

Stop Smoking	1	Emergency contraception	2
Hair loss	1	Chlamydia treatment	1
Anti-malaria meds	1	Erectile dysfunction meds	1
Flu vaccination	1	Levonorgestrel, Ulipristal	1
Sildenafil, Levonorgestrel, Arovaquone proguanil, doxycycline, tadalafil, avanafil	1		

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

Service	Currently providing under contract with NHSE& regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Screening service – Cholesterol	0%	0	0%	0	0%	0	87%	39	9%	4	4%	2	45
Screening service – Diabetes	0%	0	0%	0	0%	0	87%	40	9%	4	4%	2	46
Screening service – Gonorrhoea	0%	0	2%	1	9%	4	70%	32	15%	7	4%	2	46
Screening service – H. pylori	0%	0	0%	0	0%	0	80%	36	16%	7	4%	2	45
Screening service – HbA1C	0%	0	0%	0	0%	0	78%	36	17%	8	4%	2	46

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Screening service – Hepatitis	0%	0	0%	0	2%	1	77%	34	16%	7	5%	2	44
Screening service – HIV	0%	0	2%	1	11%	5	61%	27	20%	9	5%	2	44
Screening service – Other	0%	0	0%	0	7%	2	66%	19	24%	7	3%	1	29

Other:

Syphilis	1
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24) Which of the following other services does the pharmacy provide, or would be willing to provide?

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not ‘Enhanced Services’ if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as ‘Other Locally Commissioned Services’ or ‘Other NHS Services’

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Childhood vaccinations (1)	5%	2	0%	0	0%	0	67%	28	26%	11	2%	1	42

Service	Currently providing under contract with NHSE& regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
COVID-19 vaccinations	11%	5	0%	0	0%	0	78%	35	11%	5	0%	0	45
Hepatitis (at-risk workers or patients) vaccinations (1)	2%	1	0%	0	0%	0	71%	32	22%	10	4%	2	45
HPV vaccinations (1)	4%	2	0%	0	0%	0	69%	31	22%	10	4%	2	45
Meningococcal vaccinations	0%	0	0%	0	2%	1	71%	32	20%	9	7%	3	45
Pneumococcal vaccinations	26%	12	0%	0	2%	1	54%	25	13%	6	4%	2	46
Travel vaccinations (1)	2%	1	0%	0	0%	0	64%	29	11%	5	22%	10	45
Other vaccinations (please state below)	0%	0	0%	0	0%	0	56%	14	28%	7	16%	4	25

Other:

Chicken pox	2	Shingles	1
London vaccination	1		

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

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHS England & Improvement Team. The NHSE&I regional team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

Service	Currently providing under contract with NHSE&I regional team (%)	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG (%)	Currently providing under contract with CCG	Currently providing under contract with local authority (%)	Currently providing under contract with local authority	Willing to provide if commissioned (%)	Willing to provide if commissioned	Not able or willing to provide (%)	Not able or willing to provide	Willing to provide privately (%)	Willing to provide privately	Answered
Stop smoking service	4%	2	4%	2	9%	4	76%	34	4%	2	2%	1	45
Supervised administration service	16%	7	9%	4	18%	8	38%	17	20%	9	0%	0	45
Supplementary prescribing service (please name therapeutic areas below)	0%	0	0%	0	0%	0	63%	26	34%	14	2%	1	41
Vascular risk assessment service (NHS Health Check) (1)	0%	0	0%	0	0%	0	78%	35	22%	10	0%	0	45

Please name the therapeutic areas for your supplementary prescribing service:

N/a	1
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26) Non-commissioned services: Does the pharmacy provide any of the following?



Service	Yes (%)	Yes	No (%)	No	Answered
Collection of prescriptions from GP practices	94%	44	6%	3	47
Delivery of dispensed medicines – Selected patient groups (Please list patient groups below)	80%	37	20%	9	46
Delivery of dispensed medicines – Selected areas (please list areas below)	76%	35	24%	11	46
Delivery of dispensed medicines – Free of charge on request	89%	41	11%	5	46
Delivery of dispensed medicines – With charge	27%	12	73%	32	44
Monitored dosage systems – Free of charge on request	93%	43	7%	3	46
Monitored dosage systems – With charge	21%	9	79%	34	43

Please list your criteria for selected patient groups or areas:

Housebound/elderly/frail	9	Local area	7
Shielding	1	1–2-mile radius	2

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

Answered – 42; skipped – 12



Yes		40%	17
No		60%	25

Other:

All of the above services	2	Healthy start vitamins, allergy testing, ear wax removal	2
Weight loss	1	Obesity management	1
Blood testing	1	Funding for a delivery service	1
Supervised methadone	1	MDS service	1
Stop smoking	1	COVID-19 vaccination	1
London	1	Needle exchange	1

28) May the LPC update its opening hours and related matters and services details for you with the above information?

Answered – 48; skipped – 6

Yes		88%	42
No		13%	6

29) Details of the person completing this form:

Answered – 48; skipped – 6

- Contact name of person completing questionnaire on behalf of the contractor – 48
- Contact telephone number – 38

Appendix F: Commissioner questionnaire

Total responses received:¹ 3

1) Which of the following services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Anticoagulant monitoring service	50%	1	0%	0	50%	1	2
Antiviral influenza distribution service (1)	0%	0	100%	1	0%	0	1
Care home service*	0%	0	100%	1	0%	0	1
Chlamydia testing service (1)	100%	2	0%	0	0%	0	2
Chlamydia treatment service (1)	100%	2	0%	0	0%	0	2
Contraceptive service (not EC) (1)	0%	0	100%	2	0%	0	2

*This service provides advice and support to the residents and staff within the care home over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost-effective use, their safe storage, supply and administration, disposal and correct record-keeping.

2) Which of the following Disease-Specific Medicines Management Services (DSMMS) do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
DSMMS – Allergies	0%	0	100%	1	0%	0	1
DSMMS – Alzheimer's/dementia	0%	0	0%	0	100%	1	1
DSMMS – Asthma	0%	0	0%	0	0%	0	0
DSMMS – CHD	0%	0	0%	0	0%	0	0
DSMMS – COPD	0%	0	0%	0	0%	0	0
DSMMS – Depression	0%	0	100%	1	0%	0	1
DSMMS – Diabetes type I	0%	0	0%	0	100%	1	1

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
DSMMS – Diabetes type II	0%	0	100%	1	0%	0	1
DSMMS – Epilepsy	0%	0	0%	0	100%	1	1
DSMMS – Heart failure	0%	0	0%	0	0%	0	0
DSMMS – Hypertension	0%	0	0%	0	0%	0	0
DSMMS – Parkinson's disease	0%	0	0%	0	100%	1	1
Other DSMMS (please state below)	0%	0	0%	0	0%	0	0

3) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Emergency supply service	0%	0	0%	0	0%	0	0
Gluten-free food supply service (i.e. not via FP10)	0%	0	0%	0	100%	1	1
Home delivery service (not appliances) (1)	0%	0	0%	0	100%	1	1
Independent prescribing service	0%	0	0%	0	100%	1	1

4) Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Medication review service	0%	0	0%	0	0%	0	0

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Medicines assessment and compliance support service	0%	0	0%	0	100%	1	1
Minor ailment scheme	100%	1	0%	0	0%	0	1
Medicines optimisation service (1)	0%	0	100%	1	0%	0	1

5) Which of the following services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Obesity management (adults and children) (1)	50%	1	50%	1	0%	0	2
Not-dispensed scheme	0%	0	0%	0	100%	1	1
On-demand availability of specialist drugs service	0%	0	50%	1	50%	1	2
Out-of-hours services	100%	1	0%	0	0%	0	1
Patient group direction service (please name the medicines below)	0%	0	50%	1	50%	1	2
Phlebotomy service (1)	0%	0	0%	0	100%	1	1
Prescriber support service	0%	0	0%	0	100%	1	1
Schools service	0%	0	0%	0	100%	1	1

Please name medicines for your patient group direction service:

Pre-Exposure Prophylaxis (PrEP)	1
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6) Which of the following Screening Services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Screening Services – Cholesterol	0%	0	100%	1	0%	0	1
Screening Services – Diabetes	0%	0	100%	2	0%	0	2
Screening Services – Gonorrhoea	100%	2	0%	0	0%	0	2
Screening Services – H. pylori	0%	0	0%	0	100%	1	1
Screening Services – HbA1C	0%	0	100%	1	0%	0	1
Screening Services – Hepatitis	0%	0	0%	0	0%	0	0
Screening Services – HIV	100%	1	0%	0	0%	0	1
Other screening services (please state below)	0%	0	0%	0	0%	0	0

7) Which of the following vaccination services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE).

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Childhood vaccinations	0%	0	0%	0	100%	1	1
COVID-19 vaccinations	0%	0	0%	0	0%	0	0
Hepatitis (at-risk workers or patients) vaccinations	0%	0	0%	0	0%	0	0
HPV vaccinations	0%	0	0%	0	100%	1	1
Meningococcal vaccinations	0%	0	0%	0	100%	1	1

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Pneumococcal vaccinations	0%	0	0%	0	100%	1	1
Travel vaccinations	0%	0	0%	0	100%	1	1
Other vaccinations (please state below)	0%	0	0%	0	100%	1	1

8) Which of the following other services do you commission or may be considering commissioning from local community pharmacies?

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHSE&I team may commission them on behalf of the CCG or local authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Stop smoking service	100%	2	0%	0	0%	0	2
Supervised administration service	100%	2	0%	0	0%	0	2
Supplementary prescribing service (please name therapeutic areas below)	0%	0	0%	0	0%	0	0
Vascular risk assessment service (NHS health check) (1)	0%	0	100%	1	0%	0	1

9) Details of the person completing this questionnaire -if questions arise:

- Provided contact name – 3
- Provided job role – 0
- Provided address – 0
- Provided email address – 0
- Provided contact telephone number – 3

Appendix G: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/ public/ commissioner)	Draft PNA link sent
LPC – Haringey	Y	Y	All	Y
Any person on pharmaceutical List (community pharmacies)	-	-	Contractor	Y
Healthwatch Haringey	Y	Y		Y
Whittington Health NHS Trust	-	-	-	Y
Barnet, Enfield and Haringey Mental Health Trust	-	-	-	Y
North Middlesex University Hospital	-	-	-	Y
Finchley Memorial Hospital	-	-	-	Y
NHSE&I	Y	Y	All	Y
Barnet HWB	-	-	-	Y
Camden HWB	-	-	-	Y
Enfield HWB	-	-	-	Y
Hackney HWB	-	-	-	Y
Islington HWB	-	-	-	Y
Waltham Forest HWB	-	-	-	Y
Hosted on Council website	-	-	Public	Y
Website news items	-	-	Public	-

Social media channels targeting local residents	-	-	Public	Y
Weekly e-newsletter 'Haringey People Extra' to local residents	-	-	Public	-
Circulated to all employees within the council	-	-	Public	Y
Survey link shared with partner organisations via Haringey partners' newsletter	-	-	Public	-
Healthwatch and Community contacts	-	-	Public	Y

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/ public/ commissioner)	Draft PNA link sent
CCG – Haringey	Y	Y	All	Y
Barnet NHS Trust	-	-	-	Y
Camden NHS Trust	-	-	-	Y
Enfield NHS Trust	-	-	-	Y
Hackney NHS Trust	-	-	-	Y
Islington NHS Trust	-	-	-	Y
Waltham Forest NHS Trust	-	-	-	Y
Barnet LMC	-	-	-	Y
Camden LMC	-	-	-	Y
Enfield LMC	-	-	-	Y
Hackney LMC	-	-	-	Y
Islington LMC	-	-	-	Y

Waltham Forest LMC	-	-	-	Y
Barnet LPC	-	-	-	Y
Camden LPC	-	-	-	Y
Enfield LPC	-	-	-	Y
Hackney LPC	-	-	-	Y
Islington LPC	-	-	-	Y
Waltham Forest LPC	-	-	-	Y
Public Health Lead, London Borough of Haringey	Y	Y	All	Y
Knowledge Management Specialist, London Borough of Haringey	Y	Y	All	Y
Public Health Commissioner, London Borough of Haringey	-	-	-	Y
Senior Comms Officer, London Borough of Haringey	-	-	-	Y
PH Analyst, London Borough of Islington	Y	Y	All	Y
Digital Communications Officer, London Borough of Haringey	-	-	-	Y
Consultations/questionnaires manager, London Borough of Haringey	-	-	-	Y

Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,¹ Haringey HWB held a 60-day consultation on the draft PNA from 20 June to 19 August 2022.

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

There were in total 12 responses, all of them from the internet survey. Responses received:

Answer choices	Responses received
A member of the public	4
A pharmacist	4
A healthcare or social care professional	2
A business/organisation	1
Other	1

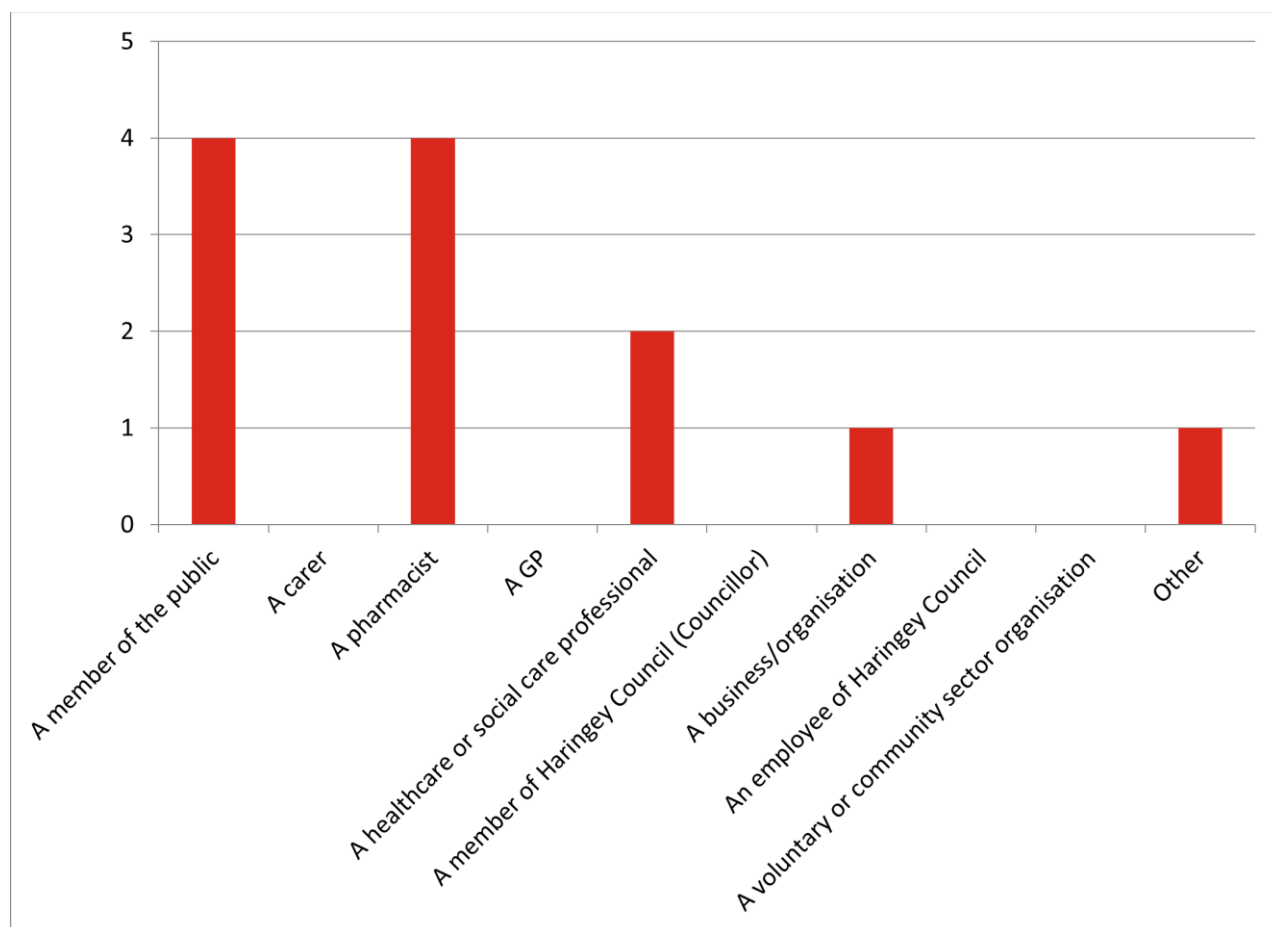
The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies

All responses were considered by the PNA Steering Group at its meeting on 7 September for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. These are included in Appendix I.

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

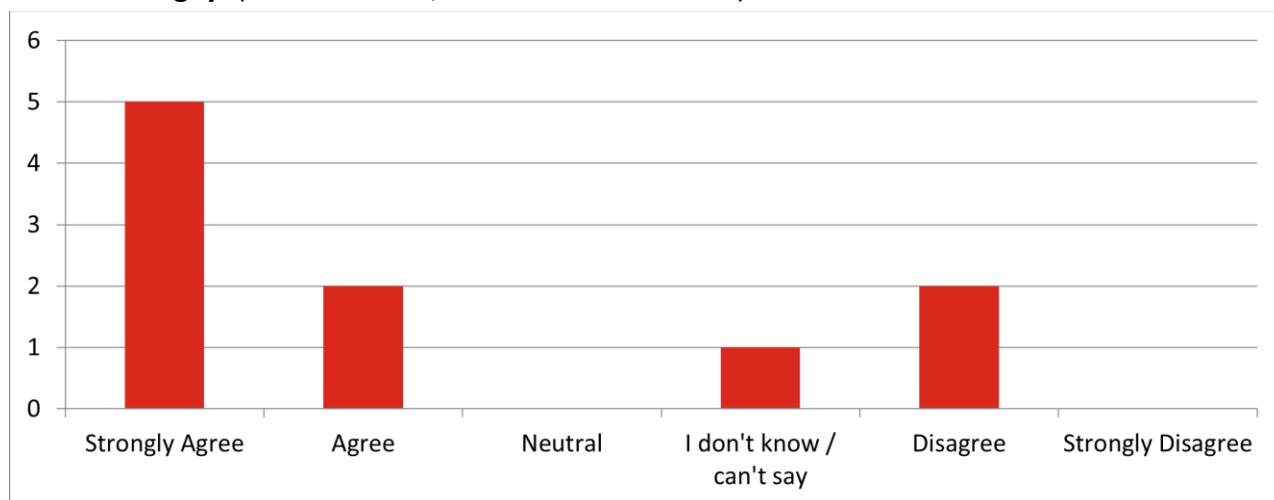
¹ Pharmaceutical Regulations 2013. www.legislation.gov.uk/ukxi/2013/349/contents/made

Consultation questions and responses:**Q1. Are you mainly responding as? (Please tick one)**

Answer choices	Responses
A member of the public	4
A carer	0
A pharmacist	4
A GP	0
A healthcare or social care professional	2
A member of Haringey Council (councillor)	0
A business/organisation	1
An employee of Haringey Council	0
A voluntary or community sector organisation	0
Other	1

Answered – 12; skipped – 0

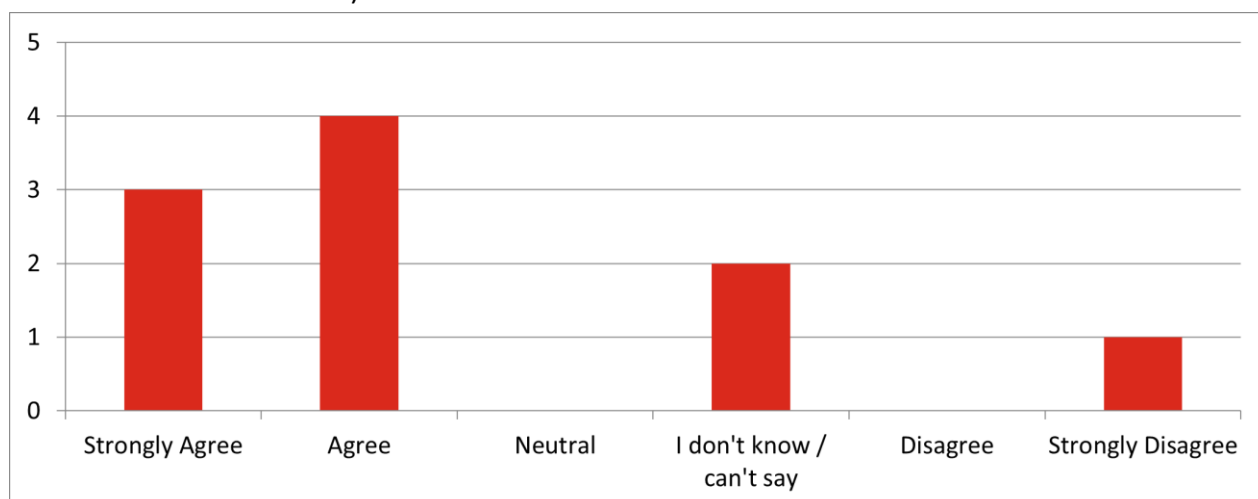
Q2. The Draft Haringey PNA reflects the current provision (supply) of pharmaceutical services within Haringey. (See Sections 3, 4 & 6 of the Draft PNA)



Answer choices	Responses
Strongly Agree	5
Agree	2
Neutral	0
I don't know / can't say	1
Disagree	2
Strongly Disagree	0

Answered – 10; skipped – 2

Q3. The Draft Haringey PNA reflects the current pharmaceutical needs of Haringey residents. (See Section 7 of the Draft PNA)

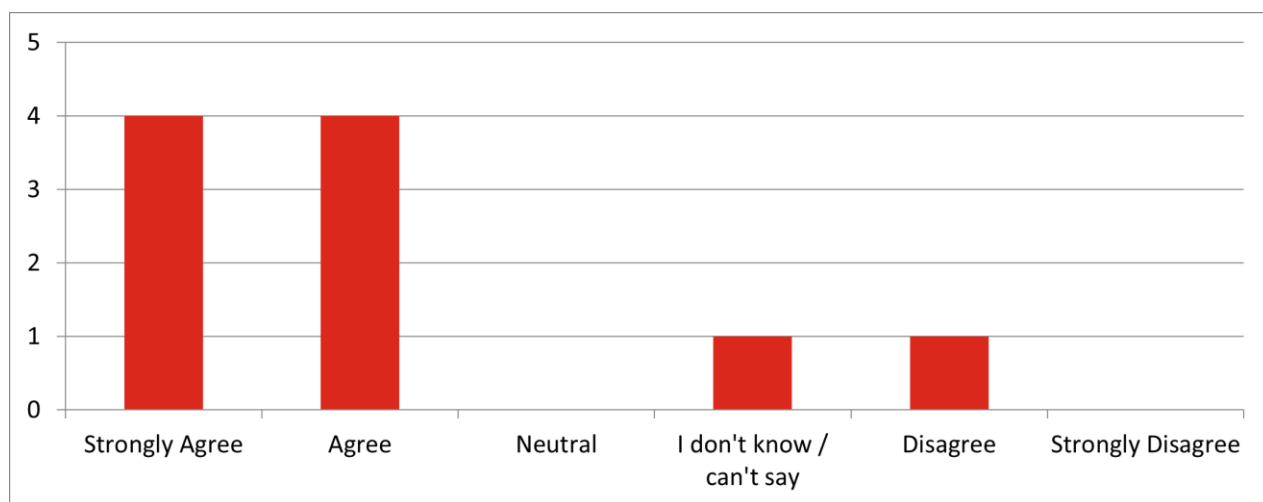


Answer choices	Responses
Strongly Agree	3
Agree	4
Neutral	0
I don't know / can't say	2

Answer choices	Responses
Disagree	0
Strongly Disagree	1

Answered – 10; skipped – 2

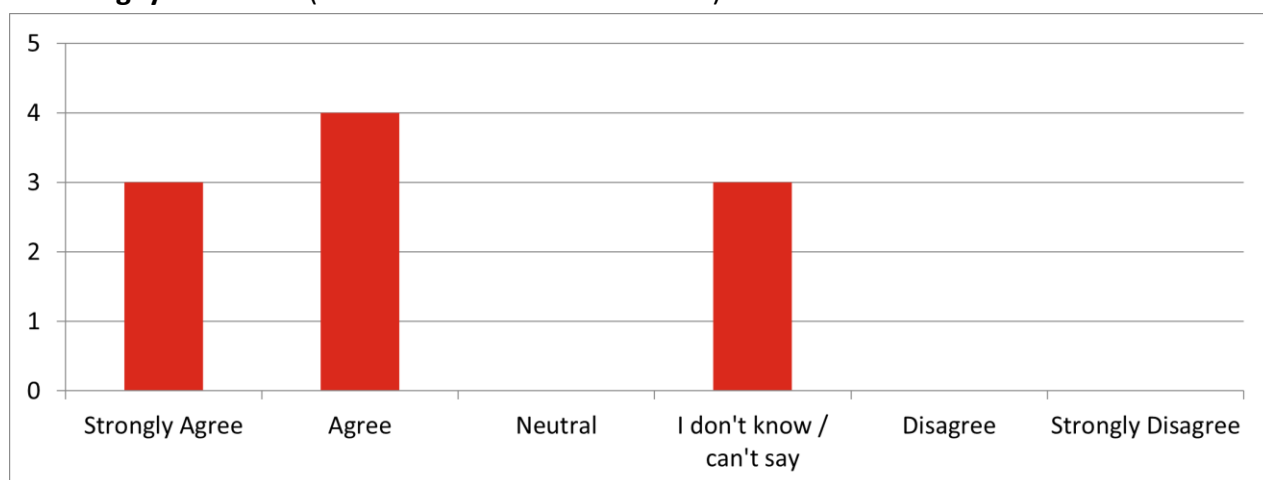
Q4. The Draft Haringey PNA has not identified any gaps in the provision of pharmaceutical services.



Answer choices	Responses
Strongly Agree	4
Agree	4
Neutral	0
I don't know / can't say	1
Disagree	1
Strongly Disagree	0

Answered – 10; skipped – 2

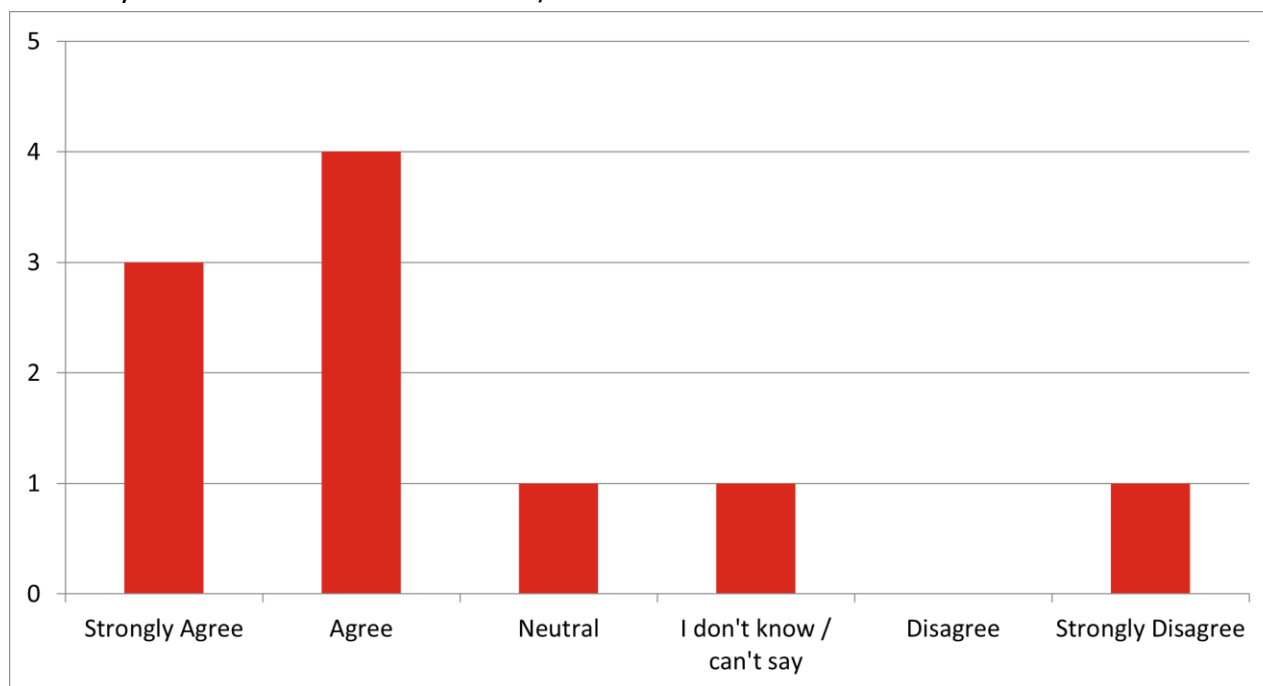
Q5. The Draft Haringey PNA reflects the future (over the next three years) pharmaceutical needs of Haringey residents. (See Section 7 of the Draft PNA)



Answer choices	Responses
Strongly Agree	3
Agree	4
Neutral	0
I don't know / can't say	3
Disagree	0
Strongly Disagree	0

Answered – 10; skipped – 2

Q6. What is your opinion on the conclusions within the Draft Haringey PNA? (See the Executive Summary and Section 7 of the Draft PNA)



Answer choices	Responses
Strongly Agree	3
Agree	4
Neutral	1
I don't know / can't say	1
Disagree	0
Strongly Disagree	1

Answered – 10; skipped – 2

Appendix I: Consultation comments

Comments to the consultation survey

Comment number	Question	Responding as	Comment	SG response
1	Q2. Current provision	A pharmacist	Collected regularly	Noted.
2	Q4. No gaps	A pharmacist	Happy with service	Noted.
3	Q7. Other comments	A pharmacist	No	Noted.
4	Q7. Other comments	A business/ organisation – Boots UK Limited	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.	Updated hours were included in the draft.
5	Q2. Current provision	A pharmacist	Page 100 states that community pharmacies would like to be involved in further services around reducing health inequalities e.g. smoking, diabetes etc and yet there is not sufficient smoking cessation services commissioned, nor sufficient number of 100 / late night pharmacies across Haringey to address patient needs. This is quite concerning where there is a clear inequality that needs to be addressed, and despite a general comment that more needs to be done around health inequalities, the mention that there is no gap in service provision within this draft PNA is quite concern, especially when community pharmacy were the only accessible healthcare service during the various lockdowns for patients. It is evident from the PNA that the vast majority if not all of patients use pharmacy as first line, yet service provision in Haringey does not reflect it nor the opportunity to address health inequalities within the population,	The PNA considered various aspects of access and need, concluded there were no gaps in provision for Essential Services. See Section 6.4 for full details on what measures and data was used to come to this conclusion. Additional services are locally commissioned for example through the ICB or LA, see Section 4 . Further opportunities that are outside the scope of the PNA are discussed in Appendix L.

Comment number	Question	Responding as	Comment	SG response
6	Q3. Current needs	A pharmacist	As explained in prev answer, despite glaringly obvious gaps in healthcare needs e.g. smoking, obesity, general healthcare advice where patients unable to access general practice – there doesn't seem to be enough utilisation of community pharmacy to support this area. For example, the Pharmacy First service is only across 6 pharmacies in Haringey. The only 2 100 hr pharmacies are in the East, when other patients will need to access healthcare provision from their local pharmacy in extended hours elsewhere. Why are we not increasing numbers in order to better support the population, especially with the recent pandemic?	The PNA considered various aspects of access and need, concluded there were no gaps in provision for Essential Services. See Section 6.4 for full details on what measures and data was used to come to this conclusion. Additional services are locally commissioned for example through the ICB or LA, see Section 4 . Further opportunities that are outside the scope of the PNA are discussed in Appendix L.
7	Q4. No gaps	A pharmacist	Whilst the PNA claims there are no gaps in service provision, there evidently is as per my 2 previous answers about health inequalities within local population and not utilising community pharmacy enough to support this work especially with the NHS LTP focusing on this.	The PNA considered various aspects of access and need, concluded there were no gaps in provision for Essential Services. See Section 6.4 for full details on what measures and data were used to come to this conclusion. Additional services are locally commissioned for example through the ICB or LA, see Section 4 . Further opportunities that are outside the scope of the PNA are discussed in Appendix L.

Comment number	Question	Responding as	Comment	SG response
8	Q5. Future needs	A pharmacist	The PNA feels very generic personally, it doesn't seem to identify or place true commitment to change to improve health inequalities. When there are obvious issues within Haringey and to say that there is no problem (even with the pandemic delaying things) just feels fundamentally wrong and a disservice to the public in them being able to get access to healthcare as needed.	The PNA considered various aspects of access and need, concluded there were no gaps in provision for Essential Services. See Section 6.4 for full details on what measures and data was used to come to this conclusion. Additional services are locally commissioned for example through the ICB or LA, see Section 4 . Further opportunities that are outside the scope of the PNA are discussed in Appendix L.
9	Q6. Conclusions	A pharmacist	There are obvious gaps in service provision – smoking cessation, having extended pharmacy opening hours across Haringey to better support patients to access healthcare needs out of typical working hours, greater involvement for community pharmacy to get involved in service provision around reducing health inequalities e.g. diabetes, COPD and so on.	The PNA considered various aspects of access and need, concluded there were no gaps in provision for Essential Services. See Section 6.4 for full details on what measures and data was used to come to this conclusion. Additional services are locally commissioned for example through the ICB or LA, see Section 4 . Further opportunities that are outside the scope of the PNA are discussed in Appendix L.

Comment number	Question	Responding as	Comment	SG response
10	Q7. Other comments	A pharmacist	There seems to be a gloss over of there not being any gaps in service provision because of the pandemic. Whilst it is understandable that there will be delays to service provision e.g. smoking cessation, Hep C and so on – it feels there is significant work to be done in reducing health inequalities within the population, and also enabling extension of access times for patients to access services outside of working hours. This would relieve pressure and burden on general practice, A+E and wider emergency medical services.	The PNA considered various aspects of access and need, concluded there were no gaps in provision for Essential Services. See Section 6.4 for full details on what measures and data was used to come to this conclusion. Additional services are locally commissioned for example through the ICB or LA, see Section 4 . Further opportunities that are outside the scope of the PNA are discussed in Appendix L.
11	Q2. Current provision	Other – NCL ICB pharmacist	Strongly agree – as I am aware of offered services	Noted.
12	Q4. No gaps	Other – NCL ICB pharmacist	Strongly agree – read doc	Noted.
13	Q6. Conclusions	Other – NCL ICB pharmacist	Agree – I think it has left out a recommendation to commission childhood immunisations	Noted. Further opportunities that are outside the scope of the PNA are discussed in Appendix L.
14	Q7. Other comments	Other – NCL ICB pharmacist	No	-
15	Q2. Current provision	A member of the public	Yes, this draft shows all the providers, local pharmacies, distance-selling pharmacies and dispensing practices and all community providing services.	Noted.
16	Q3. Current needs	A member of the public	Draft shows the identified needs and has information on enhanced and advanced services also identified causes of ill health in Haringey including life expectancy and health of all ages and sexual health too.	Noted.
17	Q4. No gaps in provision	A member of the public	No gaps have been identified which is a good result also a complete breakdown of all services is clearly presented within the document	Noted.
18	Q5. Future needs	A member of the public	Yes however there has been a delay due to covid	Noted.

Comment number	Question	Responding as	Comment	SG response
19	Q6. Conclusions	A member of the public	Agree with information within conclusion and proposal planned.	Noted.
20	Q7. Other comments	A member of the public	None	Noted.
21	Q7. Other Comments	Healthwatch	<ul style="list-style-type: none"> • Are incontinence services included in pharmacies? • Need information in different languages. • Need for a private space at pharmacies. • Can be a conflict between running a shop and a pharmacy service. • Lack of space • Unaware that our pharmacies offer all the services listed on the presentation – can pharmacies put up posters to show what services they provide. • Need to develop more the pharmacy role within health hubs and GP surgeries. • Lots of our communities have a voice but can't engage in online questionnaires due to digital exclusion or cultural or language barriers. • Suggest using Action Research to engage with hard to reach communities. • ICB needs to tell pharmacies to display posters/information on the services they offer. • Questionnaires don't always work as they guide people to fill in what the questionnaire wants them to. • Young people are unaware of what pharmacies have to offer. • Need to cater or ethnic minority groups and English as a second language. • Need an easy read format for those with learning disabilities and mental health. • GPs could have a hard copy and help people to fill them in. • Could pharmacies provide homeopathic medicines. 	<p>Opportunities for better awareness are discussed in Appendix L.</p> <p>The opportunity to improve the way consultation and public engagement activities will be reflected in future engagement activities.</p>

Comments received from NHSE

Comment	SG response
Are there known firm plans for the development/expansion of new centres of population i.e. housing estates, or for changes in the pattern of population i.e. urban regeneration, local employers closing or relocating?	Not that the Steering Group were aware of during the PNA process.
Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	Not that the Steering Group were aware of during the PNA process.
Are there known firm plans for changes in the number and/or sources of prescriptions, i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	Not that the Steering Group were aware of during the PNA process.
Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?	Not that the Steering Group were aware of during the PNA process.
Are there plans for the development of NHS services?	Not that the Steering Group were aware of during the PNA process.
Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics and life checks?	Not that the Steering Group were aware of during the PNA process.
Are there plans for introduction of special services commissioned by clinical commissioning groups?	Not that the Steering Group were aware of during the PNA process.
Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	Not that the Steering Group were aware of during the PNA process.
There are 2 pharmacies where we have noted differences in the opening hours, these are not recent changes so the contractor may have changed hours and not notified NHS England. Any changes to hours should be notified for supplementary hours or obtain permission for core hours. The HWB will need to determine if the hours details should be amended for these.	Noted. Amended for final
It is not clear if the HWB has determined that both Advanced and Enhanced Services are relevant services. There is a statement for Advanced Services but not Enhanced Services. If this was the case, the HWB may wish to add in a statement for Enhanced Services or clarify where they believe these services sit within the PNA.	Statement added to Section 1

Appendix J: Alphabetical list of pharmaceutical service providers in Haringey HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA							
										NIMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing	Healthy Start vitamins	
Allcures Pharmacy	FQC60	Community	331 West Green Road, Tottenham, London	N15 3PB	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	-
Alpha Pharmacy	FDL55	Community	18 Commerce Road, Wood Green, London	N22 8ED	09:00-18:00 (Wed, Fri 09:00-18:30)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Amy Pharmacy	FV601	Community	53 Park Road, Crouch End, London	N8 8SY	09:00-19:00	10:00-17:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	-	-	
Beautychem Chemist	FFK71	Community	11 Great Cambridge Road, Tottenham, London	N17 7LH	09:00-18:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	Y	-	-	Y	Y	Y	-	-	
Boots	FYA07	Community	358 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	09:00-19:00	09:00-19:00	10:00-18:30	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Boots	FAM62	Community	Unit 2A, Tottenham Hale Retail Park, Broad Lane, London	N15 4QD	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	
Boots	FP366	Community	Wood Green Shopping City, 137-139 High Road, Wood Green, London	N22 6BA	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Boots	FQK44	Community	11 The Broadway, Crouch End, London	N8 8DU	09:00-19:00	09:00-18:00	10:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Broadway Pharmacy	FGV95	Community	185 Muswell Hill Broadway, Muswell Hill, London	N10 3RS	09:00-18:00	09:30-17:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	
Clockwork Pharmacy	FJJ70	Community	9 Queens Parade, Brownlow Road, Bounds Green, London	N11 2DN	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-	-	
Coopers Pharmacy	FR702	Community	59A Broad Lane, Tottenham, London	N15 4DJ	09:00-18:30	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	Y	-	Y	-	
Coral Pharmacy Ltd	FNF21	Community	312 Park Road, Hornsey, London	N8 8LA	09:00-18:30	09:30-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	
Crescent Pharmacy Express	FKF23	Community	240 High Road, Wood Green, London	N22 8HH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	
Cross Chemist	FLE67	Community	471 Lordship Lane, Wood Green, London	N22 5DJ	09:00-18:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	-	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing
Dowsett Pharmacy	FFR30	Community	70 Dowsett Road, Tottenham, London	N17 9DD	09:00-18:30	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Dukes Pharmacy	FN758	Community	330 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	08:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Frost & Co	FTQ82	Community	9 High Street, Hornsey, London	N8 7PS	09:00-18:00	09:00-14:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GF Porter Chemist	FR470	Community	48 Great Cambridge Road, Tottenham, London	N17 7BU	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Good Health Pharmacies Ltd	FA345	DSP	112 West Green Road, Tottenham, London	N15 5AA	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Grace Pharmacy	FVP54	Community	165-167 Park Lane, Tottenham, London	N17 0HJ	09:00-19:00	09:00-18:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Greenlight Pharmacy	FNJ72	Community	4 Grand Parade, Green Lanes, Haringey, London	N4 1JX	09:00-19:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	-
Greenwoods Pharmacy	FG479	Community	17 The Broadway, High Road, Wood Green, London	N22 6DS	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-
Hayward Pharmacy	FXR08	Community	353 Archway Road, Highgate, London	N6 4EJ	09:00-18:00	09:00-17:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-
Homeopath Pharmacy	FRX48	DSP	Office 2, Bounds Green Industrial Estate, Bounds Green, London	N11 2UD	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
J Lord Chemist	FW690	Community	439 Lordship Lane, Wood Green, London	N22 5DJ	09:00-18:30 (Thu 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Mansons Chemists	FX076	Community	108 High Road, South Tottenham, London	N15 6JR	09:00-18:30 (Thu 09:00-18:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	Y
Med-Chem UK Ltd	FRW62	Community	73 Grand Parade, Green Lanes, Haringey, London	N4 1DU	09:00-24:00	09:00-24:00	10:00-24:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-
Mintons Chemist	FX036	Community	5 High Road, Wood Green, London	N22 6BH	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	-	-	-	Y	Y	Y	Y	-
Morrisons Pharmacy	FHF75	Community	Station Road, High Road, Wood Green, London	N22 6BH	09:00-20:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	Y	-	Y
Muswell Hill Pharmacy	FNP72	Community	110 Fortis Green Road, Muswell Hill, London	N10 3HN	09:00-18:30 (Thu 09:00-18:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG		LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing
Parade Chemist	FL197	Community	25 Grand Parade, Green Lanes, Haringey, London	N4 1LG	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	-	-
Petter Pharmacy	FPE55	Community	49/51 The Broadway, Crouch End, London	N8 8DT	09:00-18:30 (Wed 09:00-18:00)	09:00-18:00	11:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	-
Pharmacia Naturale	FTE76	Community	27 Veryan Court, Ormsey, London	N8 8JR	09:00-18:30 (Wed 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Pharmacy Express	FKL74	Community	214 High Road, Wood Green, London	N22 8HH	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y
Pharmacy Warehouse	FHG01	DSP	Unit 3, 2 Somerset Road, Tottenham, London	N17 9EJ	09:00-18:00 (Fri 09:00-19:30)	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Pharmacare	FTP75	Community	465 High Road, Tottenham, London	N17 6QB	09:00-19:00	09:00-17:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	Y	-	Y
Pharmacare	FLC31	Community	575-577 High Road, Tottenham, London	N17 6SB	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	Y	Y	Y	Y	-
Pharmacare	FVX18	Community	753 High Road, Tottenham, London	N17 8AH	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	-
Pharmacare	FW269	Community	65A White Hart Lane, Tottenham, London	N17 8HH	09:00-19:00	Closed	Closed	-	-	-	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-
Phillips Chemist	FM689	Community	193 Lordship Lane, Tottenham, London	N17 6XF	09:00-19:00 (Wed, Fri 09:00-18:30; Thu 09:00-18:00)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-
Ram Pharmacy*	FD831	Community	1 Vicarage Parade, West Green Road, Tottenham, London	N15 3BL	09:00-18:15 (Thu 09:00-17:00)	10:00-17:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Redwood Pharmacy	FQL21	Community	116 Alexandra Park Road, Muswell Hill, London	N10 2AH	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	Y	-	-	Y
Reena Pharmacy	FJ342	Community	50 West Green Road, Tottenham, London	N15 5NR	09:30-19:00	09:30-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	Y	-	-	Y	-
Reena Pharmacy	FJW79	Community	352 High Road, Wood Green, London	N22 8JW	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-
Reena Pharmacy	FYD39	Community	14 Crouch End Hill, Hornsey, London	N8 8AA	09:00-19:00	09:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG		LA							
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	End of life care	SCPF	Naloxone distribution	Needle exchange	Supervised consumption	Sexual health	Stop smoking	HIV testing	Healthy Start vitamins
Safedale Pharmacy	FR778	Community	491-493 Seven Sisters Road, Tottenham, London	N15 6EP	09:00-19:00 (Thu 09:00-17:30)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y
Saigrace Pharmacy	FVF76	Community	93 Tottenham Lane, Hornsey, London	N8 9BG	09:00-18:30	10:00-15:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-
Santas Limited	FQ264	Community	182 Stroud Green Road, Haringey, London	N4 3RN	09:00-18:30	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-	-	-
Savemore Pharmacy	FLV30	Community	67 Westbury Avenue, Wood Green, London	N22 6SA	09:00-18:00	09:30-12:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Sia Pharmacy	FKP44	Community	113 Turnpike Lane, Hornsey, London	N8 0DU	09:00-18:30	09:00-13:30	Closed	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-
Somerset Gardens Healthcare LLP	FF252	Community	4 Creighton Road, Tottenham, London	N17 8NW	07:00-22:30	07:00-22:30	10:00-17:00	Y	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-
Stearns Pharmacy	FQ011	Community	571 Green Lanes, Haringey, London	N8 0RL	09:00-18:15	10:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Tesco Pharmacy	FPE65	Community	230 High Road, Tottenham, London	N15 4AJ	08:00-19:00	08:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
The Cadge Pharmacy	FCV53	Community	105 Philip Lane, Tottenham, London	N15 4JR	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y
The Highgate Pharmacy	FE047	Community	64 Highgate High Street, London	N6 5HX	09:00-18:00	09:00-18:00	10:00-14:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Warwick Pharmacy	FCW41	Community	48-50 Bounds Green Road, New Southgate, London	N11 2EU	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	Y	-	-

Appendix K: Pharmacies with wheelchair access

Locality	Name of Pharmacy	Address	Postcode	Wheelchair Access
Central	Alpha Pharmacy	18 Commerce Road, Wood Green, London	N22 8ED	Step to get into premises but in consultation area all flat
Central	Boots	Wood Green Shopping City, 137-139 High Road, Wood Green, London	N22 6BA	Yes
Central	Clockwork Pharmacy	9 Queens Parade, Brownlow Road, Bounds Green, London	N11 2DN	Step to get into premises but in consultation area all flat
Central	Crescent Pharmacy Express	240 High Road, Wood Green, London	N22 8HH	No
Central	Cross Chemist	471 Lordship Lane, Wood Green, London	N22 5DJ	Yes
Central	Greenwoods Pharmacy	17 The Broadway, High Road, Wood Green, London	N22 6DS	Yes
Central	J Lord Chemist	439 Lordship Lane, Wood Green, London	N22 5DJ	Yes
Central	Mintons Chemist	5 High Road, Wood Green, London	N22 6BH	Yes
Central	Morrisons Pharmacy	Station Road, High Road, Wood Green, London	N22 6BH	Yes
Central	Pharmacy Express	214 High Road, Wood Green, London	N22 8HH	Yes
Central	Reena Pharmacy	352 High Road, Wood Green, London	N22 8JW	Yes
Central	Savemore Pharmacy	67 Westbury Avenue, Wood Green, London	N22 6SA	Yes
Central	Sia Pharmacy	113 Turnpike Lane, Hornsey, London	N8 0DU	Yes
Central	Stearns Pharmacy	571 Green Lanes, Haringey, London	N8 0RL	Yes
Central	Warwick Pharmacy	48-50 Bounds Green Road, New Southgate, London	N11 2EU	No consultation room
East	Allcures Pharmacy	331 West Green Road, Tottenham, London	N15 3PB	No
East	Beautychem Chemist	11 Great Cambridge Road, Tottenham, London	N17 7LH	Yes
East	Boots	Unit 2A, Tottenham Hale Retail Park, Broad Lane, London	N15 4QD	Yes
East	Coopers Pharmacy	59A Broad Lane, Tottenham, London	N15 4DJ	No
East	Dowsett Pharmacy	70 Dowsett Road, Tottenham, London	N17 9DD	Yes
East	GF Porter Chemist	48 Great Cambridge Road, Tottenham, London	N17 7BU	Yes
East	Grace Pharmacy	165-167 Park Lane, Tottenham, London	N17 0HJ	No
East	Greenlight Pharmacy	4 Grand Parade, Green Lanes, Haringey, London	N4 1JX	Yes
East	Mansons Chemists	108 High Road, South Tottenham, London	N15 6JR	No

Locality	Name of Pharmacy	Address	Postcode	Wheelchair Access
East	Med-Chem UK Ltd	73 Grand Parade, Green Lanes, Haringey, London	N4 1DU	No
East	Parade Chemist	25 Grand Parade, Green Lanes, Haringey, London	N4 1LG	Yes
East	Pharmocare	575-577 High Road, Tottenham, London	N17 6SB	Possibly too small to fit a wheelchair
East	Pharmocare	465 High Road, Tottenham, London	N17 6QB	Yes
East	Pharmocare	753 High Road, Tottenham, London	N17 8AH	No
East	Pharmocare	65A White Hart Lane, Tottenham, London	N17 8HH	Yes a medium sized one
East	Phillips Chemist	193 Lordship Lane, Tottenham, London	N17 6XF	Yes
East	Reena Pharmacy	50 West Green Road, Tottenham, London	N15 5NR	Yes
East	Safedale Pharmacy	491-493 Seven Sisters Road, Tottenham, London	N15 6EP	Yes
East	Somerset Gardens Healthcare LLP	4 Creighton Road, Tottenham, London	N17 8NW	No
East	Tesco Pharmacy	230 High Road, Tottenham, London	N15 4AJ	Yes
East	The Cadge Pharmacy	105 Philip Lane, Tottenham, London	N15 4JR	Yes
West	Amy Pharmacy	53 Park Road, Crouch End, London	N8 8SY	Yes
West	Boots	11 The Broadway, Crouch End, London	N8 8DU	Yes
West	Boots	358 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	Yes
West	Broadway Pharmacy	185 Muswell Hill Broadway, Muswell Hill, London	N10 3RS	Yes
West	Coral Pharmacy Ltd	312 Park Road, Hornsey, London	N8 8LA	No
West	Dukes Pharmacy	330 Muswell Hill Broadway, Muswell Hill, London	N10 1DJ	Yes
West	Frost & Co	9 High Street, Hornsey, London	N8 7PS	No
West	Hayward Pharmacy	353 Archway Road, Highgate, London	N6 4EJ	Yes
West	Muswell Hill Pharmacy	110 Fortis Green Road, Muswell Hill, London	N10 3HN	No
West	Petter Pharmacy	49/51 The Broadway, Crouch End, London	N8 8DT	Yes
West	Pharmacia Naturale	27 Veryan Court, Hornsey, London	N8 8JR	Yes
West	Redwood Pharmacy	116 Alexandra Park Road, Muswell Hill, London	N10 2AH	Yes
West	Reena Pharmacy	14 Crouch End Hill, Hornsey, London	N8 8AA	Yes
West	Saigrace Pharmacy	93 Tottenham Lane, Hornsey, London	N8 9BG	Yes
West	Santas Limited	182 Stroud Green Road, Haringey, London	N4 3RN	Yes
West	The Highgate Pharmacy	64 Highgate High Street, London	N6 5HX	No

Appendix L: Future opportunities for possible community pharmacy services in Haringey

Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Haringey as part of the PNA process it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all localities. This will mean that more eligible patients are able to access and benefit from these services.

There were 54 responses to the community pharmacy contractor questionnaire, found in Appendix E. Respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

The majority of pharmacies indicated that they would be willing to provide services if commissioned – for example Coronary Heart Disease (CHD) (89%), Chronic Obstructive Pulmonary Disease (COPD) (87%), diabetes (89%), STI screening (70%).

Respondents also indicated that they would be willing to provide a variety of vaccination services, a health area where Haringey performs at a level below the England average – for example, childhood vaccinations (72%), COVID-19 vaccination (89%), HPV (73%).

There were three responses to the commissioner questionnaire (Appendix F), however, not all questions were completed by all respondents. There was an indicated willingness to commission new services in areas such as diabetes (including screening), obesity, a non-emergency hormonal contraceptive service and NHS Health Checks.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

Health needs identified in the NHS Long Term Plan (LTP)

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy:

- Prevention
 - Smoking
 - Obesity
 - Alcohol
 - Antimicrobial resistance
 - Stronger NHS action on health inequalities
 - Hypertension
- Better care for major health conditions
 - Cancer
 - Cardiovascular Disease (CVD)
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

Health needs in Haringey

Some causes of ill health in Haringey are discussed in [Section 2](#) and more information can be found on the JSNA website. Some of the key areas are as follows:

Healthy life expectancy is 64.2 for males and 64.0 for females, which does not differ significantly from the London or England averages.

- Under 75 all-cause mortality was 382 per 100,000, which did not differ significantly from the London and England averages.
- Excess deaths did not differ significantly from the London and England averages

- Under-75 cancer mortality was significantly lower than the England average.
- Under-75 CVD mortality was significantly higher than the London and England averages
- Under-75 respiratory mortality did not differ significantly from the London and England averages

Smoking prevalence in adults according to the GP Patient Survey was 19%, which was significantly higher than the London and England averages.

The prevalence of adult obesity in Haringey is significantly higher than in England.

Vaccination uptake in Haringey was the lowest in North Central London (NCL) and lower than the average seen in England.

The five boroughs of NCL have a higher hepatitis C detection rate than the England average. Premature mortality from hepatitis C-related liver disease in Haringey is also higher than the England average.

Sexual health in 2020:

- The chlamydia detection rate in individuals aged 15–24 was 2,432 per 100,000, which was significantly higher than the London and England averages
- The rate of new STI diagnoses was 1,564 per 100,000, which was significantly higher than the London and England averages
- In 2019, the under-18 conception rate was 18 per 1,000, which was significantly higher than the London average

In 2016-17 it was estimated that 2,106 individuals aged 15–64 were opiate or crack cocaine users.

In 2018-19 it was estimated that 3,276 adults in Haringey were dependent drinkers.

Opportunities for further community pharmacy provision

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on the priorities of the LTP and health needs in Haringey, community pharmacy can be commissioned to provide services that can help manage and support in these areas.

A. Existing services

Essential Services

Signposting for issues such weight management and health checks.

Advanced Services

Some of the existing Advanced Services could be better used within Haringey, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, CHD.

The flu vaccination uptake is below the national average in Haringey. Highlighting the service availability in community pharmacies may help to reduce the deficit.

Locally Commissioned Services

In 2019, the under-18 conception rate was 18 per 1,000, which was significantly higher than the London average; emergency hormonal contraception services are provided through almost half of the community pharmacies in Haringey. A review of how these services are promoted could be advantageous.

Only 19% of the respondents to the public questionnaire were aware that community pharmacies provided chlamydia testing and treatment, and 60% stated that they wished to see these services provided. Investigation of a method to close this difference may be beneficial.

Coupling sexual health services with the Advanced Service of hepatitis C testing could be advantageous based on the prevalence data for both.

There are currently 10 pharmacies providing a needle exchange service within Haringey (approximately 1 in 5); the hepatitis C prevalence data would suggest that increased uptake of this service, through the existing community pharmacy infrastructure, could be of benefit.

Fifteen community pharmacies (28%) provide the locally commissioned stop smoking service; smoking prevalence rates in Haringey are high, so the availability of these services is important.

B. New services

From the public questionnaire there is a wish that a variety of services are provided from community pharmacies. From the contractor questionnaire there is also a willingness to deliver some services if commissioned, albeit not in all pharmacies.

Based on the results of these questionnaires, it would seem appropriate to investigate the provision of some new services from the existing community pharmacy infrastructure in Haringey.

Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Haringey based on the identified health needs, including:

- **Hypertension case-finding service**

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring. The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

Under-75 CVD mortality in Haringey was significantly higher than the London and England averages.

The service is too recently introduced to have outcome data and therefore remains classified as 'new' at the time of writing. There are 24 pharmacies signed up to provide this service in Haringey (as of April 2022).

- **Hepatitis C testing service**

The service is focused on provision of Point-of-Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

The five boroughs within NCL have a higher Hep C detection rate than the England average. Premature mortality from Hep C-related liver disease in Haringey is also higher than the England average.

Linking the screening for Hep C to needle exchange or supervised consumption services currently provided from community pharmacies may be of benefit in Haringey. Of respondents to the public questionnaire, 56% would wish to see such a service provided.

- **Stop Smoking**

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from March 2022. The service is aimed at 'stop smoking support' for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service as an **Advanced Service**.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other areas, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking have been decreasing in Haringey as well as in London and England.

In Haringey it is estimated that 19% of the population are smokers (from the GP survey), although it is known that smoking levels in more deprived populations are higher and QOF data suggests that up to one in three adults are smokers in Central and East localities.

Three pharmacies are signed up to provide the smoking cessation Advanced Service.

Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively affect outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

Below are examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities in the NHS LTP (there was limited health needs information provided for Haringey).

Possible disease-specific services

- **Weight management**

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. CVD or diabetes.

The prevalence of adult obesity in Haringey is significantly higher than in England.

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting.

- **Cardiovascular**

Atrial fibrillation (AF) screening service (multiple areas). This service provides patients at high risk of AF with a consultation which gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. screen identified cohorts for AF using a portable heart monitor device; 2. counsel the patient on the results of the analysis; 3. where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. offer advice on a healthier lifestyle; and 5. signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service.

Under-75 CVD mortality was significantly higher than the London and England averages.

- **Respiratory**

Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

While the under-75 respiratory mortality does not differ significantly from the London and England averages, these areas remain health priorities.

- **Childhood immunisation**

The rates of DtAP/IPV/HiB vaccination and MMR vaccination at age 2 were significantly lower in Haringey than the England averages but did not differ significantly from the NCL averages. There is an opportunity to deliver childhood immunisations through community pharmacy to help support the government strategy of improving vaccine coverage by making it available in other healthcare settings. In the neighbouring borough of Barnet, polio immunisation is commissioned to be delivered through selected community pharmacies.

Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved use
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided ([Section 5](#))

2. Identify the best way to deliver the recently introduced Advanced Services

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Haringey.

3. Consider the provision of new locally commissioned services

To meet specific health needs in Haringey, e.g. for cardiovascular, cancer, diabetes, respiratory conditions and childhood immunisations.