



Pharmaceutical Needs Assessment 2015

Havering Health and
Wellbeing Board

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This Pharmaceutical Needs Assessment has been produced through the Pharmaceutical Needs Assessment Steering Group for Havering Health and Wellbeing Board by the London Borough of Havering with authoring support from Soar Beyond Ltd.

Executive summary

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

This mapping of pharmaceutical services against local health needs provides the Havering 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 pharmacy
- clearly identify and address any local gaps in pharmaceutical services
- target services to reduce health inequalities within local health communities

Each PNA is required to divide the HWB area into localities. For the purposes of this PNA, the Havering HWB has chosen the existing London Borough of Havering (LBH) wards as the localities. Therefore, where wards are referred to in this document, they are the localities used for the PNA and vice versa.

This draft PNA has been produced through the PNA Steering Group for the Havering HWB by LBH with authoring support from Soar Beyond Ltd. The consultation on the draft PNA took place between 22nd December 2014 and 19th February 2015.

NHS pharmaceutical services in England

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

- community pharmacy contractors, including distance-selling pharmacies
- dispensing appliance contractors
- local pharmaceutical service providers
- dispensing doctors

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

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

This contract enables NHS England area teams to commission services to address local needs, whilst still retaining the traditional dispensing of medicines and access to support, for self-care from pharmacies.

Health in Havering

The area

Havering is a borough in the east of London. It has borders with Redbridge, Barking and Dagenham, Essex, Thurrock and Bexley. Covering an area of just over 43 square miles, Havering has large areas of park land and protected green belt areas.

The population

The population of Havering has grown by 8% over the last 15 years. The current estimated population is 242,080. This number is projected to rise:

- in ten years (2024), by 11%, to 274,100. This is higher than the projected percentage increase (7%) for England within the same period
- in twenty years (2034), by 13%, to 279,500. This is in line with the projected percentage increase (13%) for England within the same period

The projected population increase in Havering will be more pronounced in the older people population group (aged 65 years and above) and the pre-school and primary school children population group (up to the age of ten years). Because of the peculiarities of these age groups in terms of higher burden of disease and greater demand for services, demand for health and social care services (including primary care medicines management and prescriptions delivery services) is expected to increase.

There are plans to develop 5,850 homes during 2014-2019 which will help support the growing population and demand for housing.

Havering has a smaller than average proportion of minority ethnic group population (17%) compared to the London average of 55% and the England average of 20%. However this figure is set to rise in the future.

The increasing population and its diversity will require significant planning for the delivery of services, in particular to meet its varied health and social care needs.

Health inequalities

Havering has a mix of deprivation amongst its wards with Upminster, Cranham and Emerson Park as the least deprived wards. South Hornchurch, Heaton and Gooshays are the most deprived wards in Havering.

Particular populations which may have specific health needs include asylum seekers, refugees, travellers, minority ethnic communities and disabled people.

Health and illness

Life expectancy for men is 79.3 years which is similar to the figures for London (79.7) and England (79.2). For women, life expectancy is identical to London (83.8) which is greater than England (83).

Havering ranks well in comparison to 150 local authorities in England for all cause, cancer related and lung disease premature mortality (deaths under the age of 75 years).

Lifestyle

Lifestyle issues are of a concern in some areas, however generally prevalence is lower than national averages. The rates for drug and alcohol misuse were significantly lower than boroughs with a similar deprivation level to Havering. Other lifestyle issues are due to smoking, obesity, lack of physical activity, alcohol related disease, drug misuse, sexual health and teenage pregnancy.

Locally commissioned services, through LBH, are provided by many community pharmacies to address these lifestyle issues.

Pharmacies in Havering

Havering has 47 community pharmacies (as at 30th January 2015) for a population of about 242,080. Provision of current pharmaceutical services and locally-commissioned services are well distributed serving all the main population centres. There is excellent access to a range of services commissioned by, and privately provided from, pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Havering is currently 19.4. Havering is well-served with community pharmacies, although the rate of provision is currently less than the London and England averages. Table 1 shows the change in the numbers of community pharmacies compared with regional and national averages over the previous few years.

Table 1 - Number of community pharmacies per 100,000 population

	Community pharmacies per 100,000 population		
	England	London SHA	Havering
2013/14	21.7	22.3	19.4
2012/13	21.6	22.5	18.9*
2011/12	21.2	22.2	19.3
2010/11	21.1	23.3	19.7

**This figure is an estimate and includes dispensing appliance contractors and distance selling pharmacies therefore the figure may differ for estimates based solely on community pharmacy contractors.*

The majority of community pharmacies in Havering are open weekday evenings after 6pm (70%) and Saturdays (98%). A number are also open on Sundays (28%), mainly in shopping areas.

There is also a similar ratio of independent providers to multiples (33%) offering a good choice of providers to local residents (national average is 39% independent).

Feedback on pharmaceutical services

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

From the 300 responses received from the public questionnaire:

- **95%** rated their **overall satisfaction** on the service received from their local pharmacy as **‘Excellent’** or **‘Good’**
- **31%** indicated that they **used pharmacies up to every month** for the **purchase of over the counter medicines**, with **86%** having a **regular or preferred pharmacy** they use
- **89%** rated the **ease of obtaining medication** as **‘Excellent’** or **‘Good’**
- **43%** rated as important that the pharmacy is **close to their GP surgery**; **76%** that the pharmacy is **close to their home**; **12%** that the pharmacy is **close to where they work** and **44%** that the pharmacy has **friendly staff**
- **52%** **walk** to their community pharmacy; **38%** use a **car / taxi**; **9%** use **public transport**; **1%** use a **bicycle**; **1%** use **other forms of transport**
- **72%** of respondents report having a **journey time of no more than 10 minutes**
- **78%** had **no difficulties travelling** to their pharmacy; **17%** had **parking difficulties**; **4%** had **problems with the location** of the pharmacy; and **2%** had **problems of public transport availability**
- The **majority** of respondents had no **most convenient day (54%)** or **time (51%)** to **visit their pharmacy**
- **95%** rated their **confidence in the pharmacists knowledge and advice** as **‘Excellent’** or **‘Good’**

Conclusions

Current provision – necessary and other relevant services

The Havering HWB has identified necessary services as essential services and advanced services as required by Paragraphs 1 and 3 of Schedule 1 to the Regulations. Details of these services are found in Section 1.3.1 of this document.

The Havering HWB has identified enhanced services as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

The Havering HWB has identified locally commissioned services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

The Havering HWB has not identified other services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Necessary services – gaps in provision

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

Access to essential services

In order to assess the provision of essential services against the needs of the residents of Havering, the Havering HWB consider access (average daytime travel times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

Access to essential services normal working hours

The Havering HWB has determined that the average drive times, walking times and opening hours of pharmacies in all 18 wards and across the whole HWB area are reasonable in all the circumstances.

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

Access to essential services outside normal working hours

Supplementary opening hours are offered by all pharmacies in each ward. There are four 100 hour pharmacies present within the Havering HWB area and six “late night” pharmacies open until at least 8pm on week days or weekends. One in five, or 21%, of pharmacies within the Havering HWB area are either 100 hour or late night opening pharmacies. These are geographically spread across the Havering HWB area and are present in seven wards. This is a significant proportion of pharmacies. There is no pharmacy open on Sunday in seven out of 18 wards. Based upon the results of the patient survey, population density and access to pharmacies across the Havering HWB area, there is no gap in service which would equate to the need for access to essential services outside normal hours in this ward. The Havering HWB will monitor the uptake and need for necessary services. It will also consider the impact of any changes in this ward in the future which may provide evidence that a need exists.

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

Access to advanced services

There is no identified gap in the provision of advanced services as medicines use reviews (MURs) are available in 66-100% of pharmacies across the 18 wards and new

medicines service (NMS) ranged between 50-100% of pharmacies across the 18 wards.

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

Access to enhanced services

There is no identified gap in the provision of enhanced services. Information provided by NHS England in Appendix A shows that immunisation services are accessible across 16 out of 18 wards and ranged between 25-100% of pharmacies providing the service. Residents of two wards (Emerson Park and Hacton) are able to access this service in pharmacies within the remaining 16 wards.

There are no gaps in the provision of enhanced services (immunisation services) across the whole Havering HWB area.

Future provision of necessary services

The Havering HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the 18 wards.

There are no gaps in the need for pharmaceutical services in specified future circumstances have been identified across the whole Havering HWB area.

Improvements and better access – gaps in provision

As required by Paragraph 4 of Schedule 1 to the 2013 Regulations:

Current and future access to essential services

The Havering HWB has not identified any services that would, if provided either now or in future specified circumstances, secure improvements, or better access, to essential services in any of the 18 wards.

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

Current and future access to advanced services

In 2013/14 MURs and NMS were available in pharmacies across all wards. Where applicable, the Havering HWB will encourage all pharmacies and pharmacists to become eligible to deliver advanced services in all pharmacies in all wards. This will mean that more eligible patients are able to access and benefit from this service.

Demand for the appliance advanced services - stoma appliance customisation (SAC) and appliance use reviews (AUR) - is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and dispensing appliance contractors (DAC) may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. The Havering HWB will encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

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

Current and future access to enhanced services

NHS England commission just one enhanced service (immunisation services) from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices.

In late 2014, NHS England sought expressions of interest from community pharmacy providers in the Havering HWB area for the commissioning of a second enhanced service: the pharmacy urgent repeat medication (PURM) service.

This is being run as a pilot, and will be reviewed in April 2015. Should this service be fully commissioned beyond this time, the Havering HWB will consider provision and access to this service.

Some of the enhanced services listed in the 2013 Directions are now commissioned by the LBH (emergency hormonal contraception (EHC), chlamydia screening and treatment and supervised consumption services) therefore fall outside of the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a ward basis as identified either now or in specified future circumstances. The Director of Public Health for LBH monitors the uptake of immunisation within the Havering HWB area.

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

Other services

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

LBH commission a number of services from providers who in turn contract with pharmacies to support the provision of these services. Support to stop smoking services are commissioned by LBH from North East London Foundation NHS Trust (NELFT). NELFT contract 34 community pharmacies (in all wards with the exception of Cranham ward) to provide stop smoking support. This service is also contracted by NELFT from other providers such as GP practices. LBH also commission a number of harm prevention services from CRI. CRI contract five community pharmacies (across four wards) in the Havering HWB area to provide needle exchange services. As LBH do not commission these services directly they are not considered as locally commissioned services (LCS).

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

Locally commissioned services

With regard to enhanced services and locally commissioned services (LCS), the Havering HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through LBH (as in the case of EHC, chlamydia screening and treatment, community equipment (TCES) and supervised consumption services) or Havering CCG (as in the case of anti-coagulation services). This PNA identifies those as LCS.

The Havering HWB notes that there are variations in the number of wards in which LCS are accessible - EHC is accessible in six wards, chlamydia screening and treatment in 12 wards, TCES in five wards, supervised consumption in 13 wards and anti-coagulation in 12 wards.

The Havering HWB has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be decommissioned or that any of these enhanced services or LCS should be expanded. Based on current information, the HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

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

Section 1: Introduction

1.1 Background

The Health Act 2009, 128A¹, made amendments to the NHS Act 2006 requiring Primary Care Trusts (PCTs) to assess the needs for pharmaceutical services in its area and publish a statement of its assessment and any revised assessment. The regulations required the Pharmaceutical Needs Assessment (PNA) to be published by the 1st February 2011. There was also a requirement to re-write the PNA every three years or earlier if there were significant changes to the pharmaceutical needs of the area. Havering PCT produced their first PNA in February 2011.

The responsibility for the development, publishing and updating of PNAs has been passed to Health and Wellbeing Boards (HWBs) as a result of the Health and Social Care Act 2012². The act dramatically reformed the NHS from 1st April 2013. PCTs were abolished and Health and Wellbeing Boards (HWBs), Clinical Commissioning Groups (CCGs) and NHS England were formed:

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

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349)³, hereafter referred to as the 'Pharmaceutical Regulations 2013', came into force on 1st April 2013. Unless required to be produced earlier, these regulations permitted HWBs to a temporary extension of the PNAs previously produced by the PCT; HWBs are now required to publish their first PNA by 1st April 2015 at the latest.

The 2013 Regulations³ were updated to The National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1st April 2014.

¹ Health Act 2009 -

<http://www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england?view=plain>

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

³ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

This PNA has considered these amendments but the 2013 Regulations³ have been referenced throughout.

1.2 Purpose of the PNA

NHS England is required to publish and maintain 'Pharmaceutical Lists' for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the 'Pharmaceutical List'. NHS England must consider any applications for entry onto the 'Pharmaceutical List'. The Pharmaceutical Regulations 2013³ requires NHS England to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations, and with due process, and that the PNA is accurately maintained and up-to-date. Although decisions made by NHS England regarding applications to the 'Pharmaceutical List' may be appealed to the NHS Family Health Services Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA)⁴. The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the local authority, NHS England and the CCGs, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

1.3 Scope of the PNA

The Pharmaceutical Regulations 2013³ details the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the Havering 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 wards
- the different needs of people who share a particular characteristic

⁴ Havering Joint Strategic Needs Assessment <http://www.haveringdata.net/research/jsna.htm>

- a report on the PNA consultation

As already mentioned, the PNA is aligned with the Havering JSNA⁴.

To appreciate the definition of pharmaceutical services as used in this PNA, it is firstly important to understand the types of NHS pharmaceutical providers comprised in the 'Pharmaceutical List' maintained by NHS England.

They are:

1. pharmacy contractors
2. dispensing appliance contractors
3. local pharmaceutical service providers
4. dispensing doctors

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

1.3.1 Pharmacy contractors

Pharmacy contractors operate under the Community Pharmacy Contractual Framework initially agreed in 2005. This sets three levels of service under which they operate.

Essential services - these can be found in Schedule 4 of the Pharmaceutical Regulations 2013³. They are nationally negotiated and must be provided from all pharmacies:

- dispensing of medicines
- repeat dispensing
- safe disposal of unwanted medicines
- promotion of healthy lifestyles
- signposting
- support for self-care

Advanced services - these can be found in Parts 2 and 3 of The NHS Act 2006, the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013, the '2013 Directions'⁵.

They are negotiated nationally and any contractor may provide but participation is not mandatory:

- medicines use reviews (MURs)

⁵ The 2013 Directions -

[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12 - Advanced and Enhanced Directions 2013 e-sig.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/193012/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)

and amendment

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/266023/pharmaceutical_services_directions_amendment_2013.pdf

- new medicines service (NMS)
- appliance use reviews (AURs)
- stoma appliance customisation (SAC)

A full list of advanced services provided by pharmacies in the Havering HWB area (correct as of 10th November 2014) can be found in Appendix A.

Enhanced services - these can be found in Part 4 of the 2013 Directions⁵. They are negotiated locally by NHS England area teams and may only be provided by contractors directly commissioned by NHS England:

- anticoagulant monitoring service
- antiviral collection service
- care home service
- disease specific management service
- emergency supply service*
- gluten free supply service
- independent prescribing service
- home delivery service
- language access service
- medication review service
- minor ailment service
- needle and syringe exchange service*
- on demand availability of specialist drugs service
- out of hours service
- patient group direction service
- prescriber support service
- schools service
- screening service*
- stop smoking service*
- supervised administration service*
- supplementary prescriber service

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

A number of these services* are often commissioned by local authorities and are not therefore considered enhanced or pharmaceutical services.

The 2013 Directions⁵, however, permit NHS England to commission them from pharmacy contractors if asked to do so by a local authority.

In this case, if commissioned by NHS England they are enhanced services and fall within the definition of pharmaceutical services. In the Havering HWB area, NHS England currently commission one enhanced services – immunisation services.

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

Although distance-selling pharmacies may provide services from all three levels as described above, and must provide all essential services, they may not do so face-to-face at their registered premises.

Additionally, they must provide services to the whole population of England. There are currently no distance-selling pharmacies located within the Havering HWB area.

It should also be noted that distance-selling pharmacies throughout England (there were 211 in 2013/14⁶) are capable of providing services to the Havering HWB area.

1.3.2 Dispensing appliance contractors

Dispensing appliance contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the 2013 Regulations³. They can supply appliances from a NHS prescription such as stoma and incontinence aids, dressings, bandages etc. DACs must provide a range of essential services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition, DACs may provide the advanced services of appliance use reviews (AURs) and stoma appliance customisation (SAC). Pharmacy contractors, dispensing doctors and local pharmaceutical service (LPS) providers may supply appliances but DACs are unable to supply medicines.

There are currently no DACs in the Havering HWB area however residents can access DACs from elsewhere in the UK if required. There were 112 DACs in England in 2013/14⁶.

1.3.3 Local pharmaceutical service providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group. This contract is locally commissioned by NHS England and provision for such contracts is made in the 2013 Regulations³ in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from the national contract. Payment for service delivery is locally agreed and funded.

There is one LPS pharmacy in the Havering HWB area:

- The Co-operative Pharmacy, Harold Wood Polyclinic, Gubbins Lane, Harold Wood, RM3 0FE

⁶ General Pharmaceutical Services in England - 2003-04 to 2013-14:
<http://www.hscic.gov.uk/article/2021/Website-Search?productid=16440&q=general+pharmaceutical+2014&sort=Relevance&size=10&page=1&area=both#top>

1.3.4 Dispensing GP practices

The 2013 Regulations³, 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'- see Section 3.3 for further details.

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

There are no dispensing GP practices in the Havering HWB area.

1.3.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are five other HWB areas which border the Havering HWB area:

- Redbridge HWB
- Barking and Dagenham HWB
- Essex HWB
- Thurrock HWB
- Bexley HWB

Therefore in determining the needs of, and pharmaceutical services provision to, the population of the Havering HWB area, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

Maps A to L provide a detailed analysis of pharmacy contractors which lie across the Havering HWB border but are within easy reach of the Havering area. All maps have been generated using post codes therefore location is only an approximation on the maps generated for the PNA. As a result certain pharmacy locations may appear to be on the border with wards or outside the Havering HWB area. All pharmacies illustrated in Maps A to L are located within the Havering HWB area.

1.3.6 Other services and providers in the Havering HWB area

As discussed in Section 1.3.1, 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 NHS England.

The following are providers of pharmacy services in the Havering HWB area but not defined as pharmaceutical services.

Prisons - there are no prisons in the Havering HWB area.

Minor injury units and walk-in centres – the following sites are walk in centres and minor injury units in the Havering HWB:

- Harold Wood Walk-in Clinic, St Clements Avenue, Off Gubbins Lane, Harold Wood, RM3 0FE
- The Orchard Village, 2 Roman House, Roman Close, Rainham, RM13 8QA

Hospitals and clinics – the following sites provide in-patient and out-patient services. Pharmaceutical services are provided in-house by Barking, Havering and Redbridge University NHS Trust:

- King George Hospital
Barley Lane
Goodmayes
Essex
IG3 8YB
- Queen's Hospital
Rom Valley Way
Romford
Essex
RM7 0AG

North East London NHS Foundation Trust (NELFT) also provide community and mental health services in a number of sites⁷ throughout Havering. Pharmaceutical service provision is managed by the trust.

The following are services provided by NHS pharmaceutical providers in the Havering HWB area, commissioned by organisations other than NHS England or provided privately.

Local authority commissioned services - LBH commission the following locally commissioned (LCS) services from community pharmacies in the Havering HWB area:

- emergency hormonal contraception services
- chlamydia screening and treatment
- community equipment service (TCES)
- supervised consumption service

CCG commissioned services – Havering CCG commission one service from community pharmacies in the Havering HWB area:

- anti-coagulation services

Other services - LBH commission North East London Foundation NHS Trust (NELFT) to provide a range of services including support to stop smoking services.

⁷ A list of NELFT sites can be found via the link: <http://www.nelft.nhs.uk/services>

NELFT contract a number of community pharmacies in the Havering HWB area to provide these services.

LBH also commission CRI to provide harm reduction services. CRI contract a number of community pharmacies in the Havering HWB area to provide needle exchange services.

As LBH do not commission these services from community pharmacies directly, they are not considered here as locally commissioned services.

Privately provided services - most pharmacy contractors and DACs will provide services by private arrangement between the pharmacy / DAC and the customer / patient. The following are examples of services and may fall within the definition of an enhanced service as listed in Section 1.3.1.

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
- patient group direction service e.g. hair loss therapy, travel clinics
- screening service e.g. skin cancer

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

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act², a paper was shared with the members of the Havering HWB on 30th September 2014.

The purpose of the paper was to inform the Havering HWB of its statutory responsibilities under the Health and Social Care Act² to produce and publicise a PNA for its area by 1st April 2015.

The Havering HWB accepted the content of the paper and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

Public Health Havering has a duty to complete this document on behalf of the Havering HWB. Public Health Havering commissioned Soar Beyond to undertake the PNA following a competitive tendering process. Soar Beyond was chosen from a selection of potential candidates due to their significant experience in providing services to assist pharmaceutical commissioning, including the production and publication of PNAs. They also have a dedicated PNA project management team.

Section 2 of the PNA was produced by the Public Health team in LBH.

Step 1: Steering group

On 1st October 2014 Havering's PNA Steering Group was established. The terms of reference and membership of the PNA Steering Group can be found in Appendix B.

Step 2: Project management

At its first meeting, Soar Beyond and the local authority presented and agreed the project plan and ongoing maintenance of the project plan. Appendix F shows an approved time line 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 statements⁸ and JSNA⁴.

It was agreed that the existing PNA and subsequent supplementary statements⁶ were accurate and up-to-date and the Interim Director of Public Health would be responsible for the ongoing maintenance of the current PNA until this PNA is published.

Step 4a: Public survey on pharmacy provision

A public survey to establish views about pharmacy services was produced by the steering group.

It was circulated to:

- all pharmacy contractors in Havering to distribute to the public
- all GP practices in Havering to distribute to the public
- Havering black, Asian and minority ethnic (BAME) forum and executive officers
- faith groups in Havering
- Friends of Parks groups
- Interfaith Executive
- community associations
- Havering Healthwatch membership, partners and associates
- Subscribers to Havering's Bulletin
- Elm Park library
- Gidea Park library
- Collier Row library
- Central library
- Upminster library
- Romford library
- Hornchurch library
- South Hornchurch library
- Harold Hill library

⁸ Havering PNA and subsequent supplementary statements, accessed on 11/9/14 – http://www.Havering.gov.uk/downloads/download/3050/pharmaceutical_needs_assessment

- Rainham library
- Central Park leisure centre
- Hornchurch sports complex
- Chafford sports complex
- Romford YMCA
- Hornchurch Sportcentre Multi Activity
- Over 50s Forum
- Public Advice and Service Centre

This was supported by a campaign consisting of newsletters, posters and letters.

A total of 300 responses were received. A copy of the public survey can be found in Appendix C and the detailed responses can be found in Appendix I.

Step 4b: Pharmacy survey

The steering group agreed a survey to be distributed to the local community pharmacists to collate information for the PNA. The local LPC supported this survey to gain responses.

A copy of the pharmacy survey can be found in Appendix D.

Step 4c: Commissioner survey

The steering group agreed a survey to be distributed to all relevant commissioners in Havering to inform the PNA.

A copy of the commissioner survey can be found in Appendix E.

Step 5: Preparing the draft PNA for consultation

The steering group, facilitated by the Interim Director of Public Health with support from Soar Beyond, reviewed and revised the content and detail of the existing PNA.

The process took into account the JSNA⁴ and other relevant strategies in order to ensure the priorities were identified correctly. A draft PNA was approved for consultation by the PNA Steering Group at its meeting on 4th December 2014.

Step 6: Consultation

In line with the 2013 Regulations³, a consultation on the draft PNA was undertaken for 60 days between 22nd December 2014 and 19th February 2015.

The draft PNA and consultation response form were issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on the LBH website.

Step 7: Collation and analysis of consultation responses

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

Step 8: Production of final PNA

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA and a final PNA was presented to the PNA Steering Group. The final PNA was presented to the JSNA Steering Group for approval and published before 1st April 2015, as agreed by the chair of the Havering HWB.

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its second meeting, considered how the localities within the Havering HWB geography would be defined.

The majority of health and social care data are available at local authority ward level and at this level provides reasonable statistical rigor. It was agreed that the local authority wards would be used to define the localities of the Havering HWB geography.

Eighteen localities, which will be referred to as wards for the rest of this document, have been used for the PNA for the Havering HWB area. These are:

- Brooklands
- Cranham
- Elm Park
- Emerson Park
- Gooshays
- Hacton
- Harold Wood
- Havering Park
- Heaton
- Hylands
- Mawneys
- Pettits
- Rainham and Wennington
- Romford Town
- South Hornchurch
- Squirrel's Heath
- St Andrew's
- Upminster

A list of providers of pharmaceutical services in each ward is found in Appendix A and illustrated in Maps A to L.

The information contained in Appendix A has been provided by NHS England (who are legally responsible for maintaining the 'Pharmaceutical List' of providers of pharmaceutical services in each HWB area), LBH and Havering CCG. Providers who were previously listed in the 2011 PNA for Havering continued to be considered within this PNA. Information was provided from NHS England on community pharmacies' opening hours.

In some cases, this differed from that provided by contractors through the pharmacy contractor survey. In these cases, opening hours information in the PNA reflects the information provided from the contractor, as the opinion of the PNA Steering Group was that this reflects current provision, upon which this assessment has been made.

Section 2: Context for the PNA

2.1 Joint Strategic Needs Assessment

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the Havering JSNA⁴ which is currently being refreshed. The JSNA⁴, as well as defining the needs of the local population, also identifies a strategic direction of service delivery to meet those needs, and commissioning priorities to improve the public's health and reduce inequalities. The PNA should therefore be read alongside the JSNA⁴.

2.2 Joint Health and Wellbeing Strategy

The Havering HWB has agreed a strategy⁹ for 2012- 2014. The existing strategy was guided by the concerns of local residents, engagement with local health and social care professionals and the evidence available from existing sources of health and wellbeing information for the Havering HWB area. The Havering HWB strategy (2012-2014) defined eight priorities, which are focused around three overarching themes, as listed in Table 2.

Table 2 - Havering's health and wellbeing strategy for 2012- 2014

Themes	Priorities for action
Prevention, keeping people healthy, early identification and improving well-being	1. Early help for vulnerable people to live independently for longer 2. Improved identification and support for people with dementia 3. Earlier detection of cancer 4. Tackling obesity
Integrated support for people most at risk	5. Better integrated care for the frail, elderly population 6. Better integrated care for vulnerable children 7. Reducing avoidable hospital admissions
Quality of services and patient experience	8. The patient experience and long-term health outcomes are the best they can be

Source: Havering Health and Wellbeing Strategy 2012-2014

2.3 Population characteristics

2.3.1 Overview

According to the most recent estimate from the Office of National Statistics (ONS) – ONS Mid-2013 Population Estimates¹⁰ – Havering has a population of 242,080.

⁹ Havering Health and Wellbeing Board Strategy, 2012-2014:

<http://www.havering.gov.uk/Pages/Services/Health-and-Wellbeing-Strategy.aspx>

¹⁰ <http://ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718>

This suggests that the population of Havering has grown by 8% over the last 15 years (from 223,641 in 1998¹¹) and 3% over the last 25 years (from 235,951 in 1988¹²).

Furthermore, the Havering population is projected to be 247,500 and 250,300 in 2014 and 2015 respectively¹³. According to the 2011 Census:

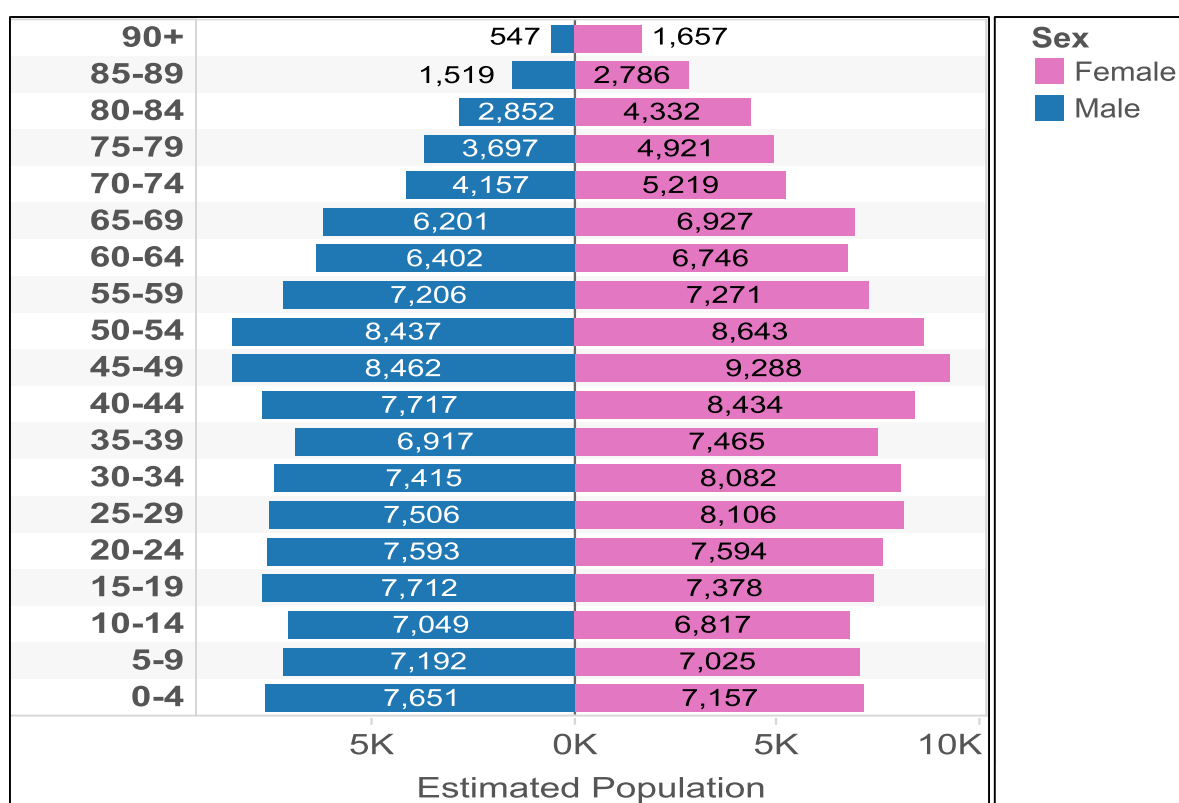
- 99.2% of the Havering population live in areas classified as urban
- 0.2% live in town or fringe areas
- 0.6% live in villages, hamlets or isolated dwellings

2.3.2 Age

Figure 1 presents the population size of Havering in 2013 broken down by age and gender. The summary of the distribution of Havering population by age group is as follows:

- 24% of the population of Havering are children and young people (aged under 20 years)
- 32% are younger adults (aged 20-44 years)
- 26% are middle-aged (aged 45-64 years)
- 19% are older people (aged 65 years and above)

Figure 1 - 2013 Havering population size and distribution by sex and age group



Data source: ONS mid-2013 population estimates

¹¹ Office of National Statistics (ONS) Mid-1998 population estimate

¹² ONS Mid-1988 population estimate

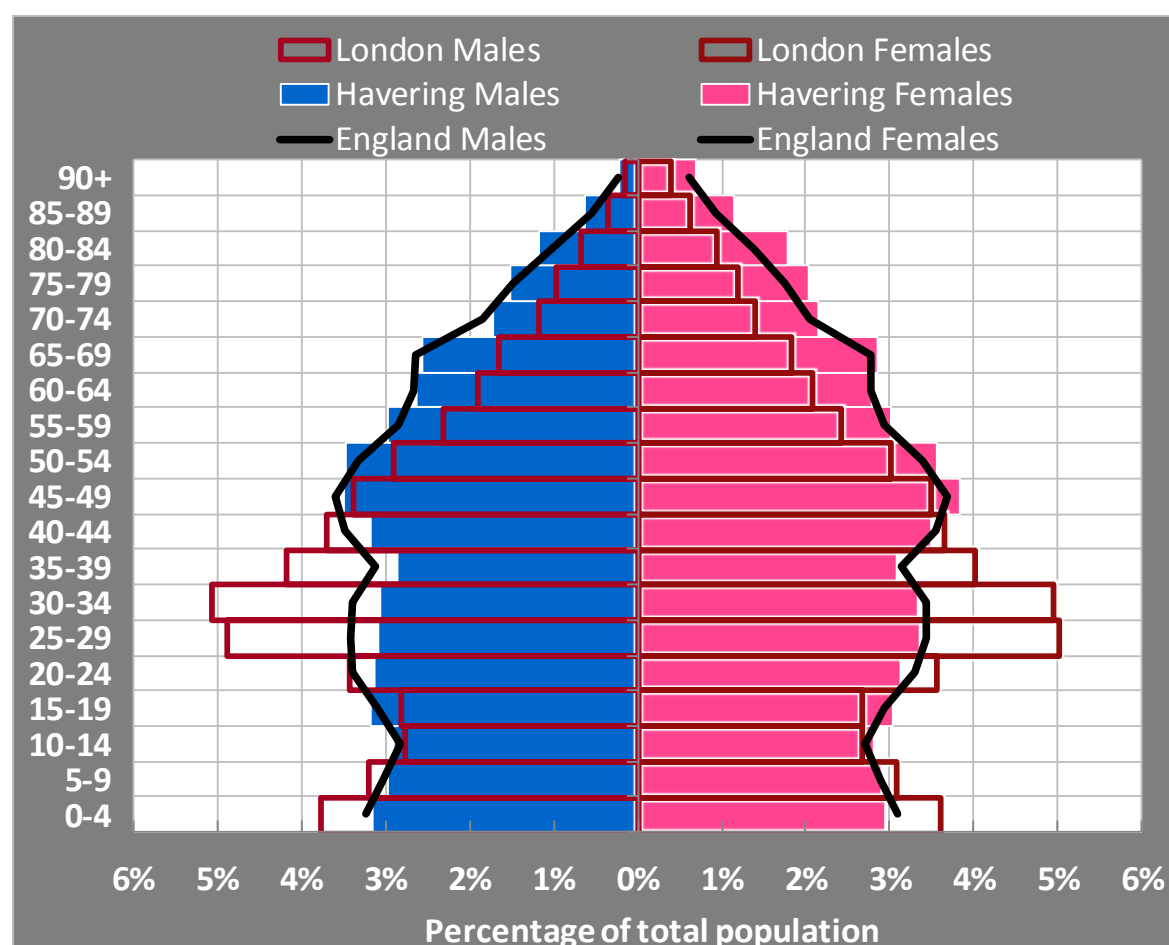
¹³ GLA SHLAA-Based Population Projections

Figure 2 shows that the local population structure is broadly similar to England but dissimilar to London. See more information in the Demographics chapter of the JSNA⁴.

Compared to England and (more significantly) London, there are more people in the older age groups (from 65-69 to 90+ age groups) in Havering. In addition, the 2011 Census showed that the mean age of Havering residents is 4.8 years and 1.1 years older than London and England respectively.

The older age groups are at increased risk of contact with – or dependence on – health and social care services due to complex needs relating to age-related risk factors impacting on health and wellbeing. The burden of disease is higher in these age groups. It is therefore expected that there will be a higher prevalence of degenerative diseases in Havering compared to London and England because of this demographic. The impact on services is increased demand for acute care, primary care (including medicines management), patient care services for isolated, vulnerable adults such as prescriptions delivery services and social care services including reablement. See more information in the Demographics chapter of the JSNA⁴ and Section 2.3.5.4 below.

Figure 2 - 2013 population structure, Havering compared to London and England



Data source: ONS mid-2013 population estimates

2.3.3 Predicted population growth

The population of Havering is projected to rise from 247,500 in 2014 to around:

- 261,000 in five years (2019) - an increase of 6%
- 274,100 in ten years (2024) - an increase of 11%
- 278,300 in fifteen years (2029) - an increase of 12%
- 279,500 in twenty years (2034) - an increase of 13%

LBH's Local Development Framework (LDF), adopted in 2008, sets out the planning priorities for the borough up to 2020 and includes development sites for residential growth. The key areas identified for residential growth in the LDF are in and around Romford town centre and London Riverside in the south of the borough. About 1,170 homes are targeted per year.

Table 3 shows the large development sites in the borough and provides an indication of where development is likely to be focused for the next five years.

Table 3 - Key development sites in Havering

Site	Location / ward	No. of units	Planning permission?	Development started?
Angel Way Retail Park	Romford	350	Yes	No
Dovers Corner	London Riverside (Rainham)	746	Yes	No
23-55 North Street	Romford	79	Yes	No
Former Oldchurch Hospital	Romford	869	Yes	Yes, almost complete
Land to the East of Gooshays Drive	Harold Hill	242	Yes	Underway
Former Harold Wood Hospital	Harold Wood	810	Yes	Yes, initial phases underway
Romford Ice Rink	Romford	71	Yes	No
Roneo Corner	Romford	141	Yes	No
Whitworth Centre	Harold Wood	248	Yes	Yes, first phase (144 units) largely complete

Site	Location / ward	No. of units	Planning permission?	Development started?
Former Somerfield Depot, New Road, Rainham	London Riverside (Rainham)	498	Yes	No
Como Street Car Park	Romford	No definitive figure. Approx. 194	Identified in the LDF but does not have planning permission	No
Beam Park	London Riverside (Rainham)	No definitive figure. Approx. 800	Identified in the LDF but does not have planning permission	No
Rainham West	London Riverside (Rainham)	No definitive figure - Approx. 400	Identified in the LDF but does not have planning permission	No
Universal House / Telephone Exchange	Romford	No definitive figure. Approx. 290	Identified in the LDF but does not have planning permission	No
17-41 Victoria Road	Romford	No definitive figure. Approx. 217	Identified in the LDF but does not have planning permission	No
Romford Gas Works	Romford	No definitive figure. Approx. 800	Potential development site	No

Source: Havering Local Development Framework, 2008 and Havering Development Planning Department

In addition, there are development areas in neighbouring boroughs, which may have an impact in Havering:

- The London Riverside area extends into the London Borough of Barking and Dagenham and there will be significant growth in this area. In particular, the Barking section of the Beam Park site will see substantial housing development which may have implications for health provision given its proximity to Havering
- Brentwood is also proposing 1,500 new homes at West Horndon in their new local plan (2015-2030). This might have some implications in the east of the borough for access to health services

2.3.4 Life expectancy

The life expectancy (LE) for males in Havering, at birth, is 79.3 years.

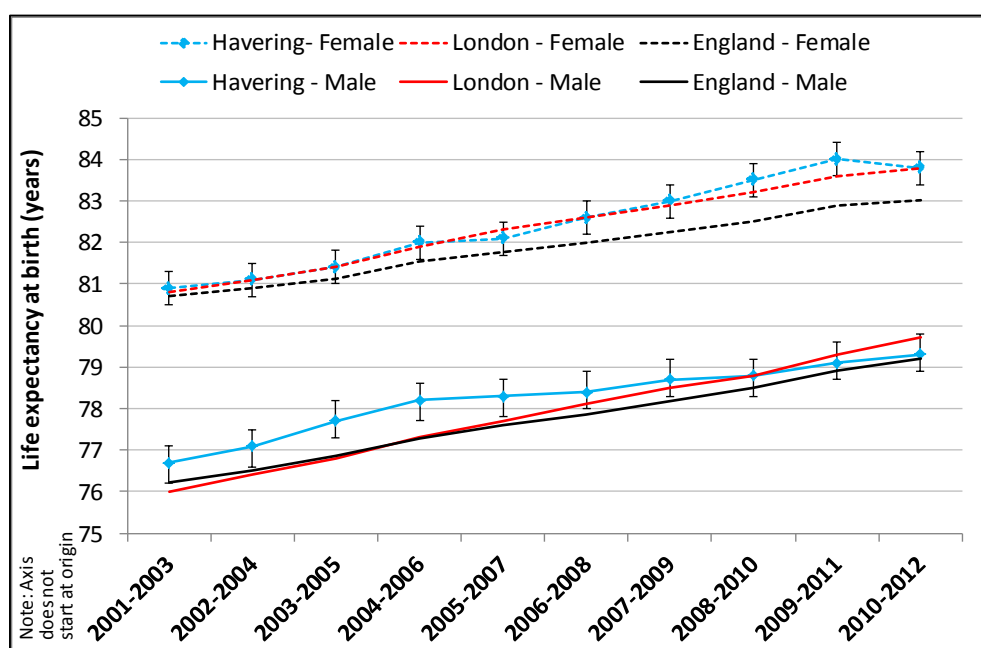
This is similar to the LE for London (79.2 years) and English males (79.7 years) at birth.

Over a decade (of three-year rolling periods from 2001-2003 to 2010-2012), the LE for males in Havering, at birth, has increased significantly from 76.7 years – a 4% increase (see Figure 3).

The LE for females in Havering, at birth, is 83.8 years. This is the same as London (83.8 years) and slightly higher than the English female LE at birth (83 years).

Over a decade (of 3-year rolling periods – from 2001-2003 to 2010-2012), the LE for females in Havering, at birth, has increased significantly from 80.9 years – a 4% increase (see Figure 3).

Figure 3 - Life expectancy at birth (years), by sex, Havering compared to London and England, 2001-2003 to 2010-2012



Source: Office of National Statistics

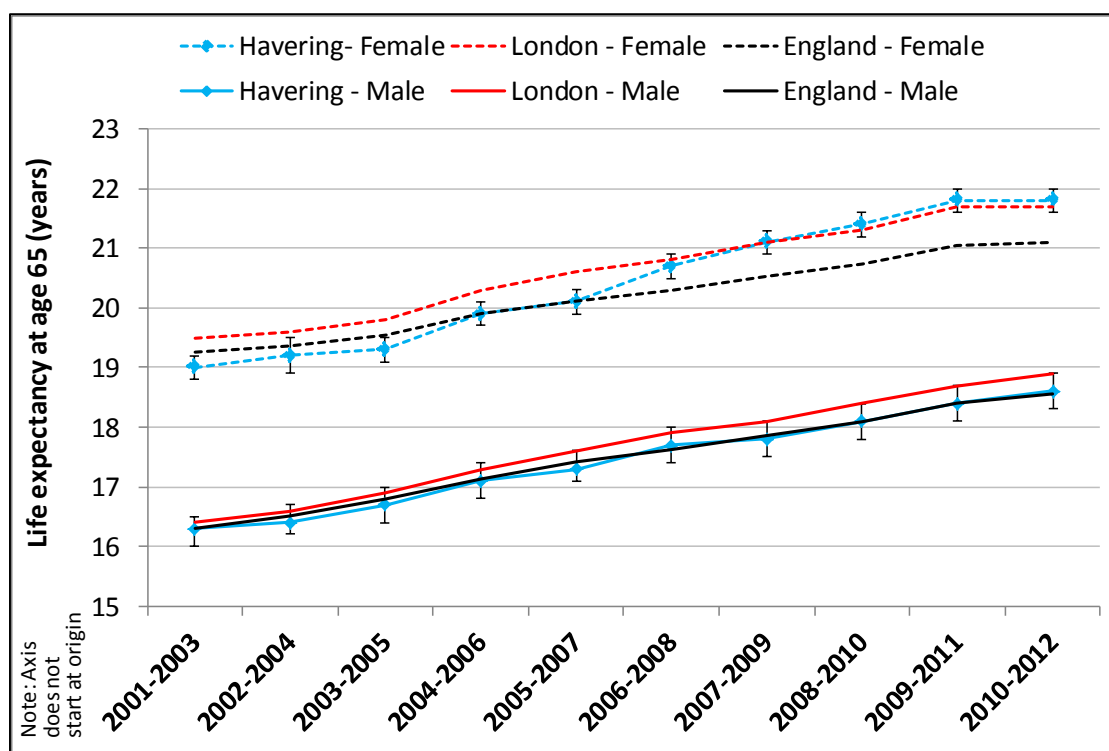
The additional LE in Havering for males, at age 65, is 18.6 years:

- this is similar to the LE for London (18.9 years) and English males (18.6 years) at the age of 65 years
- over a decade (of three-year rolling periods – from 2001-2003 to 2010-2012), the LE for males in Havering, at age 65, has increased significantly from 16.3 years – a 14% increase (see Figure 4)

The additional LE in Havering for females, at age 65, is 21.8 years:

- this is similar to the LE for London (21.7 years) and English females (21.1 years) at the age of 65 years
- over a decade (of three-year rolling periods – from 2001-2003 to 2010-2012), the LE for females in Havering, at age 65, has increased significantly by 19 years – a 15% increase (see Figure 4).

Figure 4 - Life expectancy at age 65 (years), by sex, Havering compared to London and England, 2001-2003 to 2010-2012



Source: Office of National Statistics

2.3.5 Specific populations

2.3.5.1 Ethnicity

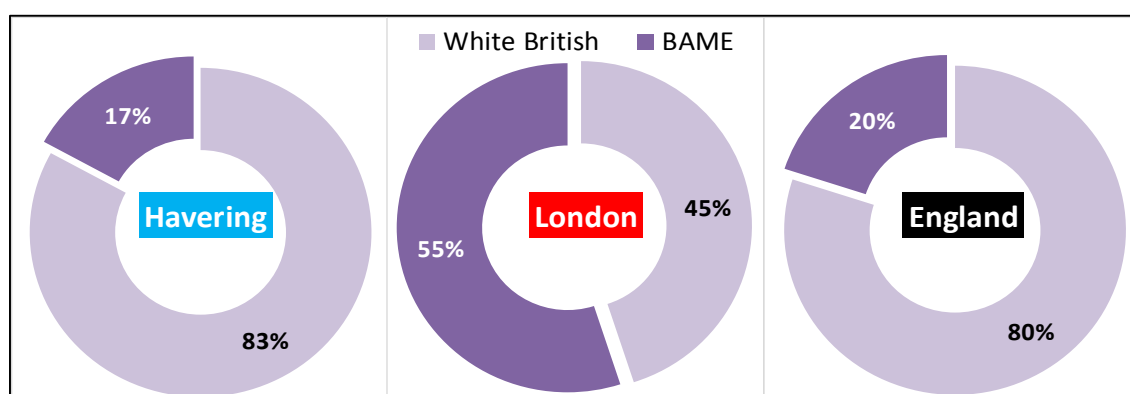
The 2011 Census data revealed that:

- 83% (197,615) of the Havering residential population are white British
- 17% (39,617) of the Havering population is non-white British

- Figure 5 shows a lower proportion of the population in Havering are from a black, Asian and minority ethnic background (BAME) than the national (20%) and London regional populations (55%)
- although Havering has a relatively small ethnic minority population in comparison to London, it has seen a nine percentage point increase in the ten year period between 2001 and 2011
- as indicated in Table 4, the top five wards for the highest proportions of residents stating their ethnicity as not-white include Brooklands, Emerson Park, Romford Town, South Hornchurch and Heaton wards

The Greater London Authority (GLA) forecast that in 2014, 14% of the Havering population will be from non-white BAME groups. This proportion will gradually increase and almost one-fifth (17%) of the Havering population will be from non-white BAME groups by 2029 (see Figure 6). See the JSNA⁴ chapter on Demographics for more information.

Figure 5 - Distribution of Havering, London and England population by majority and other (minority) ethnic groups in 2011



Data source: ONS Census 2011

Table 4 - Percentage of people stating their ethnicity as not white (all non-white categories) in Havering, by wards

Ward	Non-white BAME population
Brooklands	22.3
Emerson Park	17.7
Romford Town	16.4
South Hornchurch	16.4
Heaton	16.3
Rainham and Wennington	15.7
Elm Park	13.7
Gooshays	12.8

Ward	Non-white BAME population
Havering Park	12.0
Mawneys	11.5
Squirrel's Heath	11.5
Harold Wood	10.1
Hylands	9.7
Pettits	8.7
Hacton	7.3
St Andrew's	7.2
Cranham	5.6
Upminster	4.8

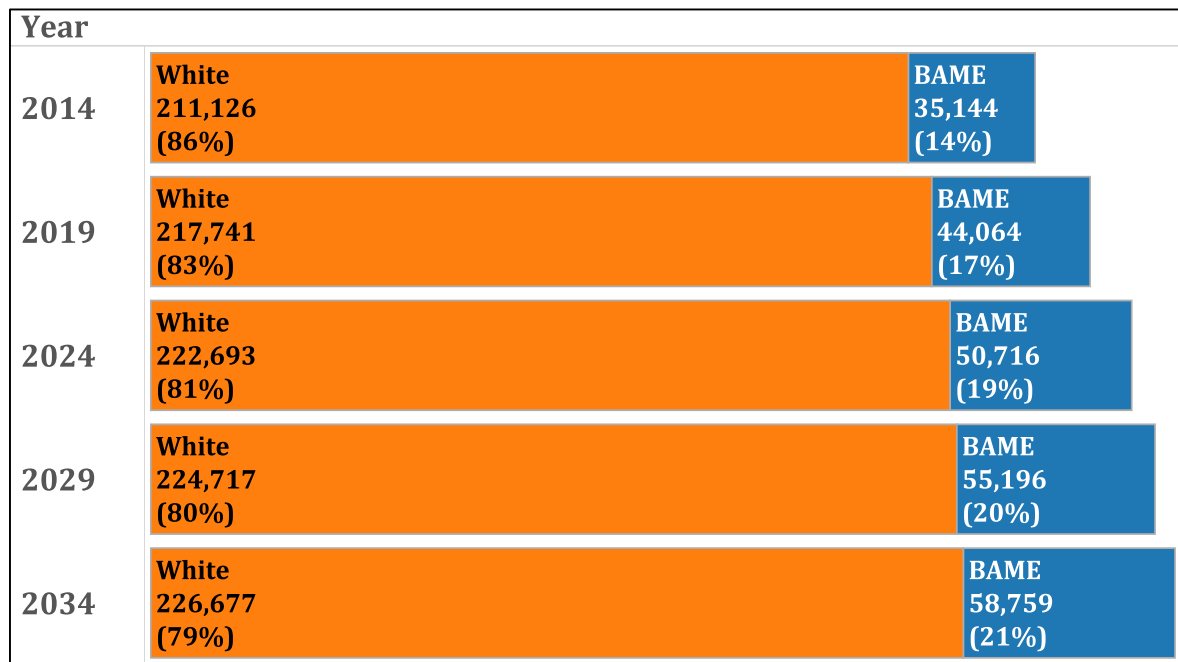
Data source: ONS Census 2011

According to the 2011 Census:

- in Havering, 94% of people aged 16 years and above have English as a main language. This proportion is higher than London (74%) and England (92%)
- the percentage of households with no people who have English as a main language is 2.3%.
- the main foreign / non-English languages spoken in Havering by count and percentage of people speaking them are:
 - Lithuanian (980 or 0.4%)
 - Polish (829 or 0.4%)
 - Punjabi (595 or 0.3%)
 - Bengali – with Sylheta and Chatgaya (490 or 0.2%)
 - Tagalog / Filipino (430 or 0.2%)

The top five foreign languages spoken within Havering wards are presented in Figure 7. Population figures (in brackets in Figure 7) are relatively low figures.

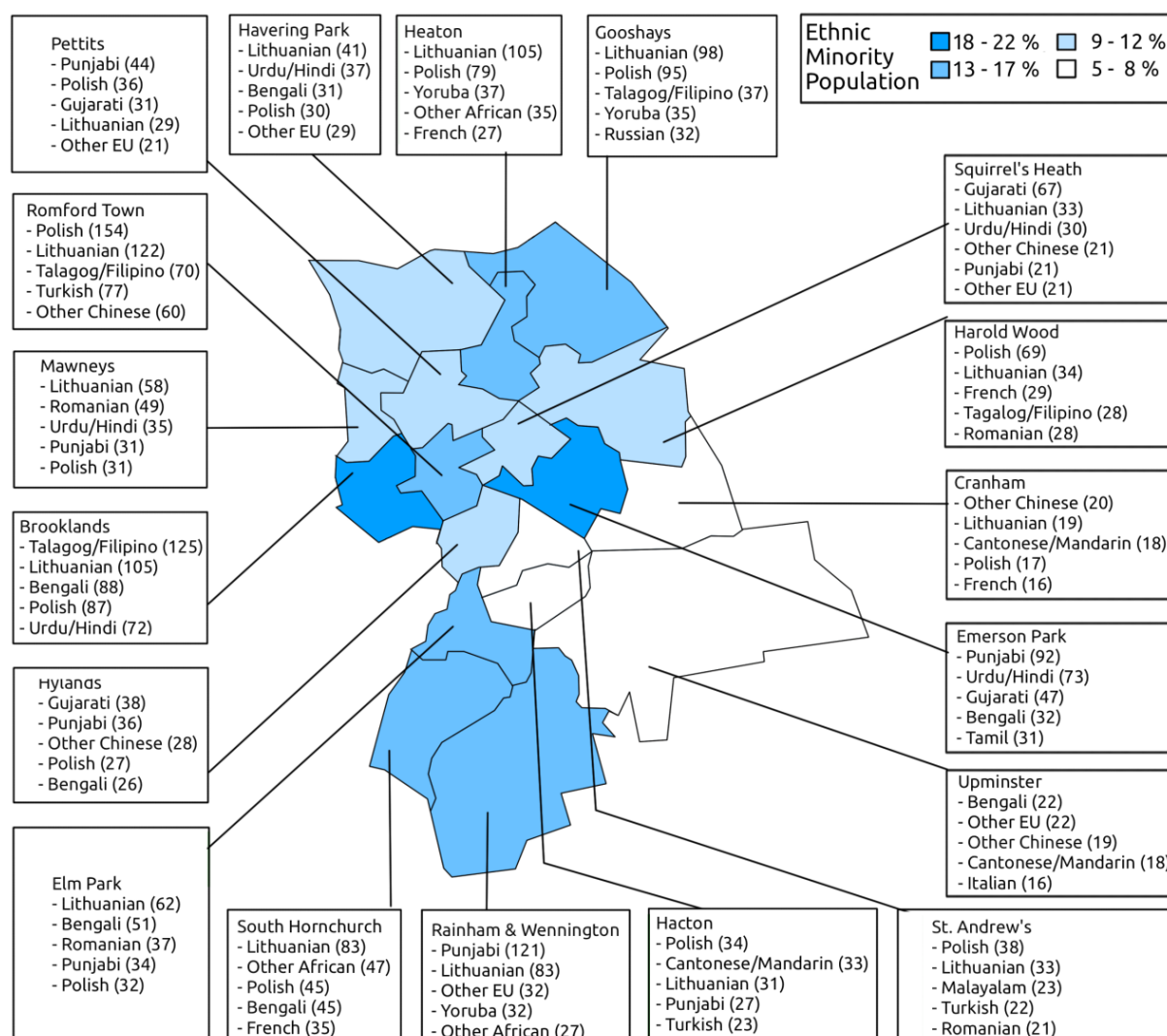
Figure 6 - Havering population projections by white and non-white (or BAME) ethnic groups, 2014-2034



Data source: 2012 Round GLA (Greater London Authority) SHLAA ethnic group projection - final

Figure 7 - Top five foreign languages within Havering wards

Labels: Language and number of speakers in brackets. Population figures (in brackets) are low.



Data source: ONS Census 2011

In addition, the January 2014 School Census reported that about 9% of school-aged children in Havering speak a language other than English. The ten most spoken languages (after English) include Yoruba, Lithuanian, Urdu, Polish, Bengali, Romanian, Punjabi, Albanian, French and Turkish.

2.3.5.2 Children and young people

Some of the relevant key findings from the JSNA⁴ chapter on children and young people are summarised below.

Population

- The population of persons aged 0-17 years in Havering grew from 2001 to 2011, by 3.6%, to 51,638.

- The children population in Brooklands, Heaton, Romford Town and South Hornchurch rose by 1,925 children (17.2% increase), while Hacton, Pettits, Hylands and Upminster saw a decrease of 805 resident children (7.2% decline).
- The 0-4 and 5-10 age groups are expected to grow by 19% and 24% respectively from 2011 to 2021.

Maternity, birth and early years

- Smoking in maternity in Havering has recently decreased and is currently in line with the England average. But, as at Q2 2013/14, it was the highest rate of all London authorities and double the London 2012/13 rate.
- As at October 2013, there were 331 (0.6%) children (aged 0-18 population) in Havering living in homes where there is a parent / carer known to be engaging in drug / alcohol treatment.
- In Havering, the proportion of children achieving a good level of development during early years remained relatively static over 2010-2013 at 59-60%. Compared against all England authorities, Havering is currently ranked 20th for the proportion of children achieving a good level of development at the early years foundation stage 5.

Child poverty

- While the majority of children are not poor, around 8,800 live in income-deprived households and around 4,861 (11.6%) live in a household where no adult works. Nationally, unemployment is higher amongst lone parents and their children are more likely to live in poverty than children in a two parent family. The number of lone parent households in Havering rose from 4,005 in 2001 to 5,079 in 2011
- Children residing in the north and east of Havering are more likely to be:
 - obese by age 4-5
 - a teenage parent
 - NEET (not in education, employment or training) at age 19

Young carers

The number of children resident in Havering who were reported through the census to provide regular and ongoing care to a family member increased by 16% from 2001 to 2011 (381 to 443). In 2012/13, 94 children were supported through Havering's commissioned services as young carers.

School attainment

- In 2013, the rate of attainment for benchmark measures was above national levels in the early years foundation stage and key stage (KS) 2. For KS4, the rate of children achieving 5 A*- C grade GCSEs fell below the national average.

It was however above the national average for both the rate of children achieving 5 A*- C GCSEs including English and maths and the rate of children making the expected progress between KS2 and KS4.

- At KS2 and KS4, children with English as a second language or with mixed, Asian or black heritage were more likely to achieve educational benchmarks than their England peers.
- At primary level, the gap between the proportion of children eligible, and those not eligible, for free school meals achieving level 4 in English and maths increased over 2010-2013 from 14% to 23% points. For secondary pupils achieving 5+ A*-C grades including English and maths at GCSE level, the gap between the rate of attainment for those eligible for free school meals widened in 2013, increasing by 9.5% points to 30.1% points.

Post 16 outcomes

The historic relatively high rate of pupils eligible for free school meals achieving 5+ A*-C GCSEs including English and maths at 16 has not translated to the rate of young people achieving a level three qualification by the age of 19. However, the two populations measured in each of these benchmark performance measures (i.e. at age 16 and age 19) are different.

Apprenticeship success rates in Havering at both intermediate and advanced level have been below the England average since 2009 although the growth rate of apprenticeship starts in Havering has been much higher than that seen nationally in each of the last two years.

2.3.5.3 Children in care

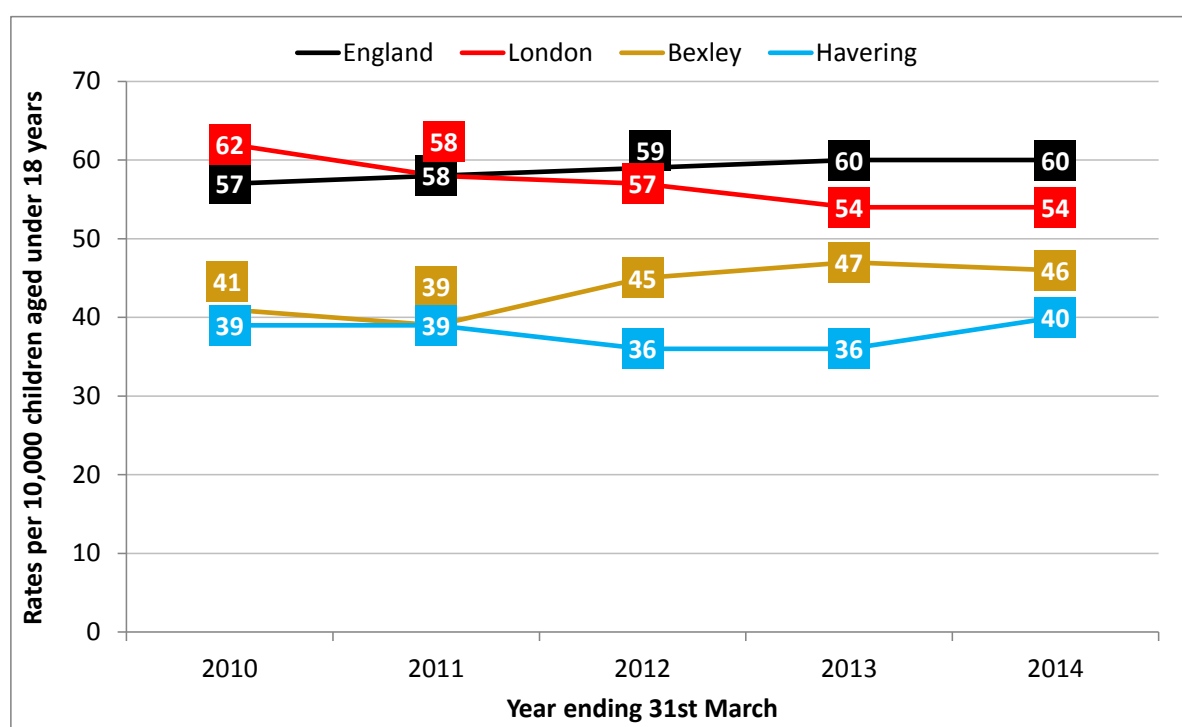
As detailed in the JSNA⁴ chapter on children and young people:

- there were a total of 300 children in care living in the borough as at 31st March 2013; 100 were in Havering's care and 200 were placed in Havering by other authorities (increase from 185 in 2010/11 to 200 in 2012/13)
- in 2012/13, 100 children exited Havering's care with 55 exiting to return to live with their parents or relatives. This is the second highest ratio of those exiting care to return to live with their parents / relatives in England
- as at March 2013, the proportion of children in care with up to date annual health assessments was lower than the England and London rate at 68%
- in 2012/13, screening test results for 95 children in care aged 5-16 showed that 56% were at a high or borderline risk of clinically significant mental health problems. Using national prevalence rates, an estimated 3,275 children aged 0-16 and resident in Havering have a mental health disorder sufficient to cause distress to the child or have a considerable impact on the child's day to day life
- in 2012/13, North East London Foundation Trust (NELFTs) Child and Adolescent Mental Health Service (CAMHS) provided tier two and tier three services to 2,065 individuals, with emotional disorders accounting for the majority of primary presentations.

CAMHS services are heavily skewed towards secondary-aged children, with the 11-17 age group accounting for 64.3% of service users.

- Havering's rate of admissions for mental health disorders per 100,000 residents aged 0-17 was lower than the England rate but higher than Bexley (the closest statistical neighbour). Havering was in the second quintile of performance (lower is better) for admissions due to self-harm, compared to all England authorities.

Figure 8 - Rates of children looked after, per 10,000 children aged under 18 years, in Havering compared to Bexley, London and England, years ending 31st March 2010 to 2014

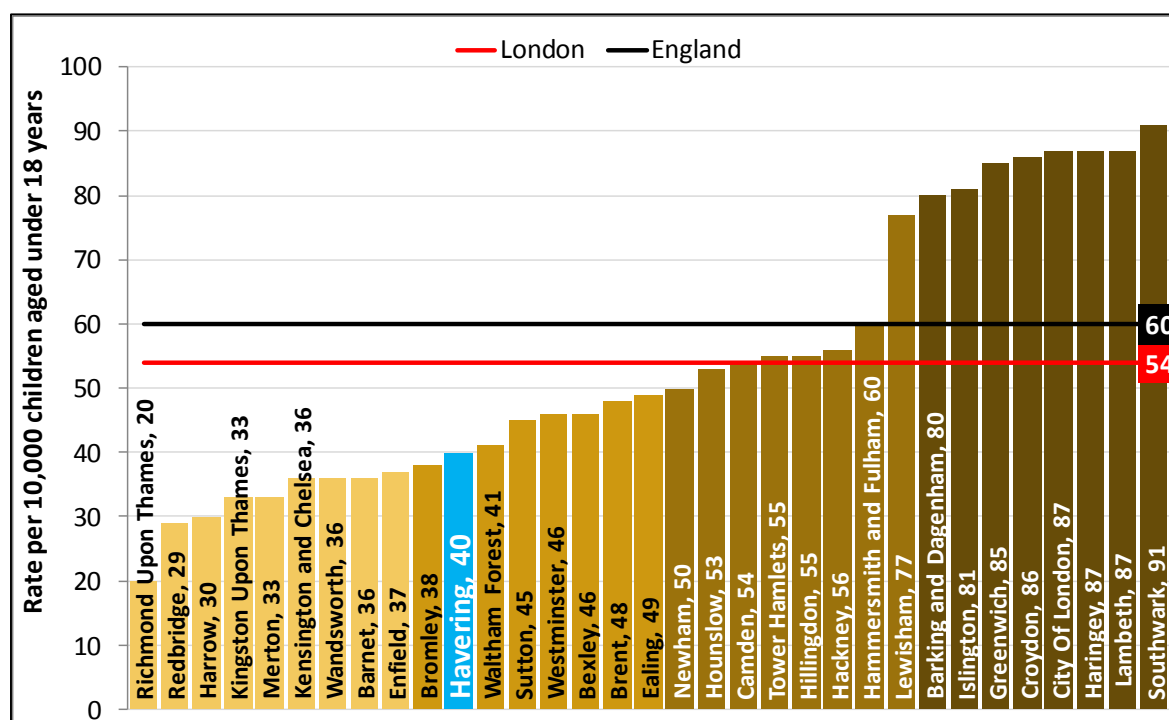


Data source: SSDA 903 and ONS mid-year estimates

In addition, Havering has consistently had lower rates of children in care than London and England and lower than Havering's most similar local authority (Bexley) in more recent years (see Figure 8).

Havering is in the second lowest quartile among London boroughs for rate of children in care (see Figure 9). On average, there are approximately 195 children in Havering's care at any one time.

Figure 9 - Rates of children looked after, per 10,000 children aged under 18 years, in Havering compared to London boroughs, London and England, year ending 31st March 2014



Data source: SSDA 903 and ONS mid-year estimates

2.3.5.4 Older people

The 65+ population was estimated to be 45,467 persons in 2014; this is projected to increase by 6% in 5 years (2019), by 16% in 10 years (2024), by 25% in 15 years (2029) and by 34% in 20 years (2034)¹⁴. The projected estimates of 65+ population by ward are listed in Table 5.

Table 5 - Havering population projections of all persons aged 65+ years and five-year, 10-year, 15-year and 20-year percentage changes from 2014, by ward

Ward	Year					% change from 2014 to			
	2014	2019	2024	2029	2034	2019	2024	2029	2034
Brooklands	2,171	2,413	2,804	3,180	3,567	11%	29%	46%	64%
Cranham	3,063	3,028	3,073	3,260	3,486	-1%	0%	6%	14%
Elm Park	2,536	2,508	2,622	2,792	2,942	-1%	3%	10%	16%
Emerson Park	2,808	2,921	3,064	3,211	3,330	4%	9%	14%	19%
Gooshays	1,884	1,985	2,190	2,449	2,706	5%	16%	30%	44%

¹⁴ GLA Capped SHLAA-Based Projections 2013

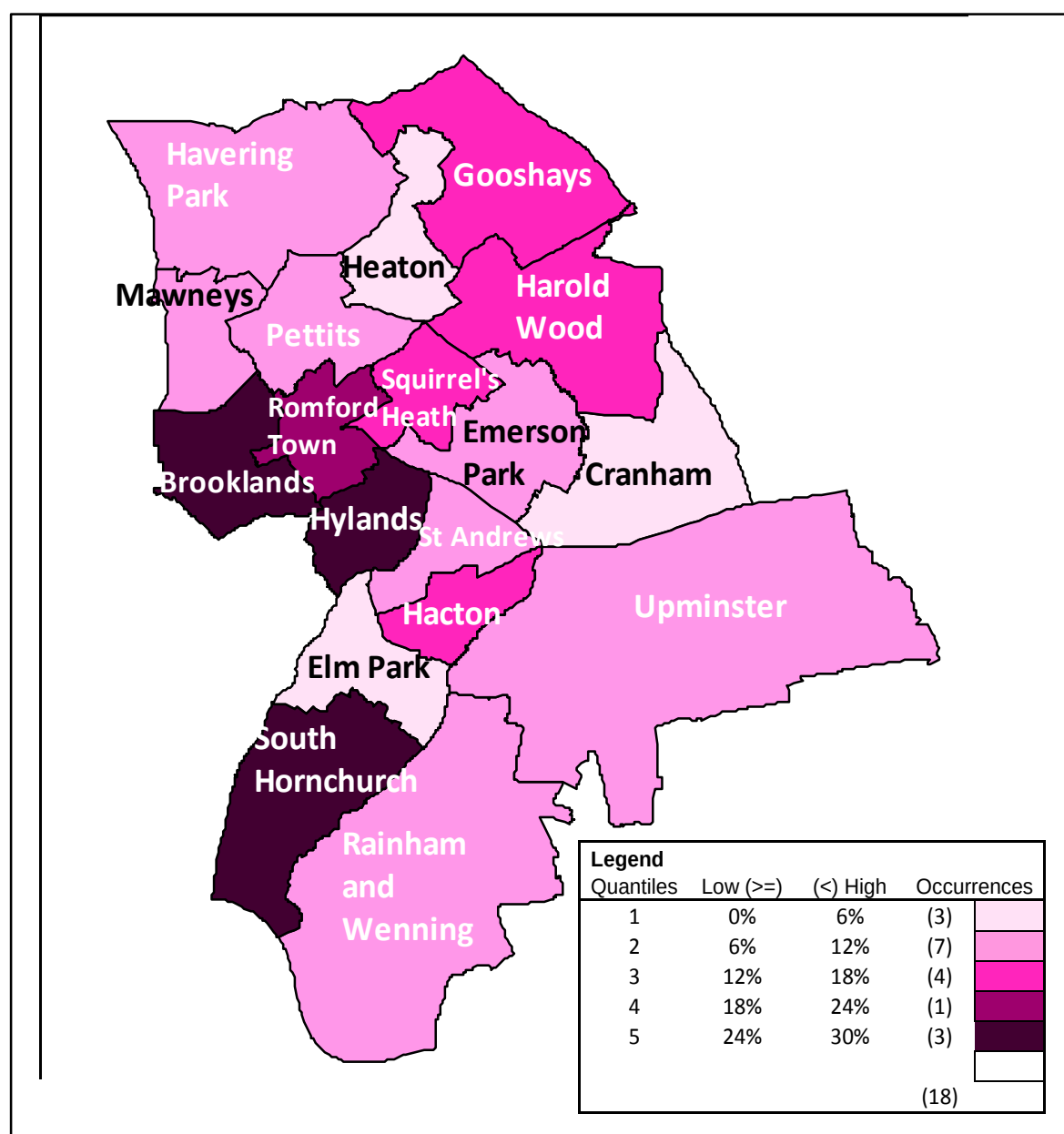
Ward	Year					% change from 2014 to			
	2014	2019	2024	2029	2034	2019	2024	2029	2034
Hacton	2,604	2,769	2,950	3,175	3,385	6%	13%	22%	30%
Harold Wood	2,442	2,583	2,756	2,985	3,277	6%	13%	22%	34%
Havering Park	2,249	2,353	2,481	2,618	2,756	5%	10%	16%	23%
Heaton	2,219	2,228	2,279	2,377	2,508	0%	3%	7%	13%
Hylands	2,388	2,695	3,045	3,406	3,701	13%	28%	43%	55%
Mawneys	2,558	2,628	2,755	2,946	3,152	3%	8%	15%	23%
Pettits	2,941	3,067	3,245	3,491	3,674	4%	10%	19%	25%
Rainham and Wennington	2,366	2,467	2,639	2,926	3,182	4%	12%	24%	34%
Romford Town	2,436	2,584	2,932	3,271	3,654	6%	20%	34%	50%
St. Andrew's	2,856	2,865	3,052	3,279	3,490	0%	7%	15%	22%
South Hornchurch	2,560	3,044	3,333	3,604	3,935	19%	30%	41%	54%
Squirrel's Heath	2,306	2,437	2,598	2,775	2,960	6%	13%	20%	28%
Upminster	3,076	3,180	3,364	3,644	3,910	3%	9%	18%	27%

Data source: GLA Capped SHLAA-Based Projections 2013

In five years (2019), South Hornchurch, Hylands and Brooklands will all experience higher percentage increases (of over 10%) in the 65+ population while it is estimated that the 65+ population of Cranham and Elm Park will decrease in size by -1.14% and -1.10% respectively (see Table 5).

In ten years (2024), the 65+ population is expected to increase in all wards, with Hylands, Brooklands, Romford Town and South Hornchurch estimated to have the largest increases. There will be variability in percentage increases across wards with a range of 0.3%-30%, with Cranham predicted to have the smallest increase (0.3%) and (at 30%) South Hornchurch will experience the highest increase (see Table 5).

Figure 10 - Forecast ten-year percentage change (from 2014 to 2024) for persons aged 65+ in Havering, by ward



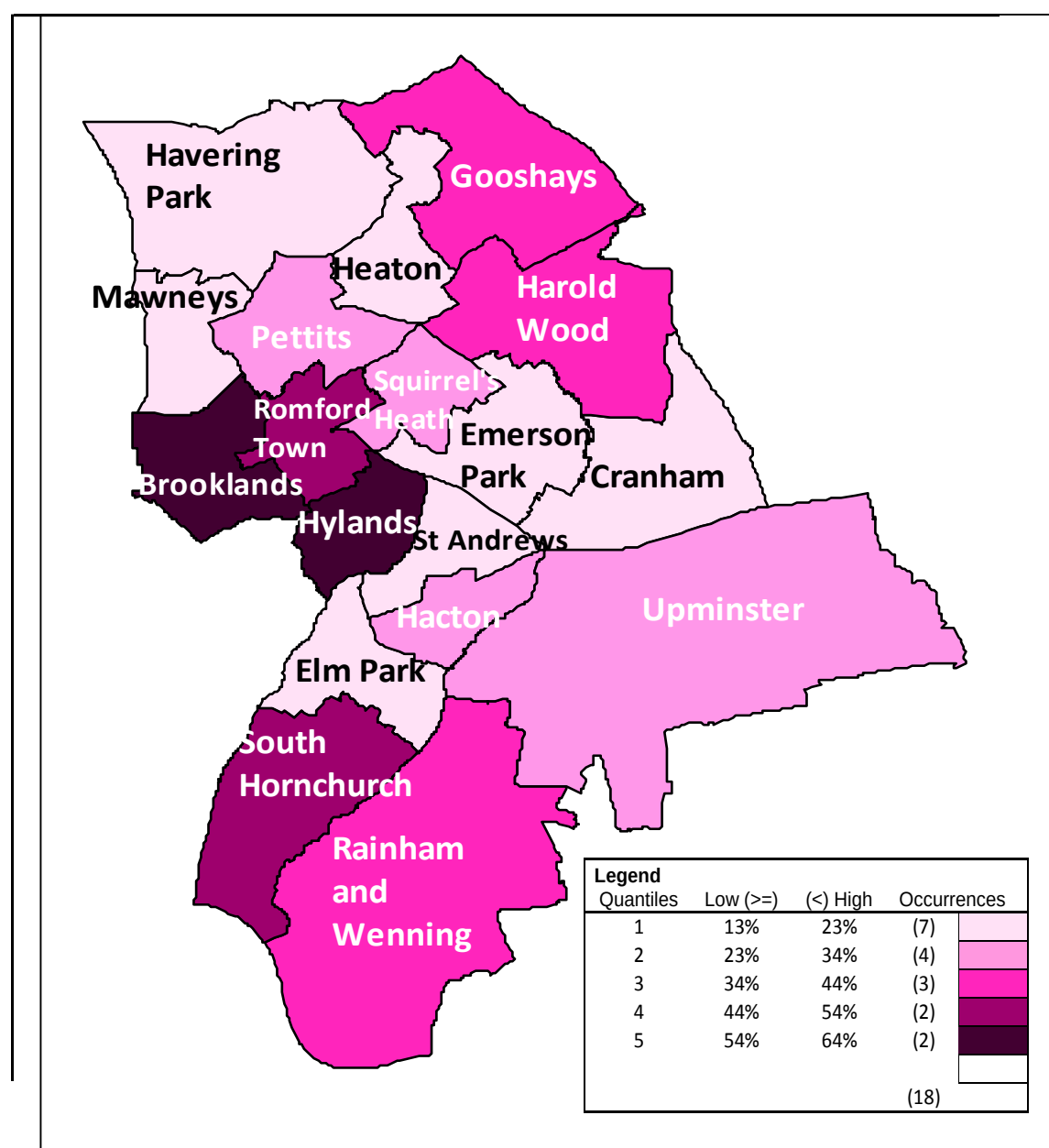
Data source: GLA Capped SHLAA-Based Projections 2013

In 15 years, the population in Havering is estimated to increase in all wards, with Brooklands (46%), Hylands (43%) and South Hornchurch (41%) wards expected to experience the highest increases. Cranham, Heaton, Elm Park and Emerson Park wards (with estimated population growths between 6%-14%) will experience the lowest increases in Havering (see Table 5)

In 20 years, the population in Havering is estimated to increase in all wards, with Brooklands, Hylands, South Hornchurch and Romford Town all estimated to have increases above 50%.

Heaton ward is expected to have the smallest increase at 13% (Table 5 and Figure 11).

Figure 11 - Forecast twenty-year percentage change (from 2014 to 2034) for persons aged 65+ in Havering, by ward

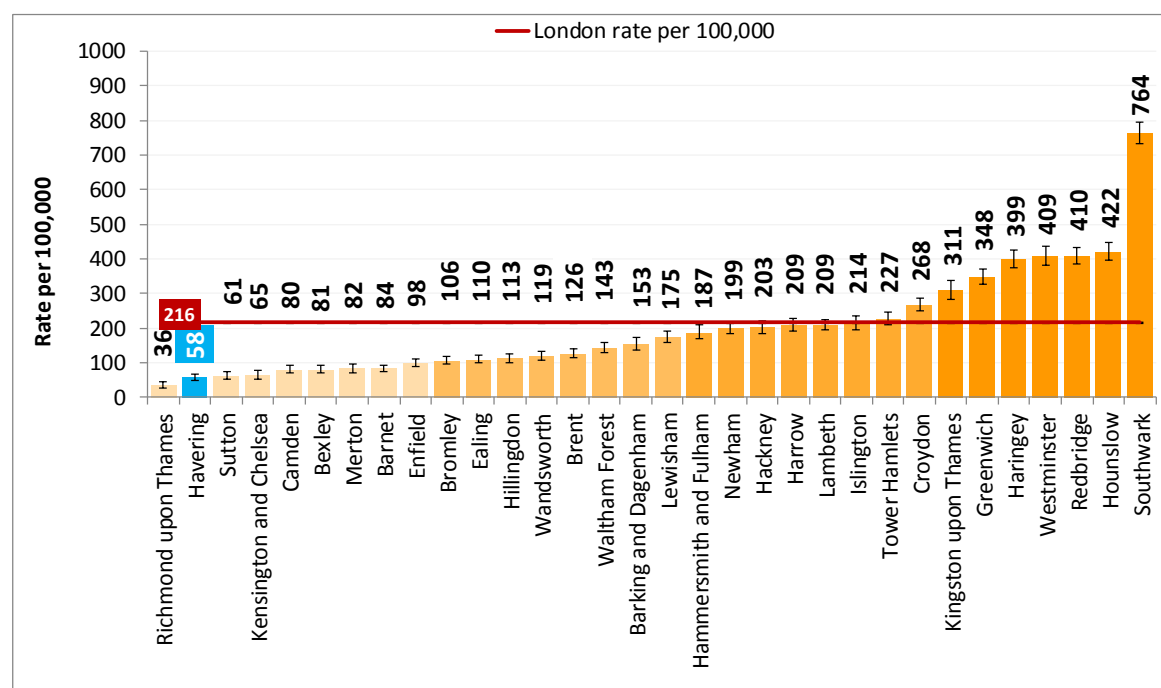


Data source: GLA Capped SHLAA-Based Projections 2013

2.3.5.5 Prison populations

In 2012, 140 prisoners were Havering residents. The prison population in Havering, at 58 per 100,000 resident population, is the second lowest of all London authorities and is significantly lower than the London average of 216 per 100,000 (see Figure 12). There are no prisons within Havering itself.

Figure 12 - Prison population rate per 100,000, in Havering and other London Local authorities, 2012



Note: City of London has been excluded due to small numbers.

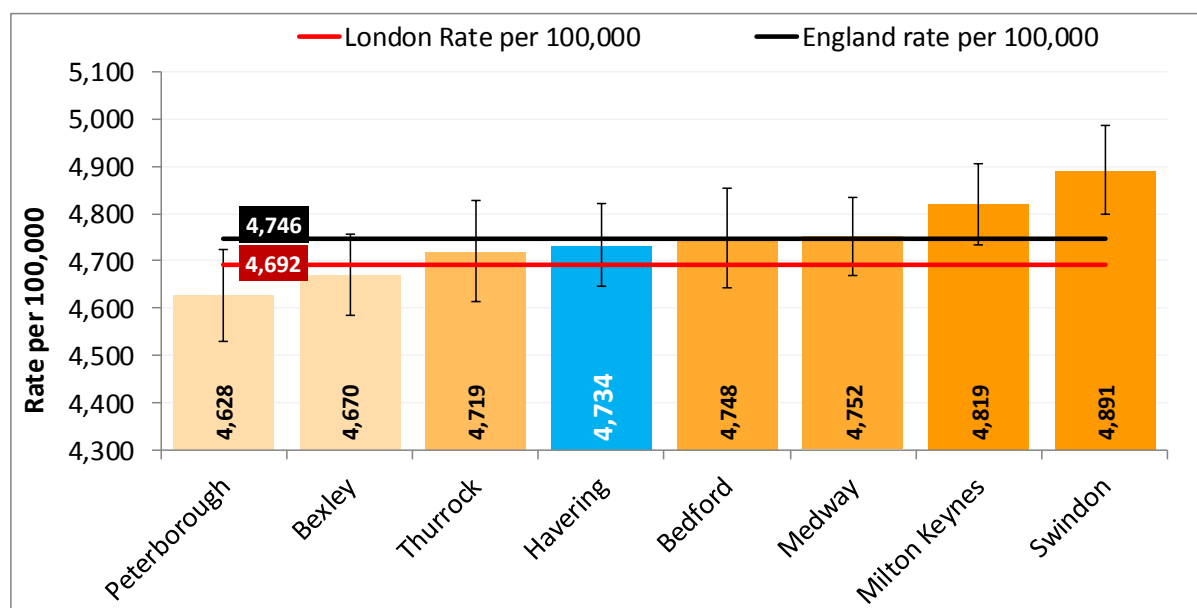
Data Source: MOJ FOI 2012 and ONS mid 2012 population estimates

2.3.5.6 Less-abled populations

Physical disability

There were 11,459 adults (aged 18-64 years) estimated to be living with moderate physical disabilities in Havering in 2014. The estimated rate of moderate physical disabilities in Havering (4,734 per 100,000) is in the second lowest quartile among London local authorities. It is statistically similar to the London and England rates and also similar to almost all its closest statistical neighbours (see Figure 13).

Figure 13 - Estimated moderate physical disability rate per 100,000, persons aged 18-64 years, in Havering, statistical neighbours, London and England, 2014

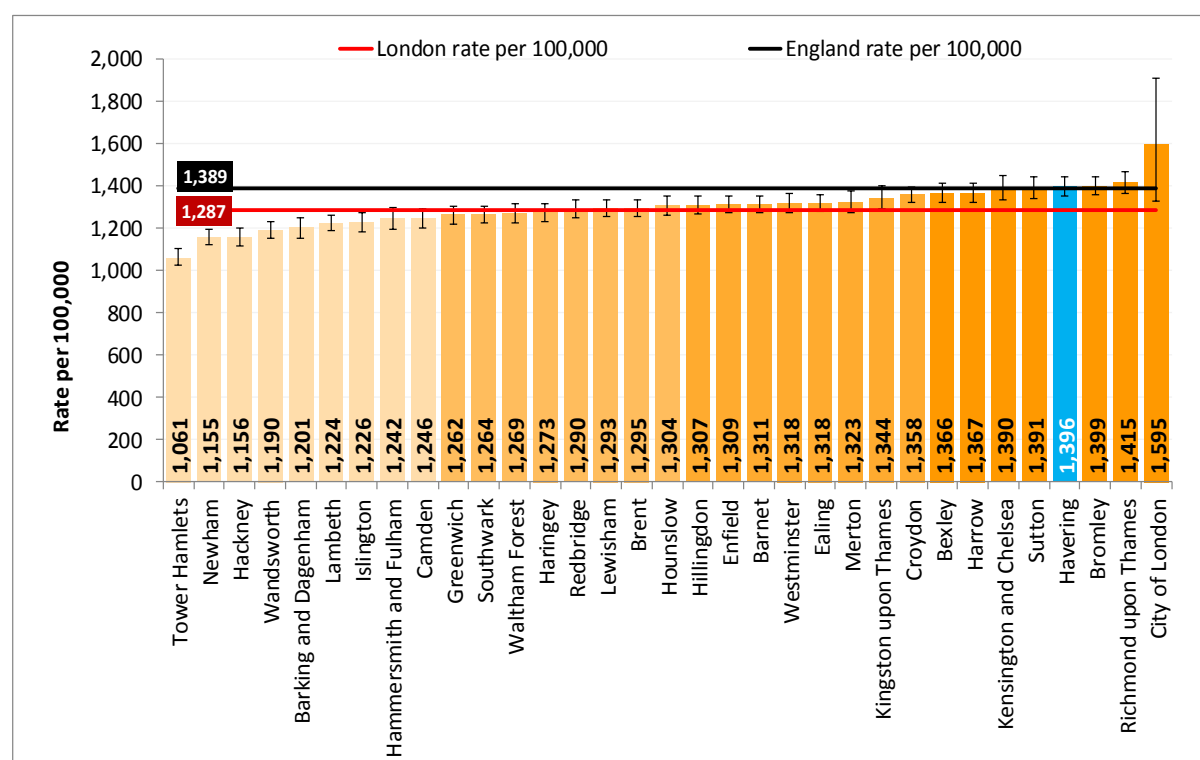


Note: Rate per 100,000 calculation uses mid 2013 population estimates; not all statistical neighbours are shown here due to data availability

Data Source: PANSI 2014, ONS 2014

Furthermore, 3,380 adults (aged 18-64 years) were estimated to be living with serious physical disabilities in Havering in 2014. The estimated rate of severe physical disabilities in Havering is higher than the London rate but similar to the England rate. Havering is estimated to have one of the highest rates of serious physical disabilities among London local authorities (see Figure 14) but similar to almost all its statistical neighbours.

Figure 14 - Estimated serious physical disability rate per 100,000, persons aged 18-64 years, in Havering and other London boroughs, London and England, 2014



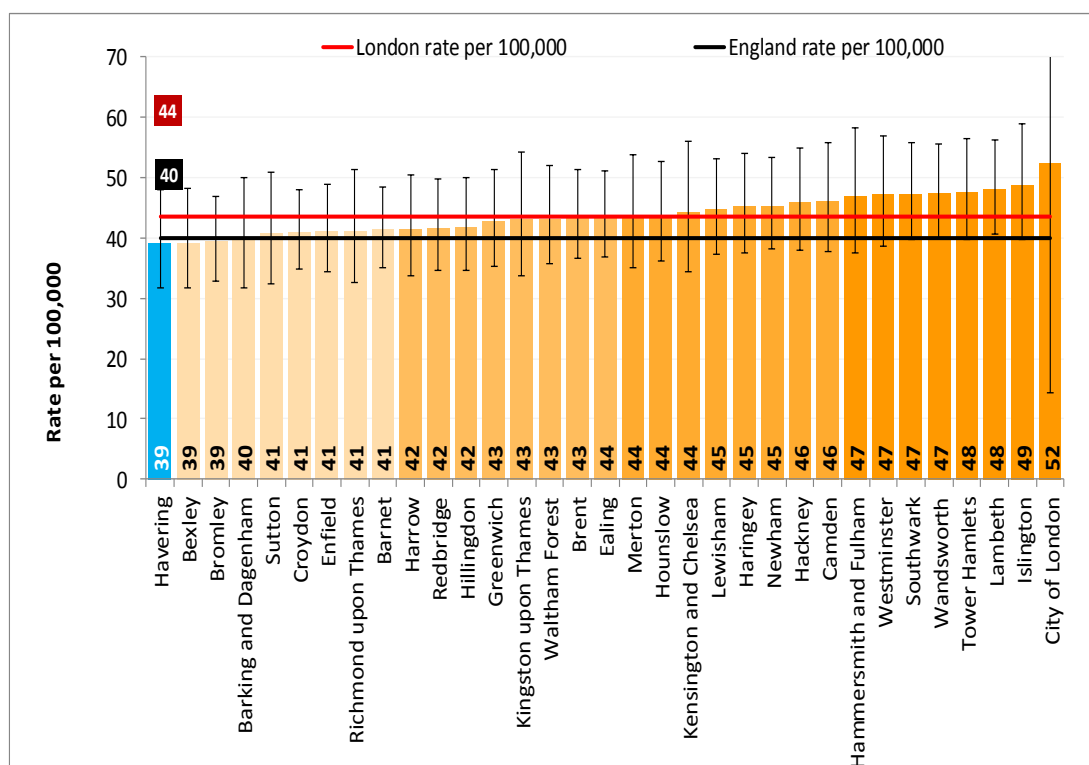
Note: Rate per 100,000 calculation uses mid 2013 population estimates

Data Source: PANSI 2014, ONS 2014

Visual impairment

In Havering in 2014, 95 adults (aged 18-64 years) were estimated to be living with serious visual impairments. The estimated rate of serious visual impairments in Havering (39 per 100,000 persons) is similar to the London and England rates. Havering is estimated to have the lowest rates of serious visual impairments among London local authorities (see Figure 15) and Havering's statistical neighbours (see Figure 16).

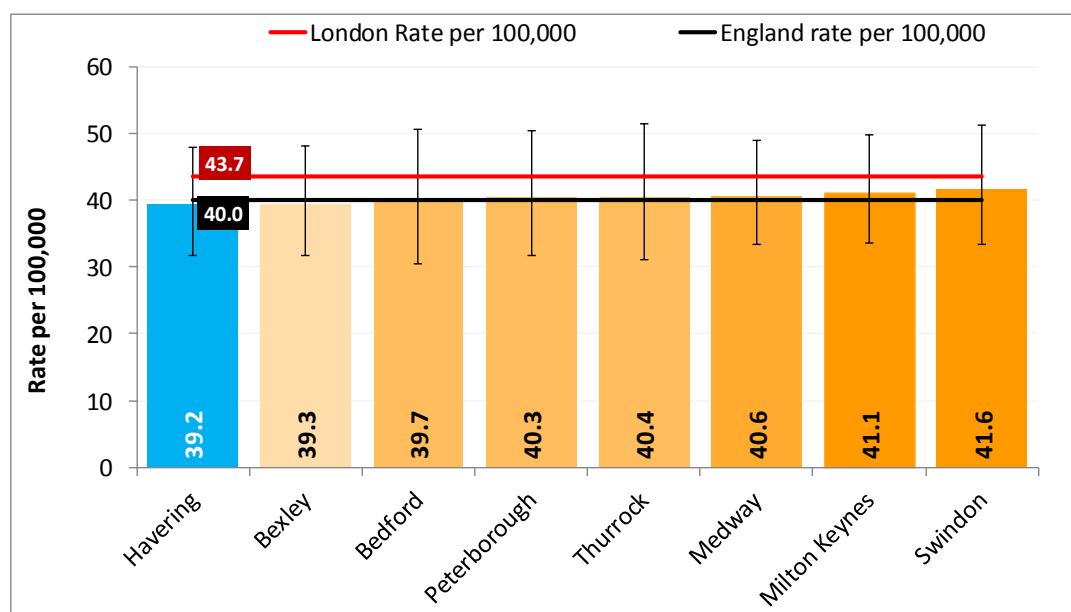
Figure 15 - Estimated serious visual impairments rate per 100,000, persons aged 18-64 years, in Havering and other London boroughs, London and England, 2014



Note: Rate per 100,000 calculation uses mid 2013 population estimates

Data Source: PANSI 2014, ONS 2014

Figure 16 - Estimated serious visual impairment rate per 100,000, persons aged 18-64 years, in Havering, statistical neighbours, London and England, 2014



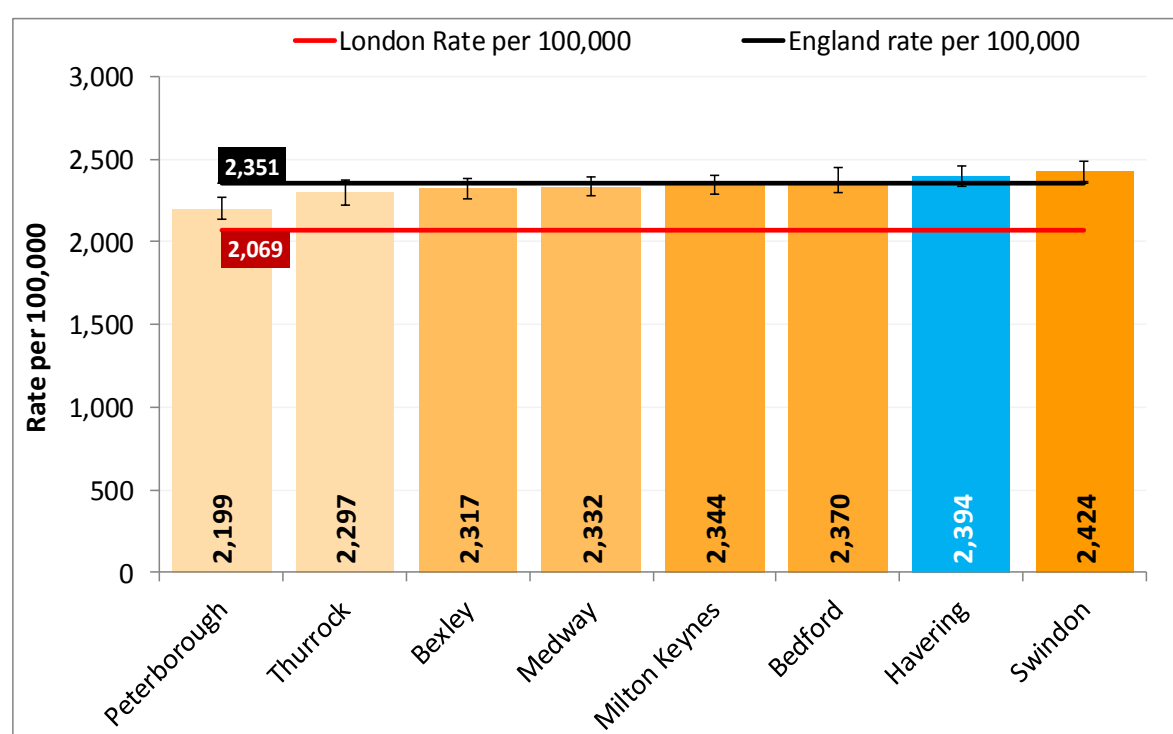
Note: Rate per 100,000 calculation uses mid 2013 population estimates; not all statistical neighbours are shown here due to data availability. Data Source: PANSI 2014, ONS 2014

Hearing impairment

In Havering in 2014, 5,796 adults (aged 18-64 years) were estimated to be living with moderate or severe hearing impairments. A further 51 adults (aged 18-64 years) were living with profound hearing impairments in the same year.

In 2014, the estimated rate of moderate or severe hearing impairments in Havering (2,394 per 100,000 persons aged 18-64 years) was significantly higher than London but similar to the rate seen in England. Havering is estimated to have the second highest rate of moderate or severe hearing impairments among Havering's statistical neighbours (see Figure 17) and London local authorities (see Figure 18).

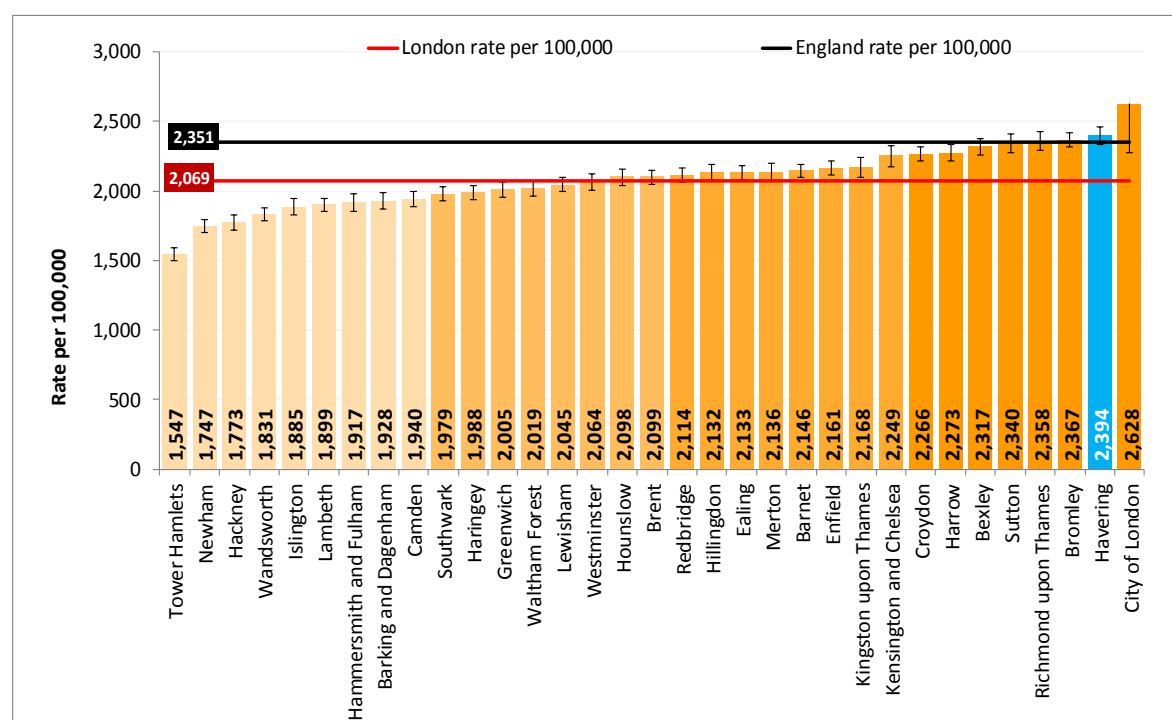
Figure 17 - Estimated moderate or severe hearing impairment rate per 100,000, persons aged 18-64 years, in Havering, statistical neighbours, London and England, 2014



Note: Rate per 100,000 calculation uses mid 2013 population estimates; not all statistical neighbours are shown here due to data availability

Data Source: PANSI 2014, ONS 2014

Figure 18 - Estimated moderate or severe hearing impairment rate per 100,000, persons aged 18-64 years, in Havering and other London boroughs, London and England, 2014

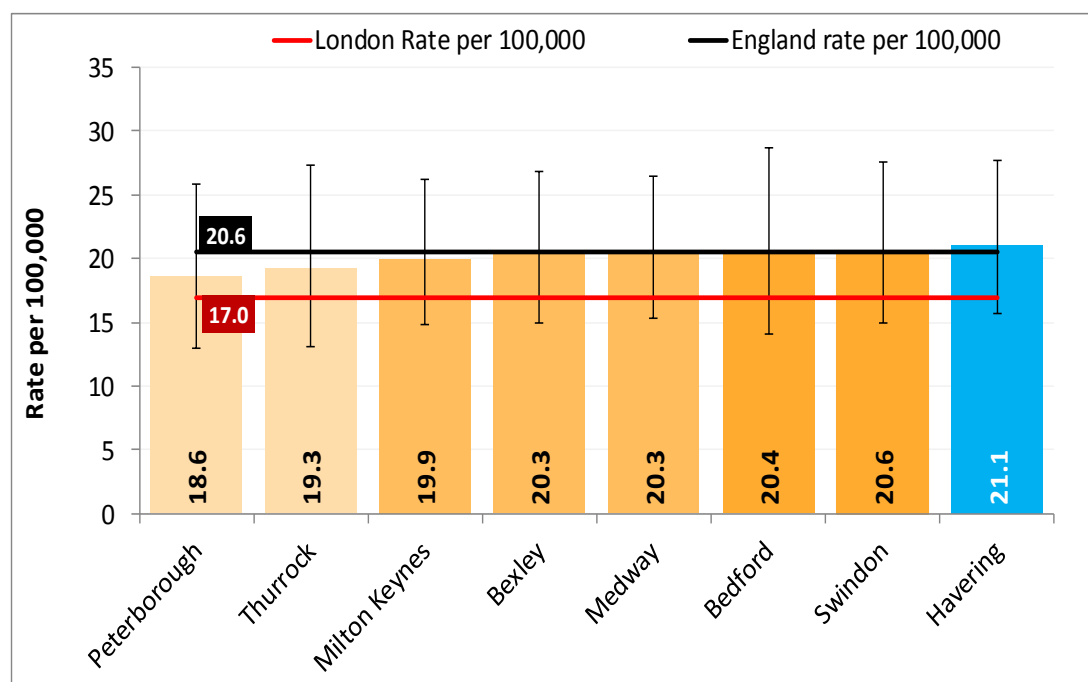


Note: Rate per 100,000 calculation uses mid 2013 population estimates

Data Source: PANSI 2014, ONS 2014

The 2014 estimated rate of profound hearing impairments in Havering (21 per 100,000 persons aged 18-64 years) was statistically similar to the rates observed in London and England. However, Havering is estimated to have the highest rate of profound hearing impairments among Havering's statistical neighbours (see Figure 19) and London local authorities (see Figure 20)

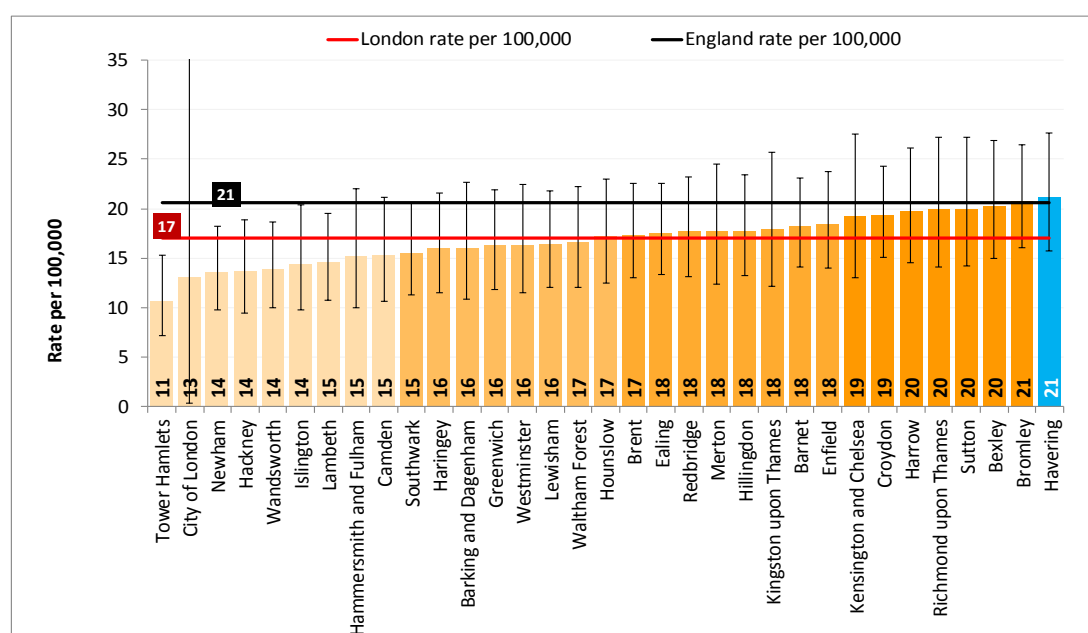
Figure 19 - Estimated profound hearing impairment rate per 100,000, persons aged 18-64 years, in Havering, statistical neighbours, London and England, 2014



Note: Rate per 100,000 calculation uses mid 2013 population estimates; not all statistical neighbours are shown here due to data availability

Data Source: PANSI 2014, ONS 2014

Figure 20 - Estimated profound hearing impairment rate per 100,000, persons aged 18-64 years, in Havering and other London boroughs, London and England, 2014



Note: Rate per 100,000 calculation uses mid 2013 population estimates

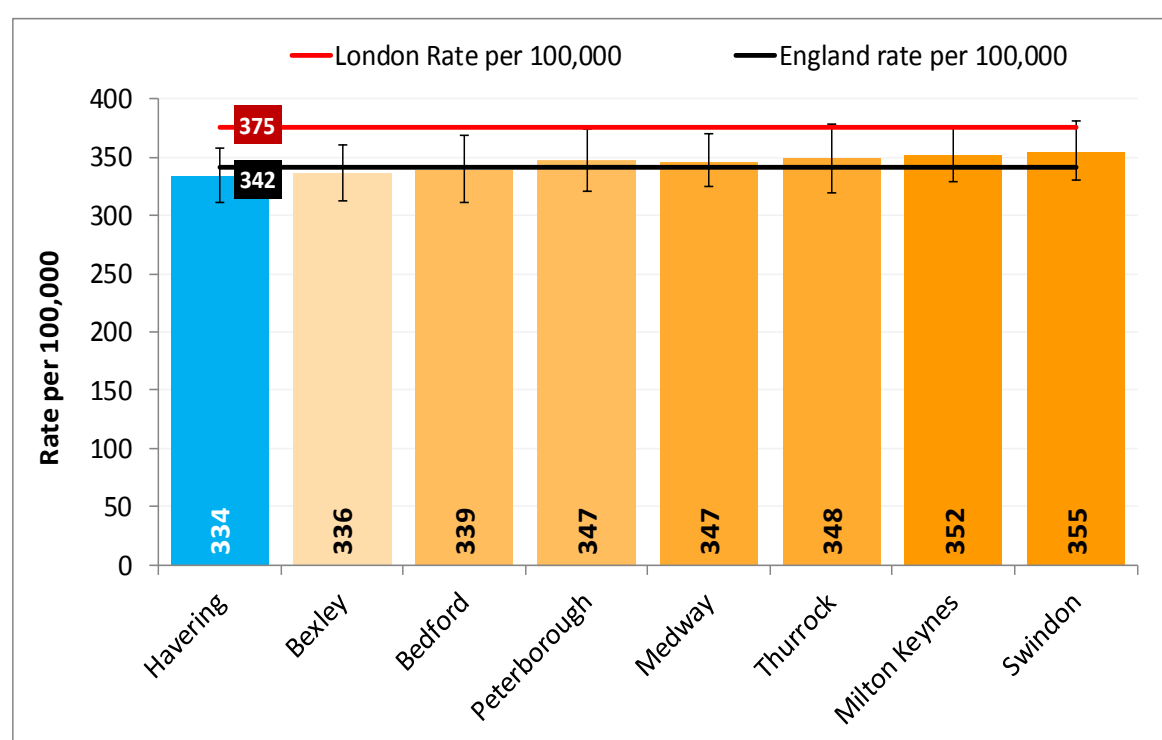
Data Source: PANSI 2014, ONS 2014

Learning disability

About 809 adults (aged 18-64 years) were estimated to be living with moderate or severe learning disabilities in Havering in 2014 and are likely to be in receipt of services.

In 2014, the estimated rate of moderate or severe learning disabilities in Havering (334 per 100,000 persons aged 18-64 years) was significantly lower than London but similar to the rate seen in England. Havering is estimated to have the lowest rate of moderate or severe learning disabilities among Havering's statistical neighbours (see Figure 21) and London local authorities (see Figure 22).

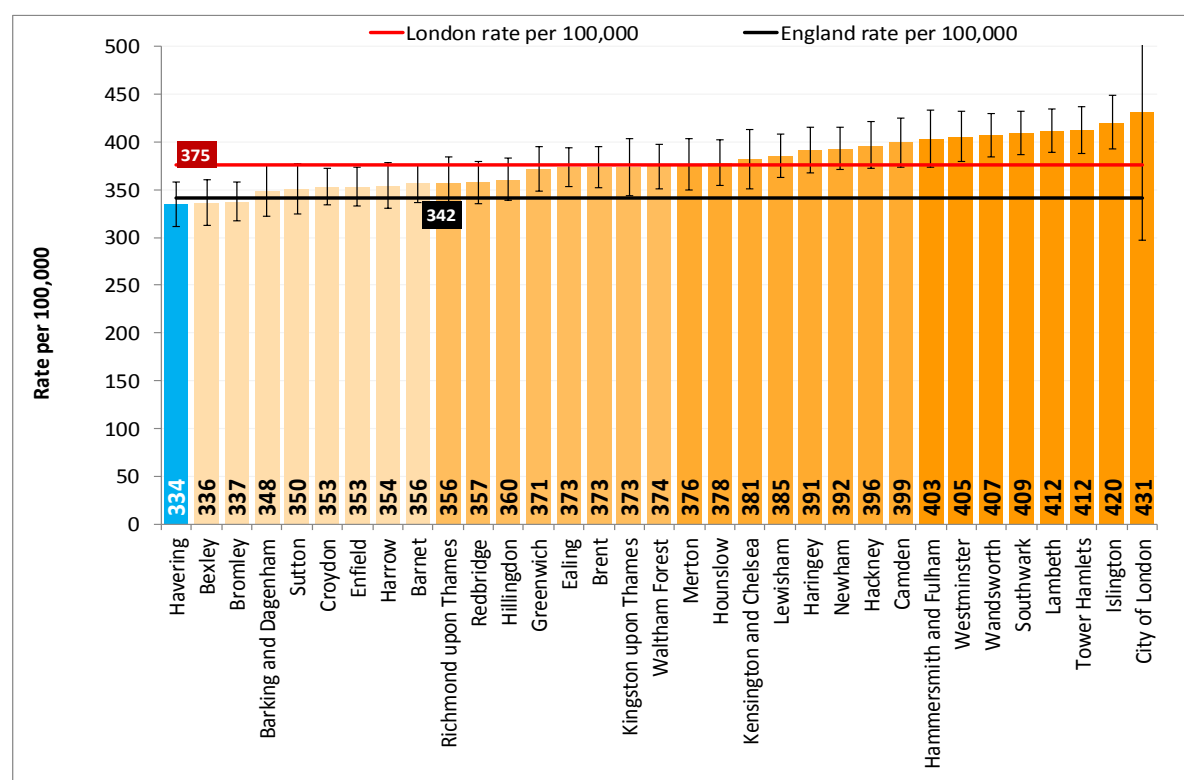
Figure 21 - Estimated moderate or severe learning disabilities rate per 100,000 persons aged 18-64 years, in Havering, statistical neighbours, London and England, 2014



Note: Rate per 100,000 calculation uses mid 2013 population estimates; not all statistical neighbours are shown here due to data availability

Data Source: PANSI 2014, ONS 2014

Figure 22 - Estimated moderate or severe learning disabilities rate per 100,000, persons aged 18-64 years, in Havering and other London boroughs, London and England, 2014



Note: Rate per 100,000 calculation uses mid 2013 population estimates

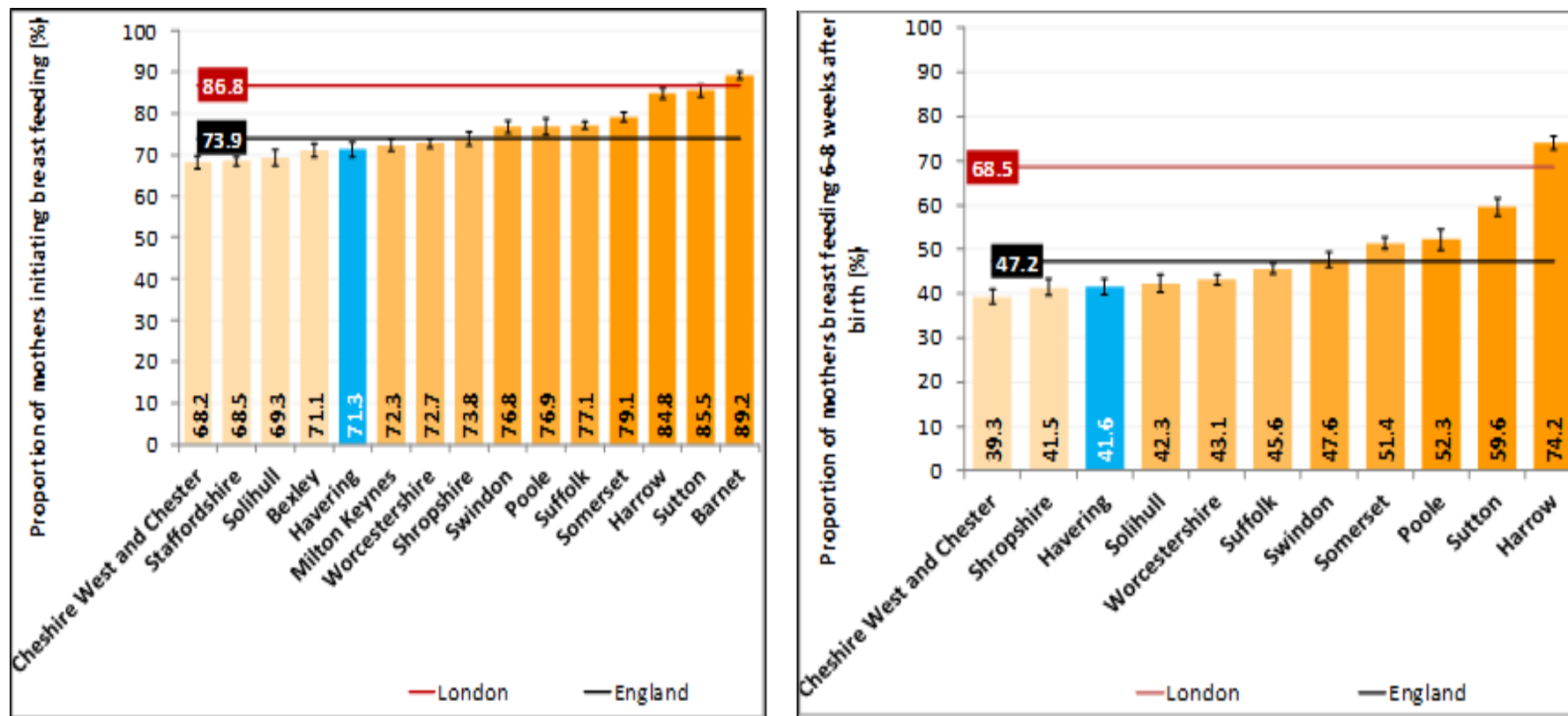
Data Source: PANSI 2014, ONS 2014

2.3.5.7 Breastfeeding

In 2012/13, about 713 (71%) out of every 1,000 Havering women who gave birth gave their babies breast milk in the first 48 hours after delivery. This prevalence of breast feeding initiation in Havering was worse than London (74%) and significantly worse than England (87%). It falls within the second lowest quartile when compared to other local authorities in the same national deprivation group – the third least deprived decile (see left of Figure 23).

The 2012/13 prevalence of breastfeeding in Havering dropped by 42% from 713 out of every 1,000 Havering women (71%) at initiation to about 416 out of every 1,000 mothers (42%) at 6-8 weeks. The local prevalence of breastfeeding at 6-8 weeks was also significantly worse than London (69%) and worse than England (47%), and was one of the lowest when compared to other local authorities in the same national deprivation group (see right of Figure 23).

Figure 23 – **Left** - Breast feeding initiation in Havering and other local authorities within the third least deprived decile, 2012/13
Right - Breast feeding prevalence at 6-8 weeks after birth in Havering and other local authorities within the third least deprived decile, 2012/13



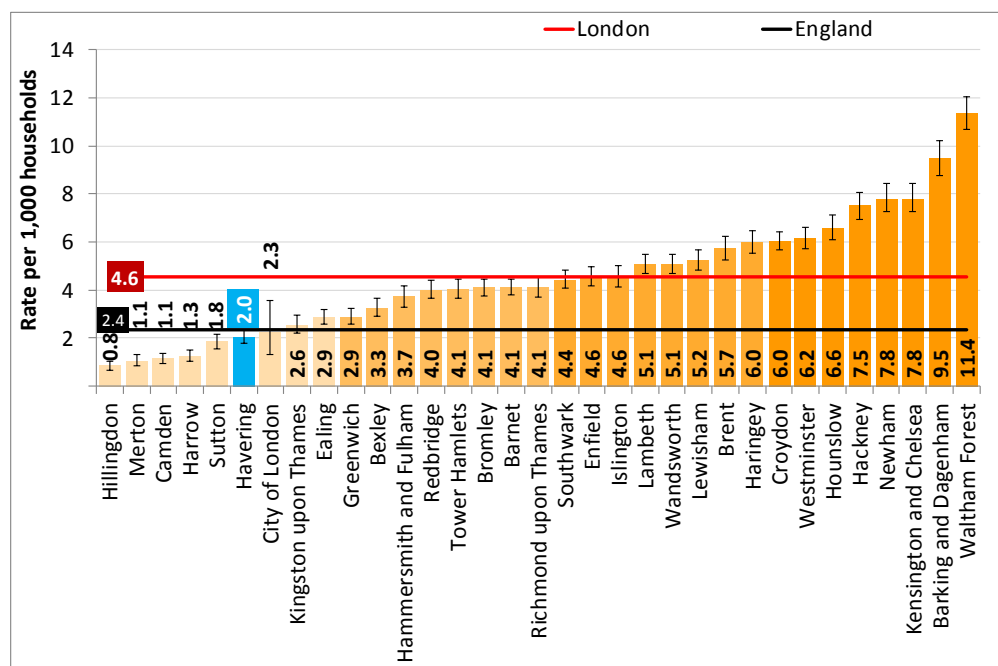
Note: Some local authorities in the same deprivation decile have been excluded due to data validation issues.

Data Source: PHOF 2014.

2.3.5.8 Homeless populations

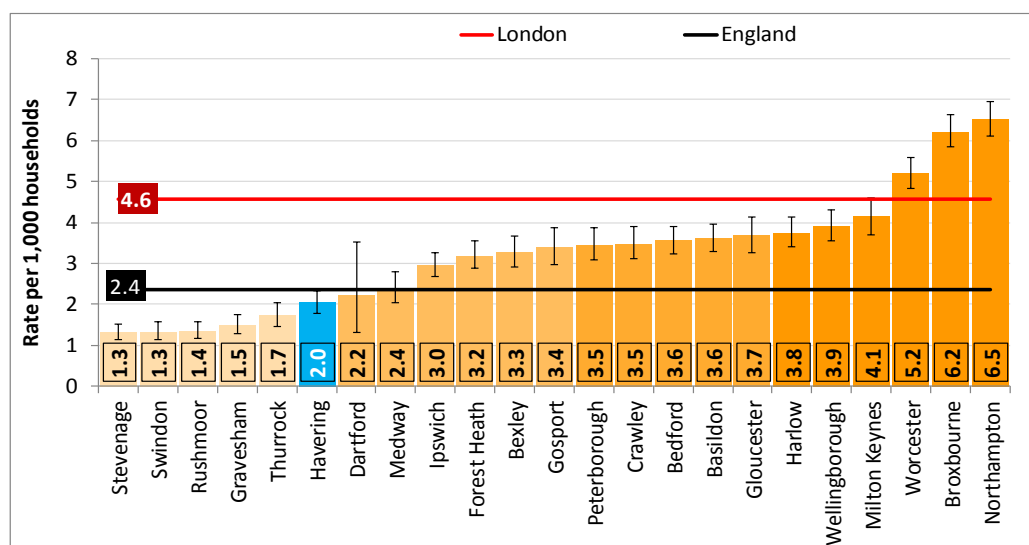
The rate of statutory homeless households in Havering (two per 1,000 households) is similar to England (2.4 per 1,000) and lower than the London rate (4.6 per 1,000). It falls within the lowest quartile among London local authorities (see Figure 24) and when compared to statistical neighbours (see Figure 25).

Figure 24 - Statutory homeless households in Havering, other London boroughs, London and England, crude rate per 1,000 estimated total households, 2012/13



Data Source: PHOF 2014

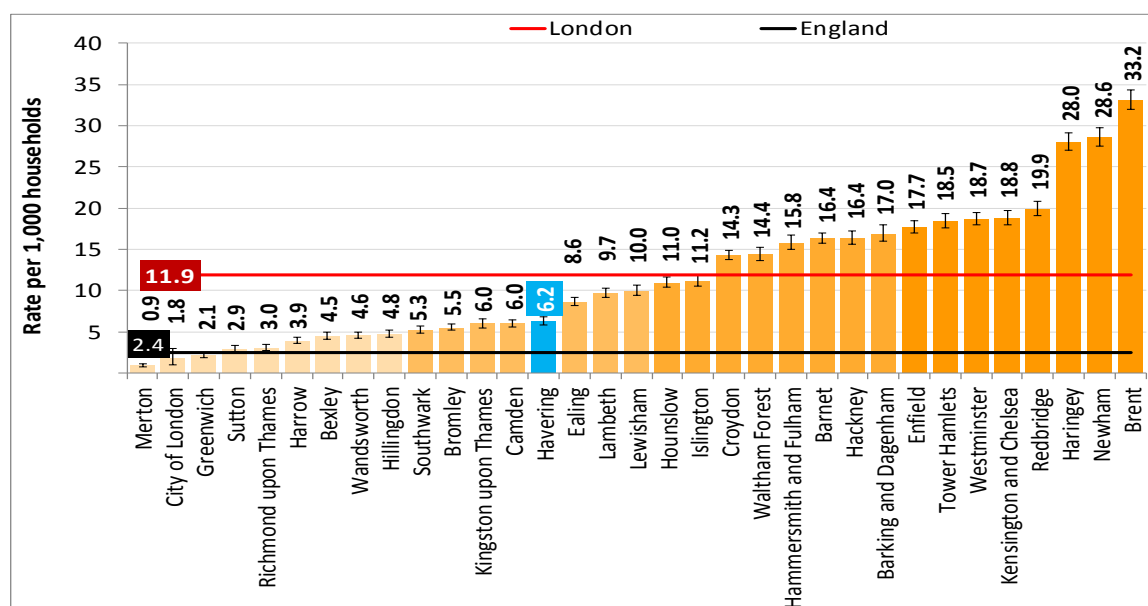
Figure 25 - Statutory homeless households in Havering, statistical neighbours, London and England, crude rate per 1,000 estimated total households, 2012/13



Data Source: PHOF 2014

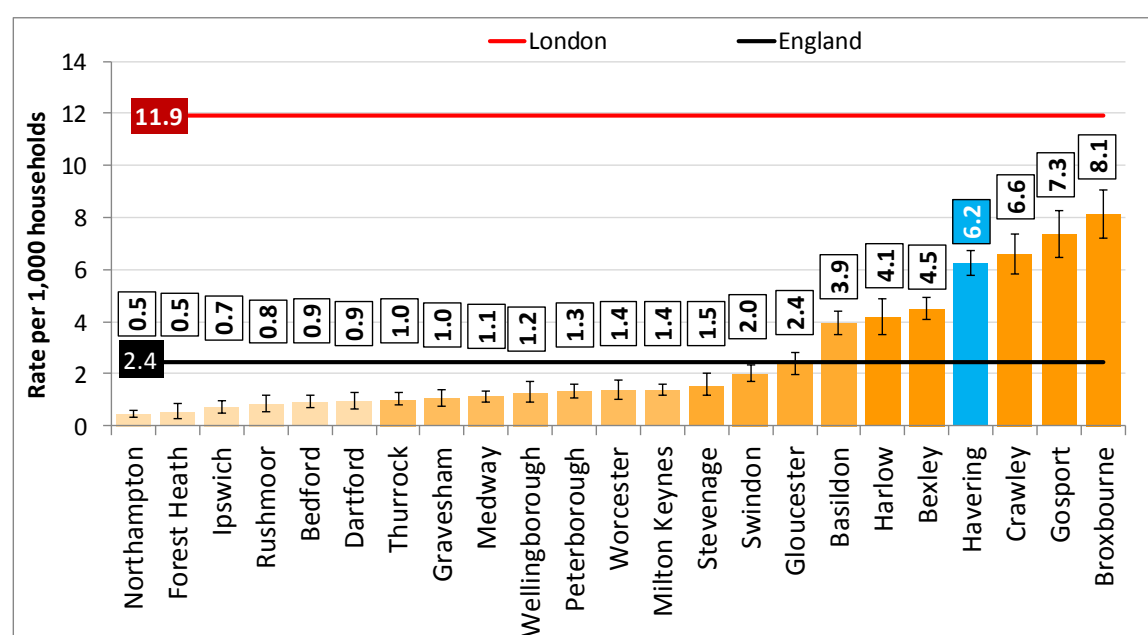
The rate of homeless households in temporary accommodation per 1,000 households (6.2) is higher in Havering than in England (2.4 per 1,000) and lower than the London rate (11.9 per 1,000). It falls within the second lowest quartile among London local authorities (see Figure 26) but it is in the highest quartile when compared to statistical neighbours (see Figure 27).

Figure 26 - Homeless households in temporary accommodation in Havering, other London boroughs, London and England, crude rate per 1,000 households, 2012/13



Data Source: PHOF 2014

Figure 27 - Homeless households in temporary accommodation in Havering, statistical neighbours, London and England, crude rate per 1,000 households, 2012/13



Data Source: PHOF 2014

2.3.5.9 Short term migrant populations

An average of 164 short-term international migrants arrive in Havering every year (see Table 6). The rate of short term migrants in Havering, at 75.2 per 100,000 population, is significantly lower than the rate seen in London and England. It is also the lowest of all London local authorities (see Figure 28) and when compared to Havering's statistical neighbours (see Figure 29).

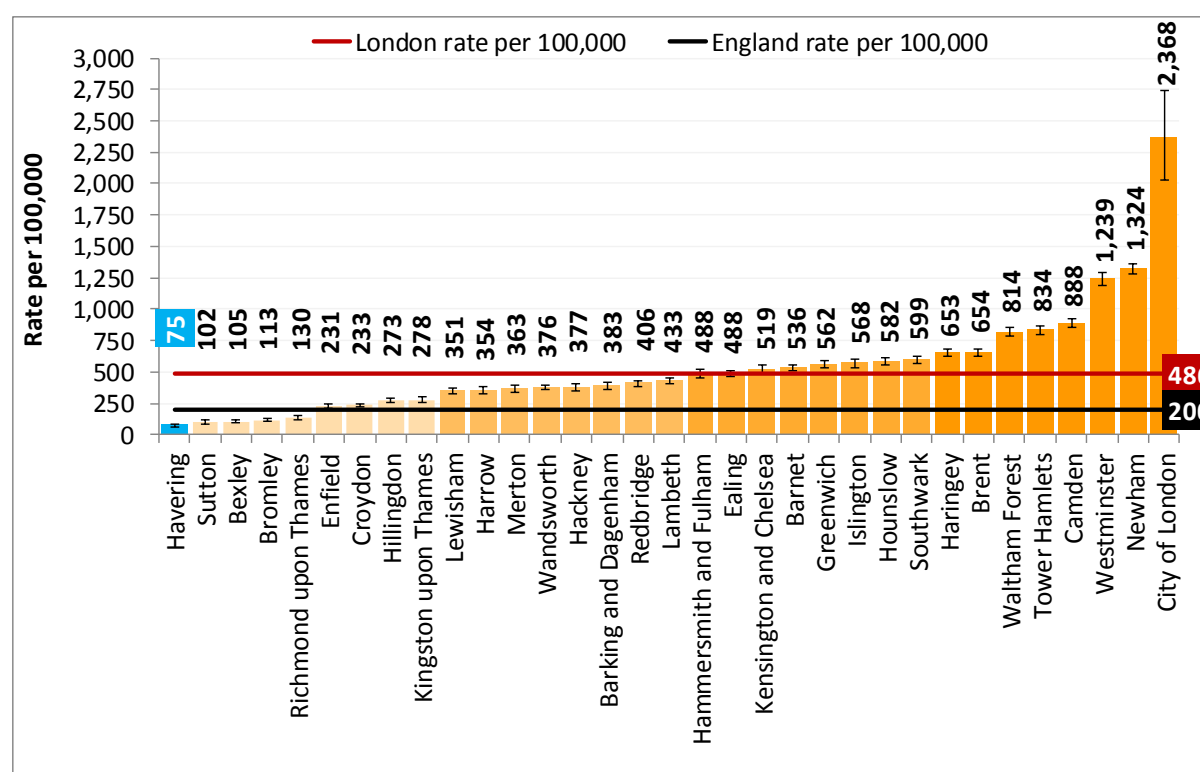
See Havering's JSNA chapter on demographics for more information on general migration.

Table 6 - Short-term international migration into Havering, migrants satisfying United Nations definition of a short-term migrant, estimates from the International Passenger Survey, mid 2008 to mid 2012

Mid-Year	2008	2009	2010	2011	2012	5-year average
Estimate	167	159	190	124	180	164

Data Source: IPS inflow estimate 2012

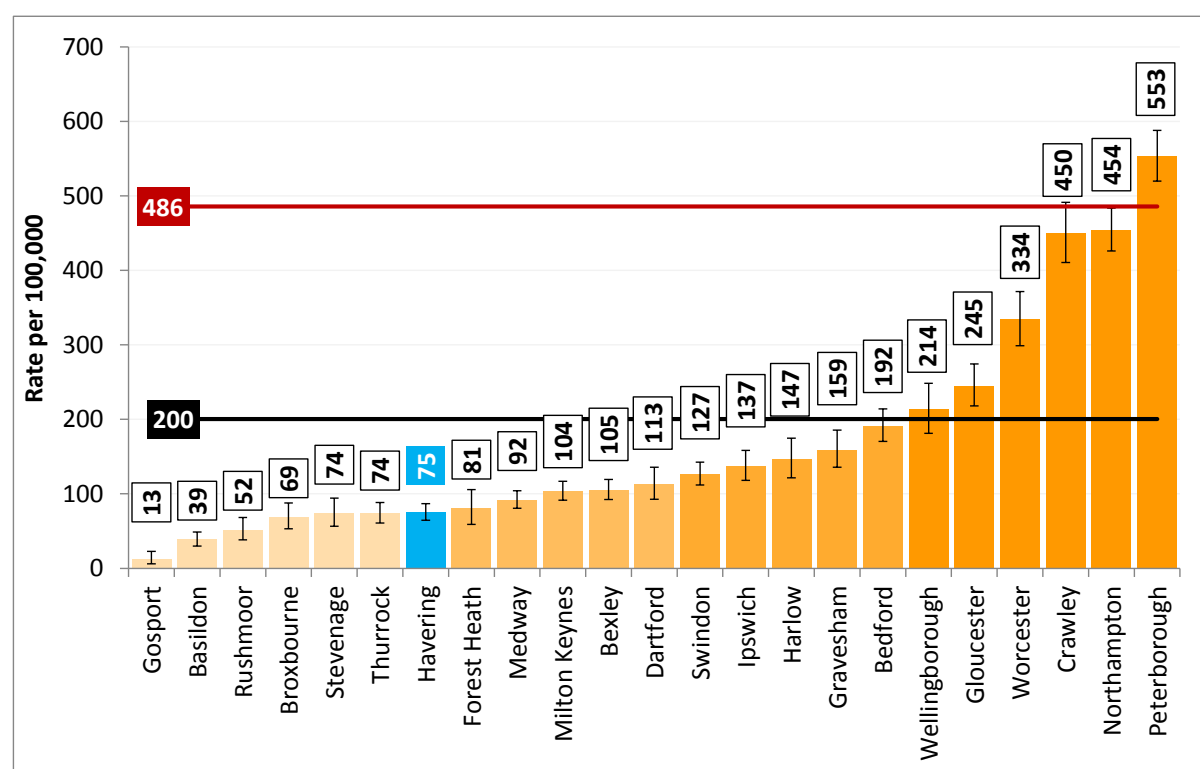
Figure 28 - Rate of international short-term migrants per 100,000 population in 2012, Havering, other London boroughs, London and England



Note: Short term migration is classified here as a stay longer than a month and shorter than a year for reasons other than leisure/business/pilgrimage or treatment

Data Source: IPS inflow estimate 2012, ONS mid-year population estimates 2012

Figure 29 - Rate of international short-term migrants per 100,000 population in 2012, Havering, Havering's statistical neighbours, London and England



Note: Short term migration is classified here as a stay longer than a month and shorter than a year for reasons other than leisure/business/pilgrimage or treatment

Data Source: IPS inflow estimate 2012, ONS mid-year population estimates 2012

2.3.5.10 Traveller population

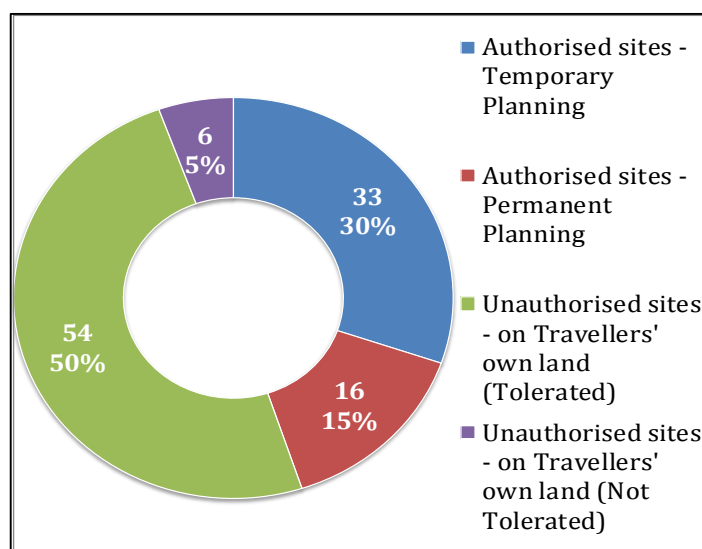
There were 109 caravans occupied by travellers in January 2014 and this number has remained almost steady over the last five counts (see Table 7). About 55% of the traveller caravans in Havering were on unauthorised sites, though they are all on travellers' own land, and 45% were on authorised sites (see Table 7 and Figure 30).

Table 7 - Count of traveller caravans in Havering, last five counts, January 2012 to January 2014

As at month / year			01 / 2014	07 / 2013	01 / 2013	07 / 2012	01 / 2012
Authorised sites (with planning permission)	Socially rented caravans		0	0	0	0	0
	Private caravans	Temporary planning permission	33	41	52	57	48
		Permanent planning permission	16	16	16	16	16
		All private caravans	49	57	68	73	64
Unauthorised sites (without planning permission)	Caravans on sites on gypsies' own land	"Tolerated"	54	46	35	28	35
		"Not tolerated"	6	6	1	0	0
	Caravans on sites on land not owned by gypsies	"Tolerated"	0	0	0	0	0
		"Not tolerated"	0	0	0	0	0
Total (all caravans)			109	109	104	101	99

Data Source: Department for Communities and Local Government

Figure 30 - Count and distribution of traveller caravans in Havering, by type of site, January 2014



Data Source: Department for Communities and Local Government

2.3.6 Deprivation

The average Index of Multiple Deprivation (IMD) 2010¹⁵ score (16.53) for Havering places it at a rank of 150 out of 326 local authorities in England (where one is the least deprived local authority). The average IMD 2010 score for every ward in Havering is detailed in Table 8 and presented on a map in Figure 31.

Table 8 and Figure 31 show that the most deprived wards in Havering are Gooshays, Heaton and South Hornchurch and the least deprived wards are to the east of the borough (Upminster, Cranham and Emerson Park).

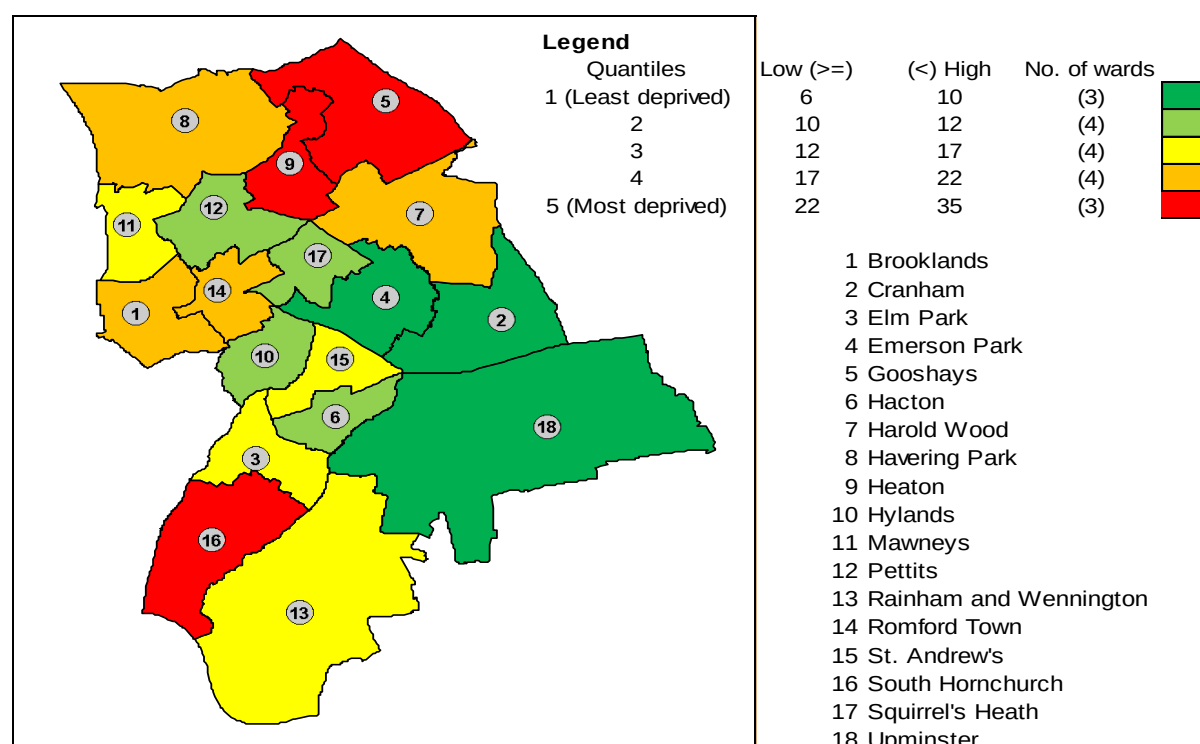
Table 8 - Average IMD 2010 scores and local deprivation quintiles in Havering, by ward

Ward	Average IMD 2010 score	Deprivation quintile
Upminster	5.98	Least deprived
Cranham	7.73	Least deprived
Emerson Park	9.84	Least deprived
Hacton	10.32	Less deprived
Pettits	10.95	Less deprived
Squirrel's Heath	10.99	Less deprived
Hylands	11.18	Less deprived
St Andrew's	13.13	Deprived
Elm Park	16.40	Deprived
Mawneys	16.58	Deprived
Rainham and Wennington	17.16	Deprived
Harold Wood	17.32	More deprived
Romford Town	18.91	More deprived
Brooklands	19.52	More deprived
Havering Park	21.92	More deprived
South Hornchurch	22.59	Most deprived
Heaton	32.10	Most deprived
Gooshays	34.08	Most deprived

Data source: DCLG Indices of Deprivation 2010, and ONS population estimates.

¹⁵ Index of Multiple Deprivation 2010. Data source: Department for Communities and Local Government, Indices of Deprivation 2010, and Office for National Statistics population estimates.

Figure 31 - Local deprivation quintiles in Havering, by ward, based on IMD 2010 scores



Data source: Department for Communities and Local Government, Indices of Deprivation 2010, and Office for National Statistics population estimates.

2.3.7 Causes of ill health

Table 9 presents a local adaptation of the global burden of disease¹⁶ (GBD) to 21 NHS programme budget categories. It suggests that the top five groups of conditions (out of 21) which account for lost years of "healthy" life (disability-adjusted life year (DALY)) in Havering include cancers and tumours, problems of circulation, mental health disorders, neurological and problems due to trauma and injuries. However, two groups (cancers and tumours and problems of circulation) account for over six in ten years of life lost (YLL) due to premature mortality (see Figure 32).

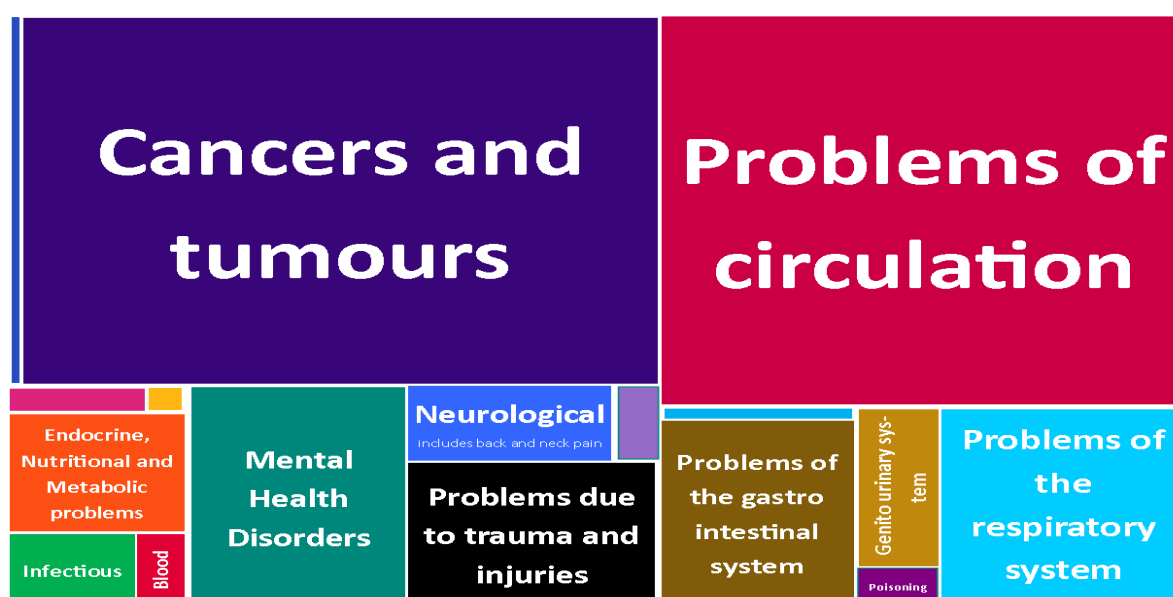
¹⁶ GBD 2010 IHME Washington

Table 9 - DALY by programme budget category (PBC) in Havering, 2010 GBD data adapted to Havering population and PBC classification

Rank	Programme Budgeting Categories	Havering DALY	Havering DALY %
1	Cancers and tumours	22,213	17.4%
2	Problems of circulation	21,878	17.2%
3	Mental Health Disorders	19,081	15.0%
4	Neurological	18,881	14.8%
5	Problems due to trauma and injuries	9,068	7.1%
6	Problems of the respiratory system	7,958	6.2%
7	Problems of the Musculoskeletal system	5,488	4.3%
8	Problems of the gastro intestinal system	4,421	3.5%
9	Endocrine, Nutritional and Metabolic problems (other)	4,218	3.3%
10	Problems of the genitourinary system	3,704	2.9%
11	Problems of the skin	2,538	2.0%
12	Problems of Vision	1,259	1.0%
13	Problems of Hearing	1,205	0.9%
14	Dental problems	1180	0.9%
15	Infectious diseases	1053	0.8%
16	Disorders of Blood	988	0.8%
17	Problems of Learning Disability	654	0.5%
18	Maternity and reproductive health	508	0.4%
19	Conditions of neonates	445	0.3%
20	Other	415	0.3%
21	Adverse effects and poisoning	381	0.3%

Data Source: GBD 2010 IHME Washington

Figure 32 - YLL due to premature mortality by programme budget category (PBC) in Havering, 2010 GBD data adapted to Havering population and PBC classification



Data Source: GBD 2010 IHME Washington

2.3.7.1 Premature mortality

Haverling ranks well in comparison to 150 local authorities in England for all cause, cancer related and lung disease premature mortality (deaths under the age of 75 years). However, Haverling ranks worse than average for heart disease and stroke related premature mortality (see Table 10).

Table 10 - Premature mortality in Haverling compared with all English local authorities

Premature deaths 2009-2011 from:	Age standardised rate – per 100,000 (in parenthesis: lowest – highest)	Rank	Compared to 150 LAs
All causes	247 (200 – 455)	45 th (out of 150 LAs)	Best
Cancer	104 (82 – 151)	64 th (out of 150 LAs)	Better than average
Heart disease and stroke	62 (40 – 115)	60 th (out of 150 LAs)	Worse than average
Lung disease	18 (13 – 61)	37 th (out of 149 LAs)	Best
Liver disease	11 (8 – 39)	30 th (out of 149 LAs)	Best

Data source: PHE Longer Lives Tool

Compared to local authorities with similar deprivation scores¹⁷, Haverling scores better than average for lung and liver disease related mortality. However, Haverling ranks worse than average for all cause, cancer, heart disease and stroke related premature mortality (see Table 11).

¹⁷ Haverling is in socioeconomic decile 8 (Less Deprived). Other members of decile 8 include: Barnet; Bexley; Cheshire West and Chester; Harrow; Milton Keynes; Poole; Shropshire; Solihull; Somerset CC; Staffordshire CC; Suffolk CC; Sutton; Swindon; Worcestershire CC.

Table 11 - Premature mortality in Havering compared with local authorities in socioeconomic deprivation decile 8

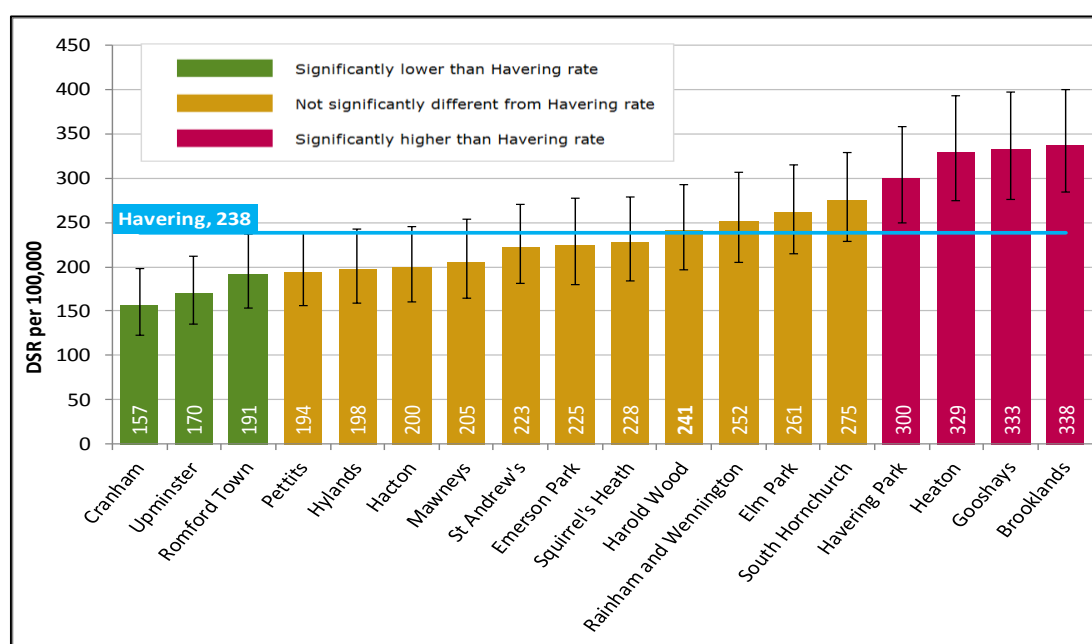
Premature deaths from:	Age standardised rate – per 100,000 (in parenthesis: lowest – highest)	Rank (out of 15 LAs)	Compared to similar LAs (decile 8)
All causes	247 (209 – 265)	11 th	Worse than average
Cancer	104 (82 – 107)	12 th	Worse than average
Heart disease and stroke	62 (46 – 64)	14 th	Worst
Lung disease	18 (14 – 26)	7 th	Better than average
Liver disease	11 (9 – 16)	7 th	Better than average

Data source: PHE Longer Lives Tool

Figure 33 presents the directly standardised premature (all cause) mortality rate for Havering as a whole and for each of the wards within Havering. The five year aggregated rate for Havering in 2009-2013 was 238 people per 100,000 population.

Four wards (Havering Park, Heaton, Gooshays and Brooklands) have a significantly higher all cause premature mortality rate than Havering as a whole and three wards (Cranham, Upminster and Romford Town) have a significantly lower mortality rate than Havering as a whole.

Figure 33 - Directly age-standardised rate of mortality from all causes in those aged <75 per 100,000 population, 2009-2013, Havering and Havering wards

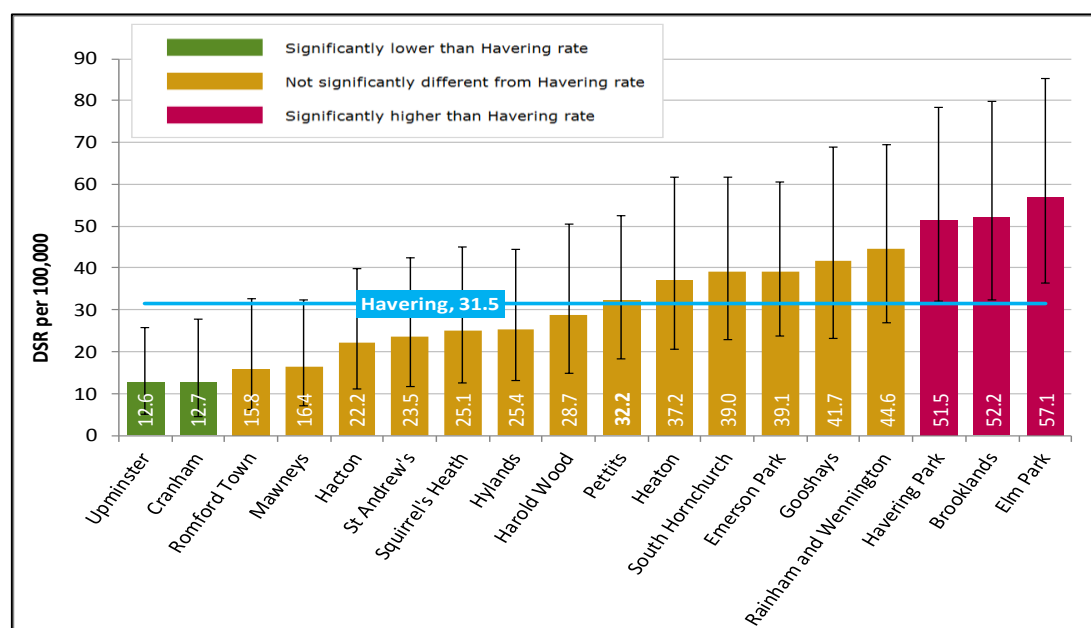


Data source: Primary Care Mortality Database (PCMD)

2.3.7.2 Cardiovascular disease

Figure 34 presents the directly standardised premature mortality rate from cardiovascular diseases (including heart disease and stroke) in Havering as a whole and for each of the wards.

Figure 34 - Directly age-standardised rate of mortality from all cardiovascular diseases in those aged <75 per 100,000 population, 2009-2013, Havering and Havering wards



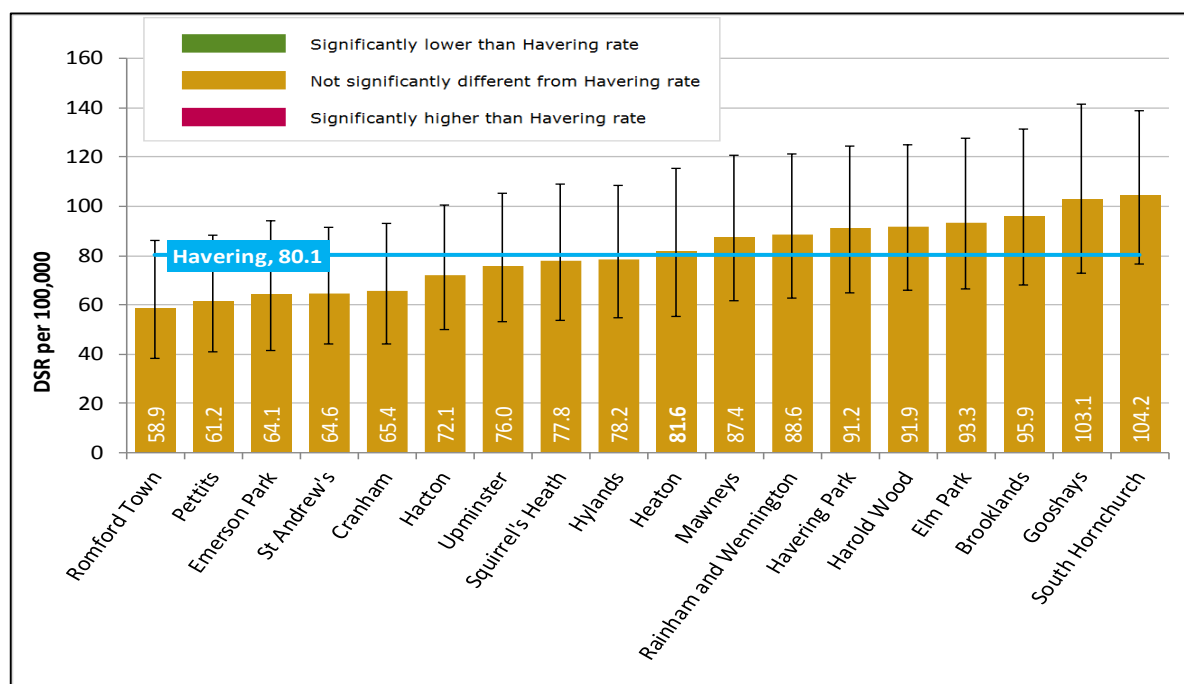
Data source: Primary Care Mortality Database (PCMD)

The rate for Havering is 31.5 per 100,000 population. Three wards have a significantly higher premature mortality rate than Havering as a whole (Havering Park, Brooklands and Elm Park) and two wards have a significantly lower mortality rate than Havering as a whole (Upminster and Cranham).

2.3.7.3 Cancers

Figure 35 presents the directly standardised premature mortality rate from all cancers in Havering as a whole and for each of the wards. The rate for Havering is 80.1 per 100,000 population. None of the wards have a significantly different mortality rate compared to Havering as a whole.

Figure 35 - Directly age-standardised rate of mortality from all cancers in those aged <75 per 100,000 population, 2009-2013, Havering and Havering wards



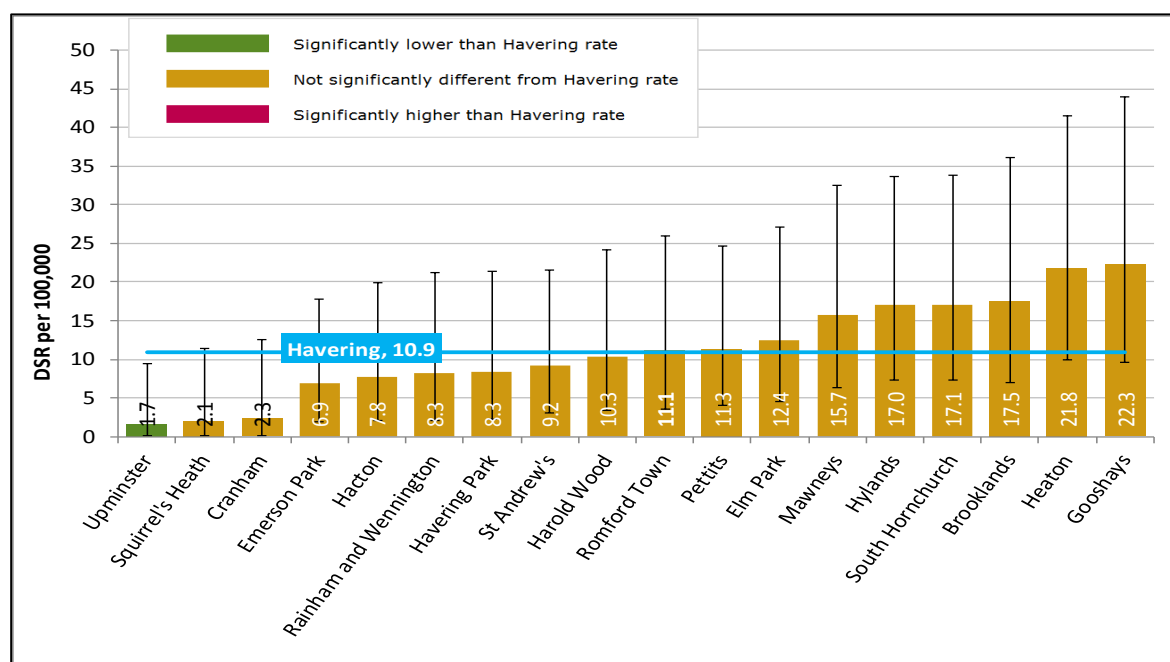
Data source: Primary Care Mortality Database (PCMD)

2.3.7.4 Respiratory diseases

Figure 36 presents the directly standardised premature mortality rate from respiratory diseases in Havering as a whole and for each of the wards.

The rate for Havering is 10.9 per 100,000 population. Only one ward (Upminster) has a significantly lower mortality rate than Havering as a whole. None of the wards have a significantly higher mortality rate compared to Havering as a whole.

Figure 36 - Directly age-standardised rate of mortality from respiratory causes in those aged <75 per 100,000 population, 2009-2013, Havering and Havering wards

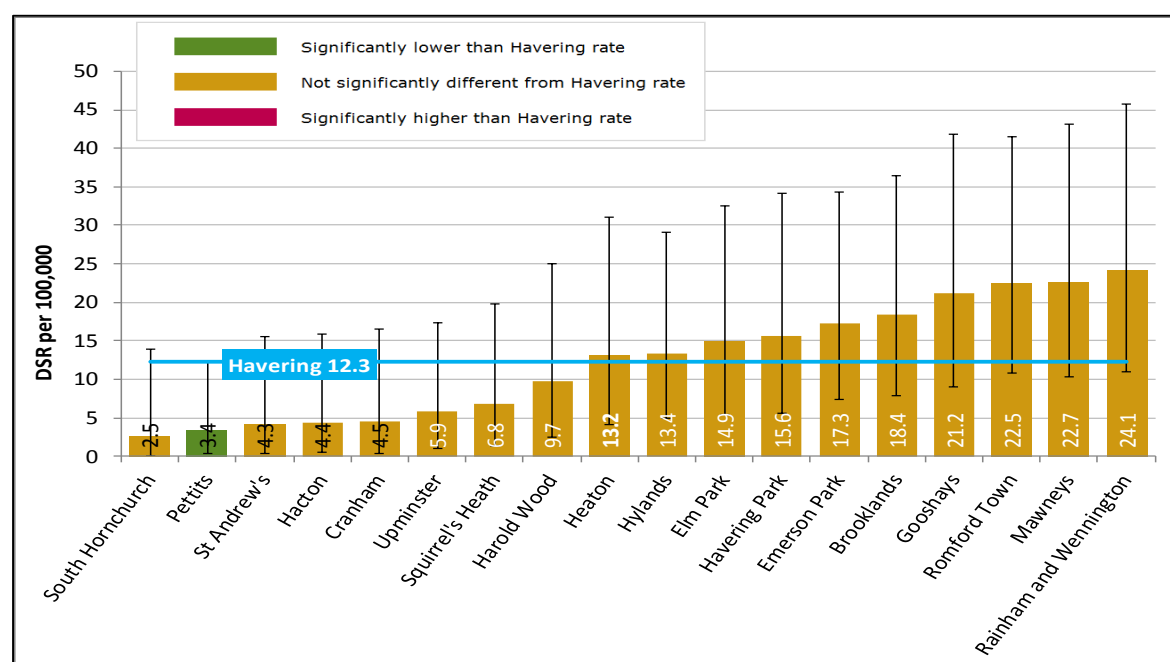


Data source: Primary Care Mortality Database (PCMD)

2.3.7.5 Liver disease

Figure 37 presents the directly standardised premature mortality rate from liver disease in Havering as a whole and for each of the wards.

Figure 37 - Directly age-standardised rate of mortality from liver disease in those aged <75 per 100,000 population, 2109-2013, Havering and Havering wards



Data source: Primary Care Mortality Database (PCMD)

The rate for Havering is 12.3 per 100,000 population. Only one ward (Pettits) has a significantly lower mortality rate than Havering as a whole. None of the wards have a significantly higher mortality rate compared to Havering as a whole.

2.3.7.6 Depression and mental health

The Adult Psychiatric Morbidity Survey (APMS) provides data on the prevalence of treated and untreated psychiatric disorders in the adult population aged 16 and over. This includes common mental disorders, posttraumatic stress disorder, suicidal thoughts, attempts and self-harm, psychosis, antisocial and borderline personality disorders, attention deficit hyperactivity disorder, eating disorder, alcohol misuse and dependency, drug use and dependency, problem gambling and psychiatric co-morbidity.

According to the 2007 APMS, nearly one person in four (23%) in England has at least one psychiatric disorder and 7.2 per cent has two or more disorders. Table 12 presents the national rates and estimated numbers of adults in Havering with various mental health disorders (based on the 2007 APMS and Havering estimated adult population).

Table 12 - Estimated numbers of adults in Havering with various mental health disorders, based on the APMS for 2007

Mental Disorder	National rate from 2007 study (Proportion (%) of adults 16+)	Estimated numbers in Havering (Adults in Havering aged 16 200,900 and over =2014)
At least one psychiatric disorder	23.0%	46,207
Neurotic disorder	15.1%	30,336
Psychotic disorder	0.5%	1,005
Personality disorder	0.9%	1,808
Have considered suicide	16.7%	33,550

Data Source: Psychiatric morbidity among adults living in private households, 2007, The Stationery Office

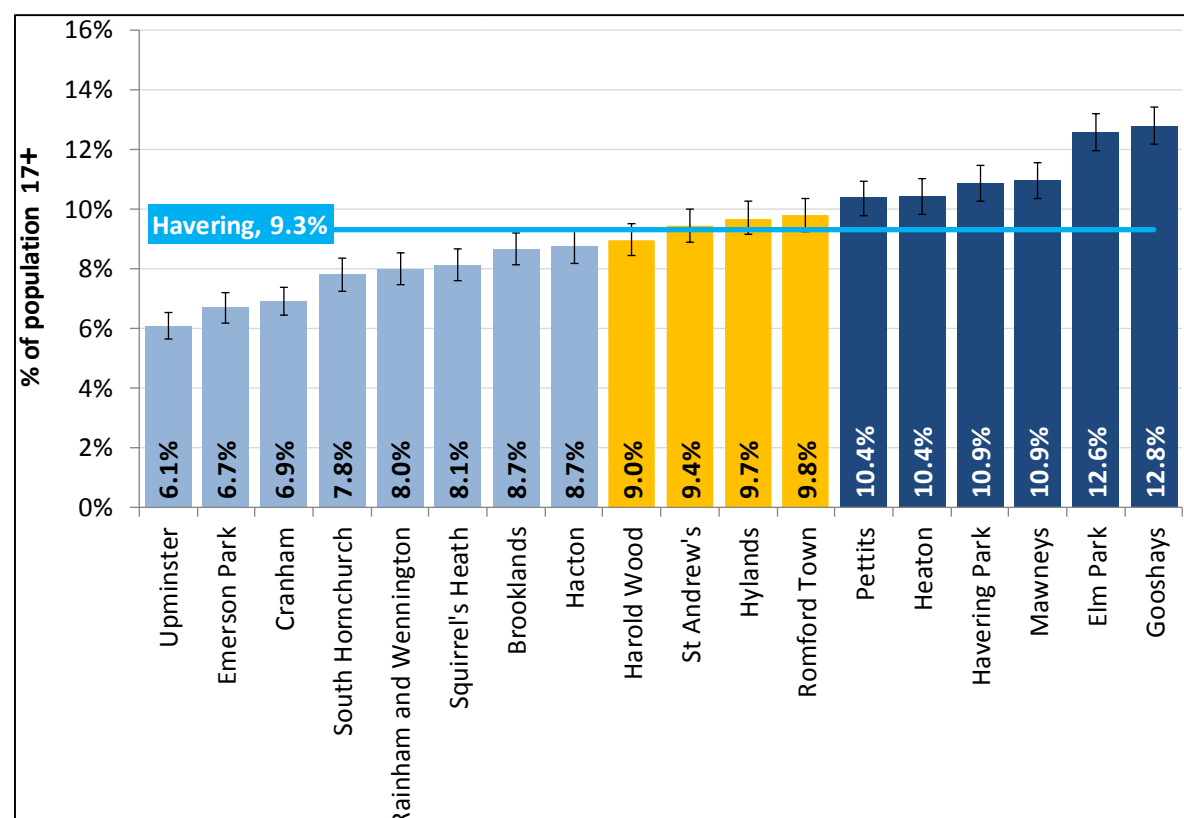
Furthermore, Figure 38 presents the prevalence of depression by wards for registered patients in Havering aged 17 and over.

The ward with the lowest prevalence of depression is Upminster (6.1%) which is significantly below the Havering average (9.3%). Other wards with significantly higher prevalence include Emerson Park (6.7%), Cranham (6.9%), South Hornchurch (7.8%), Rainham and Wennington (8.0%), Squirrel's Heath (8.1%), Brooklands (8.7%) and Hacton (8.7%).

The highest prevalence of depression is in Gooshays (12.8%), which is significantly higher than the average for Havering.

Other wards with significantly higher prevalence include Elm Park (12.6%), Mawneys (10.9%), Havering Park (10.9%), Heaton (10.4%), and Pettits (10.4%).

Figure 38 - Prevalence of depression in registered patients aged 17 and over, by ward, in Havering, 2014



Data source: Health Analytics

2.3.7.7 Diabetes

Figure 39 presents the directly age-standardised rate of mortality from diabetes in Havering for all ages from 1995 to 2012. The rate of mortality from diabetes in Havering has shown a general decline as seen in London and England.

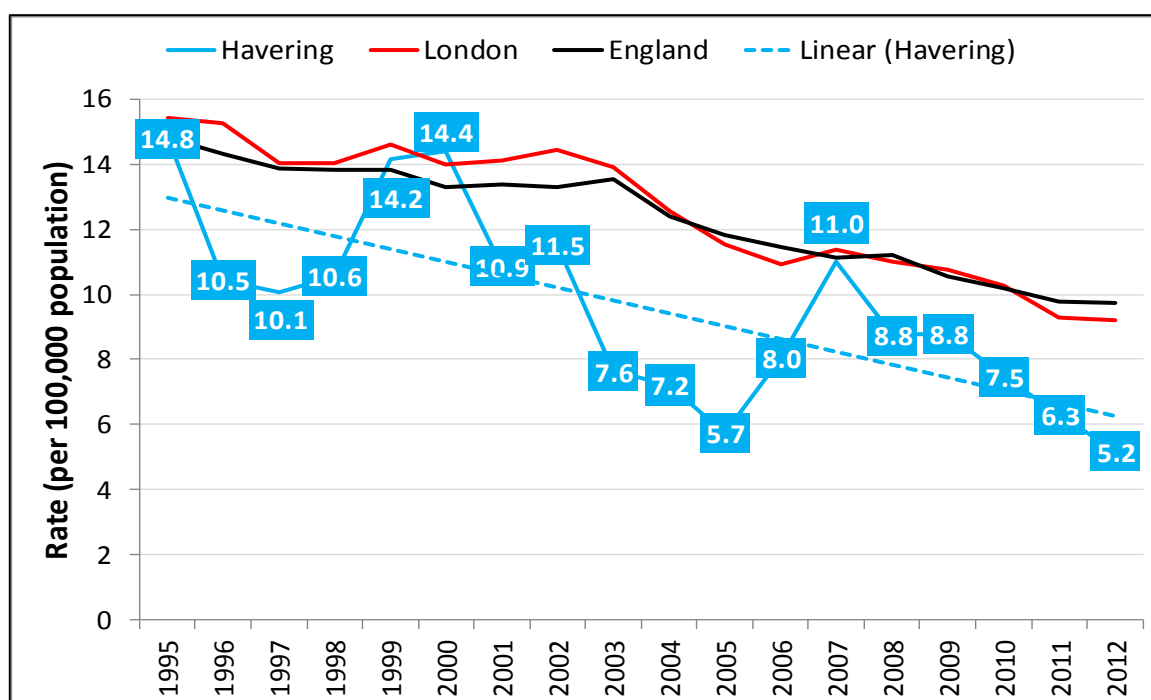
Figure 40 presents the directly age-standardised rate of mortality from diabetes in London local authorities, for all ages, for 2010-2012 (three year average). The rate of mortality from diabetes in Havering is the third lowest of all London local authorities and is significantly lower than the rate of mortality from diabetes for London and England.

Figure 41 presents the prevalence of diabetes by census ward for registered patients in Havering aged 17 and over. The prevalence of diabetes in South Hornchurch (7.6%), Elm Park (7.2%) and Heaton (6.8%) are significantly higher than Havering (6.2%).

The ward with the lowest prevalence of diabetes is Upminster (5.2%) which is significantly below the Havering average.

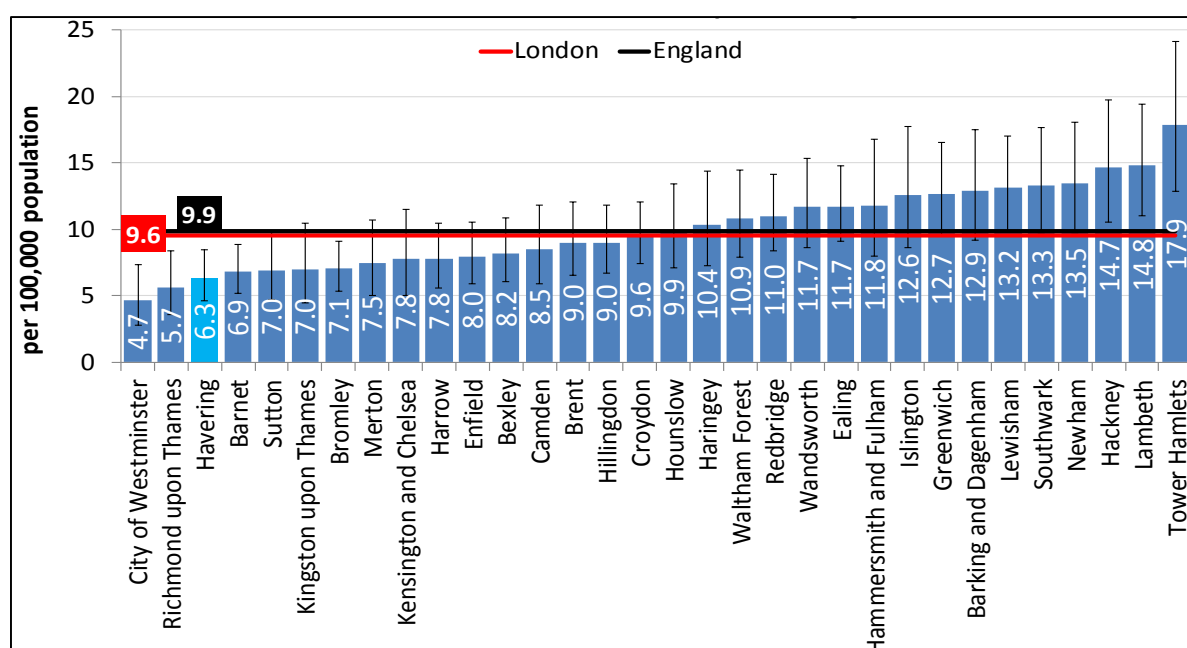
Other wards with significantly lower prevalence include Romford Town (5.3%), Squirrel's Heath (5.3%), Harold Wood (5.6%) and Emerson Park (5.7%).

Figure 39 - Directly age-standardised rate of mortality from diabetes, all ages, Havering, 1995 to 2012 (annual trends)



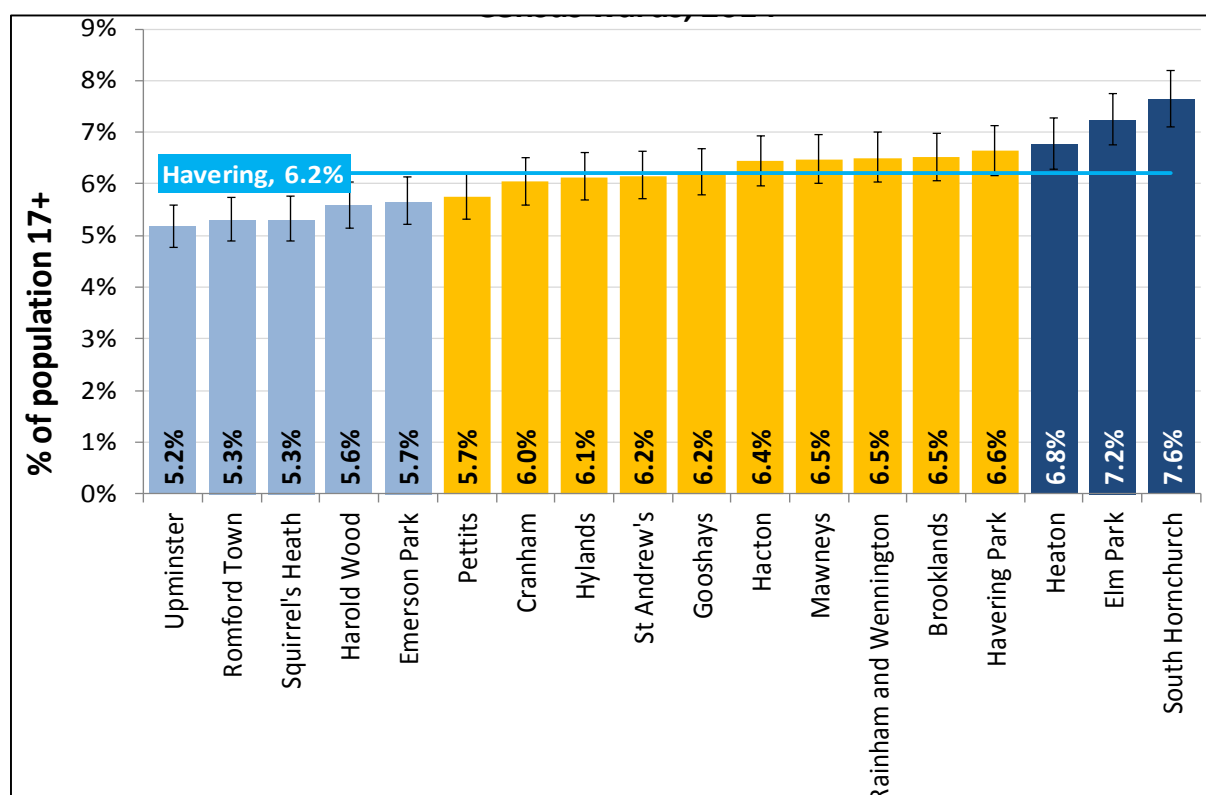
Data source: HSCIC

Figure 40 - Directly age-standardised rate of mortality from diabetes, all ages, London local authorities, 2010-12 (three year average)



Data source: HSCIC

Figure 41 - Prevalence of diabetes in registered patients aged 17 and over, by ward, in Havering, 2014



Data source: Health Analytics

2.3.7.8 Chronic obstructive pulmonary disease

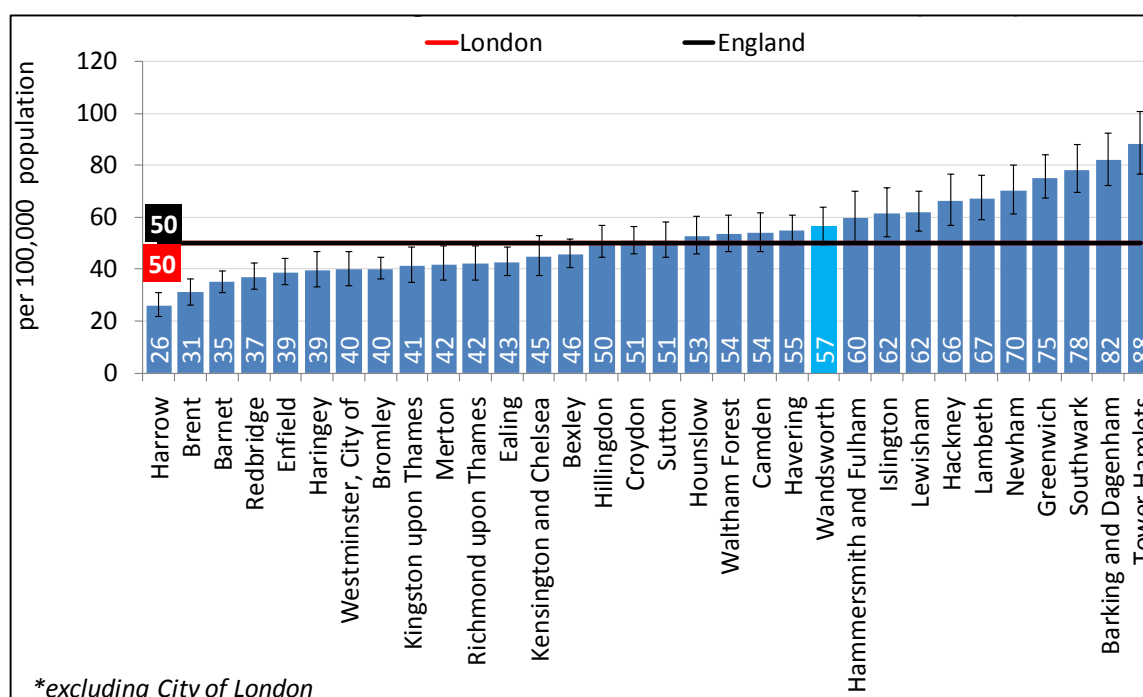
Figure 42 presents the directly age-standardised rate of mortality from bronchitis, emphysema and other chronic obstructive pulmonary disease (COPD) in London local authorities, for all ages, for 2010-2012.

The rate of mortality in Havering is statistically similar to the rates of mortality for London and England. Havering has the 12th highest rate of mortality from bronchitis, emphysema and other COPD.

Figure 43 presents the prevalence of COPD by wards for registered patients in Havering aged 17 and over. The highest prevalence of COPD is in Heaton (3.7%), which is significantly higher than the average for Havering (2.4%). Other wards with significantly higher prevalence include Gooshays (3.1%), Havering Park (3.0%), Rainham and Wennington (2.8%) and Mawneys (2.7%)

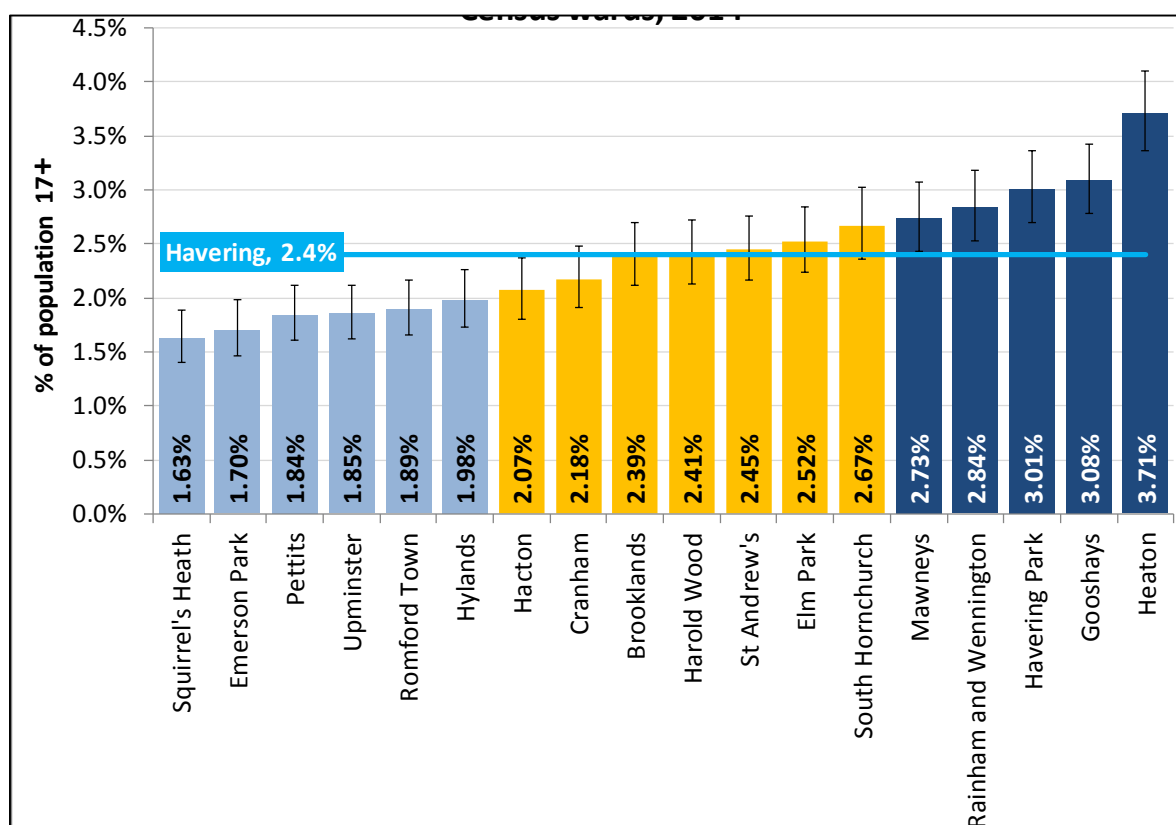
The ward with the lowest prevalence of COPD is Squirrel's Heath (1.6%) which is significantly below the Havering average. Other wards with significantly lower prevalence include Emerson Park (1.7%), Pettits (1.8%), Upminster (1.9%), Romford Town (1.9%) and Hylands (2.0%).

Figure 42 - Directly age-standardised rate of mortality from bronchitis, emphysema and other COPD, all ages, London local authorities, 2010-12 (pooled)



Data source: HSCIC

Figure 43 - Prevalence of COPD in registered patients aged 17 and over, by ward, in Havering, 2014

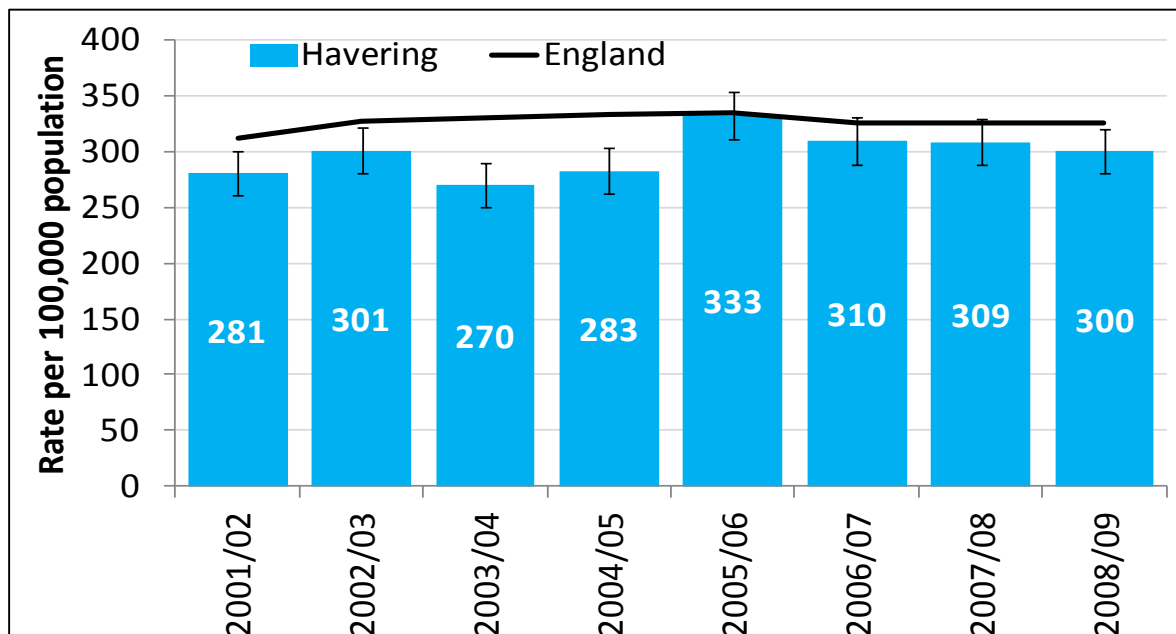


Data source: Health Analytics

2.3.7.9 Accidental injuries

Figure 44 presents the directly age standardised hospital episode rates for serious accidental injury requiring a stay exceeding three days per 100,000 population for 2001/02 to 2008/09 in Havering. The rate of hospital episodes for serious accidental injuries in Havering has been statistically below, or similar to, the rate for England.

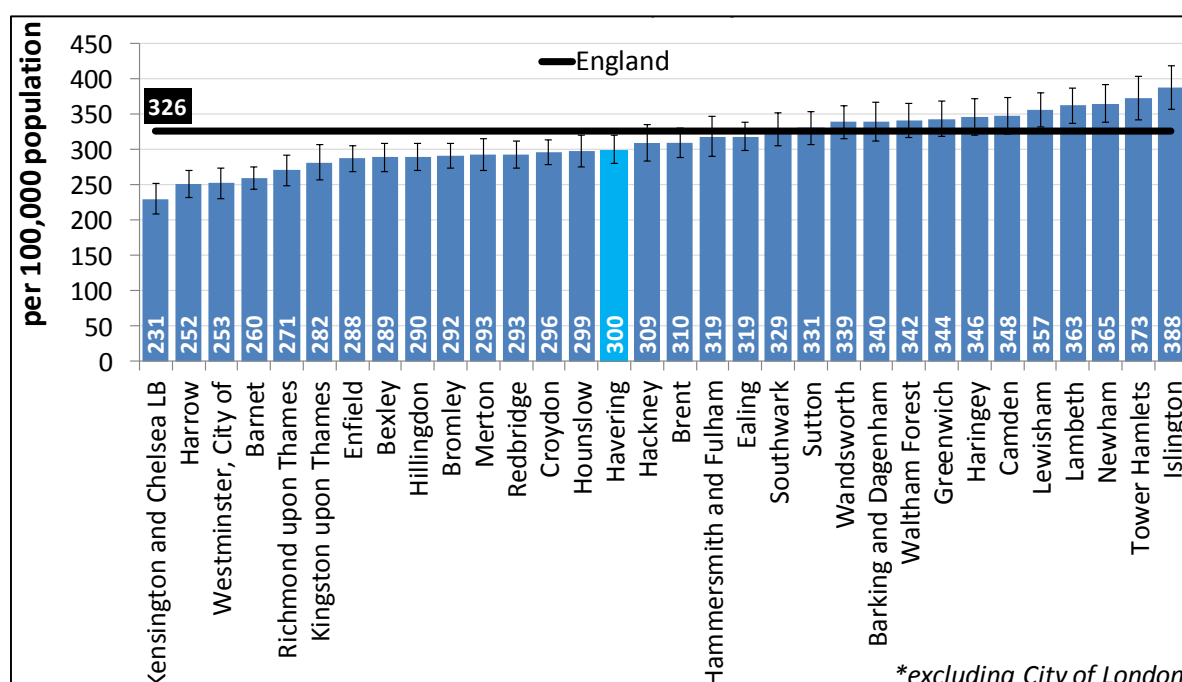
Figure 44 - Directly age standardised hospital episode rates for serious accidental injury requiring a stay exceeding three days per 100,000 population, 2001/02 to 2008/09



Data source: HSCIC

Figure 45 presents the directly age standardised hospital episode rates for serious accidental injury requiring a stay exceeding three days per 100,000 population for London local authorities in 2008/09.

Figure 45 - Directly age standardised hospital episode rates for serious accidental injury requiring a stay exceeding three days per 100,000 population, London local authorities, 2008/09



Data source: HSCIC

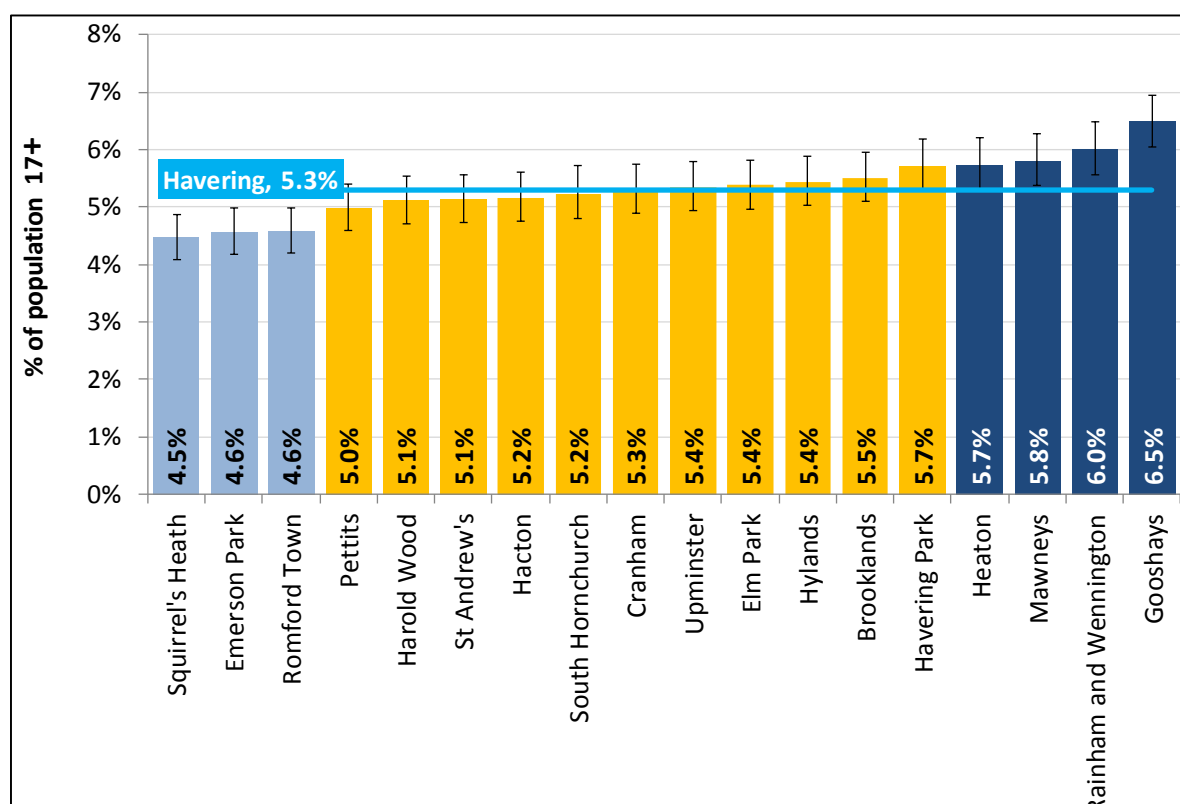
The hospital episode rates for serious accidental injuries requiring a stay exceeding three days in Havering is the 18th highest out of all London local authorities and is significantly lower than the rate for England.

2.3.7.10 Asthma

Figure 46 presents the prevalence of asthma by census wards for registered patients in Havering aged 17 and over. The highest prevalence of asthma is in Gooshays (6.5%), which is significantly higher than the average for Havering (5.3%). Other wards with significantly higher prevalence include Rainham and Wennington (6.0%), Mawneys (5.8%) and Heaton (5.7%).

The ward with the lowest prevalence of asthma is Squirrel's Heath (4.5%) which is significantly below the Havering average. Other wards with significantly lower prevalence include Emerson Park (4.6%) and Romford Town (4.6%).

Figure 46 - Prevalence of asthma in registered patients aged 17 and over, by ward, in Havering, 2014



Data source: Health Analytics

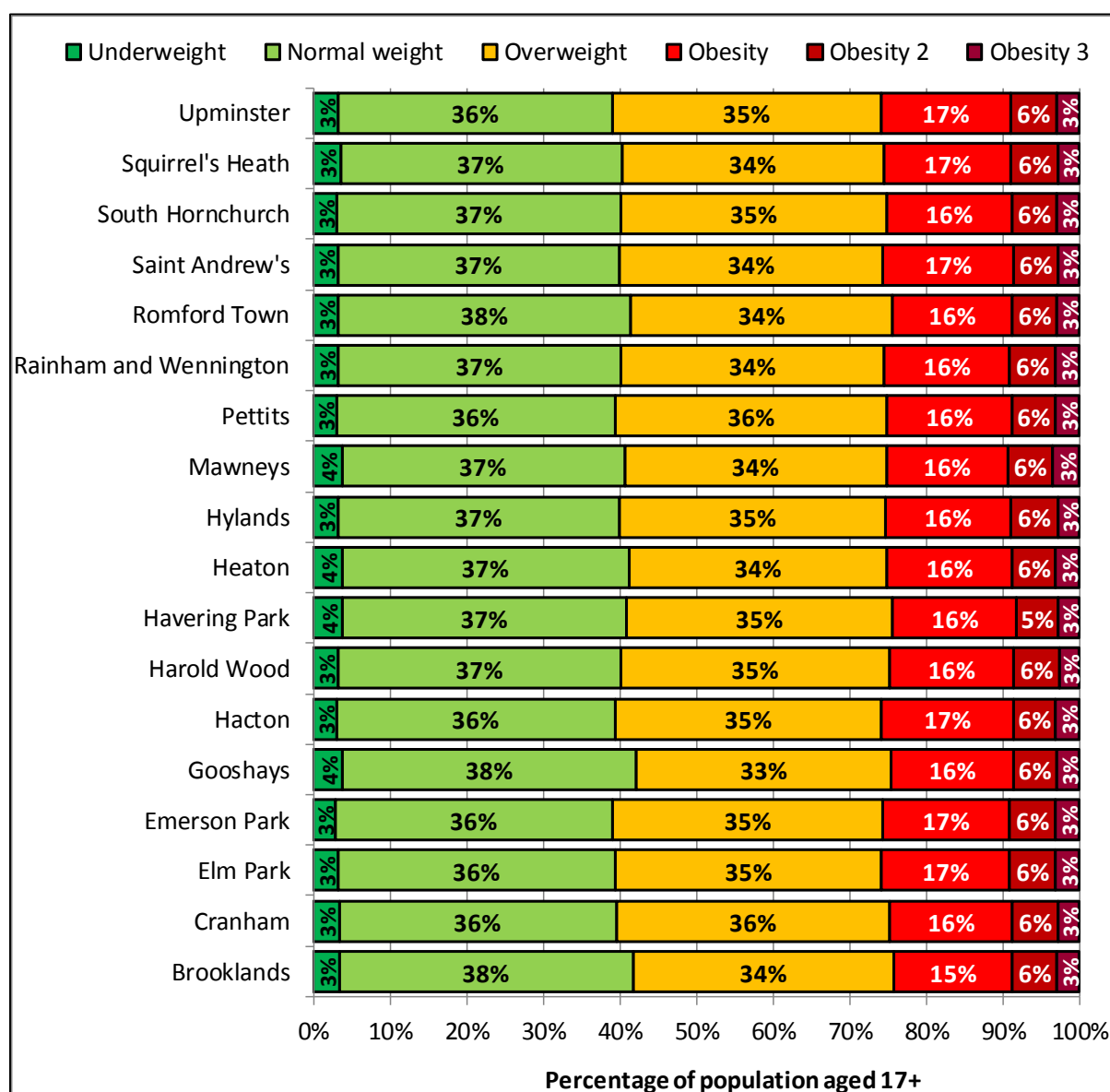
2.3.7.11 Obesity

In 2012/13, approximately one in five reception-aged children in Havering were overweight or obese (21%)¹⁸; this is slightly below the England (22.3%) and the London (23%) averages. This figure rises to 35% for children aged 10-11 which is above the England (33%) and below the London averages (37.4%). For children aged 4-5 and 10-11 years, obesity in Havering is positively correlated with measures of child poverty and child deprivation (i.e. higher rates of poverty and higher rate of obesity are associated) and negatively correlated with educational attainment (i.e. higher rates of obesity and lower rates of educational attainment are associated), particularly at KS4.

Figure 47 presents the distribution of known body mass index (BMI) categories of Havering residents, aged 17 years and above, by ward in order of obesity prevalence.

¹⁸ National Child Measurement Programme

Figure 47 - Distribution of BMI categories by ward in order of obesity prevalence as at October 2014, percentage of population aged 17+ with known BMI



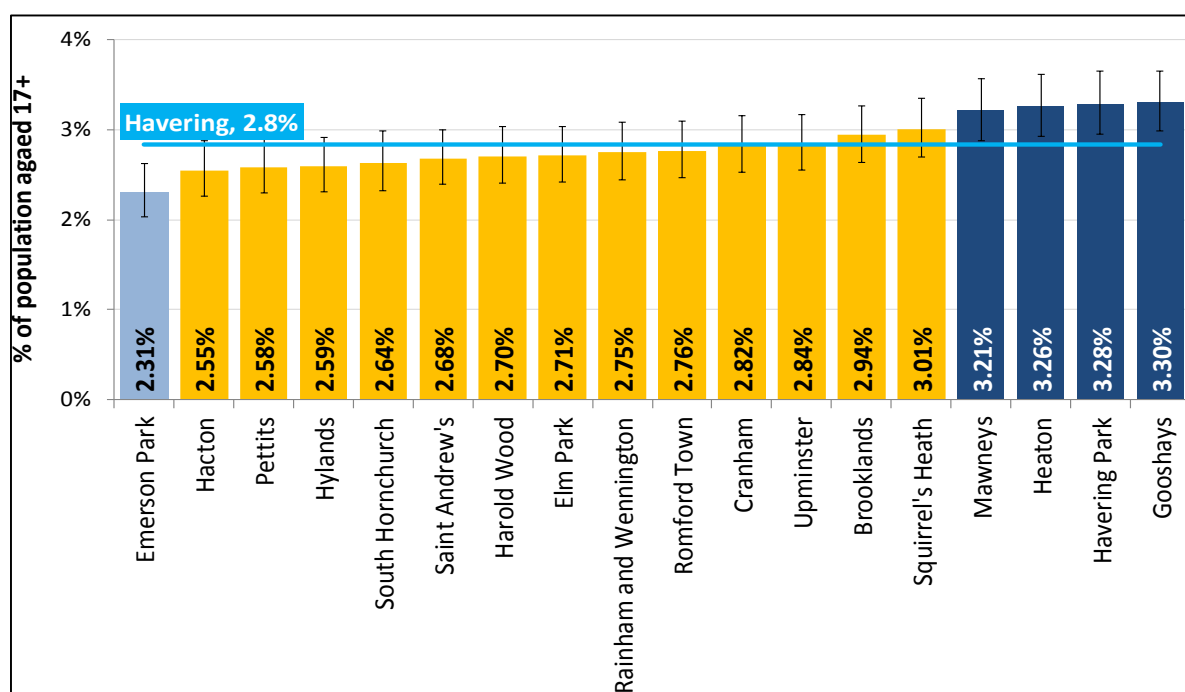
Data source: Health Analytics

Underweight

Figure 48 presents the prevalence of BMI levels below 18.5 (underweight) by wards for registered patients in Havering aged 17 and over. The highest prevalence of BMI levels below 18.5 is in Gooshays (3.3%), which is significantly higher than the average for Havering (2.8%). Other wards with significantly higher rates include Havering Park (3.3%), Heaton (3.3%) and Mawneys (3.2%).

The ward with the lowest prevalence is Emerson Park (2.31%), which is also the only ward that is significantly below the Havering average.

Figure 48 - Prevalence of BMI levels below 18.5 (underweight) in registered patients aged 17 and over, by ward, in Havering, 2014

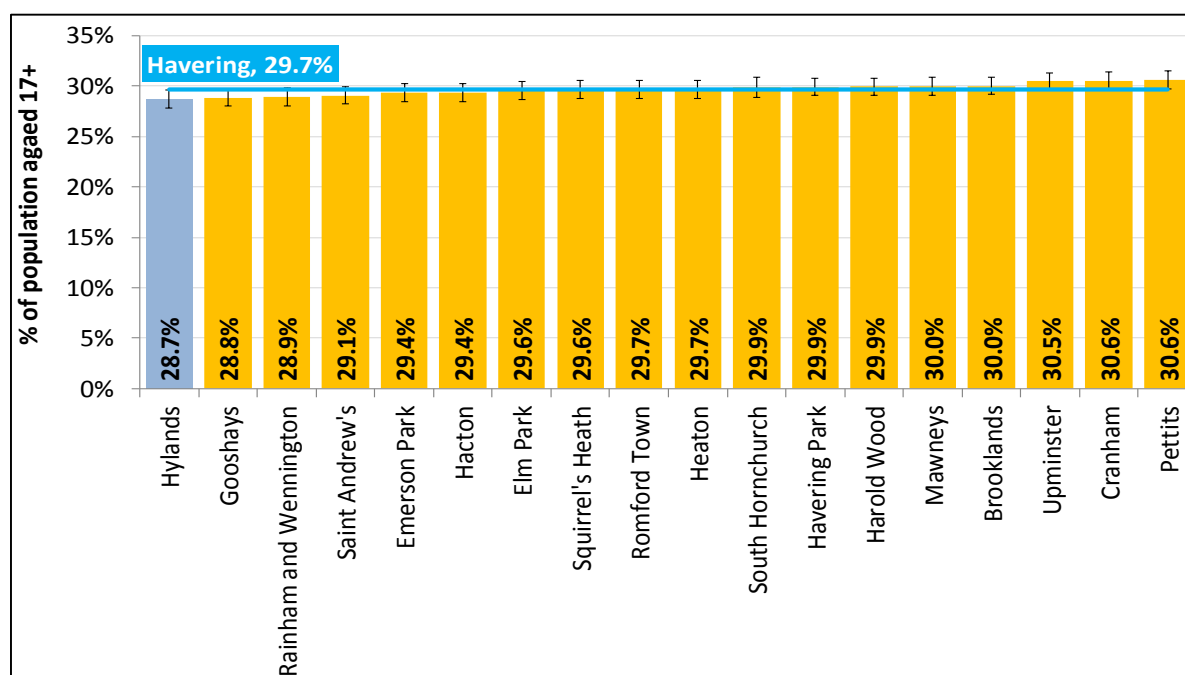


Data source: Health Analytics

Overweight

Figure 49 presents the prevalence of BMI levels between 25.0 and 29.9 (overweight) by census wards for registered patients in Havering aged 17 and over.

Figure 49 - Prevalence of BMI levels between 25.0 and 29.9 (overweight) in registered patients aged 17 and over, by ward, in Havering, 2014



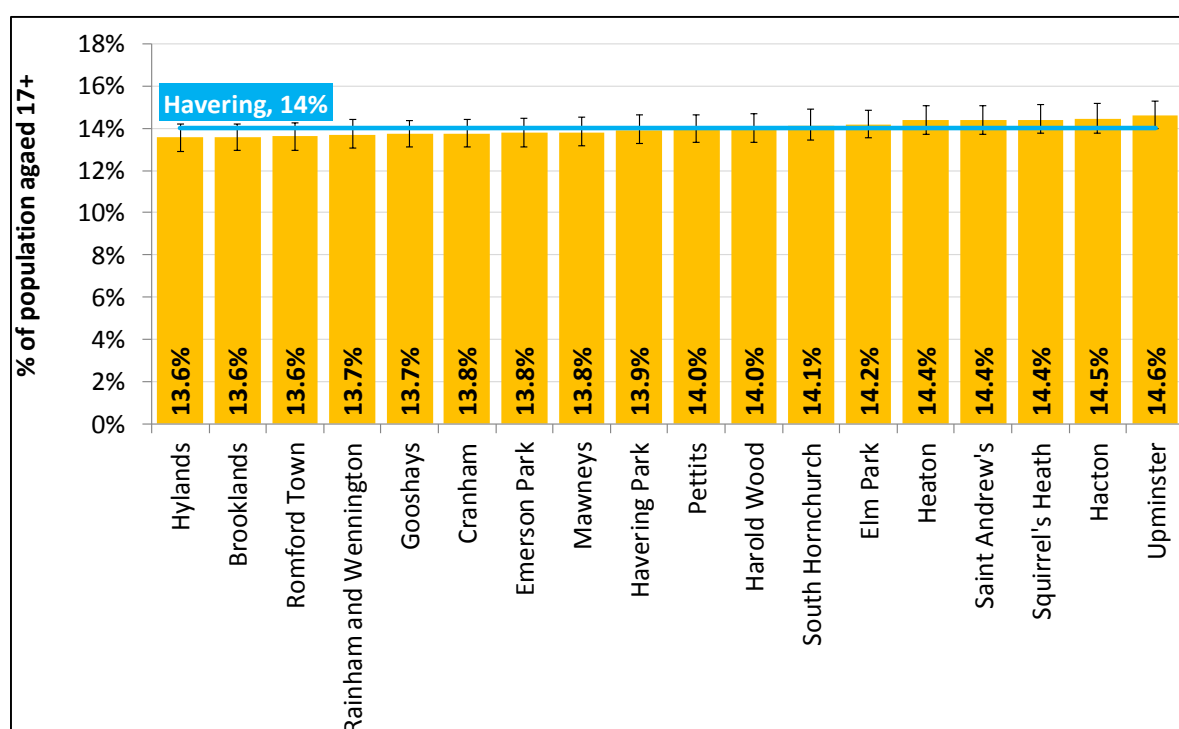
Data source: Health Analytics

The highest prevalence of BMI levels between 25.0 and 29.9 is in Pettits (30.6%), which is similar to the average for Havering (29.7%). The ward with the lowest prevalence is Hylands (28.7%) which is also the only ward that is significantly below the Havering average.

Obesity I

Figure 50 presents the prevalence of BMI levels between 30.0 and 34.9 (obesity I) by census wards for registered patients in Havering aged 17 and over.

Figure 50 - Prevalence of BMI levels between 30.0 and 34.9 (obesity I) in registered patients aged 17 and over, by ward, in Havering, 2014



Data source: Health Analytics

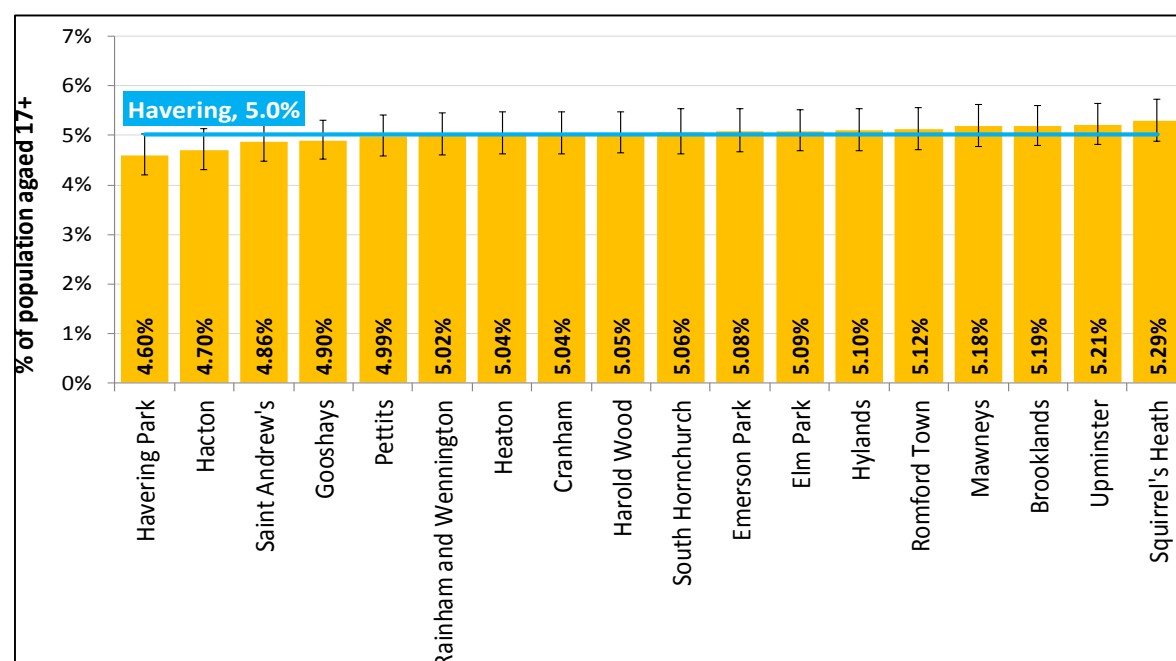
The highest prevalence of BMI levels between 30.0 and 34.9 is in Upminster (14.6%), which is similar to the average for Havering (14%). The ward with the lowest prevalence of obesity I is Hylands (13.6%) but it is also statistically similar to the Havering average.

Obesity II

Figure 51 presents the prevalence of BMI levels between 35.0 and 39.9 (Obesity II) by census wards for registered patients in Havering aged 17 and over.

The highest prevalence of BMI levels between 35.0 and 39.9 is in Squirrel's Heath (5.3%), which is similar to the average for Havering (5%). The ward with the lowest prevalence of obesity II is Havering Park (4.6%), which is also similar to the Havering average.

Figure 51 - Prevalence of BMI levels between 35.0 and 39.9 (obesity II) in registered patients aged 17 and over, by ward, in Havering, 2014

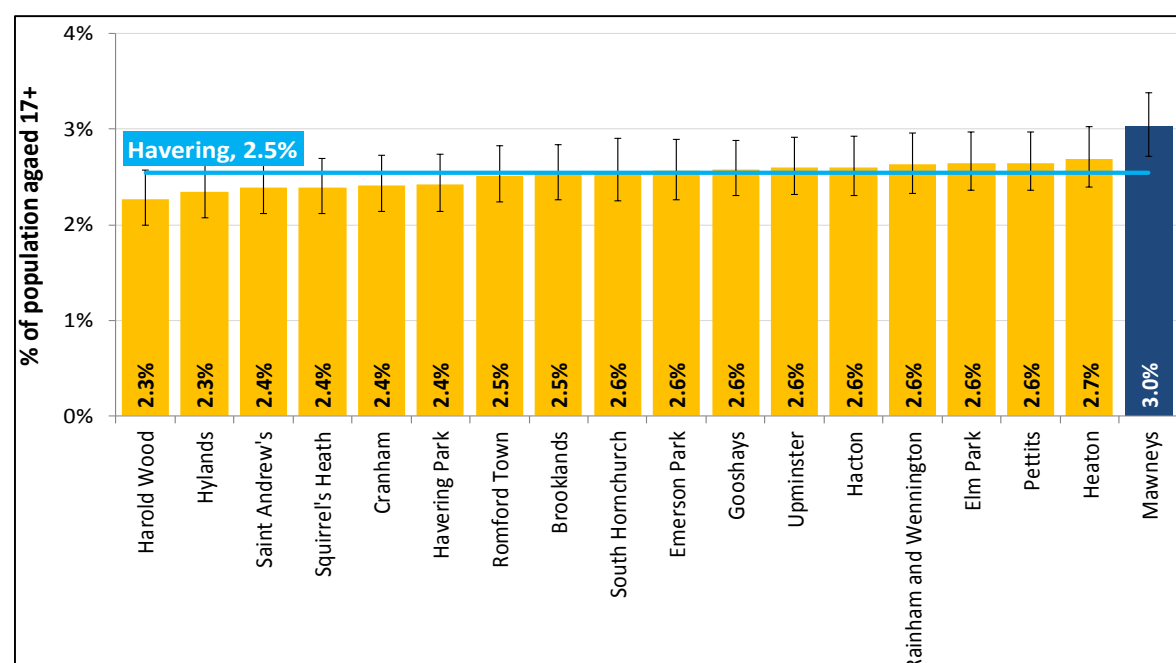


Data source: Health Analytics

Obesity III

Figure 52 presents the prevalence of BMI levels above 40.0 (obesity III) by census wards for registered patients in Havering aged 17 and over.

Figure 52 - Prevalence of BMI levels above 40.0 (obesity III) in registered patients aged 17 and over, by ward, in Havering, 2014



Data source: Health Analytics

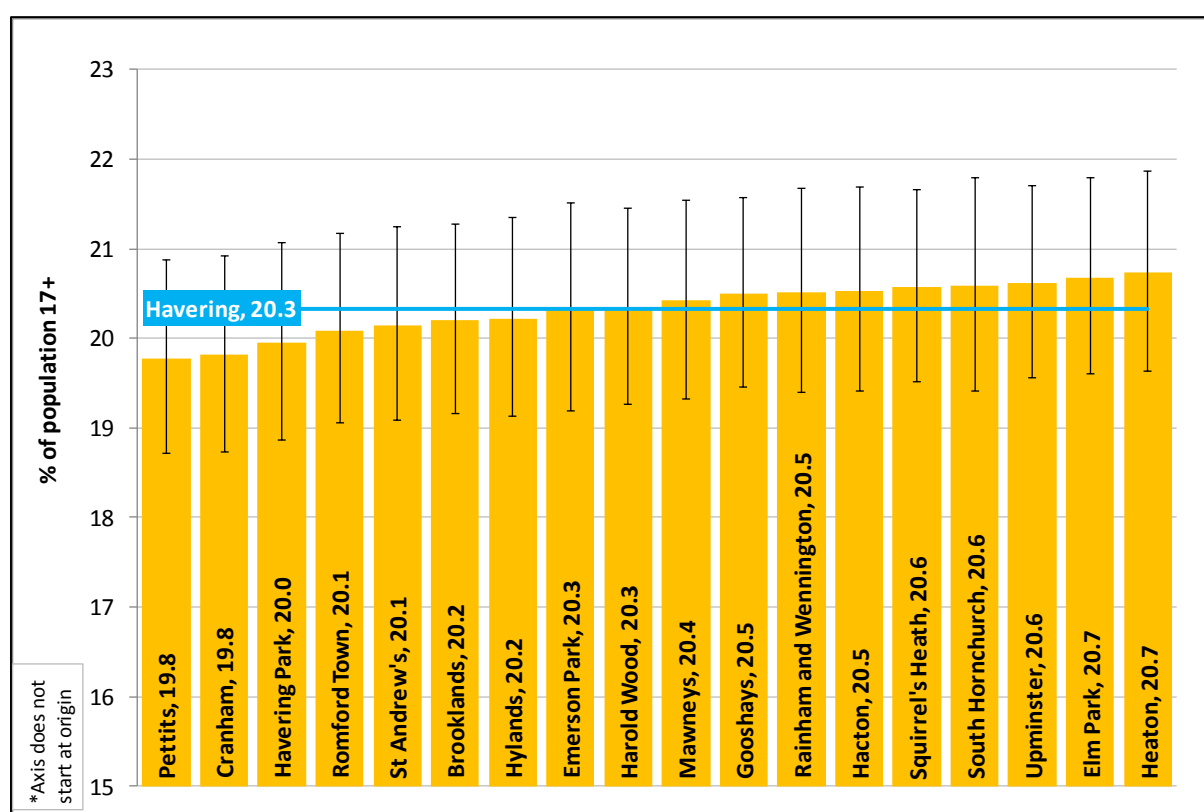
The highest prevalence of BMI levels above 40.0 is in Mawneys (3.0%) and it is also the only ward that is significantly higher than the average for Havering (2.5%). The ward with the lowest prevalence is Harold Wood (2.3%) but it is statistically similar to the Havering average.

Age standardised prevalence

The previous analysis on obesity shows the absolute prevalence, however BMI is largely affected by age and therefore wards with older populations would appear to have greater needs in regard to healthy weight.

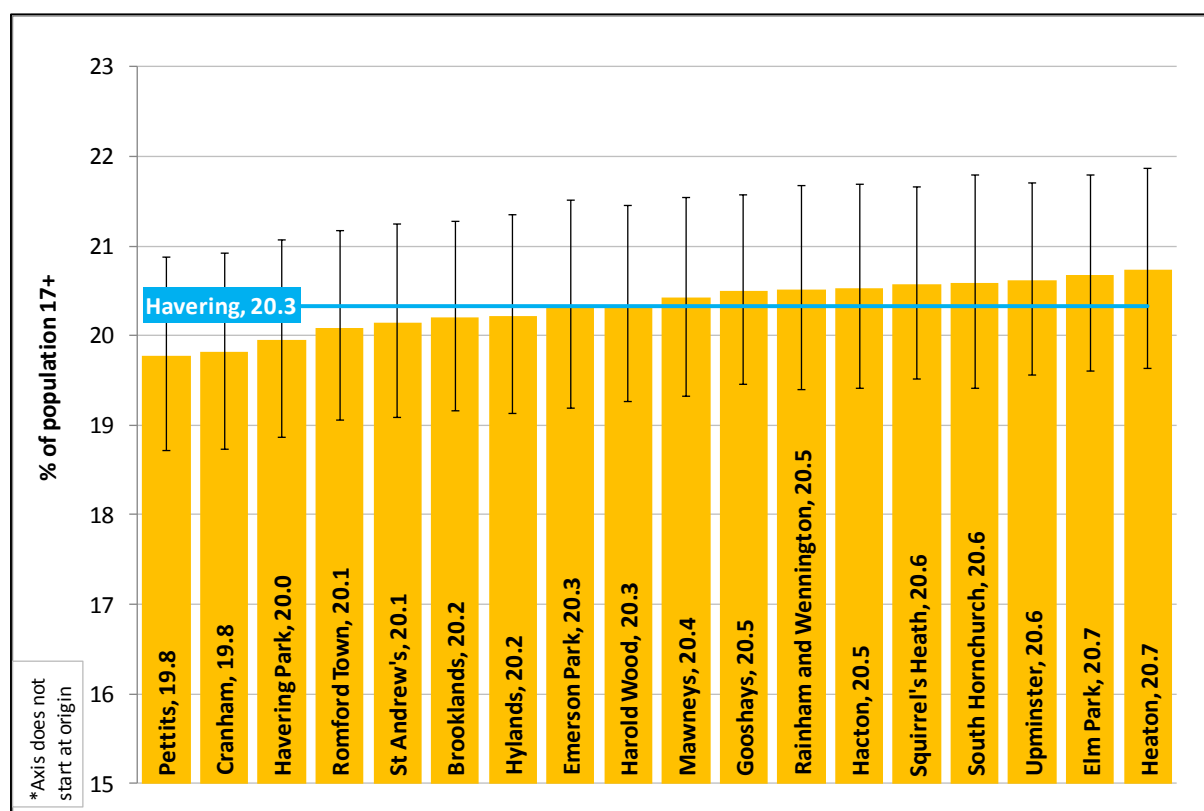
Figure 53 and Figure 54 present the age standardised prevalence of obesity and overweight as a proportion of all individuals 17 and over that are both resident in Havering and registered to a GP in Havering respectively. There are no wards with significantly high or low prevalence of excess weight in comparison to Havering.

Figure 53 - Age standardised prevalence of obesity as a percentage of the registered and resident population 17+ by Ward, Havering, as at October 2014 (error bars represent 95% confidence intervals)



Data source: Health Analytics

Figure 54 - Age standardised prevalence of overweight as a percentage of the registered and resident population 17+ by Ward, Havering, as at October 2014 (error bars represent 95% CIs)



Data source: Health Analytics

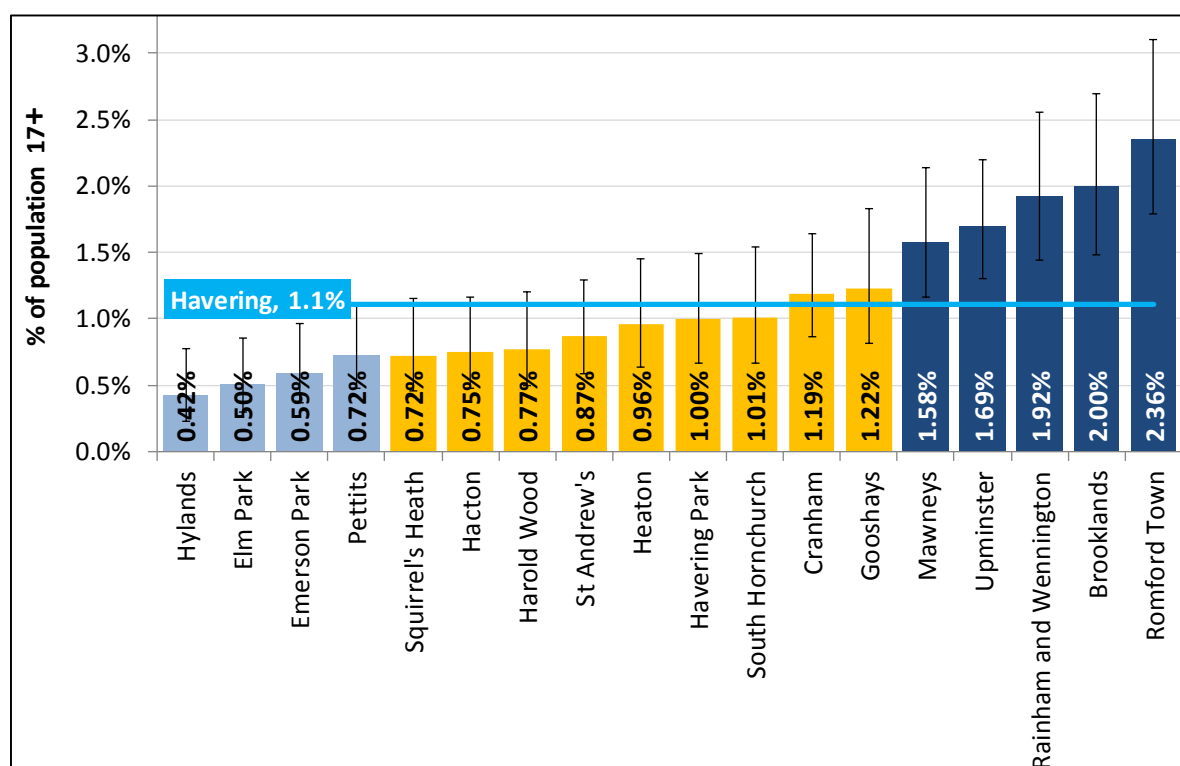
2.3.7.12 Palliative care

Figure 55 presents the prevalence of palliative care by census wards for registered patients in Havering, aged 65 and over.

The highest prevalence of palliative care is in Romford Town (2.4%), which is significantly higher than the average for Havering (1.1%). Other wards with significantly higher prevalence include Brooklands (2.0%), Rainham and Wennington (1.9%), Upminster (1.7%) and Mawneys (1.6%). The ward with the lowest prevalence of palliative care is Hylands (0.4%) which is significantly below the Havering average. Other wards with significantly lower prevalence include Elm Park (0.5%), Emerson Park (0.6%) and Pettits (0.7%).

These figures will largely be affected by the location of nursing and residential homes.

Figure 55 - Prevalence of palliative care in registered patients aged 65 and over, by Havering wards, 2014



Data source: Health Analytics

2.3.8 Lifestyle issues

2.3.8.1 Drug and alcohol misuse

In 2010/11, the rate of drug use was 5.54 per 1,000 population, which is lower than the national rate of 8.40 per 1,000 population. In 2010/11 the estimated prevalence of drug misuse in Havering was significantly lower than nationally and regionally. In 2010/11, the prevalence of drug misuse was also significantly lower than boroughs with a similar deprivation level to Havering (deprivation decile)¹⁹.

The Havering Drugs and Alcohol JSNA 2014²⁰ includes a detailed collection of the evidence on drug misuse in Havering²⁰. In summary, modelled prevalence estimates from Liverpool John Moores University and Public Health England estimate that in Havering there are:

- 852 opiate and crack users
- 712 opiate only users
- 693 crack only users
- 172 injecting users

¹⁹ Public Health Outcomes Framework

²⁰ Havering JSNA Drugs and Alcohol 2014

Nationally, 4.4% of 25-29 year olds have taken powder cocaine. Havering has one of the highest proportion of powder cocaine users entering treatment in England. Nitrous oxide (NO) use is a new and emerging trend; nationally 6.1% of 16-24 year olds have taken NO. In Havering, 134 DALYs are lost annually through drug misuse.

2.3.8.2 Alcohol and related disease

The JSNA²⁰ on drug and alcohol misuse in Havering 2014 describes alcohol and alcohol related disease in Havering in detail. The key points in terms of alcohol misuse prevalence are summarised below:

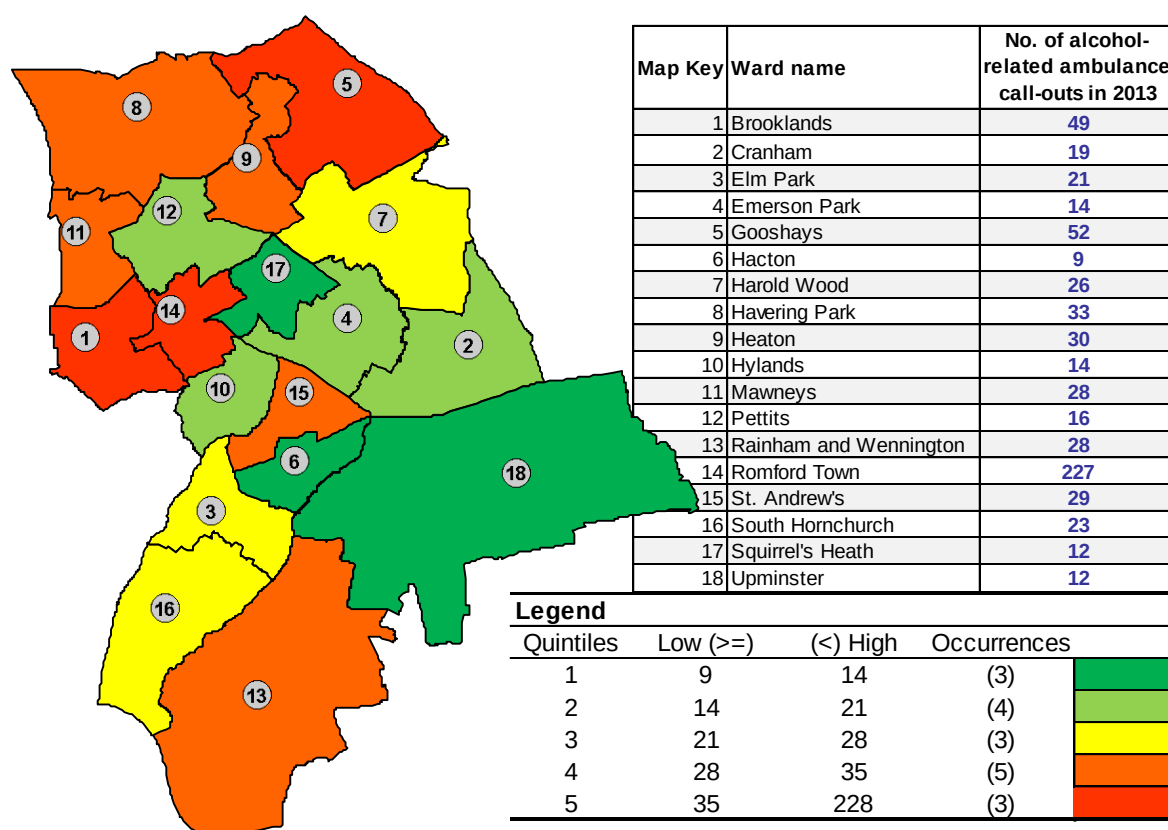
- there are 3,316 estimated dependent drinkers
- 20,808 (14%) higher risk drinkers who drink at very heavy levels which significantly increases the risk of damaging their health
- 44,292 (29%) increasing risk drinkers who drink above the recommended level which increases their risk of damaging their health
- 88,840 (58%) low risk drinkers who drink within recommended guidelines
- Havering ranks 11th out of 15 local authorities (first being best) in the same deprivation bracket for deaths from liver disease at a rate of 15 per 100,000
- the rate of mortality from chronic liver disease in women in Havering (6.67 per 100,000) is higher than that for London (5.83 per 100,000)

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5bn per year and society as a whole £21bn annually. In 2012/13, Havering had significantly lower alcohol related admissions to hospital in comparison to England and London. Havering also had significantly fewer alcohol related admissions in comparison to the average for local authorities in the same deprivation decile²¹.

Figure 56 presents the number of ambulance call outs for alcohol related admissions by ward in Havering for 2013. There were a higher number of admissions (top quintile) in Gooshays, Brooklands and Romford Town.

²¹ Local Tobacco Control Profiles for England, PHE

Figure 56 - Number of ambulance call outs for alcohol related illness 2013



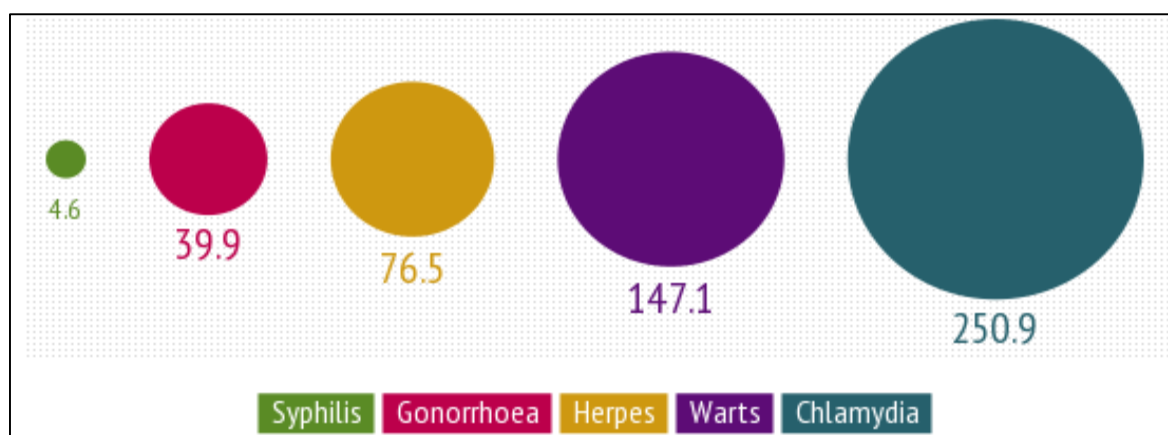
Data source: London Ambulance Service

2.3.8.3 Sexual health and teenage pregnancy

Sexually transmitted infections

As illustrated in Figure 57, chlamydia is the most common sexually transmitted infection (STI) in Havering, with 251 diagnoses rate per 100,000 of the population in 2012. With the least rate of acute diagnoses (five) per 100,000 of the population in 2012, syphilis is the least common STI in Havering.

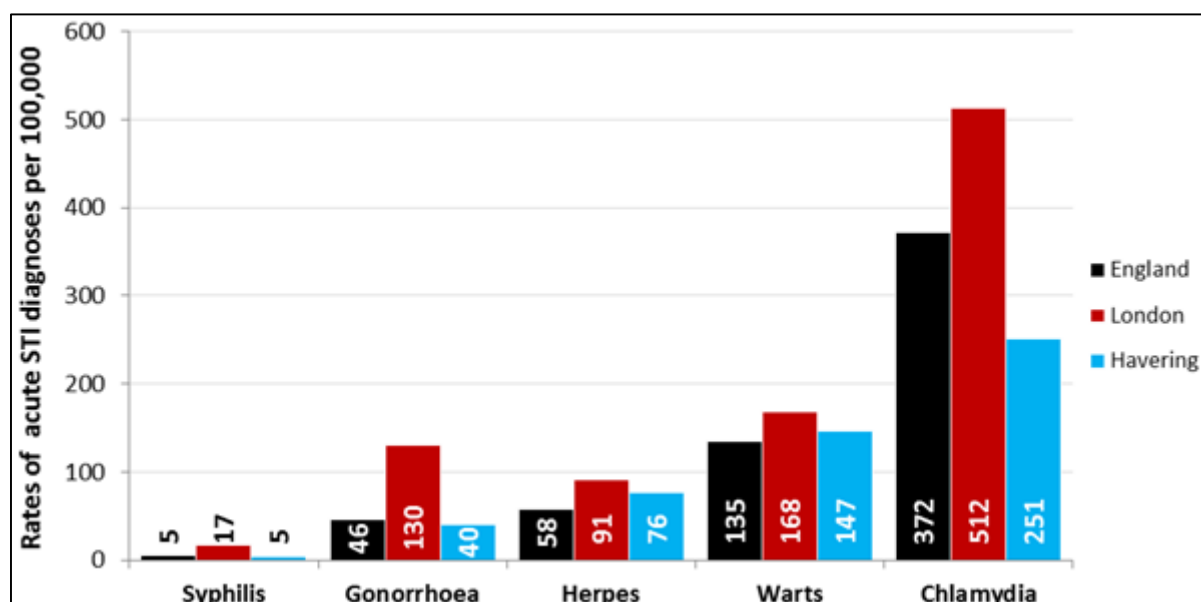
Figure 57 - Rates of acute STIs diagnoses per 100,000 in Havering, by STI type, 2012



Source: Table 3: Number & rates of acute STI diagnoses in England, 2009 – 2012 Data are presented by PHE Region, PHE Centre, Upper Tier LA, and LA Data type: residence data

As Figure 58 illustrates, Havering's rates for all diagnosed STIs in 2012 were expectedly all lower than London rates. However, when compared with the 2012 rates for diagnosed STIs in England (with a relatively more similar age structure), only Havering's rates for diagnosed herpes and warts were higher – rates for others (syphilis, gonorrhoea and chlamydia) were either similar or lower (see Figure 58).

Figure 58 - Rates (per 100,000) of STIs, Havering compared to London and England, 2012



Data Source: Public Health England

A summary of relevant STI indicators is provided in Table 13.

Table 13 - Snapshot of HIV and STIs, part of PHE's Sexual and Reproductive Health Profiles, Havering compared to deprivation decile, London and England

Indicator	Compared to:		
	England	London	Deprivation decile
Population vaccination coverage - HPV (PHOF indicator)	Havering has a significantly higher proportion	Not compared	Not compared
Rate of syphilis diagnoses per 100,000 population	Havering has a similar rate	Havering has a significantly lower rate	Havering has a significantly higher rate
Rate of gonorrhoea diagnoses per 100,000 population	Havering has a similar rate	Havering has a significantly lower rate	Havering has a significantly higher rate
Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24	Havering has a significantly lower proportion	Havering has a significantly lower proportion	Havering has a significantly lower proportion
Proportion of population aged 15 to 24 screened for chlamydia, measured separately in GUM and non-GUM settings (PHOF indicator 3.02ii)	Havering has a significantly lower proportion	Havering has a significantly lower proportion	Not compared
Rate of first episode genital warts diagnoses per 100,000 population	Havering has a similar rate	Havering has a significantly lower rate	Havering has a significantly higher rate
Uptake of HIV testing among men who have sex with men (MSM) measured in GUM	Havering has a similar uptake	Havering has a significantly lower uptake	Havering has a similar uptake
Uptake of HIV testing among women measured in GUM	Havering has a significantly lower uptake	Havering has a significantly lower uptake	Havering has a significantly lower uptake
Uptake of HIV testing among men measured in GUM	Havering has a significantly lower uptake	Havering has a significantly lower uptake	Havering has a significantly lower uptake
Percentage of adults (aged 15 or above) newly diagnosed with a CD4 count less than 350 cells cubic millimetre (PHOF indicator 3.04)	Havering has a similar percentage	Havering has a similar percentage	Havering has a similar percentage
Prevalence of diagnosed HIV infection per 1,000 among persons aged 15 to 59 years	Not compared	Not compared	Not compared

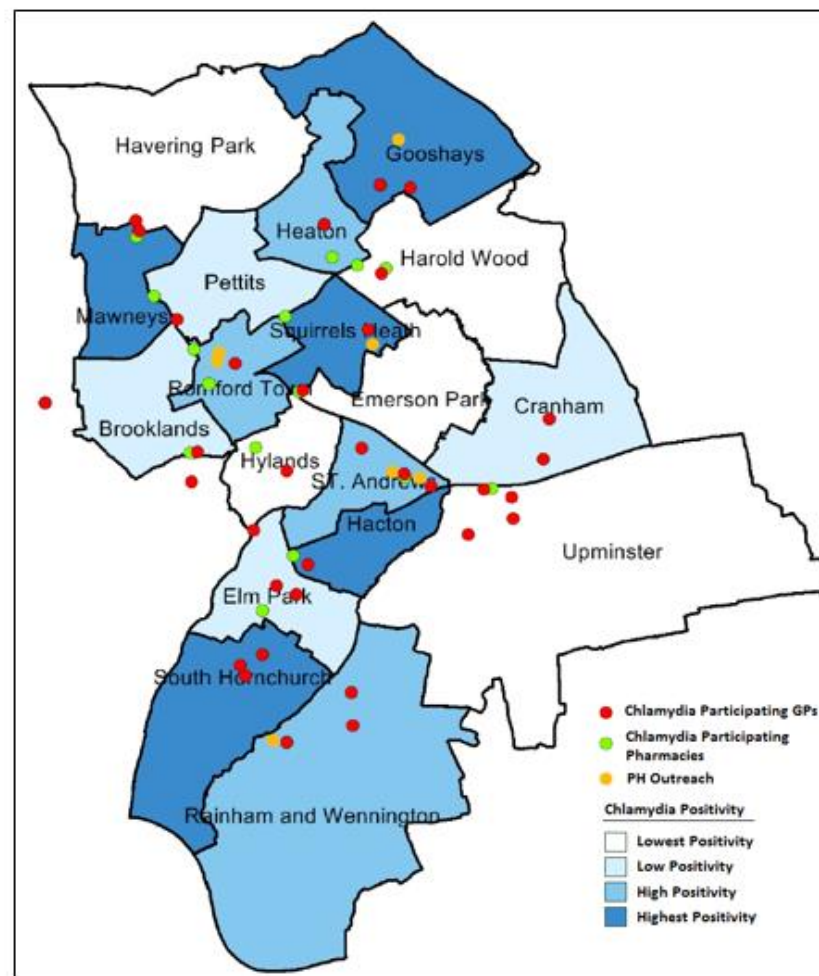
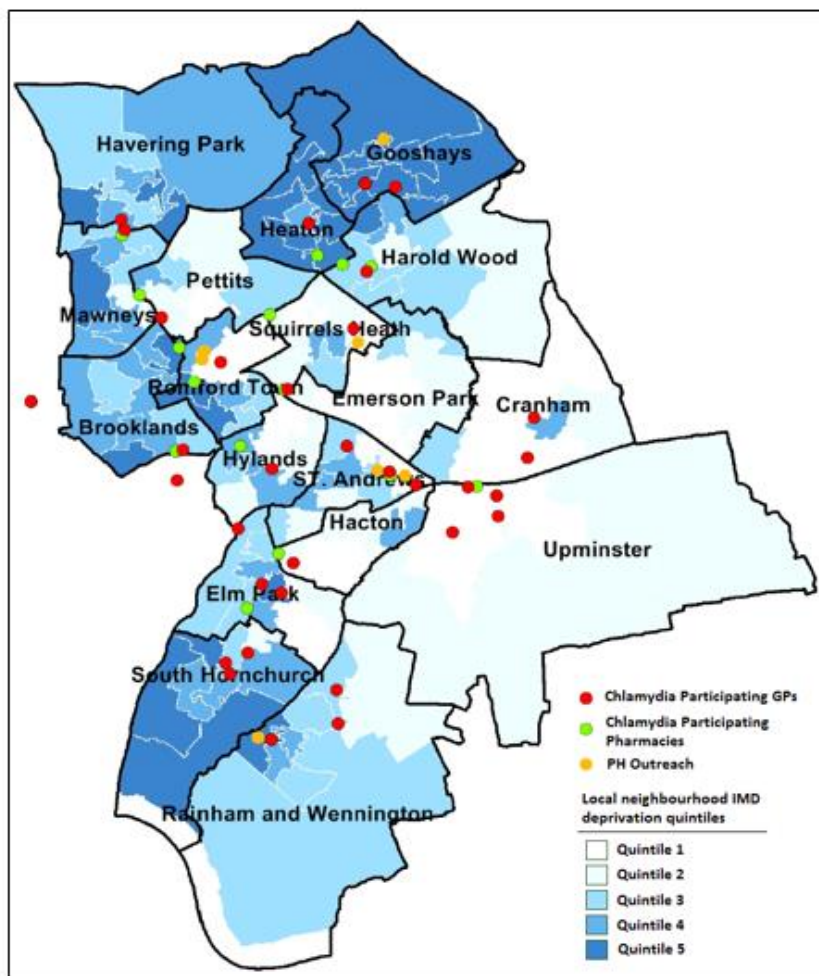
Source: Sexual and Reproductive Health Profiles, Public Health England

A comparison of Figure 59's left map (showing local deprivation quintiles by lower super output area (LSOA), where quintile five is the most deprived) and right map (showing the distribution of chlamydia positivity by ward) suggest an association with deprivation on chlamydia positivity.

Figure 59's left map suggests there is a relatively lower number of chlamydia testing sites (the chlamydia participating GPs and pharmacies) in Havering's most deprived areas (quintiles four and five). However, there are testing sites in places in Havering where young people gather including, for example, in Romford Town. Young people can access chlamydia screening from GP practices, pharmacists, and sexual health clinics.

Figure 59 - **Left** Local deprivation quintiles and chlamydia testing sites in Havering

Right - Chlamydia test positivity and chlamydia testing sites in Havering

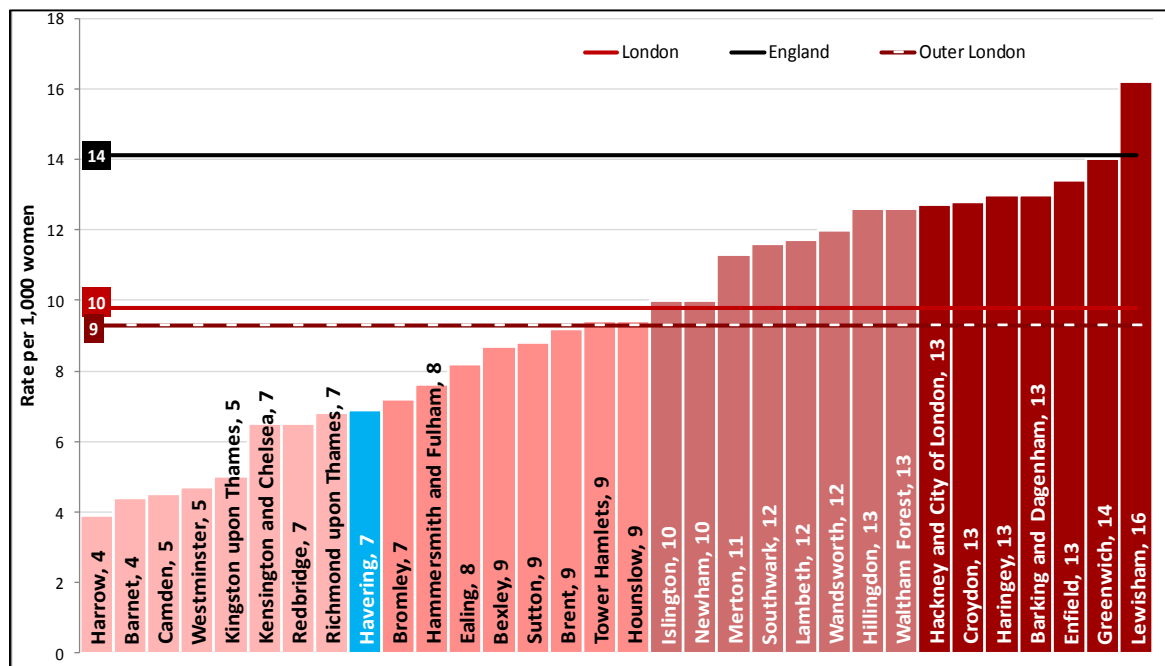


Data Sources: Communities and Local Government, 2011 – for IMD (2010); Public Health England – for chlamydia data; and local data sources for others

Teenage pregnancy

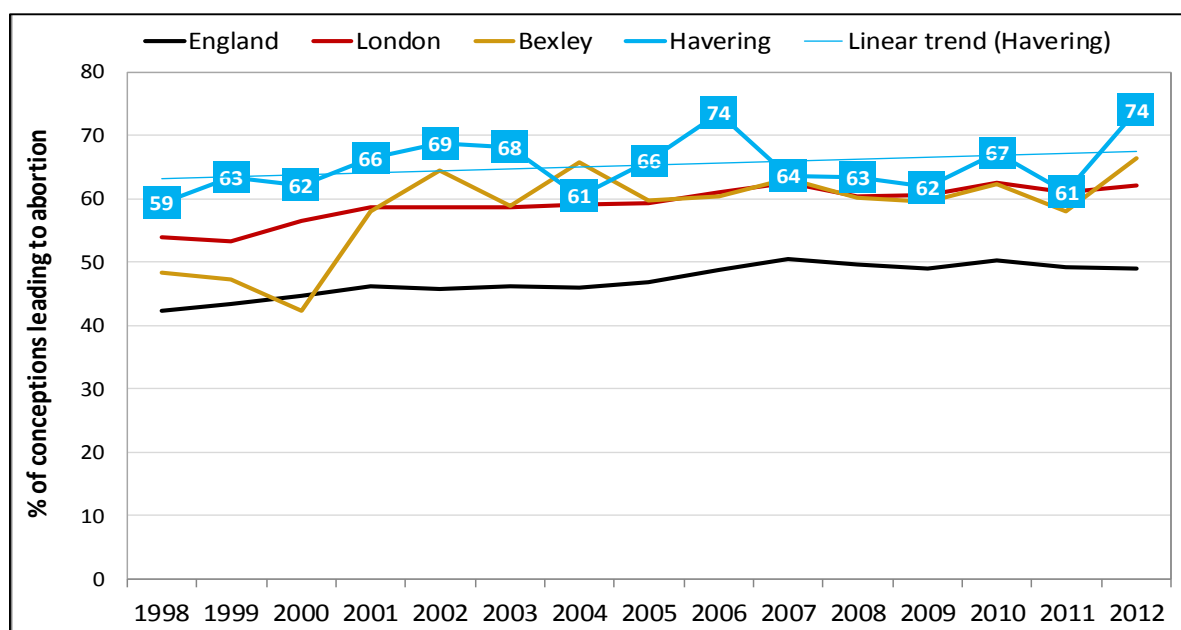
Figure 60 presents the under 18 maternity rate per 1,000 women aged 15 to 17 across London boroughs in 2012. In 2012, Havering ranked among the lowest in London for teenage maternity rates and lower than England, London and the outer London average. This is, in part, explained by rates of abortion (see Figure 61)

Figure 60 - Under 18 maternity rate per 1,000 women in age group 2012, London LAs, London and England



Data source: Office for National Statistics

Figure 61 - Trend in proportion of under 18 conceptions resulting in abortion 1998-2012, Havering, London and England

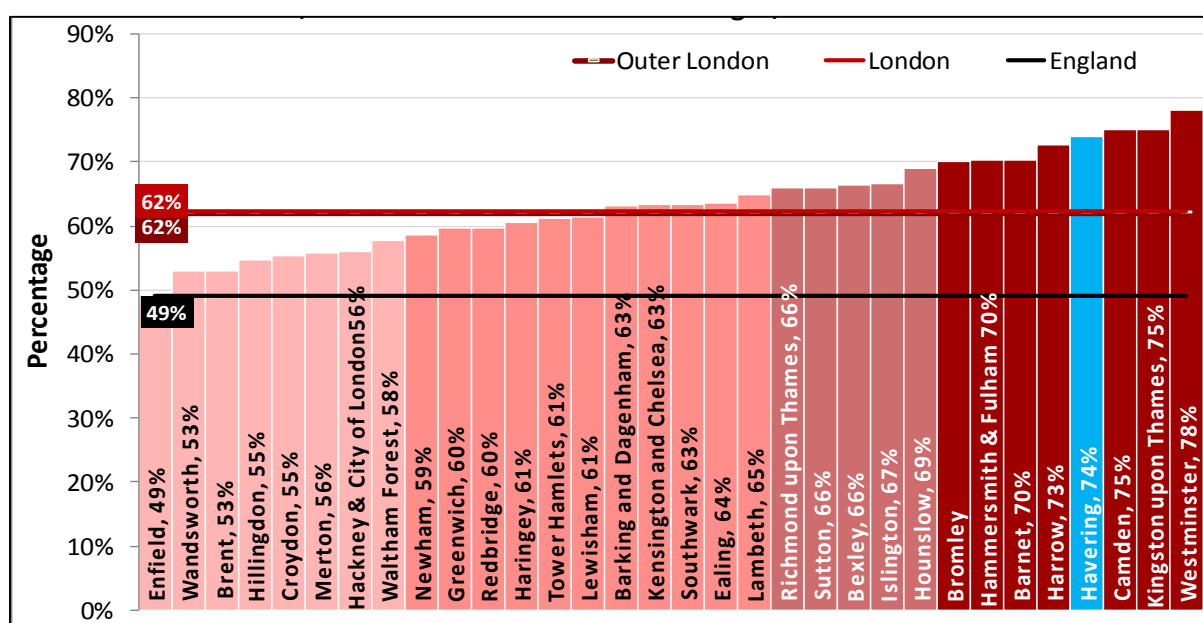


Data source: Office for National Statistics

Figure 61 presents the proportion of under 18 conceptions resulting in abortion from 1998 to 2012 in Havering, London and England. In Havering in 2012, 74% of under 18 conceptions resulted in abortion. The proportion of under 18 conceptions leading to abortion in Havering has been increasing overall from 1998. Between 1998 and 2012, the proportion of under 18 conceptions resulting in abortions increased by 24.6%.

Figure 62 presents the proportion of under 18 conceptions resulting in abortion in 2012 across London boroughs compared to the London region and England. The proportion of under 18 conceptions leading to abortion in Havering was higher than the England, London and outer London average in 2012. This in part could explain the comparatively low teenage maternity rate despite the comparatively high teenage conception rate.

Figure 62 - Proportion of under 18 conceptions resulting in abortion, 2012, London local authority, London and England



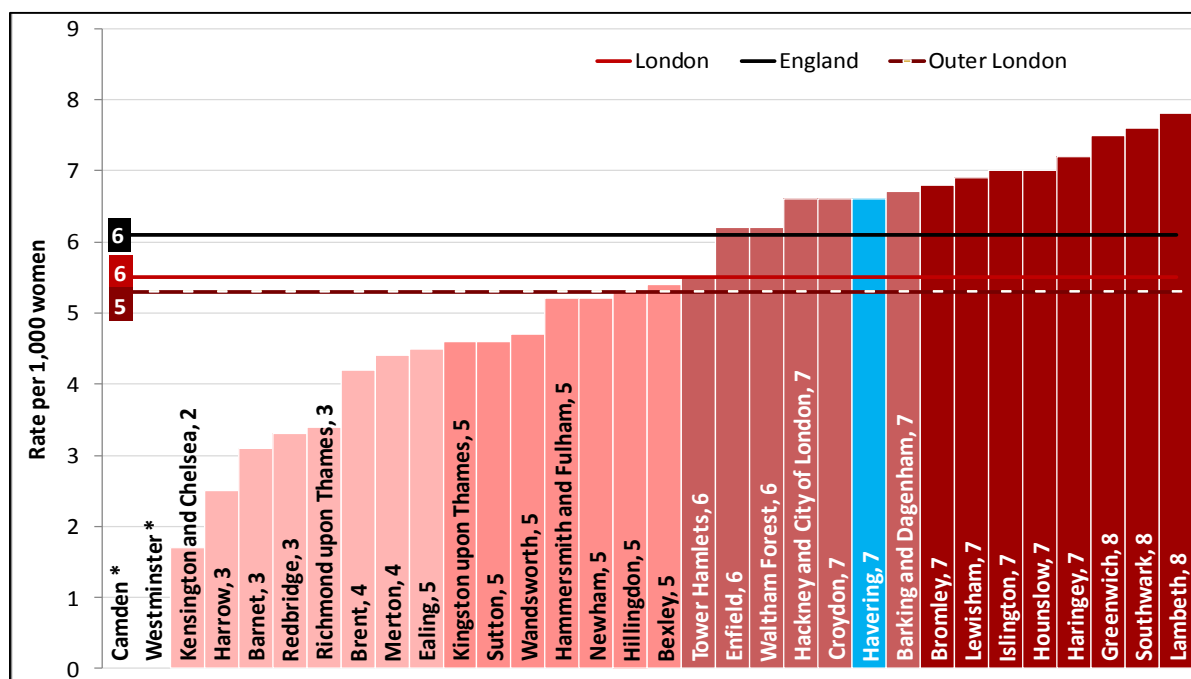
Data source: Office for National Statistics

Figure 63 presents the conception rate per 1,000 women aged 13-15 for other London boroughs, London and England 2010-2012. In Havering, the under 16 conception rate was 6.6 per 1,000 in 2010-2012, which was above that of England (6.1 per 1,000), London (5.5 per 1,000) and outer London (5.3 per 1,000). There has however, been an overall reduction in teenage conceptions since the 2008-2010 rate of 7.5 per 1,000 to 6.6 per 1,000 in 2010-2012. This is in line with the London and national trends.

In addition, Figure 64 presents the aggregated proportion of under 16 conception leading to abortion in Havering, London boroughs, London and England in 2010-2012. Between 2010 and 2012, 77.5% of under 16 conceptions in Havering led to an abortion. Compared to London, outer London and England, this is high.

The increase in the proportion of under 16 conception leading to abortion in Havering from 2009 (59%) to 2012 (86%) is unique when compared to the closest statistical neighbour (Bexley), London and England (see Figure 65).

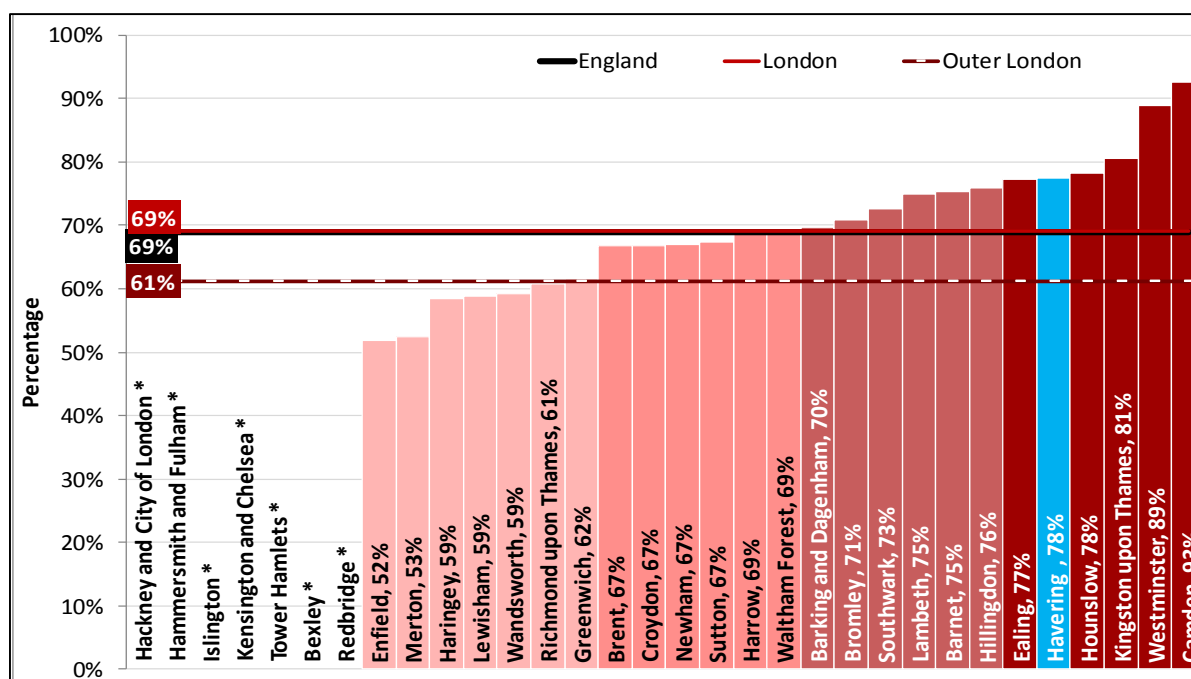
Figure 63 - Under 16 conception rate per 1,000 women in age group (13-15 years), London LA's, London and England 2010-12



* denotes suppressed to protect confidentiality

Data source: Office for National Statistics

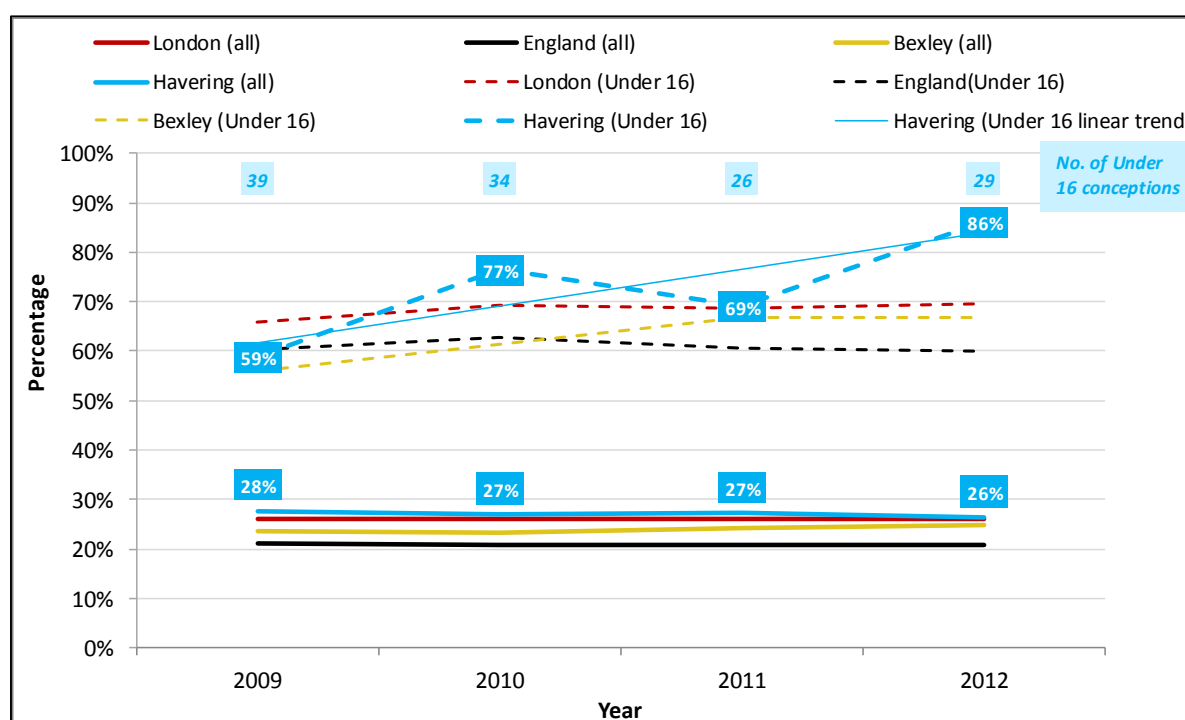
Figure 64 - Proportion of under 16 conceptions leading to abortion, London LA's, London and England 2010-12



* denotes suppressed to protect confidentiality

Data source: Office for National Statistics

Figure 65 - Percentage of conceptions leading to abortion, in all conceptions and under 16 conceptions, in Havering, Bexley, London and England from 2009-2012



Data source: Office for National Statistics

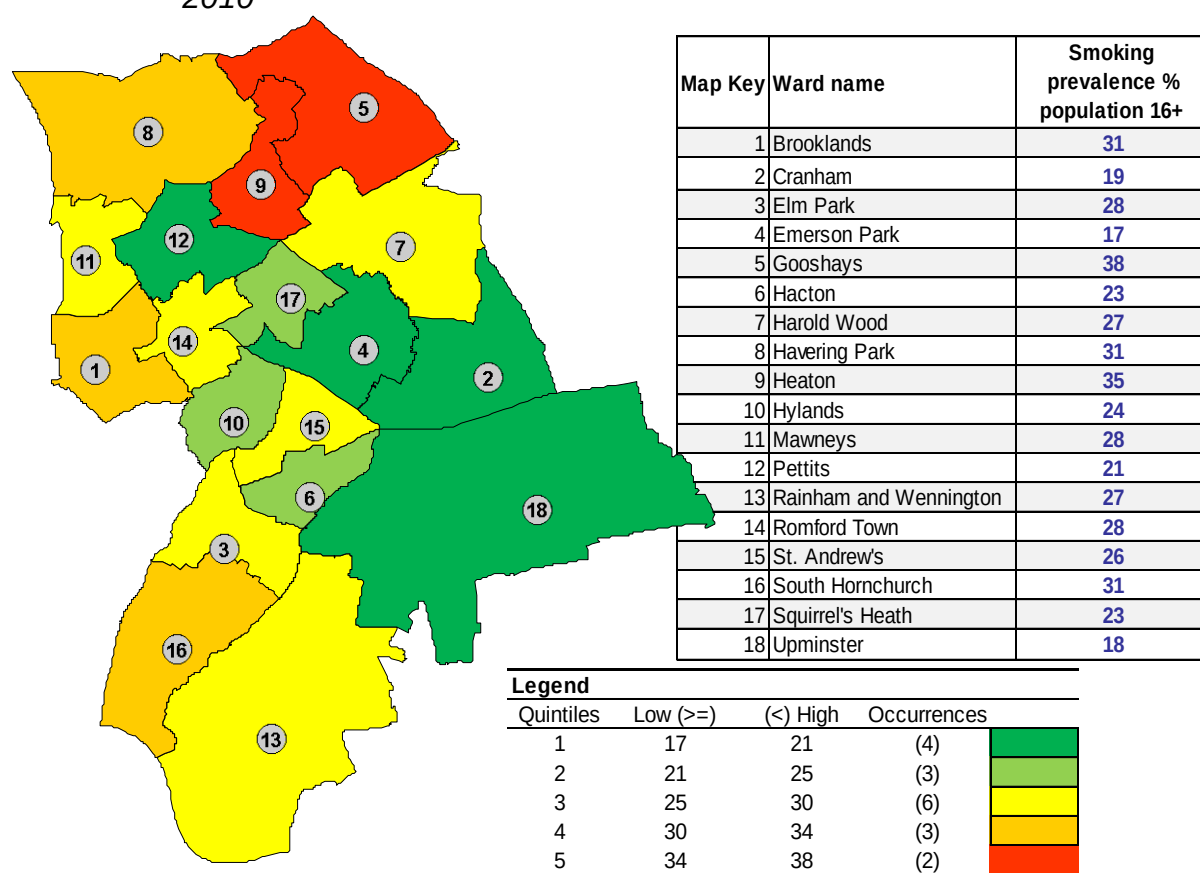
2.3.8.4 Smoking

In 2012, approximately 19.3% of persons aged 18 years and over in Havering were smokers. This is statistically similar to England and London²².

Figure 66 presents the prevalence of smoking in Havering in 2010 by ward. It suggests that Gooshays (38%) and Heaton (35%) wards have the highest percentage of their residents aged 16 years and above who are smokers.

²² Local Tobacco Control Profiles for England, PHE

Figure 66 - Smoking prevalence, percentage of population aged 16+, Havering wards, 2010



Data source: Ash (Action on smoking and health)

Table 14 presents the percentage of women who were smokers at time of delivery, per 100 maternities, from 2010 to 2013. Havering's percentage of women who currently smoke at time of delivery is significantly higher than London's percentage but similar to England's.

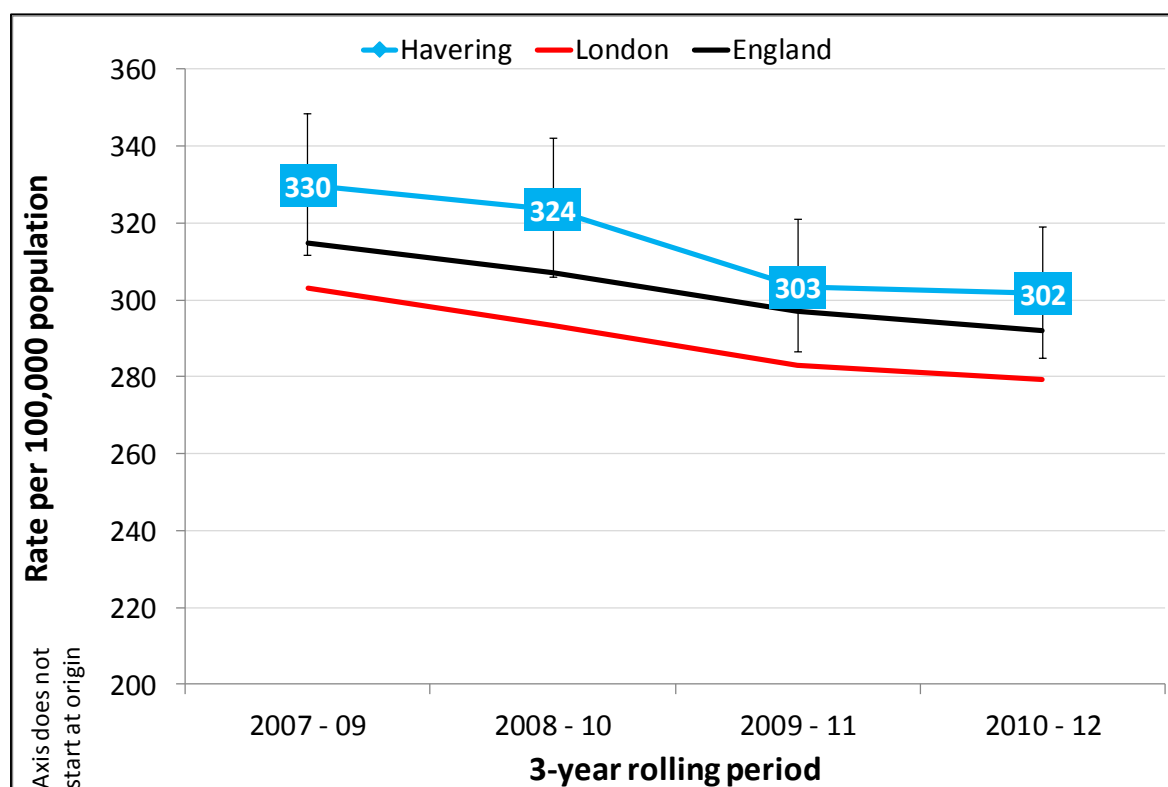
Table 14 - Percentage of women who currently smoke at time of delivery per 100 maternities, 2010-2013

Area	Percentage of women who currently smoke at time of delivery per 100 maternities, 2010-2013		
Havering	13.63	14.77	13.04
London	6.32	6.01	5.72
England	13.53	13.19	12.69

Source: Local Tobacco Control Profiles for England, PHE, 2014

Furthermore, from 2007-2009 to 2010-2012, the deaths attributable to smoking in Havering have been significantly above London's rates, but statistically similar to England's rates, (see Figure 67).

Figure 67 - Age-standardised rate of deaths attributable to smoking (per 100,000 population) for persons aged 35 years and over, three year average, 2007-2009 to 2010-2012



Data source: Local Tobacco Control Profiles for England

A summary of smoking-related indicators is provided in Table 15.

Table 15 - Tabular overview of smoking-related indicators, Havering compared to London and England

Indicator	Havering compared to:	
	England	London
Smoking attributable mortality	Havering has a similar rate	Havering has a worse rate
Smoking attributable deaths from heart disease	Havering has a similar rate	Havering has a similar rate
Smoking attributable deaths from stroke	Havering has a similar rate	Havering has a similar rate
Deaths from lung cancer	Havering has a similar rate	Havering has a similar rate
Deaths from chronic obstructive pulmonary disease	Havering has a similar rate	Havering has a similar rate
Lung cancer registrations	Havering has a similar rate	Havering has a similar rate
Oral cancer registrations	Havering has a better rate	Havering has a better rate
Smoking attributable hospital admissions	Havering has a better rate	Havering has a better rate
Cost per capita of smoking attributable hospital admissions	Not compared	Not compared
Smoking prevalence - routine and manual	Havering has a similar rate	Havering has a similar rate
Smoking status at time of delivery	Havering has a similar rate	Havering has a worse rate

Source: Local Tobacco Control Profiles for England

2.3.8.5 Oral health

Tooth decay is a predominantly preventable disease. Significant levels remain as 28% of five-year-old children have observable decay resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic. Children aged five and under in Havering have approximately 0.5 cavities (the mean number of teeth per child sampled which were either actively decayed or had been filled or extracted – decayed / missing / filled teeth [d³mft]) each). This is significantly lower than the England average and the London average²³.

²³ PHOF

Section 3: NHS pharmaceutical services provision; currently commissioned

3.1 Community pharmacies

There are 47 community pharmacies in the Havering HWB area (as at 30th January 2015) for a population of 242,080. This equates to an average of 19.4 pharmacies per 100,000 population. Latest data shows the England average is 21.7 community pharmacies per 100,000 population and the London average is 22.3 community pharmacies per 100,000 population. 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 similar rate of community pharmacies per 100,000 population in neighbouring HWB areas to Havering: Redbridge (19.9), Barking and Dagenham (20.3), Essex and Thurrock (area previously known as South West Essex PCT (20.6)) and Bexley (19.3). The pharmacy user questionnaire, undertaken in the autumn of 2014, received 300 responses and 86% of respondents reported that they do not change pharmacy. When asked what factors they considered when choosing their pharmacy, over 76% indicated 'Close to home' and 43% 'Close to GP surgery' as important reasons. About 52% respondents walk to their community pharmacy, whilst 38% use a car or taxi. The full results of the pharmacy user survey is detailed in Section 5.

Table 16 provides a breakdown, by ward, of the average number of community pharmacies per 100,000 population. For the purpose of the PNA the pharmacies listed in Appendix A and Maps A to L have all been included in the Havering HWB area. Due to the use of postcodes in the construction of maps, some pharmacy locations may appear not to correlate with locations by ward as expressed in Table 16, section 3.1.3. The contents of Table 16 and Appendix A have been used within the analysis of the PNA. All wards have at least one community pharmacy. The Havering HWB has chosen the local authority wards for the PNA localities. Due to the size of the wards, the number and rate of community pharmacies vary widely by ward. Populations in all wards have access to extensive public transport links and road networks, both within the Havering HWB area and bordering HWB areas. For some populations the nearest community pharmacy provision from their home may be in a neighbouring ward or HWB area. Maps G to L show the travel times to nearest community pharmacy for residents of the Havering HWB area.

Table 16 - A breakdown of average community pharmacies per 100,000 population⁶

Area	Number of community pharmacies (as of 30/01/15)	Total population (2014 forecast estimates)	Average number of community pharmacies per 100,000 population (as of 30/01/15)
Brooklands	2	16,565	12.1
Cranham	2	12,627	15.8
Elm Park	3	12,672	23.7
Emerson Park	1	12,081	8.3
Gooshays	3	15,222	19.7
Hacton	2	12,539	15.9
Harold Wood	3	13,488	22.2
Haverling Park	2	13,162	15.2
Heaton	1	13,070	7.6
Hylands	2	13,130	15.2
Mawneys	2	13,093	15.3
Pettits	2	13,036	15.3
Rainham and Wennington	4	13,012	30.7
Romford Town	7	18,014	38.9
South Hornchurch	1	15,801	6.3
Squirrel's Heath	2	13,391	14.9
St Andrew's	4	13,604	29.4
Upminster	4	12,960	30.9
Haverling Health and Wellbeing Board area (2013/14 data)	47	242,080	19.4
London region (2013/14 data)	1,851*	8,308,000	22.3*
England (2013/14 data)	11,647*	-	21.7*

*Data includes distance-selling (internet) pharmacies, which do not provide face-to-face services on their premises

Section 1.3 lists the essential services of the pharmacy contract. It is assumed that provision of all of these services is available from all contractors. Map D illustrates population densities by ward and community pharmacy location. Map E illustrates IMD scores by ward and community pharmacy location whilst Map F illustrates BAME population by ward and community pharmacy location. Further analysis of the pharmaceutical service provision, population characteristics and potential health needs for each ward is explored in Section 2 and Section 6.

3.1.1 Choice of community pharmacies

Table 17 shows the breakdown of community pharmacy ownership in Havering. The data shows that independent pharmacy ownership is at levels similar to those seen nationally and lower than those seen in London, with no one provider having a monopoly in any ward where more than one pharmacy is present. People in Havering therefore have a good choice of pharmacy providers.

Table 17 - Community pharmacy ownership, 2013/14⁶

Area	Multiples (%)	Independent (%)
England	61.2	38.8
London	38.9	61.1
Havering (2014 data)	66.6	33.3

3.1.2 Intensity of current community pharmacy providers

For most community pharmacy providers, dispensing of prescriptions provides the majority of their activity. Table 18 shows the average monthly dispensing activity from community pharmacies. The data shows that average dispensing activity in Havering is higher than the London and England average. This data suggests that, on average, community pharmacies in Havering are busier than in London and throughout England.

Table 18 - Average dispensed items per community pharmacy, 2013/14⁶

Area	Average number of monthly dispensed item per community pharmacy
England	6784
London region	5393
Havering (2012/13 data)	7469

3.1.3 Weekend and evening provision

It is estimated that, collectively, community pharmacies in England are open approximately 150,000 hours per week more than 10 years ago²⁴. This has been mainly driven through the opening of 100 hour pharmacies. There are over 700 community pharmacies in England open for 100 hours or more per week.

Map C provides an illustration of the opening times of pharmacies and their location within the Havering HWB area. Table 19 shows that Havering has a similar percentage of its pharmacies open for 100 hours or more compared with nationally. Most 100 hour pharmacies are open late and at the weekends.

Table 19 - Numbers of 100 hour pharmacies (and percentage total)

Area	Number (%) of 100 hour pharmacies
England (2012/13 data) ⁶	773 (6.7%)
London region	71 (3.8%)
Havering	4 (8.5%)
Brooklands	0
Cranham	0
Elm Park	1 (33%)
Emerson Park	0
Gooshays	0
Hacton	0
Harold Wood	0
Havering Park	1 (50%)
Heaton	0
Hylands	0
Mawneys	0
Pettits	0
Rainham and Wennington	0
Romford Town	2 (29%)
South Hornchurch	0
Squirrel's Heath	0

²⁴ 'Who do you think we are? Community Pharmacy: dispensers of health', Pharmacy Voice: <http://www.dispensinghealth.org/wp-content/uploads/2014/01/DH-Launch-FINA1.pdf>

Area	Number (%) of 100 hour pharmacies
St Andrew's	0
Upminster	0

3.2 Dispensing appliance contractors

There are no dispensing appliance contractors (DACs) in the Havering HWB area however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 42 responses and 83% of respondents reported they provide stoma and / or incontinence appliances.

As part of the essential services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside the Havering HWB area. There were 112 DACs in England in 2013/14⁶.

3.3 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013³. 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 distance-selling pharmacies, provision of all services must be offered throughout England. It is therefore likely that patients within the Havering HWB area will be receiving pharmaceutical services from a distance-selling pharmacy outside the Havering HWB area. There is no distance-selling pharmacy in the Havering HWB area. Figures in 2013/14⁶ show that there were 211 distance-selling pharmacies in England, accounting for 1.8% of the total number of pharmacies (in London there were 14 or 0.8%).

3.4 Access to community pharmacies

The majority of community pharmacy providers in the Havering HWB area are sited in areas co-located with shops, GP practices or other routine destinations; many also provide extended opening hours. As such they attract a high level of convenience.

The White Paper, 'Pharmacy in England: Building on strengths – delivering the future'²⁵ noted that 99% of the population – even those living in the most deprived areas – can get to a community pharmacy within 20 minutes by car and 96% by walking or using public transport. Maps G to L provide a travel analysis of the population of Havering to their nearest community pharmacy.

A list of community pharmacies in the Havering HWB area and their opening hours can be found in Appendix A and illustrated in Map C.

²⁵ 'Pharmacy in England: Building on strengths – delivering the future', Department of Health (2008) - <http://www.official-documents.gov.uk/document/cm73/7341/7341.pdf>

3.4.1 Routine daytime access to community pharmacies

Table 20 lists the average daytime drive time, walking, and public transport times experienced by the Havering HWB population percentages

Average drive time to community pharmacies in Havering is shown in Map G and additional estimates of driving at peak time in Map I and off peak time in Map H. Average public transport time to community pharmacies is shown in Maps J and K. Average walking time to community pharmacies is shown in Map L. A recently published article²⁶ suggests that over 89% of the population of England has a maximum 20 minute walk to a community pharmacy, however this figure falls to as low as 14% in rural areas. The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

Map G illustrates that 97.3% of residents within the Havering HWB area have an average drive time not exceeding five minutes to their nearest community pharmacy. This varies by only a very small percentage during peak and off peak travel times with an overall variation of 96.6% to 99.3%. The time of travel, therefore, does not appear to have a significant effect on travel times to pharmacies.

Maps J and K illustrate between 97.5% and 98.1% of residents within the Havering HWB area have an average travel time by public transport not exceeding 20 minutes to their nearest community pharmacy, dependent on travelling at peak and off peak times respectively. Therefore, the time of travel does not appear to have a significant effect on travel times to pharmacies.

Map L illustrates that 85.5% of residents within the Havering HWB area can walk to a pharmacy within 20 minutes and 94% can walk within 30 minutes to their nearest community pharmacy

There are some wards in Havering with populations categorised as highly deprived when compared to the rest of England. Map E illustrates IMD scores within the Havering HWB area and pharmacy location.

²⁶ '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>

Table 20 - Percentage of population of the Havering HWB and average daytime travel times to nearest community pharmacy

	Average peak drive	Average public transport		Average walking
		am	pm	
Up to 5 mins	96.6%	19.2%	19.2%	13.9%
Up to 10 mins	100%	76.9%	76.3%	43.9%
Up to 15 mins	100%	91.4%	91.4%	71.6%
Up to 20 mins	100%	97.5%	96.1%	85.5%
Up to 25 mins	100%	98.1%	96.1%	90.5%
Up to 30 mins	100%	98.1%	96.1%	94.0%

3.4.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6pm, Monday to Friday (excluding bank holidays (BHs)) varies within each ward; they are listed in Table 21 below. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at ward level and, as can be found from Table 21, the population of Havering has reasonable access to community pharmacies in the evening. This is because the majority of providers in the Havering HWB area are open after 6pm. A further analysis of provision in each ward is detailed in Section 6 and pharmacy openings are illustrated in Map C.

Table 21 - Community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6pm

Ward	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
Brooklands	Rowlands Pharmacy 3 Fairview Parade, Mawney Road, Romford, RM7 7HH	09:00-18:30 Thurs 09:00-13:00
	Safedale Ltd 82-84 Dagenham Road, Rush Green, Romford, RM7 0TJ	09:00-19:00
Emerson Park	Shadforth Pharmaceutical Co Ltd 266 Brentwood Road, Romford, RM2 5SU	08:45-18:15 Weds 08:45-17:30

Ward	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
Romford Town	Boots UK Ltd Unit 7, The Brewery, Waterloo Road, Romford, RM1 1AU	08:00-23:59
	Park Lane Pharmacy 1 Park Lane, Hornchurch, RM11 1BB	09:00-19:00 Thur 09:00-16:00
	Boots UK Ltd 47 Marketplace, Romford, RM1 3AD	08:30-19:00
	Sainsbury's Pharmacy 1-15 The Brewery, Waterloo Road, Romford, RM1 1AU	07:00-23:00
South Hornchurch	No pharmacies open after 6pm	
Heaton	Crescent Pharmacy 65 Masefield Crescent, Gidea Park, Romford, RM3 7PB	Mon-Fri: 09:00-19:00
Rainham and Wennington	Bows Chemist 329 Upminster Road North, Rainham, RM13 9JR	09:00-21:00
	Chansons Pharmacy 6 Crown Parade, Upminster Road South, Rainham, RM13 9BD	09:00-18:30
	Tesco Instore Pharmacy Bridge Road, Rainham, RM13 9YZ	08:00-20:00
Elm Park	Newlands Pharmacies Ltd 6 Station Parade, Broadway, Elm Park, RM12 5AB	09:00-19:00
	Maylands Pharmacy 300 Upper Rainham Road, Rainham, RM12 4EQ	08:00-22:30
Gooshays	Boots UK Ltd 122 Petersfield Avenue, Harold Hill, RM3 9PH	09:00-18:30
	Boots UK Ltd 12 Farnham Road, Hornchurch, RM3 8DX	08:45-19:00 Tues 09:00-19:00
	Newlands Pharmacy Harold Hill Health Centre, Gooshays Drive, Harold Hill, Romford, RM3 9LB	08:00-22:00
Havering Park	Boots UK Ltd 21 Clockhouse Lane, Collier Row, Romford, RM5 3PH	09:00-19:00

Ward	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
	Clockhouse Pharmacy 5 Clockhouse Lane, Collier Row, Romford, RM5 3PH	07:00-23:00
Mawneys	LloydsPharmacy Ltd 12 Chase Cross Road, Romford, RM5 3PR	09:00-19:00
	W H Burdess Chemists Ltd 178 Mawney Road, Romford, RM7 8BU	09:00-19:00 Thur 09:00-13:00
Squirrel's Heath	Whiterose Chemist, 100 Ardleigh Green Road, Hornchurch, RM11 2LG	09:00-19:00 Tue, Wed 09:00-18:30 Thur 09:00-17:00
Harold Wood	Tesco Instore Pharmacy Bryant Avenue, Gallows Corner, Romford, RM3 0LL	08:00-21:00
	The Co-Operative Pharmacy Harold Wood Polyclinic, Gubbins Lane, Harold Wood, RM3 0FE	08:00-20:00
	The Co-Operative Pharmacy 7 Station Road, Harold Wood, RM3 0BP	09:00-18:30
Hylands	Pharmacare Chemist 164 Hornchurch Road, Hornchurch, RM11 1QH	09:00-19:00
	Tesco Instore Pharmacy 300 Hornchurch Road, Hornchurch, RM11 1PY	08:00-20:00
Pettits	Newlands Pharmacies Ltd 52 Collier Row Lane, Romford, RM5 3BB	09:00-19:00
Hacton	LloydsPharmacy Ltd 2 Tadworth Parade, Elm Park, RM12 5AS	08:30-19:00
St Andrew's	Britcrown Pharmacy 31 Upminster Road, Hornchurch, RM11 3UX	09:00-18:30
	Elm Park Pharmacy 208/212 Elm Park Avenue, Elm Park, RM12 4SD	09:00-19:00
Cranham	Govani Chemist 87 Front Lane, Cranham, RM14 1XN	09:00-18:30

Ward	Pharmacy name and address	Opening hours (Mon-Fri, excl BHs)
Upminster	Britannia Pharmacy 36 Corbets Tey Road, Upminster, RM14 2AD	09:00-19:00
	Govani Chemist 64 Station Road, Upminster, RM14 2TD	09:00-19:00
	Panchem (UK) 160 St Marys Lane, Upminster, RM14 3BS	09:00-18:30 Wed, Thur 09:00-18:00

3.4.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on a Saturday vary within each ward. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at ward level. Table 22 shows that 98% of all pharmacies in the Havering HWB area are open on Saturdays. A further analysis of provision is detailed in Section 6 and pharmacy openings are illustrated in Map C.

Table 22 - Community pharmacy providers open Saturdays

Ward	Pharmacy name and address	Saturday opening hours
Brooklands	Rowlands Pharmacy 3 Fairview Parade, Mawney Road, Romford, RM7 7HH	09:00-13:00
	Safedale Ltd 82-84 Dagenham Road, Rush Green, Romford, RM7 0TJ	09:00-15:00
Emerson Park	Shadforth Pharmaceutical Co Ltd 266 Brentwood Road, Romford, RM2 5SU	09:00-13:00
Romford Town	Boots UK Ltd 12 The Liberty, Romford, RM1 3RL	08:30-18:00
	Boots UK Ltd Unit 7, The Brewery, Waterloo Road, Romford, RM1 1AU	08:00-23:59
	Mim Pharmacy Ltd 118 North Street, Romford, RM1 1DL	09:00-13:00
	Newlands Pharmacies Ltd 67/69 Park Lane, Hornchurch, RM11 1BH	09:00-18:00

Ward	Pharmacy name and address	Saturday opening hours
	Park Lane Pharmacy 1 Park Lane, Hornchurch, RM11 1BB	09:00-16:00
	Boots UK Ltd 47 Marketplace, Romford, RM1 3AD	09:00-13:00
	Sainsbury's Pharmacy 1-15 The Brewery, Waterloo Road, Romford, RM1 1AU	07:00-22:00
South Hornchurch	Day Lewis Ltd 113 Rainham Road, Rainham, RM13 7QX.	09:00-13:00
Heaton	Crescent Pharmacy 65 Masefield Crescent, G Park, Romford, RM3 7PB	09:00-15:00
Rainham and Wennington	Bows Chemist 329 Upminster Road North, 329 Upminster Road North, Rainham, RM13 9JR	09:00-13:00
	Chansons Pharmacy 6 Crown Parade, Upminster Road South, Rainham, RM13 9BD	09:00-13:00
	Tesco Instore Pharmacy Bridge Road, Rainham, RM13 9YZ	08:00-20:00
	Williams Chemist 139A Wennington Road, Rainham, RM13 9TR	09:00-12:00
Elm Park	Newlands Pharmacies Ltd 6 Station Parade, Broadway, Elm Park, RM12 5AB	09:00-17:30
	Maylands Pharmacy 300 Upper Rainham Road, Rainham, RM12 4EQ	08:00-22:30
Gooshays	Boots UK Ltd 122 Petersfield Avenue, Harold Hill, RM3 9PH	09:00-17:30
	Boots UK Ltd 12 Farnham Road, Hornchurch, RM3 8DX	08:45-17:30
	Newlands Pharmacy Harold Hill Health Centre, Gooshays Drive, Harold Hill, Romford, RM3 9LB	09:00-18:00

Ward	Pharmacy name and address	Saturday opening hours
Haverling Park	Boots UK Ltd 21 Clockhouse Lane, Collier Row, Romford, RM5 3PH	09:00-18:00
	Clockhouse Pharmacy 5 Clockhouse Lane, Collier Row, Romford, RM5 3PH	07:00-21:00
Mawneys	LloydsPharmacy Ltd 12 Chase Cross Road, Romford, RM5 3PR	09:00-18:00
	W H Burdess Chemists Ltd 178 Mawney Road, Romford, RM7 8BU	09:00-13:00
Squirrel's Heath	Britcrown Pharmacy 5 Balgoes Lane, Gidea Park, RM2 5JR	09:00-13:00
	Whiterose Chemist 100 Ardleigh Green Road, Hornchurch, RM11 2LG	09:00-13:00
Harold Wood	Tesco Instore Pharmacy Bryant Avenue, Gallows Corner, Romford, RM3 0LL	08:00-21:00
	The Co-Operative Pharmacy Harold Wood Polyclinic, Gubbins Lane, Harold Wood, RM3 0FE	08:00-20:00
	The Co-Operative Pharmacy 7 Station Road, Harold Wood, RM3 0BP	09:00-17:00
Hylands	Pharmacare Chemist 164 Hornchurch Road, Hornchurch, RM11 1QH	09:00-18:00
	Tesco Instore Pharmacy 300 Hornchurch Road, Hornchurch. RM11 1PY	08:00-20:00
Pettits	Newlands Pharmacies Ltd 52 Collier Row Lane, Romford, RM5 3BB	09:00-13:00
	Rise Park Pharmacy 173 Eastern Avenue East, Rise Park Parade, Romford, RM1 4NT	09:00-18:00
Hacton	Boots UK Ltd 205 Station Lane, Hornchurch, RM12 6LL	09:00-13:00

Ward	Pharmacy name and address	Saturday opening hours
	LloydsPharmacy Ltd 2 Tadworth Parade, Elm Park, RM12 5AS	09:00-17:30
St Andrew's	Boots UK Ltd 171 High Street, Hornchurch, RM11 3XS	09:30-17:30
	Boots UK Ltd 120/126 High St, Hornchurch, RM12 4UL	08:30-17:30
St Andrew's	Britcrown Pharmacy 31 Upminster Road, Hornchurch, RM11 3UX	09:00-13:00
	Elm Park Pharmacy 208/212 Elm Park Avenue, Elm Park, RM12 4SD	09:00-17:30
Cranham	Day Lewis Ltd, 143 Avon Road, Cranham, Upminster, RM14 1RQ	09:00-13:00
	Govani Chemist 87 Front Lane, Cranham, RM14 1XN	09:00-16:30
Upminster	Boots UK Ltd 57/59 Corbets Tey Road, Upminster, RM14 2AJ	09:00-17:30
	Britannia Pharmacy 36 Corbets Tey Road, Upminster, RM14 2AD	09:00-14:00
	Govani Chemist 64 Station Road, Upminster, RM14 2TD	09:00-17:30
	Panchem (UK), 160 St Marys Lane, Upminster, RM14 3BS	09:00-12:00

3.4.4 Routine Sunday daytime access to community pharmacies

The number, location, and opening hours of community pharmacy providers open on a Sunday vary within each ward. Fewer pharmacies are open on Sundays than any other day in the Havering HWB area, however each of the main shopping areas has a pharmacy open on Sundays. A further analysis of provision is detailed in Section 6 and pharmacy openings are illustrated in Map C.

Table 23 - Community pharmacy providers open Sundays

Ward	Pharmacy name and address	Openings hours (Sundays)
Brooklands	No pharmacies open	
Emerson Park	No pharmacies open	
Romford Town	Boots UK Ltd 12 The Liberty, Romford, RM1 3RL	11:00-17:00
	Boots UK Ltd Unit 7, The Brewery, Waterloo Road, Romford, RM1 1AU	11:00-17:00
	Sainsbury's Pharmacy 1-15 The Brewery, Waterloo Road, Romford, RM1 1AU	10:00-16:00
South Hornchurch	No pharmacies open	
Heaton	No pharmacies open	
Rainham and Wennington	Tesco Instore Pharmcy Bridge Road, Rainham, RM13 9YZ	10:00-16:00
Elm Park	Maylands Pharmacy 300 Upper Rainham Road, Rainham, RM12 4EQ	08:00-22:30
Gooshays	Boots UK Ltd 12 Farnham Road, Hornchurch, RM3 8DX	10:00-16:00
Havering Park	Clockhouse Pharmacy 5 Clockhouse Lane, Collier Row, Romford, RM5 3PH	12:00-20:00
Mawneys	Lloyds Pharmacy Ltd 12 Chase Cross Road, Romford, RM5 3PR	10:00-13:00
Squirrel's Heath	No pharmacies open	
Harold Wood	Tesco Instore Pharmacy Bryant Avenue, Gallows Corner, Romford, RM3 0LL	10:00-16:00
	The Co-Operative Pharmacy Harold Wood Polyclinic, Gubbins Lane, Harold Wood, RM3 0FE	08:00-20:00

Ward	Pharmacy name and address	Openings hours (Sundays)
Hylands	Tesco Instore Pharmacy 300 Hornchurch Road, Hornchurch, RM11 1PY	10:00-16:00
Pettits	No pharmacies open	
Hacton	LloydsPharmacy Ltd 2 Tadworth Parade, Elm Park, RM12 5AS	10:30-12:30
St Andrew's	Boots UK Ltd 120/126 High Street, Hornchurch, RM12 4UL	10:00-16:00
Cranham	No pharmacies open	
Upminster	No pharmacies open	

3.4.5 Routine bank holiday access to community pharmacies

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

The number, location and opening hours of community pharmacy providers open on a bank holiday vary within each ward and on different bank holidays. Annually, NHS England requests feedback from community pharmacies on their bank holiday intentions. For most bank holidays, a number of providers have planned to open and NHS England has deemed provision as satisfactory and not commissioned any further provision. NHS England may often need to commission a bank holiday rota service from a small number of pharmacies, particularly in some areas for Easter Sunday and Christmas Day.

3.5 Advanced service provision from community pharmacies

Section 1.3 lists all advanced services which may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time. Data supplied from NHS England has been used to demonstrate in Appendix A which pharmacies have previously claimed (and therefore provided) MURs and NMSs until 31st March 2014. Table 24 lists a summary of the latest available data (2012/13) on provision of advanced services.

Table 24 - Advanced service provision

Advanced service	Percentage of providers currently providing (Average number per provider, 2012/13)		
	England	London	Havering
Medicines use reviews (MURs)	92% (267)	89.9% (263)	104.4% (297)
New medicines service (NMS)	82.3% (68)	78.7% (74)	95.6% (87)
Appliance use review (AUR)*	1.2% (197)	0.5% (242)	0% (0)
Stoma appliance customisation (SAC)*	15.2% (635)	4.1% (921)	8.9% (18)

**AUR and SC data includes provision from Dispensing Appliance Contractors*

Number of providers and rate of provision of both the MUR and NMS services in the Havering HWB area is higher than the regional and national levels. Appendix A lists those community pharmacies who have provided these services (up until 31st March 2014).

Two community pharmacies in the Havering HWB area (4.3% of providers) had not provided the NMS service and one community pharmacy in the Havering HWB area (2.1% of providers) had not provided the MUR service.

One respondent to the community pharmacy contractor questionnaire indicated that they do not have a consultation room which complies with the requirements to perform the NMS / MUR service. Provision of the SAC service is low compared with nationally, but higher than rates seen regionally.

There has been no recorded provision of the AUR service from community pharmacy providers in the Havering HWB area up until 31st March 2014. The number of providers of the AUR is very low regionally and nationally: there were only 143 community pharmacy or DAC providers nationally (1.2%) and nine community pharmacy or DAC providers (0.5%) in the whole of London in 2012/13.

3.6 Enhanced service provision

Under the pharmacy contract, enhanced services are those directly commissioned by NHS England. Therefore any 'locally commissioned services' commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA, but are considered in Chapter 4. There are currently two enhanced services commissioned by NHS England from pharmacies in Havering HWB area:

- immunisation services
- pharmacy urgent repeat medication (PURM) service

A list of pharmacies contracted to provide the immunisation service is detailed in Appendix A. In December 2014, NHS England launched the pharmacy urgent repeat medication (PURM) service, which is to run to April 2015. The PURM service allows pharmacies to provide emergency repeat medications at NHS expense, without the need for a prescription or GP appointment. The service recognises that on occasions patients may mistakenly run out of urgent repeat medication when their GP surgery is closed and prevents the need to access urgent care to obtain a prescription for the medication. NHS England has indicated that this service will be evaluated and, if successful, consideration will be given to future commissioning of it.

3.7 Pharmaceutical service provision provided from outside the Havering HWB area

The Havering HWB area is bordered by five other HWB areas:

- Redbridge
- Barking and Dagenham
- Essex
- Thurrock
- Bexley

As previously mentioned, like most London boroughs, Havering has a comprehensive transport system.

As a result, it is anticipated that many residents in the Havering HWB area will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond. It is not practical to list here all those pharmacies outside the Havering HWB area by which Havering residents will access pharmaceutical service. A number of providers lie within close proximity to the borders of the Havering HWB area boundaries, and are demonstrated on Maps G to L. Further analysis of cross-border provision is undertaken in Section 6. Of the respondents to the pharmacy user questionnaire, 86% noted that they choose a pharmacy provider close to their home, 43% choose a provider close to their GP, 78% had no difficulties in accessing their community pharmacy, whilst 17% had difficulties with parking and 89% rated ease of obtaining medication as excellent or good.

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

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the 2013 Pharmaceutical Regulations³ and may be either free of charge, privately funded or commissioned by the local authority or the CCG.

Examples of such services include delivery services, allergy testing or care homes services; this is not an exhaustive list.

4.1 Local authority commissioned services provided by community pharmacies in Havering

LBH commission the following services from community pharmacies:

- emergency hormonal contraception (EHC) services
- chlamydia screening and treatment
- community equipment service (TCES)

These services may also be provided from other providers e.g. GP practices. A full list of services and community pharmacy providers can be found in Appendix A.

In addition, through contracts with NELFT and CIT, community pharmacies in Havering provide support to stop smoking and needle exchange services.

4.2 Clinical commissioning group commissioned services

Havering CCG currently commission one service from community pharmacies in the Havering HWB:

- anti-coagulation services

This service may also be provided from other providers e.g. GP practices. A full list of services and community pharmacy providers can be found in Appendix A.

Local authority and CCG commissioners were asked for their views on which services they would consider commissioning from community pharmacy providers. Many services are already commissioned by the CCG or local authority from other providers. The CCG or local authority would be willing to commission the majority of services from community pharmacies. A copy of the survey can be found in Appendix E and the full results of the survey in Appendix K.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor survey found in Appendix D, community pharmacies were asked to indicate against a range of other services which they currently provide, would be willing to provide or would not be willing to provide. A number of pharmacies indicated that they currently provide a number of these services. Apart from those services commissioned by the local authority, these services are not currently commissioned.

Therefore any services are privately provided and funded. A summary of the community pharmacy contractor survey is detailed in Appendix J.

4.4 Collection and delivery services

From the community pharmacy contractor survey, 90% of pharmacies offer a free delivery service of dispensed medicines upon request, 16% offer a chargeable delivery service but 61% offer this service only to selected patient groups.

Almost all pharmacies who responded offer a repeat prescription service, to order repeat prescription on the patient's behalf, collect the prescription from their surgery and dispense it ready for the patient to collect / be delivered.

4.5 Language services

From the pharmacies who responded to the community pharmacy contractor questionnaire, 29 reported that they offer at least one additional language in addition to English. In addition to English, 14 languages were reported as spoken. Most common spoken additional languages were Hindi (25% of respondents), Urdu (20%), Gujarati (18%) and Punjabi (16%).

4.6 Services for less-abled people

As a requirement of the Equality Act 2012, community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible to all equalities groups, including less-abled persons. From the community pharmacy contractor survey, 72.5% have a consultation room which is accessible to wheelchair users.

4.7 Electronic prescription service

Many GP practices are now able to transmit prescriptions electronically to a pharmaceutical service provider (community pharmacy or DAC). This system is known as EPS Release 2 and means that the patient no longer needs to obtain a paper prescription and present it at their pharmacy for dispensing. Electronic prescriptions are sent directly to the pharmacy nominated by the patient. GP practices which offer this service may transmit electronic prescriptions to a pharmacy which has a dispensing system enabled to receive electronic ('Release 2') prescriptions. Of the respondents to the community pharmacy contractor survey, 98% report that they have a system compliant to receive electronic prescriptions. Data available on which pharmacies in England are enabled to offer the electronic prescription service (EPS) is available from NHS Choices²⁷. Appendix A contains information (correct as at 13th November 2013) from the NHS Choices website showing that 100% of pharmacies in the Havering HWB area are enabled to provide the EPS.

²⁷ NHS Choices website: <http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10>

4.8 GP Access Hubs

As part of improving patients' access to GP services, practices in Havering set up two 'GP Access Hubs'. Appointments are available via the NHS 111 service, and are provided between 6.30pm and 10pm Monday to Friday and 12pm-6pm Saturday and Sunday. Any patient registered with a Havering practice may access the service and, if deemed necessary, provided with a face-to-face consultation at:

- North Street Medical Care, 274 North Street, Romford. Pharmacy provision nearby is available from Sainsbury's Pharmacy (map ref. 46), Boots (map ref. 9) and Clockhouse Pharmacy (map ref. 41). Opening hours' information for these pharmacies can be found in Appendix A.

4.9 Demographics and social traffic

A number of new housing developments are planned during the time horizon of this PNA and can be found listed in Table 3 in Section 2.3.3. The Havering HWB have considered these in detail and satisfied that in all circumstances there are no service pharmaceutical provision gaps resulting from these developments during the time horizon of this PNA.

New populations, occurring through natural population growth and new developments, have been considered. The Havering HWB are not aware of any potential future demographic changes which will translate into a need or gap in pharmaceutical service provision.

There are no known developments (retail, leisure etc.) planned in the Havering HWB area which would significantly change the pattern of social traffic flow.

There are no known firm plans within the Havering HWB area affecting the change of healthcare service provision (e.g. GP practice changes / closures / moves / opening times, hospital changes / closures / moves) which would impact upon the need for pharmaceutical service provision.

Section 5: Findings from the public survey

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

- all pharmacy contractors in Havering to distribute to the public
- all GP practices in Havering to distribute to the public
- Havering BAME forum and executive officers
- faith groups in Havering
- Friends of Parks groups
- Interfaith Executive
- community associations
- Havering Healthwatch membership, partners and associates
- Subscribers to Havering's Bulletin
- Elm Park library
- Gidea Park library
- Collier Row library
- Central library
- Upminster library
- Romford library
- Hornchurch library
- South Hornchurch library
- Harold Hill library
- Rainham library
- Central Park leisure centre
- Hornchurch sports complex
- Chafford sports complex
- Romford YMCA
- Havering Disabled Sports Association
- Hornchurch Sportcentre Multi Activity
- Over 50s Forum
- Public Advice and Service Centre

A total of 300 surveys were received. A summary of the results can be found in Appendix I.

- **95%** rated their **overall satisfaction on the service** received from their local pharmacy as **'Excellent'** or **'Good'**
- **31%** indicated that they **used pharmacies up to every month** for the **purchase of over the counter medicines**, with **86%** having a **regular or preferred pharmacy** they use
- **89%** rated the **ease of obtaining medication** as **'Excellent'** or **'Good'**

- **43%** rated as important that the pharmacy is **close to their GP surgery**; **76%** that the pharmacy is **close to their home**; **12%** that the pharmacy is **close to where they work** and **44%** that the pharmacy has **friendly staff**
- **52%** **walk** to their community pharmacy; **38%** use a **car / taxi**; **9%** use **public transport**; **1%** use a **bicycle**; **1%** use **other forms of transport**
- **78%** had **no difficulties travelling** to their pharmacy; **17%** had **parking difficulties**; **4%** had **problems with the location** of the pharmacy; and **2%** had **problems of public transport availability**
- The **majority** of respondents had no **most convenient day (54%)** or **time (51%)** to visit their pharmacy
- **72%** of respondents report having a **journey time of no more than 10 minutes**
- **95%** rated their **confidence in the pharmacists knowledge and advice** as **‘Excellent’** or **‘Good’**

Table 25 provides the demographic analysis of respondents.

Table 25 - Demographic analysis of the community pharmacy user questionnaire respondents

Sex (%)									
Male					Female				
29.4%					70.6%				
Age (%)									
U18	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85-89	90+
0.75%	3.4%	9.06%	9.81%	19.62%	16.6%	24.91%	12.83%	2.26%	0.75%
Illness or disability (%)?									
Yes			No			Unsure			
17.76%			79.15%			3.09%			
Ethnic origin (%)						Survey		2011 census	
Arab						0.38%		0.1%	
Asian / Asian British - Bangaldeshi						0.38%		0.4%	
Asian / Asian British - Indian						3.03%		2.1%	
Asian / Asian British - Pakistani						1.14%		0.6%	
Asian / Asian British - Chinese						0.38%		0.6%	
Asian / Asian British - Other (please state)						0.38%		1.1%	
Black / African / Caribbean / Black British - African						0.76%		3.2%	

Ethnic origin (%)	Survey	2011 census
Black / African / Caribbean / Black British - Caribbean	1.89%	1.2%
Black / African / Caribbean / Black British - Other	0	0.4%
Gypsy or Traveller of Irish Heritage	0	0.1%
Mixed / Multiple Ethnic Groups - White and Asian	0	0.5%
Mixed / Multiple Ethnic Groups - White and Black African	0	0.3%
Mixed / Multiple Ethnic Groups - White and Black Caribbean	0	0.8%
Mixed / Multiple Ethnic Groups – Other	0	0.5%
White - British	88.26%	83.3%
White - Irish	2.65%	1.3%
White - Other	0.76%	3%
Other ethnic group (please state)	0	0.4%

Section 6: Analysis of health needs and service provision

6.1 Service provision and health needs

Section 2.2 and Table 2 show the priorities of the Joint Health and Wellbeing Strategy⁹ based upon the Havering JSNA⁴. These are as follows:

1. Early help for vulnerable people to live independently for longer
2. Improved identification and support for people with dementia
3. Earlier detection of cancer
4. Tackling obesity
5. Better integrated care for the frail, elderly population
6. Better integrated care for vulnerable children
7. Reducing avoidable hospital admissions
8. The patient experience and long-term health outcomes are the best they can be

The priorities can be supported by the provision of pharmaceutical services within the Havering HWB area.

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

6.2 Essential services

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

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

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

Havering CCG's Commissioning Intentions 2015/16²⁸, under the priority for integrated care and frail elderly, highlights a role for the community pharmacy in piloting a domiciliary service to review of medication within seven days of patient discharge from hospital. Many of the CCG commissioning intentions are in partnership with Barking and Dagenham CCG and Redbridge CCG and therefore may incorporate pharmacies in all three corresponding HWB areas. It is also understood that the CCG has plans to develop the old St. Georges Hospital site in Hornchurch. Whilst these plans are at an advanced stage, the firm plans and timescales have not yet been published. Havering HWB will continue to monitor the plans and will consider any potential impact on the future need for pharmaceutical service provision.

Using ES3, pharmacies can support patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of errors in taking medicines or in taking 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, healthy 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

Community pharmacies also play a vital role in the management of minor ailments and self-care. Evidence shows that community pharmacists are potentially the most accessed healthcare professionals in any health economy²⁴. They 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 symptoms²⁵. Although the evidence base is currently very small in measuring the effectiveness and cost effectiveness of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role and for further research. This has been highlighted as a key area for improving health outcomes in the Joint Health and Wellbeing Strategy⁹ and supports priorities five, seven and in particular priority eight.

Through ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted.

²⁸ Havering CCG Commissioning Plans: <http://www.haveringccg.nhs.uk/About-us/our-plans.htm>

Appropriate signposting has a significant role in the supporting all eight priorities and could have a particularly supportive role in priorities two, three, seven and eight.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care and also direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products.

Some over-the-counter medicines are contraindicated 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 leading to an appropriate referral.

ES7 provides the governance structure for the delivery of pharmacy services. This structure is set out within the 2013 Regulations³ and includes:

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

This essential service provides an opportunity to audit pharmacy service, and provide evidence for best practice and how pharmacy services contribute to meeting local health priorities within Havering.

6.3 Advanced services

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 issues, and also in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term conditions management. Advanced services provide an opportunity to identify issues with side effects, 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 CCG. Advanced services may also identify other issues such as general mental health and well-being, providing an opportunity to signpost to other local services or service within the pharmacy e.g. seasonal flu immunisation or repeat dispensing.

Promotion of self-care is an important aspect to the management of many long-term conditions and a key element to support priority three. Advanced services provide a key opportunity for the pharmacist to do so e.g. promoting the importance of dry weight monitoring in heart failure management.

Havering CCG have formed a strategic partnership with Barking and Dagenham and Redbridge CCGs. The Integrated Care Coalition will develop a joint approach to integrated care to build a sustainable health and social care system.

Other opportunities involving medicines management have been highlighted by the Coalition in their 'Case for Change – Integrated Care across Havering CCG, Barking and Dagenham CCG and Redbridge CCG'²⁹.

6.4 Enhanced services

In Havering there are two pharmaceutical enhanced services commissioned by NHS England (Section 1.3 and Section 3.6) which are the pan-London immunisation services programme and the pharmacy urgent repeat medication (PURM) service. The PURM service was launched on 1st December 2014 as a pilot. The service is to be reviewed after April 2015

Enhanced services 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. Appendix A provides details of the pharmacies providing enhanced services.

Commissioning, delivery and regulation of immunisation services are now shared at national level between NHS England, Public Health England (PHE), and the Department of Health (DH); the local operating model divides responsibilities between NHS England, PHE and LBH.

In the immunisation vaccination programme for 2013/14 in Havering, a total of 50,527 'flu vaccines were administered of which 1,763 (6.17%) were provided in community pharmacies.

The number of pharmacies per CCG area participating in the pan-London immunisation service currently ranges from 14 to 49 pharmacies – a rate of 6.85 pharmacies per 100,000 people to 18.47 per 100,000. The mean was 13 per 100,000. In Havering, 30 pharmacies, or 64%, provided immunisation services in 2013/14, this equates to 12.4 per 100,000. These are geographically spread across the borough and the service is provided from community pharmacies in 16 wards.

Immunisation is a key intervention to protect at-risk groups such as older people, people living with diabetes, COPD, CVD or carers against diseases such as seasonal 'flu or shingles. These can cause additional health complications that can be associated with unplanned hospital admissions. Therefore, there is a vital need for this service which supports most of the Havering HWB's priorities but in particular priorities five, six, seven and eight.

There is a strong evidence base for the role of immunisation in reducing morbidity and mortality in the adult and child population.

²⁹ The BHR Integrated Care Coalition: <http://www.haveringccg.nhs.uk/News-and-publications/integrated-care-coalition.htm>

For example, seasonal 'flu immunisation is established as an effective and cost effective intervention in reducing unplanned hospital admissions in many long-term conditions e.g. respiratory disease, circulatory disease.

In 2014/15, two additional immunisation services may be commissioned from pharmacies by NHS England in line with national immunisation programmes.

These services are:

- immunisation against pertussis in pregnancy
- shingles immunisation programme

6.5 Locally commissioned services

Appendix A provides a summary of enhanced and locally commissioned services (LCS) within Havering pharmacies and Sections 4.1 and 4.2 a description. It is important to note the commissioning status of each service as this defines whether or not it is a locally commissioned service.

Locally commissioned services 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. Some of these services are considered.

6.5.1 Emergency hormonal contraception

Sexual health is highlighted in the Joint Health and Wellbeing Strategy⁴.

Teenage pregnancy rates are a particular concern in Havering being higher than the England average (Section 2.3.8.3).

There is evidence that access to emergency hormonal contraception (EHC) can reduce instances of unwanted pregnancy. Its use forms part of an overall national strategy to reduce the rate of teenage pregnancy within England as recommended by NICE.

EHC is provided as a free service to females aged 15 to 25 years of age presenting at one of the six pharmacies commissioned to provide this service. The six community pharmacies are geographically spread across the borough and complement other providers of EHC. EHC is also available free of charge from specialist sexual health services, including a dedicated young people's service, and from general practitioners in the borough under an NHS prescription. It may also be bought as an over-the-counter medication from many pharmacies.

As with most sexual health services, this service is now commissioned by LBH as part of its wider public health responsibilities, transferred to local government from the NHS by the Health and Social Care Act 2012².

6.5.2 Chlamydia screening and treatment

The National Chlamydia Screening Programme (NCSP), which started locally in Havering in 2008, specifically targets 15-24 year olds.

Chlamydia is the most common sexually transmitted infection (STI) in Havering, with 251 diagnoses rate per 100,000 of the population in 2012 (Section 2.3.8.3, Figure 57).

The rates (per 100,000) of acute diagnosis of chlamydia infection in Havering in 2012 were 251 compared to London at 572 and England at 372. Please refer to Figure 58.

There is a strong evidence base for the effectiveness of chlamydia screening and treatment programmes in reducing the prevalence of chlamydia within the population.

In Havering, 16 pharmacies, or 34%, are commissioned to provide a chlamydia screening and treatment service. These are geographically spread across the borough and the service is accessible in 12 wards.

Screening services are referred to as an enhanced service within the Pharmaceutical Directions⁵. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBH. NHS England may choose to commission this service from pharmacies in the future. This should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of chlamydia screening and treatment services in Havering when establishing a service need and the commissioning intentions for pharmacies.

6.5.3 Community equipment services

Along with many other London boroughs, LBH commission a community equipment service. This service is often referred to as transforming community equipment services (TCES). Providers supply aids for daily living under this service. Seven community pharmacies, spread across six wards, are commissioned to provide this service. There are also other providers, such as mobility aids suppliers, commissioned to provide this service in the Havering HWB area.

6.5.4 Substance misuse services - supervised consumption

Community pharmacies have been utilised for a number of years by Drug and Alcohol Action Team (DAAT) service providers in the provision of supervised consumption services and needle exchange services.

Currently, substance misuse service provision is under review.

Access to DAAT services have a significant role in supporting several outcomes highlighted in the Joint Health and Wellbeing Strategy⁹.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy.

It is a medicines adherence service which aims to:

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

In Havering 16 pharmacies, or 34%, are commissioned to provide this service. These are geographically spread across the borough and the service is accessible in 12 wards.

Alcohol and drug use, especially in the younger population, is a health priority for Havering.

Supervised administration services are referred to as an enhanced service within the Pharmaceutical Directions⁵. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBH. NHS England may choose to commission this service from pharmacies in the future. This should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of supervised administration substance misuse services within Havering when establishing a service need and the commissioning intentions for pharmacies.

6.5.5 Anti-coagulation service

Patients taking certain anti-coagulation medications require frequent blood tests and often dose adjustments. In Havering 16 pharmacies, or 34%, are commissioned to provide this service. These are geographically spread across the borough and the service is accessible in 12 wards.

This service is also commissioned from other providers, such as GP practices, and is currently under review.

6.6 Other services

LBH commission a number of services from North East London Foundation NHS Trust (NELFT) and CRI. Under their contracts, NELFT and CRI contract with community pharmacies in the Havering HWB area to provide services. Appendix A contains a list of these other services and community pharmacies in the Havering HWB area contracted to provide them.

6.6.1 Stop smoking services

Smoking is the UK's single greatest cause of preventable illness and early death. Adults who smoke lose on average 13 to 14 years of their lives and more than 86,000 people in the UK die from smoking each year. It is a major issue highlighted in Havering's JSNA⁴ and Joint Health and Wellbeing Strategy⁹. Smoking prevalence overall is similar to the national and London estimated average however is estimated to be as high as 38% on a ward basis. Smoking is discussed in Section 2.3.8.4.

LBH commission NELFT to provide services to support smoking cessation. NELFT contract a number of pharmacies in Havering to provide support to stop smoking. Under this contract, 34 pharmacies are providing stop smoking services in Havering.

Stop smoking services are referred to as an enhanced service within the Directions⁵. In theory, they may be commissioned by NHS England as a pharmaceutical enhanced service, but currently they are not in Havering.

NHS England may choose to commission this service from pharmacies in Havering in the future. The capacity, quit rates and accessibility of all providers of stop smoking services within wards, and within the whole of the Havering HWB area, should be considered when establishing a service need and the commissioning intentions for pharmacies.

6.6.2 Needle exchange service

This service is an integral part of the harm reduction strategy for drug users. It aims to reduce the spread of blood borne pathogens e.g. hepatitis B, hepatitis C, HIV, and to act as a referral point for service users to other health and social care services.

LBH commission harm reduction services from CRI. CRI contract with five community pharmacies in the Havering HWB area (split across four wards) to provide needle exchange services.

Needle and syringe exchange services are referred to as an enhanced service within the Pharmaceutical Directions⁵. In theory they may be commissioned by NHS England as a pharmaceutical enhanced service but currently they are commissioned by LBH. NHS England may choose to commission this service from pharmacies in the future. This should be based upon a defined need within the population. It should also consider the capacity, activity and accessibility of all providers of needle and syringe exchange services within Havering when establishing a service need and the commissioning intentions for pharmacies.

6.7 PNA localities

There are 47 pharmacies within the Havering HWB area, these are illustrated in Section 2.3.1 in Figure 1. Pharmacy opening times are listed in Sections 3.4.2, 3.4.3, 3.4.4, Map C and Appendix A.

As described within Section 1.5, the PNA Steering Group decided that the Havering HWB PNA should be divided into 18 localities, which are the existing local authority wards:

- Brooklands
- Cranham
- Elm Park
- Emerson Park
- Gooshays
- Hacton
- Harold Wood
- Havering Park
- Heaton
- Hylands
- Mawneys
- Pettits
- Rainham and Wennington

- Romford Town
- South Hornchurch
- Squirrel's Heath
- St Andrew's
- Upminster

Substantial health data are available at this level and populations and their health needs vary widely between wards. This is illustrated to varying degrees per ward and subsequently discussed in detail in Section 2.

Taking the health needs highlighted in each ward into consideration, this section considers the pharmaceutical service provision within each ward. The location of pharmacies by ward is illustrated in Maps A to L.

6.7.1 Brooklands ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 12.1, which is much lower than the Havering average (19.4) and the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a standard 40 core hour contract.

Based upon the two pharmacies:

- two pharmacies (100%) are open after 6pm weekdays
- two pharmacies (100%) are open on Saturdays
- zero pharmacies (0%) are open on Sunday.
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the ward:

- two pharmacies (100%) provide immunisation services

Regarding access to locally commissioned services within the ward:

- zero pharmacies (0%) provide EHC
- one pharmacy (50%) provides chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (50%) provides supervised consumption
- zero pharmacies (0%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (100%) are contracted to provide support to stop smoking services

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

Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.2 Cranham ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.8, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a standard 40 core hour contract.

Based upon the two pharmacies:

- one pharmacy (50%) is open after 6pm weekdays
- two pharmacies (100 %) are open on Saturdays
- zero pharmacies (0%) are open on Sunday
- two pharmacies (100%) provide MURs
- one pharmacy (50%) provides NMS

Regarding access to enhanced services within the two pharmacies:

- one pharmacy (50%) provides immunisation services

Regarding access to locally commissioned services within the two pharmacies

- zero pharmacies (0%) provide EHC
- zero pharmacies (0%) provide chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- zero pharmacies (0%) provide supervised consumption
- one pharmacy (50%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- zero pharmacies (0%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.3 Elm Park ward

There are three community pharmacies in this ward.

The estimated average number of community pharmacies per 100,000 population is 23.7, greater than the Havering average (20.4) and greater than the England average of 21.6 (Table 16, Section 3.1.3). All three pharmacies hold a standard 40 core hour contract.

Based upon the three pharmacies:

- two pharmacies (66%) are open after 6pm weekdays,
- two pharmacies (66%) are open on Saturdays.
- one pharmacy (33%) is open on Sunday.
- two pharmacies (66%) provide MURs
- one pharmacy (100%) provides NMS

Regarding access to enhanced services within the three pharmacies:

- three pharmacies (100%) provide immunisation services

.Regarding access to locally commissioned services within the three pharmacies:

- zero pharmacies (0%) provide EHC
- two pharmacies (66%) provide chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- zero pharmacies (0%) provide supervised consumption
- one pharmacy (33%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (66%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.4 Emerson Park ward

There is one community pharmacy in this ward and the estimated average number of community pharmacies per 100,000 population is 8.3, which is much lower than the Havering average (19.4) and the England average of 21.6 (Table 16, Section 3.1.3). The pharmacy holds a standard 40 core hour contract.

Based upon the one pharmacy:

- one pharmacy (100%) is open after 6pm weekdays
- one pharmacy (100%) is open on Saturdays
- zero pharmacies (0%) are open on Sunday
- one pharmacy (100%) provides MURs
- one pharmacy (100%) provides NMS

Regarding access to enhanced services within the ward:

- zero pharmacies (0%) provide immunisation services

Regarding access to locally commissioned services within the ward:

- zero pharmacies (0%) provide EHC
- one pharmacy (100%) provides chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- zero pharmacies (0%) provide supervised consumption
- zero pharmacies (0%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- one pharmacy (100%) is contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards

6.7.5 Gooshays ward

There are three community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 19.7, slightly lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Three pharmacies hold a standard 40 core hour contract.

Based upon the three pharmacies:

- three pharmacies (100%) are open after 6pm weekdays
- three pharmacies (100%) are open on Saturdays
- two pharmacies (66%) are open on Sunday
- three pharmacies (100%) provide MURs
- three pharmacies (100%) provide NMS

Regarding access to enhanced services within the three pharmacies:

- one pharmacy (33%) provides immunisation services

Regarding access to locally commissioned services within the three pharmacies:

- zero pharmacies (0%) provide EHC
- zero pharmacies (0%) provide chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- two pharmacies (66%) provide supervised consumption
- zero pharmacies (0%) provide anti-coagulation services

Regarding access to other services:

- one pharmacy (33%) is contracted to provide needle exchange
- three pharmacies (100%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.6 Hacton ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.9, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a standard 40 core hour contract.

Based upon the two pharmacies:

- one pharmacy (50%) is open after 6pm weekdays
- two pharmacies (100 %) are open on Saturdays
- one pharmacy (50%) is open on Sunday
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- zero pharmacies (0%) provide immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- zero pharmacies (0%) provide EHC
- two pharmacies (100%) provide chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (50%) provides supervised consumption

- one pharmacy (50%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (100%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.7 Harold Wood ward

There are three community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 22.2, higher than the Havering average (20.4) and slightly higher than the England average of 21.6 (Table 16, Section 3.1.3). Two pharmacies hold a standard 40 core hour contract and one holds an Essential Small Pharmacy LPS contract. Both the LPS contract and one of the other pharmacies (Tesco Pharmacy) are “late night” opening pharmacies.

Based upon the three pharmacies:

- three pharmacies (100%) are open after 6pm weekdays
- three pharmacies (100%) are open on Saturdays
- two pharmacies (66%) are open on Sunday
- three pharmacies (100%) provide MURs
- three pharmacies (100%) provide NMS

Regarding access to enhanced services within the three pharmacies:

- two pharmacies (66%) provide immunisation services

Regarding access to locally commissioned services within the three pharmacies

- zero pharmacies (0%) provide EHC
- one pharmacy (33%) provides chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (33%) provides supervised consumption
- one pharmacy (33%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- three pharmacies (100%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.8 Havering Park ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a 40 core hour contract and one (Clockhouse Pharmacy) is a “late night” opening pharmacy.

Based upon the two pharmacies:

- two pharmacies (100%) are open after 6pm weekdays
- two pharmacies (100 %) are open on Saturdays
- one pharmacy (50%) is open on Sunday
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- one pharmacy (50%) provides immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- zero pharmacies (0%) provide EHC
- zero pharmacies (0%) chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (50%) provides supervised consumption
- zero pharmacies (0%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- one pharmacy (50%) is contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.9 Heaton ward

There is one community pharmacy in this ward and the estimated average number of community pharmacies per 100,000 population is 7.6, which is much lower than the Havering average (19.4) and the England average of 21.6 (Table 16, Section 3.1.3). The pharmacy holds a standard 40 core hour contract.

Based upon the one pharmacy:

- one pharmacy (100%) is open after 6pm weekdays
- one pharmacy (100%) is open on Saturdays
- zero pharmacies (0%) are open on Sunday
- one pharmacy (100%) provides MURs
- one pharmacy (100%) provides NMS

Regarding access to enhanced services within the ward:

- one pharmacy (100%) provides immunisation services

Regarding access to locally commissioned services within the ward:

- one pharmacy (100%) provides EHC
- one pharmacy (100%) provides chlamydia screening and treatment
- one pharmacy (100%) is commissioned to provide the TCES service
- one pharmacy (100%) provides supervised consumption
- one pharmacy (100%) provides anti-coagulation services

Regarding access to other services:

- one pharmacy (100%) is contracted to provide needle exchange
- one pharmacy (100%) is contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.10 Hylands ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a standard 40 core hour contract; one pharmacy (Tesco Pharmacy) is a “late night” opening pharmacy.

Based upon the two pharmacies:

- two pharmacies (100%) are open after 6pm weekdays,

- two pharmacies (100 %) are open on Saturdays
- one pharmacy (50%) is open on Sunday
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- one pharmacy (50%) provides immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- zero pharmacies (0%) provide EHC
- zero pharmacies (0%) provide chlamydia screening and treatment
- one pharmacy (50%) is commissioned to provide the TCES service
- one pharmacy (50%) provides supervised consumption
- zero pharmacies (0%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (100%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.11 Mawneys ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.3, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a standard 40 core hour contract.

Based upon the two pharmacies:

- two pharmacies (100%) are open after 6pm weekdays
- two pharmacies (100 %) are open on Saturdays
- one pharmacy (50%) is open on Sunday
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- one pharmacy (50%) provides immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- zero pharmacies (0%) provide EHC
- one pharmacy (50%) provides chlamydia screening and treatment
- one pharmacy (50%) is commissioned to provide the TCES service
- one pharmacy (50%) provides supervised consumption
- two pharmacies (100%) provide anti-coagulation services

Regarding access to other services:

- one pharmacy (50%) is contracted to provide needle exchange
- two pharmacies (100%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.12 Pettits ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.3, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). Both pharmacies hold a standard 40 core hour contract.

Based upon the two pharmacies:

- one pharmacy (50%) is open after 6pm weekdays
- two pharmacies (100 %) are open on Saturdays
- zero pharmacies (0%) are open on Sunday
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- two pharmacies (100%) provide immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- zero pharmacies (0%) provide EHC
- one pharmacy (50%) provides chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (50%) provides supervised consumption
- zero pharmacies (0%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (100%) are contracted to provide support to stop smoking services

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

Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.13 Rainham and Wennington ward

There are four community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than the Havering average (20.4) and lower than the England average of 21.6 (Table 16, Section 3.1.3). All four pharmacies hold a standard 40 core hour contract; two pharmacies (Bows Chemist and Tesco Pharmacy) are “late night” opening pharmacy.

Based upon the four pharmacies:

- three pharmacies (75%) are open after 6pm weekdays
- four pharmacies (100 %) are open on Saturdays
- one pharmacy (25%) is open on Sunday
- four pharmacies (100%) provide MURs
- three pharmacies (75%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- one pharmacy (25%) provides immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- zero pharmacies (0%) provide EHC
- zero pharmacies (0%) provide chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (25%) provides supervised consumption
- one pharmacy (25%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (50%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.14 Romford Town ward

There are seven community pharmacies in this ward, the largest number in any ward, and the estimated average number of community pharmacies per 100,000 population is 38.9. This is almost double both the Havering average (20.4) and the England average of 21.6 (Table 16, Section 3.1.3). Five pharmacies hold a standard 40 core hour contract and two hold a 100 core hour contract. This is the most populated ward.

Based upon the seven pharmacies:

- four pharmacies (57%) are open after 6pm weekdays
- seven pharmacies (100 %) are open on Saturdays
- three pharmacies (43%) are open on Sunday
- seven pharmacies (100%) provide MURs
- seven pharmacies (100%) provide NMS

Regarding access to enhanced services within the seven pharmacies:

- five pharmacies (71%) provide immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- one pharmacy (14%) provides EHC
- three pharmacies (43%) provide chlamydia screening and treatment
- two pharmacies (28%) are commissioned to provide the TCES service
- three pharmacies (43%) provide supervised consumption
- three pharmacies (43%) provide anti-coagulation services

Regarding access to other services:

- two pharmacies (28%) are contracted to provide needle exchange
- five pharmacies (71%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs.

Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.15 South Hornchurch ward

There is one community pharmacy in this ward and the estimated average number of community pharmacies per 100,000 population is 6.3, which is much lower than the Havering average (19.4) and the England average of 21.6 (Table 16, Section 3.1.3). The pharmacy holds a standard 40 core hour contract.

Based upon the one pharmacy:

- zero pharmacies (0%) are open after 6pm weekdays
- one pharmacy (100%) is open on Saturdays
- zero pharmacies (0%) are open on Sunday
- one pharmacy (100%) provides MURs
- one pharmacy (100%) provides NMS

Regarding access to enhanced services within the ward:

- one pharmacy (100%) provides immunisation services

Regarding access to locally commissioned services within the ward:

- one pharmacy (100%) provides EHC
- one pharmacy (100%) provides chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- zero pharmacies (0%) provide supervised consumption
- one pharmacy (100%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- one pharmacy (100%) is contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.16 Squirrels Heath ward

There are two community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 14.9, lower than both the Havering average (20.4) and the England average of 21.6 (Table 16, section 3.1.3). Both pharmacies hold a standard 40 core hour contract.

Based upon the two pharmacies:

- one pharmacy (50%) is open after 6pm weekdays
- two pharmacies (100%) are open on Saturdays
- zero pharmacies (0%) are open on Sunday
- two pharmacies (100%) provide MURs
- two pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- one pharmacy (50%) provides immunisation services

Regarding access to locally commissioned services within the two pharmacies;

- one pharmacy (50%) provides EHC
- one pharmacy (50%) provides chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- zero pharmacies (0%) provide supervised consumption
- two pharmacies (100%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- two pharmacies (100%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.17 St Andrews ward

There are four community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 29.2, higher than both the Havering average (20.4) and the England average of 21.6 (Table 16, Section 3.1.3). All four pharmacies hold a standard 40 core hour contract.

Based upon the four pharmacies:

- two pharmacies (50%) are open after 6pm weekdays
- three pharmacies (75%) are open on Saturdays
- one pharmacy (25%) is open on Sunday
- four pharmacies (100%) provide MURs
- four pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- three pharmacies (75%) provide immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- one pharmacy (25%) provides EHC
- two pharmacies (50%) provide chlamydia screening and treatment
- zero pharmacies (0%) are commissioned to provide the TCES service
- one pharmacy (25%) provides supervised consumption
- one pharmacy (25%) provides anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- three pharmacies (75%) are contracted to provide support to stop smoking services

Appendix A contains details of pharmacy opening times, contractual status and the provision of advanced services, enhanced services and locally commissioned services. Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.7.18 Upminster ward

There are four community pharmacies in this ward and the estimated average number of community pharmacies per 100,000 population is 30.9, higher than both the Havering average (20.4) and the England average of 21.6 (Table 16, Section 3.1.3). All four pharmacies hold a standard 40 core hour contract.

Based upon the four pharmacies:

- three pharmacies (75%) are open after 6pm weekdays
- four pharmacies (100 %) are open on Saturdays
- zero pharmacies (0%) are open on Sunday
- four pharmacies (100%) provide MURs
- four pharmacies (100%) provide NMS

Regarding access to enhanced services within the two pharmacies:

- three pharmacies (75%) provide immunisation services

Regarding access to locally commissioned services within the two pharmacies:

- one pharmacy (25%) provides EHC
- one pharmacy (25%) provides chlamydia screening and treatment
- two pharmacies (50%) are commissioned to provide the TCES service
- one pharmacy (25%) provides supervised consumption

- two pharmacies (50%) provide anti-coagulation services

Regarding access to other services:

- zero pharmacies (0%) are contracted to provide needle exchange
- three pharmacies (75%) are contracted to provide support to stop smoking services

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

Although specific data are not available, it is anticipated that some residents may rely upon the delivery services provided by distance-selling pharmacies and DACs. Although specific data are not available, the ward population could access essential, advanced, enhanced and locally commissioned services from pharmacies in other HWB wards.

6.8 Necessary services – gaps in service provision

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

- essential services provided at all premises on the 'Pharmaceutical List' during all the opening hours of the pharmacy in line with their terms of service as set out in the 2013 Regulations³
- advanced services in line with their terms of service as set out in the 2013 Regulations³

The Havering HWB have considered the White Paper Pharmacy in England: Building on strengths – delivering the future (2008)²⁵ which states that it is the strength of the current system that community pharmacies are easily accessible. The Havering HWB consider that the population of Havering currently experience this situation in all eighteen PNA wards.

The Havering HWB have considered the following when assessing the provision of necessary services in the HWB area and each of the 18 PNA wards:

- map showing the 1.6km buffers around pharmacies indicate that the majority of Havering residents are within 1.6km of a pharmacy (Map B)
- population density per square km by Census 2011 Output Area and the relative location of pharmacy premises (Map D)
- IMD and deprivation ranges compared to the relative location of pharmacy premises (Map E)
- BAME % population compared to the relative location of pharmacy premises (Map F)
- percentage of population of the Havering HWB and the average daytime travel times to nearest community pharmacy (Table 20)
- using average drive time, 97.3% of residents can access a pharmacy by car within five minutes (Map G)

- using average public transport times, between 97.5% and 98.1% of residents can access a pharmacy within 20 minutes dependent on travel in peak and off peak times respectively (Maps J and K)
- using average walking times, 85.5% of residents can access a pharmacy within 20 minutes, increasing to 94% of residents within 30 minutes (Map L)
- the location of pharmacies within each of the 18 PNA wards and across the whole the Havering HWB area (Map A)
- the number, distribution and opening times of pharmacies within each of the 18 PNA wards and across the whole the Havering HWB area (Appendix A and Map C)
- the choice of pharmacies covering the each of the 18 PNA wards and the whole the Havering HWB (Appendix A)
- the average number of items per month per pharmacy dispensed within the Havering HWB area (Table 18)
- results of the patient survey (Section 5)
- key housing developments sites within the Havering HWB area (Table 3)
- projected population growth (Section 2.3.3)

In addition, the following strategic documents have been used to consider the recommendations of the PNA:

- Havering Better Care Fund submission and plan, September 2014
- Barking and Dagenham, Havering and Redbridge Integrated Care Coalition: Strategic Plan, 2014
- Integrated Care in Barking and Dagenham, Havering and Redbridge: The case for change, August 2012
- LB Havering Children and Young People's plan 2014-2017
- LB Havering JSNA 2011/12, with updates in 2014 and 2015
- Havering CCG's Commissioning Intentions for 2015/16
- Demographic, Diversity and Socio-economic Profile of Havering's Population, March 2014
- LB Havering Housing Strategy 2013-16

In each ward, there are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening, on Saturday and on Sunday. There are four 100 hour pharmacies present within the Havering HWB area (Table 18, Section 3.1.3) and six "late night" pharmacies open until at least 8pm on week days or weekends.

One in five pharmacies, or 21%, within the Havering HWB area are either 100 hour or late night opening pharmacies. This is a significant proportion of pharmacies.

The Havering HWB area is characterised by having large variations in population densities, large areas of parkland as illustrated in Map 4 and high levels of access to pharmacies with:

- the majority of the residents in Havering HWB area located within 1.6km of their nearest pharmacy as illustrated in Map B
- between 85.5% and 100% of residents able to access their nearest pharmacy in 20 minutes by car, public transport or walking as illustrated by Maps G to L

The Havering HWB has concluded that there is no gap in necessary service provision. The HWB has considered the housing plans over the life of this PNA and considers that there are no gaps in the future provision of pharmaceutical services in the areas covering these new populations.

The Havering CCG Commissioning Intentions²⁸ and Joint Health and Wellbeing Strategy⁹ both refer to initiatives that could have an impact on the provision of pharmaceutical services in Havering in the next three years e.g. relocation of secondary care-based services into primary care settings and a focus on developing integrated pathways of care.

These could see an increase in demand for pharmaceutical services in primary care settings within the Havering HWB area. These will be considered by the Havering HWB as the CCG progresses with its commissioning intentions.

Changes in the provision of GP practice based services are already occurring e.g. increased opening hours in GP practices. Future development of the primary care estate and resultant changes in service provision could see an increase in demand for pharmaceutical services in primary care settings within the Havering HWB area.

It is unclear if these will occur during the time horizon of this PNA. Any changes will be considered by the Havering HWB as the CCG progresses with its commissioning intentions.

6.9 Improvements and better access – gaps in service provision

The Havering HWB consider 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.

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

The patient survey did not record any specific themes relating to pharmacy opening times (Section 5). The Havering HWB therefore concludes there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available. The Havering HWB will consider the response by pharmacy contractors to the changing expectations of the public towards pharmacy opening times during the time horizon of this PNA.

With regard to enhanced services, in this case immunisation services, the Havering HWB is mindful that only those services commissioned by NHS England are regarded as pharmaceutical services. However, since 1st April 2013, there has been a shift in commissioning arrangements for some services that would otherwise be defined as enhanced services (Section 1.3.1). Therefore, the absence of a particular service being commissioned by NHS England is, in some cases, addressed by a service being commissioned through LBH (as in the case of EHC, chlamydia screening and treatment, community equipment (TCES) and supervised consumption services) or Havering CCG (as in the case of anti-coagulation services). This PNA identifies those as locally commissioned services (LCS).

The Havering HWB notes that enhanced services are accessible to the population in 16 out of 18 PNA wards. Immunisation services are not provided within the Emerson Park and Hacton wards (Appendix A).

The Havering HWB has not been presented with any evidence to date which concludes that immunisation services should be decommissioned or that they should be expanded.

The Havering HWB notes that there are variations in the number of wards in which LCS and other services are provided: EHC is provided from community pharmacies in six wards, chlamydia screening and treatment in 12 wards, supervised consumption in 13 wards, TCES in five wards, support to stop smoking in 17 wards and needle exchange in four wards (Appendix A and Section 6).

Based on current information, the Havering HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

Accessing all information used to construct this PNA, the Havering HWB consider the location, number, distribution, population density and choice of pharmacies covering each of the 18 wards and the Havering HWB area providing enhanced services and LCS, to provide an improvement and better access for population. Based on the current information and evidence available, this conclusion is also applied when considering any future circumstances within the time horizon of the PNA.

Havering HWB considered the major new housing developments for which firm plans have been approved, as listed in Table 3 in Section 2.3.3. For each development planned over the three-year lifespan of this PNA, the HWB were satisfied that current pharmaceutical service provision is adequate for the new developments and no future gap in service provision exists.

It is anticipated that in all cases, pharmaceutical service providers will make reasonable adjustments under the Equalities Act 2010, to ensure services are accessible to all populations. Havering HWB were not provided with any evidence to identify a gap in service provision for any specific population.

Section 7: Conclusions

Due to the small size of the localities chosen, in certain circumstances, not all services are available in all localities. Havering HWB is satisfied that this does not translate into a gap in provision, and in all circumstances provision is accessible in a neighbouring locality.

7.1 Current provision – necessary and other relevant services

The Havering HWB has identified necessary services in Section 6 as essential services and advanced services as required by Paragraphs 1 and 3 of Schedule 1 to the Regulations.

The Havering HWB has identified enhanced services in Section 3.6 as pharmaceutical services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

The Havering HWB has identified locally commissioned services in Section 4.1 and Section 6 which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

The Havering HWB has identified other services which secure improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

7.2 Necessary services – gaps in provision

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

7.2.1 Access to essential services

In order to assess the provision of essential services against the needs of the residents of Havering, the Havering HWB consider access (average daytime travel times by car, public transport and walking) and opening hours as the most important factors in determining the extent to which the current provision of essential services meets the needs of the population.

7.2.1.1 Access to essential services normal working hours

The Havering HWB has determined that the average daytime travel times (by car, public transport and walking) and opening hours of pharmacies in all 18 wards and across the whole HWB area are reasonable in all the circumstances.

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

7.2.1.2 Access to essential services outside normal working hours

Supplementary opening hours are offered by all pharmacies in each ward. There are four 100 hour pharmacies present within the Havering HWB area and six “late night” pharmacies open until at least 8pm on week days or weekends.

One in five, or 21%, of pharmacies within the Havering HWB area are either 100 hour or late night opening pharmacies. These are geographically spread across the Havering HWB area and present in five wards. This is a significant proportion of pharmacies. There is no pharmacy open on Sunday in seven out of 18 wards. Based upon the results of the patient survey, population density and access to pharmacies across the Havering HWB area, there is no gap in service which would equate to the need for access to essential services outside normal hours in this ward. The Havering HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in this ward in the future which may provide evidence that a need exists.

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

7.2.2 Access to advanced services

Section 6.2 defines the level of access to advanced services. There is no identified gap in the provision of advanced services as MURs are available in 66-100% of pharmacies across 18 wards and NMS is available in 50-100% of pharmacies.

In the case of AUR services and SC services, the volume of service provision is very low. The Havering HWB is satisfied that there is no evidence to suggest a gap in provision of these services, which it is anticipated are provided by pharmaceutical service providers outside the HWB area.

There is no pharmacy open on Sunday in seven out of 18 wards. Based upon the results of the patient survey, population density and access to pharmacies across the Havering HWB area there is no gap in service which would equate to the need for access to essential services outside normal hours in these wards. The Havering HWB will monitor the uptake and need for necessary services and will consider the impact of any changes in these wards in the future which may provide evidence that a need exists.

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

7.2.3 Access to enhanced services

Section 6.2 defines the level of access to enhanced services. The PURM service is currently being run as a pilot until April 2015. There is no identified gap in the provision of enhanced services as immunisation services are accessible across all 16 out of 18 wards with between 25-100% of pharmacies providing the service. Residents of two wards (Emerson Park and Hacton) are able to access this service in pharmacies within the remaining 16 wards.

There are no gaps in the provision of enhanced services (immunisation services) across the whole Havering HWB area.

7.3 Future provision of necessary services

The Havering HWB has not identified any pharmaceutical services that are not currently provided but that will, in specified future circumstances, need to be provided in order to meet a need for pharmaceutical services in any of the 18 wards.

No gaps in the need for pharmaceutical services across the whole Havering HWB area.

7.4 Improvements and better access – gaps in provision

As described in Section 6 and required by Paragraph 4 of Schedule 1 to the 2013 Regulations³:

7.4.1 Current and future access to essential services

The Havering HWB has not identified services that would, if provided either now or in future specified circumstances, secure improvements, or better access, to essential services in any of the 18 wards.

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

7.4.2 Current and future access to advanced services

In 2013/14 MURs and NMS were available in pharmacies across all wards.

Where applicable, NHS England will encourage all pharmacies and pharmacists to become eligible to deliver the service in all pharmacies in all wards. This will mean that more eligible patients are able to access and benefit from this service.

Demand for the appliance advanced services (SAC and AUR) is lower than for the other two advanced services due to the much smaller proportion of the population that may require the services. Pharmacies and DACs may choose which appliances they provide and may also choose whether or not to provide the two related advanced services. NHS England will encourage those contractors in the area that do provide appliances to become eligible to deliver these advanced services where appropriate.

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

7.4.3 Current and future access to enhanced services

NHS England commissioned just one enhanced service (immunisation services) from pharmacies. It also commissions this service from other non-pharmacy providers, principally GP practices.

Some of the enhanced services listed in the 2013 Directions⁵ (Section 1.3.1) are now commissioned by LBH (EHC, chlamydia screening and treatment and supervised consumption services) or the CCG (anti-coagulation services) and therefore fall outside of the definition of both enhanced services and pharmaceutical services.

There are no gaps identified in respect of securing improvements, or better access, to enhanced services provision on a ward basis as identified in Section 6.4 either now or in specified future circumstances. The Havering HWB will monitor the uptake and need for immunisation services within the HWB area to establish if immunisation services are meeting the needs of the local population.

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

7.5 Other services

As required by Paragraph 5 of Schedule 1 to the 2013 Regulations³, the Havering HWB has had regard for any other services that may affect the need for pharmaceutical services in the area of the HWB.

LBH commission a number of services from providers, who in turn contract with pharmacies to support the provision of these services. Support to stop smoking services are commissioned by LBH from North East London Foundation NHS Trust (NELFT). NELFT contract 34 community pharmacies (in all wards with the exception of Cranham ward) to provide stop smoking support. This service is also contracted from NELFT from other providers such as GP practices.

LBH also commission a number of harm prevention services from CRI. CRI contract five community pharmacies (across four wards) in the Havering HWB area to provide needle exchange services. As LBH do not commission these services directly they are not considered as LCS.

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

7.6 Locally commissioned services

With regard to enhanced services and locally commissioned services, the Havering HWB is mindful that only those commissioned by NHS England are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through LBH (as in the case of EHC, chlamydia screening and treatment, community equipment (TCES) and supervised consumption services) or Havering CCG (as in the case of anti-coagulation services).

The Havering HWB notes that there are variations in the number of wards in which LCS are accessible. EHC is accessible in six wards, chlamydia screening and treatment in 12 wards, TCES in five wards, supervised consumption in 13 wards and anti-coagulation in 12 wards.

The Havering HWB has not been presented with any evidence to date which concludes that any of these enhanced services or LCS should be decommissioned or that any of these enhanced services or LCS should be expanded. Based on current information, the Havering HWB has not identified a need to commission any enhanced pharmaceutical services not currently commissioned.

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

Appendix A: List of pharmaceutical service providers in the Havering HWB area

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15				CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURs	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)		Supervised consumption	Anti-coagulation
1	Boots UK Ltd	171 High Street, Hornchurch. RM11 3XS	St Andrews	09:00-18:00	09:30-17:30	Closed	40 hour	Y	Y	Y	N	N	Y	N	N	N	Y	N
2	Boots UK Ltd	21 Clockhouse Lane, Collier Row, Romford. RM5 3PH	Havering Park	09:00-19:00	09:00-18:00	Closed	40 hour	Y	Y	Y	N	N	N	N	N	N	Y	N
3	Boots UK Ltd	122 Petersfield Avenue, Harold Hill. RM3 9PH	Gooshays	09:00-18:30	09:00-17:30	Closed	40 hour	Y	Y	Y	N	N	N	N	Y	N	Y	N
4	Boots UK Ltd	205 Station Lane, RM12 6LL	Hacton	09:00-18:00	09:00-13:00	Closed	40 hour	Y	Y	Y	N	N	Y	N	N	N	Y	N
5	Boots UK Ltd	12 The Liberty, Romford, RM1 3RL	Romford Town	08:30-18:00	08:30-18:00	11:00-17:00	40 hour	Y	Y	Y	Y	N	Y	N	N	N	Y	N

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15				CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURS	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)		Supervised consumption	Anti-coagulation
6	Boots UK Ltd	12 Farnham Road, Hornchurch. RM3 8DX	Gooshays	08:45-19:00 Tues 09:00-19:00	08:45-17:30	10:00-16:00	40 hour	Y	Y	Y	N	N	N	N	Y	N	Y	Y
7	Boots UK Ltd	120/126 High Street, Hornchurch. RM12 4UL	St Andrews	08:30-17:30	08:30-17:30	10:00-16:00	40 hour	Y	Y	Y	Y	N	N	N	Y	Y	Y	N
8	Boots UK Ltd	57/59 Corbets Tey Road, Upminster. RM14 2AJ	Upminster	09:00-17:30	09:00-17:30	Closed	40 hour	Y	Y	Y	N	N	N	N	N	N	Y	N
9	Boots UK Ltd	Unit 7, The Brewery, Waterloo Road, Romford. RM1 1AU	Romford Town	08:00-23:59	08:00-23:59	11:00-17:00	100 hour	Y	Y	Y	Y	N	Y	N	Y	Y	Y	N
10	Bows Chemist	329 Upminster Road North, Rainham. RM13 9JR	Rainham And Wennington	09:00-21:00	09:00-13:00	Closed	40 hour	Y	Y	N	N	N	N	N	N	Y	N	N
11	Britannia Pharmacy	36 Corbets Tey Road, Upminster. RM14 2AD	Upminster	09:00-19:00	09:00-14:00	Closed	40 hour	Y	Y	Y	Y	N	N	Y	Y	Y	Y	N

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15					CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURs	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)	Supervised consumption		Anti-coagulation	Support to stop smoking
12	Britcrown Pharmacy	31 Upminster Road, Hornchurch. RM11 3UX	St Andrews	09:00-18:30	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	
13	Britcrown Pharmacy	5 Balgoes Lane, Gidea Park. RM2 5JR	Squirrel's Heath	09:00-18:00	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	N	
14	Chansons Pharmacy	6 Crown Parade, Upminster Road South, Rainham. RM13 9BD	Rainham And Wennington	09:00-18:30	09:00-13:00	Closed	40 hour	Y	Y	Y	N	N	N	N	Y	N	Y	N	
15	Crescent Pharmacy	65 Masefield Crescent, Gidea Park, Romford. RM3 7PB	Heaton	09:00-19:00	09:00-15:00	Closed	40 hour	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
16	Day Lewis Ltd	143 Avon Road, Cranham, Upminster. RM14 1RQ	Cranham	09:00-18:00	09:00-13:00	Closed	40 hour	Y	Y	N	Y	N	N	N	N	Y	N	N	
17	Day Lewis Ltd	113 Rainham Road, Rainham. RM13 7QX.	South Hornchurch	09:00-18:00	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15					CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURS	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)	Supervised consumption		Anti-coagulation	Support to stop smoking
18	Day Lewis Ltd	109 Mungo Park Road, Rainham. RM13 7PP	Elm Park	09:00-18:00	Closed	Closed	40 hour	Y	Y	Y	Y	N	Y	N	N	Y	Y	N	
19	Elm Park Pharmacy	208/212 Elm Park Avenue, Elm Park. RM12 4SD	St Andrews	09:00-19:00	09:00-17:30	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	N	N	N	
20	Rowlands Pharmacy	3 Fairview Parade, Mawney Road, Romford. RM7 7HH	Brooklands	09:00-18:30 Thur 09:00-13:00	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	N	Y	N	
21	Govani Chemist	64 Station Road, Upminster. RM14 2TD	Upminster	09:00-19:00	09:00-17:30	Closed	40 hour	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N	
22	Govani Chemist	87 Front Lane, Cranham. RM14 1XN	Cranham	09:00-18:30	09:00-16:30	Closed	40 hour	Y	Y	Y	N	N	N	N	N	N	N	N	
23	LloydsPharmacy Ltd	12 Chase Cross Road, Romford. RM5 3PR	Mawneys	09:00-19:00	09:00-18:00	10:00-13:00	40 hour	Y	Y	Y	N	N	Y	N	Y	Y	Y	Y	
24	LloydsPharmacy Ltd	2 Tadworth Parade, Elm Park. RM12 5AS	Hacton	08:30-19:00	09:00-17:30	10:30-12:30	40 hour	Y	Y	Y	N	N	Y	N	Y	Y	Y	N	

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15				CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURS	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)		Supervised consumption	Anti-coagulation
25	Mim Pharmacy Ltd	118 North Street, Romford. RM1 1DL	Romford Town	09:00-17:30	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
26	Newlands Pharmacies Ltd	52 Collier Row Lane, Romford. RM5 3BB	Pettits	09:00-19:00	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	N	Y	N	Y	N	Y	N
27	Newlands Pharmacies Ltd	67/69 Park Lane, Hornchurch, RM11 1BH	Romford Town	09:00-18:00	09:00-18:00	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	Y	N	N
28	Newlands Pharmacies Ltd	6 Station Parade, Broadway, Elm Park. RM12 5AB	Elm Park	09:00-19:00	09:00-17:30	Closed	40 hour	Y	Y	Y	Y	N	Y	N	N	N	Y	N
29	Park Lane Pharmacy	1 Park Lane, Hornchurch. RM11 1BB	Romford Town	09:00-19:00 Thur 09:00-16:00	09:00-16:00	Closed	40 hour	Y	Y	Y	Y	N	N	Y	Y	N	Y	Y
30	Pharmacare Chemist	164 Hornchurch Road, Hornchurch. RM11 1QH	Hylands	09:00-19:00	09:00-18:00	Closed	40 hour	Y	Y	Y	Y	N	N	Y	N	N	Y	N

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15					CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURs	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)	Supervised consumption		Anti-coagulation	Support to stop smoking
31	Rise Park Pharmacy	173 Eastern Avenue East, Rise Park Parade, Romford. RM1 4NT	Pettits	09:00-18:00 Wed 09:00-13:00	09:00-18:00	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	N	Y	N	
32	Safedale Ltd	82-84 Dagenham Road, Rush Green, Romford. RM7 0TJ	Brooklands	09:00-19:00	09:00-15:00	Closed	40 hour	Y	Y	Y	Y	N	Y	N	Y	N	Y	N	
33	Tesco Instore Pharmacy	Bridge Road, Rainham. RM13 9YZ	Rainham And Wennington	08:00-20:00	08:00-20:00	10:00-16:00	40 hour	Y	Y	Y	N	N	N	N	N	N	Y	N	
34	Tesco Instore Pharmacy	300 Hornchurch Road, Hornchurch. RM11 1PY	Hylands	08:00-20:00	08:00-20:00	10:00-16:00	40 hour	Y	Y	Y	N	N	N	N	Y	N	Y	N	
35	Tesco Instore Pharmacy	Bryant Avenue, Gallows Corner, Romford. RM3 0LL	Harold Wood	08:00-21:00	08:00-21:00	10:00-16:00	40 hour	Y	Y	Y	N	N	N	N	Y	N	Y	N	
36	The Co-Operative Pharmacy	Harold Wood Polyclinic, Gubbins Lane, Harold Wood. RM3 0FE	Harold Wood	08:00-20:00	08:00-20:00	08:00-20:00	LPS	Y	Y	Y	Y	N	Y	N	N	Y	Y	N	

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15					CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURS	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)	Supervised consumption		Anti-coagulation	Support to stop smoking
37	The Co-Operative Pharmacy	7 Station Road, Harold Wood. RM3 0BP	Harold Wood	09:00-18:30	09:00-17:00	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	N	Y	N	
38	W H Burdess Chemists Ltd	178 Mawney Road, Romford. RM7 8BU	Mawneys	09:00-18:00 Thur 09:00-13:00	09:00-13:00	Closed	40 hour	Y	Y	Y	Y	N	N	Y	N	Y	Y	N	
39	Whiterose Chemist (Rowlands)	100 Ardleigh Green Road, Hornchurch. RM11 2LG	Squirrel's Heath	Mon and Fri 09:00-19:00 Tue, Wed 09:00-18:30 Thur 09:00-17:00	09:00-13:00	Closed	40 hour	Y	Y	Y	N	N	N	N	N	Y	Y	N	
40	Williams Chemist	139A Wennington Road, Rainham. RM13 9TR	Rainham And Wennington	09:00-18:00	09:00-12:00	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	N	N	N	
41	Clockhouse Pharmacy	5 Clockhouse Lane, Collier Row, Romford. RM5 3PH	Havering Park	07:00-23:00	07:00-21:00	12:00-20:00	100 hour	Y	Y	Y	Y	N	N	N	Y	N	N	N	

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15				CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURs	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)		Supervised consumption	Anti-coagulation
42	Newlands Pharmacy	Harold Hill Health Centre, Gooshays Drive, Harold Hill, Romford. RM3 9LB	Gooshays	08:00-20:00	09:00-18:00	Closed	40 hour	Y	Y	Y	Y	N	N	N	N	N	Y	N
43	Maylands Pharmacy	300 Upper Rainham Road, Rainham. RM12 4EQ	Elm Park	08:00-22:30	08:00-22:30	08:00-22:30	100 hour	Y	N	Y	Y	N	N	N	N	N	N	N
44	Panchem (UK)	160 St Marys Lane. RM14 3BS	Upminster	09:00-18:30 Wed, Thur 09:00-18:00	09:00-12:00	Closed	40 hour	Y	Y	Y	Y	N	N	Y	N	N	N	N
45	Boots UK Ltd	47 Marketplace, Romford. RM1 3AD	Romford Town	08:30-19:00	09:00-13:00	Closed	40 hour	Y	Y	Y	N	N	N	N	N	N	Y	N
46	Sainsburys Pharmacy	1-15 The Brewery, Waterloo Road, Romford. RM1 1AU	Romford Town	07:00-23:00	07:00-23:00	10:00-16:00	100 hour	Y	Y	Y	Y	N	N	N	N	N	N	N

Map ref	Name of Pharmacy	Address	Ward	Opening hours				Electronic prescription service, as per NHS Choices (Y/N)	NHS England advanced service providers		NHS England enhanced services - providers in 2013/14 (Y/N)	Local authority commissioned service providers in 2014/15				CCG commissioned service	Other services	
				Mon-Fri opening hours	Sat opening hours	Sun opening hours	Contract type		MURs	NMS		Vaccination service	Emergency hormonal contraception	Chlamydia service	Community equipment (TCES)		Supervised consumption	Anti-coagulation
47	Shadforth Pharmaceutical Co Ltd	266 Brentwood Road, Romford. RM2 5SU	Emerson Park	08:45-18:15 Thur 08:45-18:15	09:00-13:00	Closed	40 hour	Y	Y	Y	N	N	Y	N	N	N	Y	N

Appendix B: PNA Steering Group Terms of Reference

1. Objective / Purpose

To support the production of a Pharmaceutical Needs Assessment on behalf of the London Borough of Havering Health and Wellbeing Board, to ensure that it satisfies the relevant regulations including consultation requirements.

2. Accountability

The steering group is to report to the JSNA Steering Group.

3. Membership

The steering group is to consist of:

- Health and Wellbeing Board lead member for the PNA (Chair)
- NHS England Area Team representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative
- CCG representative
- LBH – Consultation Lead
- CCG Head of Patient and Public Involvement
- Health Watch representative (lay member)

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

4. Frequency of meetings

Meetings in 2014/15 will be arranged at key stages of the project plan. The steering group will meet on 17th December 2014 to sign off the draft PNA for Consultation and again on 18th March 2015 to sign off the final PNA.

5. Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of The NHS Regulations 2013³:
 - any Local Pharmaceutical Committee for its area
 - any Local Medical Committee for its area
 - any persons on the 'Pharmaceutical Lists' and any dispensing doctors list for its area
 - any LPS chemist in its area
 - any Local Healthwatch organisation for its area
 - any NHS trust or NHS foundation trust in its area
 - NHS England
 - any neighbouring HWB

- Ensure that due process is followed
- Report to JSNA Steering Group on both a draft and final PNA.
- Publish a final PNA by 1st April 2015

Appendix C: Patient survey

Havering PNA - Pharmacy Public User Questionnaire

Tell us what you think of pharmacy services.

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

We would be grateful if you would take a few minutes to answer the questions below about your own experience and views.

- Information you provide is confidential
- Please be honest with your answers so we can accurately assess areas where pharmacies are already performing well and areas that need improvement
- Information returned about you will be recorded separately from your questionnaire response.

Closing date for this questionnaire is 31st October 2014.

Should you require this questionnaire in any other format, please contact Donna A Pusey

E-mail: publichealth@haverling.gov.uk

Tel. no: 01708 431 821

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

Havering PNA - Pharmacy Public User Questionnaire

1. How often have you visited the pharmacy in the last 6 months?

	More than once a week	Once a week	Once every couple of weeks	Once a month	Once every few months	Once in 6 months
For yourself?	☐	☐	☐	☐	☐	☐
For someone else?	☐	☐	☐	☐	☐	☐

2. Do you have a regular or preferred pharmacy that you visit?

- ☐ Yes
☐ No

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

- ☐ Close to home
☐ Close to GP surgery
☐ Close to work
☐ They offer a specific service
☐ Friendly staff
☐ Prefer not to say
☐ Other (please specify)

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

- ☐ Yourself
☐ A family member
☐ Neighbour/ friend
☐ Someone you are a carer for
☐ Other (please specify)

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

- ☐ Opening hours of the pharmacy not suitable for the patient
☐ Access (for example disability/ transport)
☐ Most convenient
☐ Other (please specify)

Having PNA - Pharmacy Public User Questionnaire

6. How would you usually travel to a pharmacy? (Please select one answer)

- ☐ Car/ taxi
- ☐ Public transport
- ☐ Walk
- ☐ Bicycle
- ☐ Other (please specify)

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

- ☐ 0 to 10 minutes
- ☐ 10 to 20 minutes
- ☐ 20 to 30 minutes
- ☐ Over 30 minutes
- ☐ Don't know/ not sure/ varies

8. Do you have any difficulties when travelling to your pharmacy due to the following reasons? (Select one answer)

- ☐ Location of pharmacy
- ☐ Parking difficulties
- ☐ Public Transport availability
- ☐ No difficulties

9. What is the most convenient day for you to visit your pharmacy? (Select one answer)

- ☐ On a weekday, Monday to Friday
- ☐ Saturday
- ☐ Sunday
- ☐ Don't mind/ varies

10. What is the most convenient time for you to visit your pharmacy? (Please select one answer)

- ☐ Morning
- ☐ Lunchtime
- ☐ Afternoon
- ☐ Early Evening
- ☐ Late Evening
- ☐ Don't mind/ varies

Havering PNA - Pharmacy Public User Questionnaire

Over the counter medicines

11. How regularly do you buy over the counter medicine from a pharmacy? (Please select one answer)

- ☐ Weekly
- ☐ More than once a week
- ☐ Monthly
- ☐ More than once a month
- ☐ Once a year
- ☐ More than once a year but less than monthly
- ☐ Less than once a year
- ☐ Never
- ☐ Prefer not to say

12. Do you buy an over the counter medicine from anywhere else other than at the pharmacy? (Please select all that apply)

- ☐ Nowhere else
- ☐ Supermarket
- ☐ Over the internet
- ☐ Garage/ petrol station
- ☐ Local/ community shop
- ☐ Convenience store
- ☐ Vending machine
- ☐ Prefer not to say

Havering PNA - Pharmacy Public User Questionnaire

Medication and illness

13. How do you rate the ease of obtaining prescription medicines?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

14. When you receive your prescription medicines, are you provided with sufficient information such as dosage and side effects?

- ☐ Yes
- ☐ No

Havering PNA - Pharmacy Public User Questionnaire

Advice

15. Would you ask your pharmacist for advice about medication prescribed by your GP?

- ☐ Yes
☐ No

16. Which of the following pharmacy services are you aware that your pharmacy provides? (Please select all that apply)

- ☐ Dispensing of prescriptions
☐ Repeat prescription service
☐ Home delivery and prescription collection
☐ Buying over the counter medicines
☐ Advice from your pharmacist (e.g. healthy lifestyle, medicines advice, signposting)
☐ Disposing of unwanted medicines
☐ Sitting down with your pharmacist and talking about how you use your medicines
☐ Stop smoking/ Nicotine Replacement Therapy
☐ Sexual health services (pregnancy testing, Chlamydia testing/ treating, condom distribution, emergency contraception)
☐ Palliative care
☐ Getting medicines for free without a prescription for minor ailments
☐ Supervised consumption of methadone and buprenorphine
☐ Needle exchange

Havering PNA - Pharmacy Public User Questionnaire

17. How often have you used any of the following services at your pharmacy?

	At least once a month	Every 1-3 months	Occasionally	Never
Dispensing of prescriptions	☐	☐	☐	☐
Repeat prescription service	☐	☐	☐	☐
Home delivery and prescription collection	☐	☐	☐	☐
Buying over the counter medicines	☐	☐	☐	☐
Advice from your pharmacist (e.g. healthy lifestyle, medicines advice, signposting)	☐	☐	☐	☐
Disposing of unwanted medicines	☐	☐	☐	☐
Sitting down with your pharmacist and talking about how you use your medicines	☐	☐	☐	☐
Stop smoking/ Nicotine Replacement Therapy	☐	☐	☐	☐
Sexual health services (pregnancy testing, Chlamydia testing/ treating, condom distribution, emergency contraception)	☐	☐	☐	☐
Palliative care	☐	☐	☐	☐
Getting medicines for free without a prescription for minor ailments	☐	☐	☐	☐
Supervised consumption of methadone and buprenorphine	☐	☐	☐	☐
Needle exchange	☐	☐	☐	☐

Havering PNA - Pharmacy Public User Questionnaire

18. How would you rate your confidence in the pharmacist's knowledge and advice?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

19. Did you know the pharmacist can give you advice about various medical conditions?

- ☐ Yes
- ☐ No

20. Is there a consultation room available in which you can confidentially discuss any questions you may have for the pharmacist in the pharmacy you normally visit?

- ☐ Yes
- ☐ No
- ☐ Don't know

Havering PNA - Pharmacy Public User Questionnaire

Services

21. Would you like to see any other services provided by pharmacists?

	Yes	No
Annual review of medication	☐	☐
Cholesterol/lipid measurement and advice	☐	☐
Head lice management	☐	☐
Pregnancy testing	☐	☐
Prescription home delivery services	☐	☐
Stopping Smoking	☐	☐

Other (please specify)

Havering PNA - Pharmacy Public User Questionnaire

The pharmacy you use

22. Please could we have the name of the pharmacy you use the most?

23. How would you rate your overall satisfaction with this pharmacy?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

24. Any other comments you would like to make about your pharmacy?

Havering PNA - Pharmacy Public User Questionnaire

Thank you for your time completing this questionnaire

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

Name

Address

Telephone

Email

Preferred

method of
communication

Havering PNA - Pharmacy Public User Questionnaire

A bit about you

This information is being collected anonymously and will only be used for the purpose of improving Havering's consultation service.

26. What is your postcode?

27. Are you...

- ☐ Male
- ☐ Female

28. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85-89
- ☐ 90+

Havering PNA - Pharmacy Public User Questionnaire

29. What is your ethnic group?

- ☐ White – British
- ☐ White – Irish
- ☐ Any other White background (please specify)
- ☐ Black or Black British - African
- ☐ Black or Black British - Caribbean
- ☐ Any other Black background (please specify)
- ☐ Mixed - White and Black Caribbean
- ☐ Mixed - White and Black African
- ☐ Mixed - White and Asian
- ☐ Any other mixed background (please specify)
- ☐ Asian/Asian British - Indian
- ☐ Asian/Asian British - Pakistani
- ☐ Asian/Asian British - Bangladeshi
- ☐ Asian/Asian British - Chinese
- ☐ Any other Asian background (please specify)
- ☐ Other ethnic group - Arab
- ☐ Any other ethnic background (please specify)

Other (please specify)

30. Is English your first language?

- ☐ Yes
- ☐ No

If no, please specify

31. Do you consider yourself to have a disability?

The Equality Act 2010 defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on (a person's) ability to carry out normal day-to-day activities".

- ☐ Yes
- ☐ No
- ☐ Unsure

Having PNA - Pharmacy Public User Questionnaire

32. If yes, which of the following best describes your disability? Tick all that apply

- ☐ Mobility difficulties (wheelchair user)
- ☐ Mobility difficulties (non wheelchair)
- ☐ Sight difficulties
- ☐ Speaking difficulties
- ☐ Hearing difficulties
- ☐ Learning difficulties
- ☐ Prefer not to say
- ☐ Mental health needs
- ☐ Long-term illness or health condition
- ☐ Unseen disability (e.g. diabetes, cancer, epilepsy, asthma)
- ☐ Prefer not to say
- ☐ If other, please specify

33. What is your religion or belief?

- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ No religion or belief
- ☐ Prefer not to say
- ☐ Other religion or belief (Please specify)

34. What is your sexual orientation?

- ☐ Heterosexual/straight
- ☐ Bisexual
- ☐ Gay Man
- ☐ Gay Woman/lesbian
- ☐ Prefer not to say

Havering PNA - Pharmacy Public User Questionnaire

Thank you for completing this survey.

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

Appendix D: Pharmacy contractor survey

Havering PNA - Pharmacy Contractor Survey

We would be grateful if you would take a few minutes to answer the questions below about your pharmacy and the services you currently offer or plan to offer in the future. Your views will help us to develop our Pharmacy Needs Assessment (PNA) which will look at health needs in Havering.

Closing date for this questionnaire is 31st October 2014

This survey is based upon the PSNC Pharmacy Questionnaire v4 (December 2013) as approved by Havering LPC

Havering PNA - Pharmacy Contractor Survey

Premises Details

* 1. Contractor Code (ODS Code)

* 2. Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

* 3. Trading Name

* 4. Address of Contractor

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

☐ Yes

☐ No

* 6. Pharmacy email address

* 7. Pharmacy telephone

8. Pharmacy fax

9. Pharmacy website address

10. Can we store the above information and use this to contact you?

☐ Yes

☐ No

Havering PNA - Pharmacy Contractor Survey

Opening time and accessibility

*11. Core hours of opening

	From	To	Lunchtime start	Lunchtime end
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

*12. Total hours of opening

	From	To	Lunchtime start	Lunchtime end
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Havering PNA - Pharmacy Contractor Survey

Consultation Facilities

***13. On the premises, is there a consultation area (meeting the criteria for the Medicines Use Review service)?**

- ☐ None
- ☐ Available (including wheelchair access)
- ☐ Available (without wheelchair access)
- ☐ Planned within the next 12 months
- ☐ Other (please specify)

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

- ☐ Yes
- ☐ No

***15. Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or Area Team has given consent for use)**

- ☐ Yes
- ☐ No

***16. Is the pharmacy willing to undertake consultations in patient's home/ other suitable site?**

- ☐ Yes
- ☐ No

***17. During consultations, are there hand-washing facilities?**

- ☐ In the consultation area
- ☐ Close to the consultation area
- ☐ None

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

- ☐ Yes
- ☐ No

19. Languages spoken (in addition to English)

Havering PNA - Pharmacy Contractor Survey

IT Facilities

*** 20. Electronic Prescription Service (select any that apply)**

- ☐ Release 1 enabled
- ☐ Release 2 enabled
- ☐ Intending to become Release 1 enabled within next 12 months
- ☐ Intending to become Release 2 enabled within next 12 months
- ☐ No plans for EPS at present

Havering PNA - Pharmacy Contractor Survey

Services

*21. Essential services

Does the pharmacy dispense appliances?

- ☐ Yes, all types
☐ Yes, excluding stoma appliances
☐ Yes, excluding incontinence appliances
☐ Yes, excluding stoma and incontinence appliances
☐ Yes, just dressings
☐ None
☐ Other (please specify)

*22. Advanced services

Does the pharmacy provide the following services?

	Yes	Intending to begin within the next 12 months	No, and not intending to provide
Medicines Use Review service	☐	☐	☐
New Medicine service	☐	☐	☐
Appliance Use Review service	☐	☐	☐
Stoma Appliance Customisation service	☐	☐	☐

Havering PNA - Pharmacy Contractor Survey

*23. Enhanced and Other locally Commissioned Services

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Anticoagulant Monitoring Service	☐	☐	☐	☐	☐
Anti-viral Distribution Service	☐	☐	☐	☐	☐
Care Home Service	☐	☐	☐	☐	☐
Chlamydia Testing Service	☐	☐	☐	☐	☐
Chlamydia Treatment Service	☐	☐	☐	☐	☐
Contraceptive Service (not EHC)	☐	☐	☐	☐	☐

*24. Other than dispensing services, does your pharmacy offer any of the following disease specific services?

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Allergies	☐	☐	☐	☐	☐
Alzheimer's/dementia	☐	☐	☐	☐	☐
Asthma	☐	☐	☐	☐	☐
CHD	☐	☐	☐	☐	☐
COPD	☐	☐	☐	☐	☐
Depression	☐	☐	☐	☐	☐
Diabetes Type I	☐	☐	☐	☐	☐
Diabetes Type II	☐	☐	☐	☐	☐
Epilepsy	☐	☐	☐	☐	☐
Heart Failure	☐	☐	☐	☐	☐
Hypertension	☐	☐	☐	☐	☐
Parkinson's Disease	☐	☐	☐	☐	☐
Other (please specify below)	☐	☐	☐	☐	☐

Havering PNA - Pharmacy Contractor Survey

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Emergency Hormonal Contraception Service	☐	☐	☐	☐	☐
Gluten Free Food Supply Service(i.e. not via FP10)	☐	☐	☐	☐	☐
Home Delivery Service (not appliances)	☐	☐	☐	☐	☐
Independent Prescribing Service	☐	☐	☐	☐	☐

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Language Access Service	☐	☐	☐	☐	☐
Medication Review Service	☐	☐	☐	☐	☐
Medicines Assessment and Compliance Support Service	☐	☐	☐	☐	☐
Minor Ailment Scheme	☐	☐	☐	☐	☐
MUR plus/ Medicines Optimisation Service	☐	☐	☐	☐	☐

If currently providing MUR plus/ Medicines Optimisation Service, what therapeutic areas are covered?

Havering PNA - Pharmacy Contractor Survey

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Needle and Syringe Exchange Service	☐	☐	☐	☐	☐
Obesity management (adults and children)	☐	☐	☐	☐	☐
On Demand Availability of Specialist Drugs Service	☐	☐	☐	☐	☐
Out of Hours Services	☐	☐	☐	☐	☐
Patient Group Direction Service (name the medicines covered by the Patient Group direction below)	☐	☐	☐	☐	☐
Phlebotomy Service	☐	☐	☐	☐	☐
Prescriber Support Service	☐	☐	☐	☐	☐
Schools Service	☐	☐	☐	☐	☐

Insert medicines covered by the Patient Group direction below

Havering PNA - Pharmacy Contractor Survey

*** 28. Are the following screening and monitoring services offered?**

	Currently provide via NHS	Currently provide privately	Currently provide via LA	Would be willing to provide if commissioned	Not willing or able to provide
Alcohol	☐	☐	☐	☐	☐
Cholesterol	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐
Gonorrhoea	☐	☐	☐	☐	☐
H. Pylori	☐	☐	☐	☐	☐
HbA1C	☐	☐	☐	☐	☐
Hepatitis	☐	☐	☐	☐	☐
HIV	☐	☐	☐	☐	☐
Seasonal Influenza Vaccination Service	☐	☐	☐	☐	☐
Other (please specify below)	☐	☐	☐	☐	☐

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Childhood vaccinations	☐	☐	☐	☐	☐
Hepatitis (at risk workers or patients)	☐	☐	☐	☐	☐
HPV	☐	☐	☐	☐	☐
Travel vaccines	☐	☐	☐	☐	☐
Other (please specify)					

Havering PNA - Pharmacy Contractor Survey

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

	Currently providing under contract with Area Team	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide
Sharps Disposal Service	☐	☐	☐	☐	☐
Stop Smoking Service	☐	☐	☐	☐	☐
Supervised Administration Service	☐	☐	☐	☐	☐
Vascular Risk Assessment Service (NHS Health Check)	☐	☐	☐	☐	☐

Supplementary Prescribing Service (what therapeutic areas are covered?)

Havering PNA - Pharmacy Contractor Survey

Non-commissioned services

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

	Yes	No
Collection of prescriptions from GP practices	☐	☐
Delivery of dispensed medicines - free of charge on request	☐	☐
Delivery of dispensed medicines - selected patient groups	☐	☐
Delivery of dispensed medicines – selected areas	☐	☐
Delivery of dispensed medicines - chargeable	☐	☐

Havering PNA - Pharmacy Contractor Survey

Details of the person completing this form

***32. Contact name of person completing questionnaire, if questions arise**

***33. Contact telephone number**

Havering PNA - Pharmacy Contractor Survey

Thank you for completing this survey.

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

Appendix E: Commissioner Survey

Havering PNA - Commissioner Questionnaire

We would be grateful if you would take a few minutes to answer the questions below about pharmacy services that are, or may be, commissioned from pharmacies in Havering. Your views will help us to develop our Pharmacy Needs Assessment (PNA) which will look at health needs in Havering.

Closing date for this questionnaire is 31st October 2014.

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

Havering PNA - Commissioner Questionnaire

1. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned	May consider commissioning	No plans to commission
Anticoagulant Monitoring Service	☐	☐	☐
Anti-viral Distribution Service	☐	☐	☐
Care Home Service	☐	☐	☐
Chlamydia Testing Service	☐	☐	☐
Chlamydia Treatment Service	☐	☐	☐
Contraceptive service (not EHC)	☐	☐	☐

Havering PNA - Commissioner Questionnaire

Disease Specific Medicines Management Service

2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned	May consider commissioning	No plans to commission
Allergy management service	☐	☐	☐
Alzheimers/dementia management service	☐	☐	☐
Asthma management service	☐	☐	☐
CHD management service	☐	☐	☐
COPD management service	☐	☐	☐
Depression management service	☐	☐	☐
Diabetes type I management service	☐	☐	☐
Diabetes type II management service	☐	☐	☐
Epilepsy management service	☐	☐	☐
Heart Failure management service	☐	☐	☐
Hypertension management service	☐	☐	☐
Parkinson's disease	☐	☐	☐
Emergency	☐	☐	☐
Hormonal			
Contraception Service			
Gluten Free Food Supply Service (i.e. not via FP10)	☐	☐	☐
Home Delivery Service (not appliances)	☐	☐	☐
Independent Prescribing Service	☐	☐	☐
If currently providing an Independent Prescribing Service, what therapeutic	☐	☐	☐

Havering PNA - Commissioner Questionnaire

areas are covered?

Language Access
Service

☐
☐
☐

Medication Review
Service

☐
☐
☐

Medicines
Assessment and
Compliance Support
Service

☐
☐
☐

Minor Ailment
Scheme

☐
☐
☐

MUR Plus/Medicines
Optimisation Service

☐
☐
☐

If currently providing
an MUR Plus/
Medicines
Optimisation Service,
what therapeutic
areas are covered?

☐
☐
☐

Needle and Syringe
Exchange Service

☐
☐
☐

Obesity management
(adults and children)

☐
☐
☐

On Demand
Availability of
Specialist Drugs
Service

☐
☐
☐

Out of Hours
Services

☐
☐
☐

Patient Group
Direction Service
(name the medicines
covered by the
Patient Group
Direction)

☐
☐
☐

Phlebotomy Service

☐
☐
☐

Prescriber Support
Service

☐
☐
☐

Schools Service

☐
☐
☐

Other (please state)

☐
☐
☐

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Havering PNA - Commissioner Questionnaire

Screening Service

3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned	May consider commissioning	No plans to commission
Alcohol screening service	☐	☐	☐
Cholesterol screening service	☐	☐	☐
Diabetes screening service	☐	☐	☐
Gonorrhoea screening service	☐	☐	☐
H. pylori screening service	☐	☐	☐
HbA1C screening service	☐	☐	☐
Hepatitis screening service	☐	☐	☐
HIV screening service	☐	☐	☐
Seasonal Influenza Vaccination Service (2)	☐	☐	☐
Other (please state below)	☐	☐	☐

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Havering PNA - Commissioner Questionnaire

Other vaccinations

4. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned	May consider commissioning	No plans to commission
Childhood vaccinations	☐	☐	☐
Hepatitis (at risk workers or patients)	☐	☐	☐
HPV	☐	☐	☐
Travel vaccines	☐	☐	☐

Havering PNA - Commissioner Questionnaire

Other miscellaneous

5. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned	May consider commissioning	No plans to commission
Sharps Disposal Service	☐	☐	☐
Stop Smoking Service	☐	☐	☐
Supervised Administration Service	☐	☐	☐
Supplementary Prescribing Service (what therapeutic areas are covered?)	☐	☐	☐
Vascular Risk Assessment Service (NHS Health Check)	☐	☐	☐
Other (please state below)	☐	☐	☐

Havering PNA - Commissioner Questionnaire

Thank you for completing this survey.

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

Appendix F: PNA timeline

Stage	Dates	Key Actions	Outcomes
Set up	September-October 2014	• The Havering HWB paper to outline PNA responsibilities • First steering group meeting: 1st October 2014 • Produce project plan and secure resources • Agree work stream plans and timelines	• Delegated authority to PNA Steering Group for PNA production. Isolation of necessary funding and resource for PNA production • Formation of PNA Steering Group and PNA Project Group. Roles and responsibilities defined. Terms of Reference and meeting dates agreed
Information finding	October-November 2014	Receipt and collation of information essential for PNA production	• Work streams and timeline agreed • Public and pharmacy questionnaires agreed • Consultation plan drafted • Localities agreed • Maps agreed • Public Health and Pharmaceutical provision information presented • Results from public and pharmacy questionnaires presented • Pharmaceutical provision and access maps presented
Analysis	November 2014	Further, focussed public engagement	• Analysis of information finding. Collation of findings to inform draft PNA. Consideration of need for further public qualitative feedback • Identification and agreement to any potential gaps in provision of services • Agreement of consultation plan

Stage	Dates	Key Actions	Outcomes
Draft PNA production	December 2014	• Electronic circulation of various draft PNA documents to steering group members • The Havering HWB Board paper • Second steering group meeting: 4th December 2014	• Agreement of final draft PNA for consultation • Presentation to the Havering HWB on progress and draft PNA
Consultation	22 nd December 2014 to 19 th February 2015	• Consultation to start	• Distribution and (60 day) consultation on draft PNA • Feedback obtained on draft PNA • Collation of responses to consultation
Final considerations	March 2015	Fourth steering group meeting: 18 th March 2015	• Analysis of consultation responses. • Agreement on Final PNA
The Havering HWB approval	March 2015	Health and Wellbeing Board report: 18 th March 2015	• Approval and sign-off by the Havering HWB Board of final PNA. • Obtain the Havering HWB approval and resource allocation for ongoing review / update PNA
Publish final PNA	March 2015	Circulate final PNA and host on the Havering HWB / LBH website: 30 th March 2015	• The Havering HWB PNA now 'live' and used by NHS England to consider 'Control of Entry' applications

Appendix G: Consultation plan and list of stakeholders

To be inserted post steering group meeting

PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA link sent (Y/N)	Meeting/ workshop attendance	Other
Consultee as required by Pharmaceutical regulations, 2103, Part 2 (8)	The Havering HWB Area LPC	Y	Y	None	Y	Y	No further activity undertaken	
	The Havering HWB Area LMC	Y	Y	None	Y	Y		
	Pharmacy contractors	Y	N	Pharmacy Contractor	Y	Y		
	LPS pharmacy	Y	Y	Pharmacy Contractor	Y	Y		
	Local Healthwatch	Y	Y	Service User	Y	Y		
	King George Hospital	N	N	None	Y	Y		
	Queens Hospital NHS Trust	N	N	None	Y	Y		
	NHS England Area Team	Y	Y	Commissioner	Y	Y		
	Redbridge HWB	N	N	None	Y	Y		
	Barking and Dagenham HWB	N	N	None	Y	Y		
	Essex HWB	N	N	None	Y	Y		
	Thurrock HWB	N	N	None	Y	Y		
	Bexley HWB	N	N	None	Y	Y		
	Redbridge LPC	N	N	None	Y	Y		
	Barking and Dagenham LPC	N	N	None	Y	Y		
Other consultee	Essex LPC	N	N	None	Y	Y		
	Bexley, Bromley and Greenwich LPC	N	N	None	Y	Y		
	Redbridge LMC	N	N	None	Y	Y		

PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA link sent (Y/N)	Meeting/ workshop attendance	Other
	Barking and Dagenham LMC	N	N	None	Y	Y	No further activity undertaken	
	Essex LMC	N	N	None	Y	Y		
	Bexley LMC	N	N	None	Y	Y		
	PA Barking and Dagenham, Havering and Redbridge CCG	Y	Y	Commissioner	Y	Y		
	Acting Director PH	Y	Y	Commissioner	Y	Y		
	Interim Head of PH Intelligence	Y	Y	None	Y	Y		
	Corporate Policy and Diversity Team Leader	Y	Y	None	Y	Y		
	Interim JSNA Project Manager	Y	Y	None	Y	Y		
	Clinical Director Havering CCG	Y	Y	None	Y	Y		
	Head of Adults and Health Services	Y	Y	None	Y	Y		
	GP Practices	N	N	Service User	Y	Y		
	Havering BME Forum and Executive Officers	N	N	Service User	Y	Y		
	Faith Groups	N	N	Service User	Y	Y		
	Friends of Parks Groups	N	N	Service User	Y	Y		
	Interfaith Executive	N	N	Service User	Y	Y		
	Community Associations	N	N	Service User	Y	Y		
	5000 subscribers	N	N	Service User	Y	Y		
	Elm Park Library	N	N	Service User	Y	Y		
	Gidea Park Library	N	N	Service User	Y	Y		
	Collier Row Library	N	N	Service User	Y	Y		

PNA Engagement and Consultation Plan								
Stakeholder		Engagement during PNA production			Draft PNA consultation			
	Role	PNA Briefing letter sent (Y/N)	Steering group representation (Y/N)	Questionnaire (Pharmacy contractor/ Service User/ Commissioner)	Briefing letter sent (Y/N)	Draft PNA link sent (Y/N)	Meeting/ workshop attendance	Other
	Central Library	N	N	Service User	Y	Y	No further activity undertaken	
	Upminster Library	N	N	Service User	Y	Y		
	Romford Library	N	N	Service User	Y	Y		
	Hornchurch Library	N	N	Service User	Y	Y		
	South Hornchurch Library	N	N	Service User	Y	Y		
	Harold Hill Library	N	N	Service User	Y	Y		
	Rainham Library	N	N	Service User	Y	Y		
	Central Park Leisure Centre	N	N	Service User	Y	Y		
	Hornchurch Sports Complex	N	N	Service User	Y	Y		
	Romford YMCA	N	N	Service User	Y	Y		
	Over 50s Forum	N	N	Service User	Y	Y		
	Public Advice & Service Centre	N	N	Service User	Y	Y		

Appendix H: Summary of consultation responses and comments

As required by the Pharmaceutical Regulations 2013³, Havering HWB held a 60 day consultation on the draft PNA from 22nd December 2014 to 19th February 2015.

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

There were in total 36 responses of which 15 were to the internet survey, 18 were paper surveys and three were email comments. From the public there were 20 responses, seven from community pharmacies, one from business and eight from 'other' (including NHS England, Havering Council and North East London LPC).

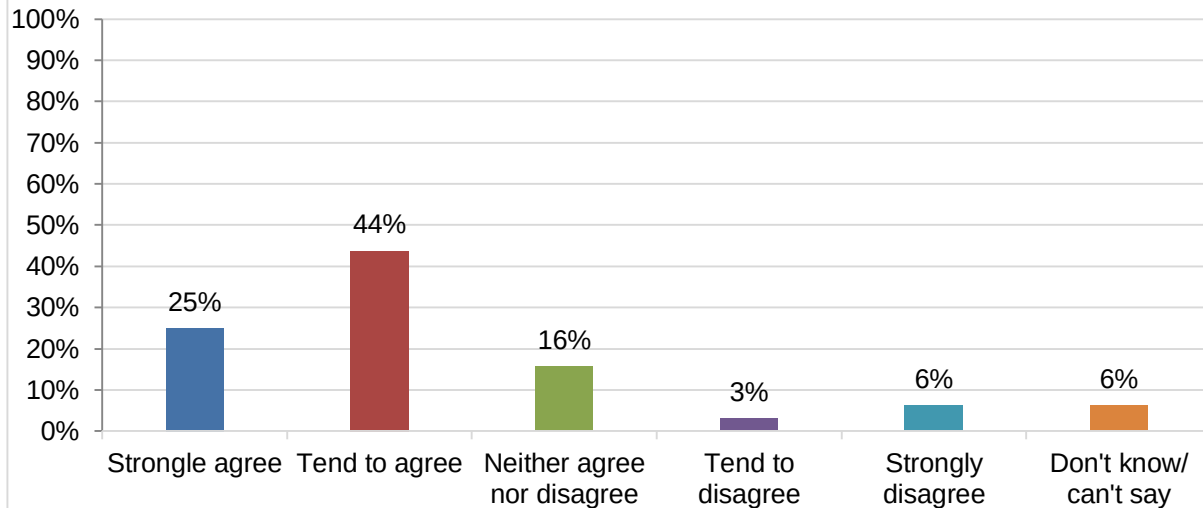
The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA. All responses were considered by the PNA Steering Group at its meeting on 18th March 2015 for the final report.

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

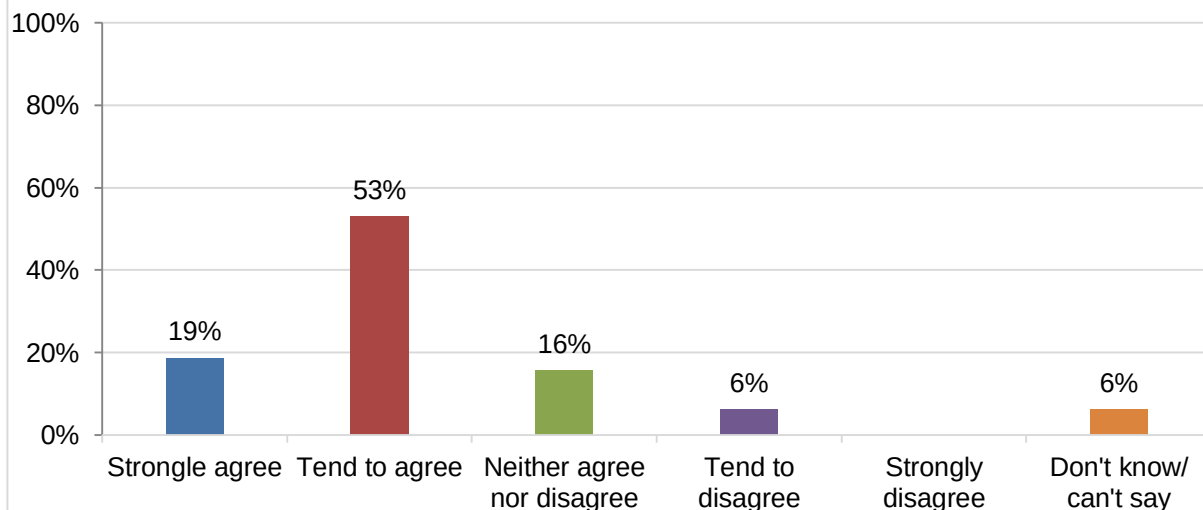
A number of additional comments were received that were considered by the steering group in the production of the final PNA. Should you wish to view these comments please contact the London Borough of Havering Public Health Team (PNA Lead), Havering Town Hall, Main Road, Romford, RM1 3BD.

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

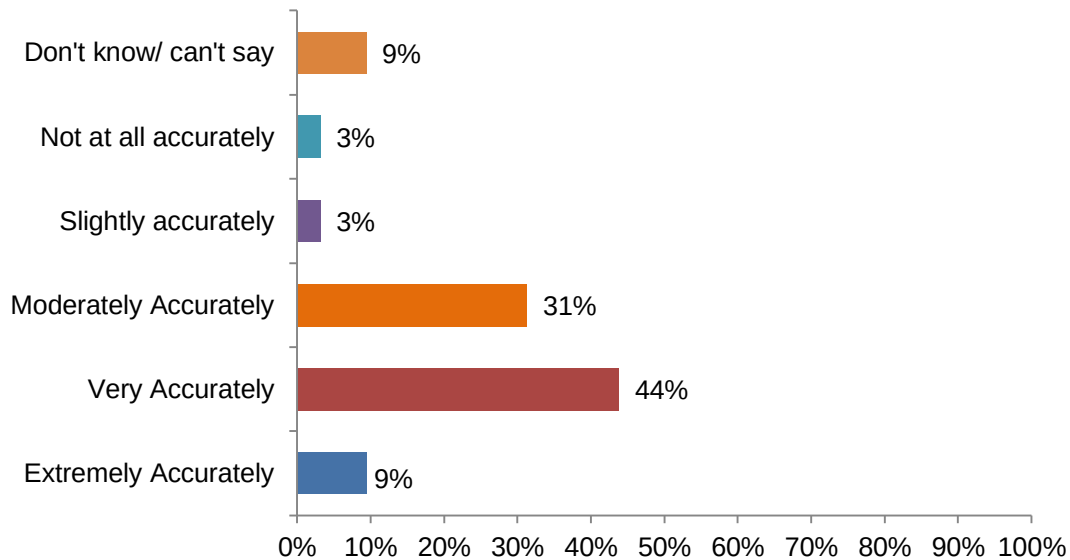
Q1. The Havering draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



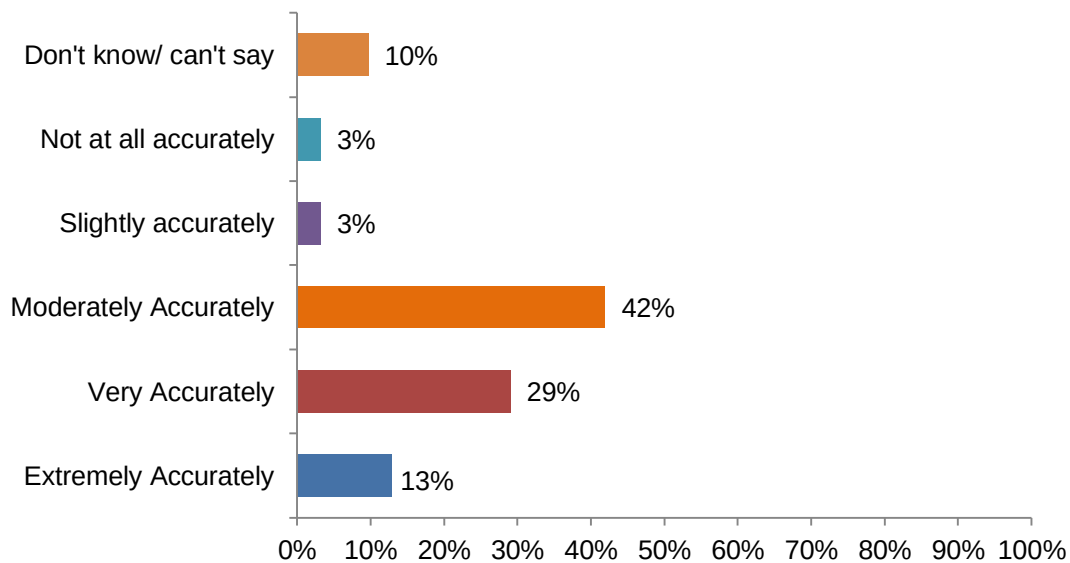
Q2. To what extent do you agree or disagree with the other conclusions contained within the draft PNA?



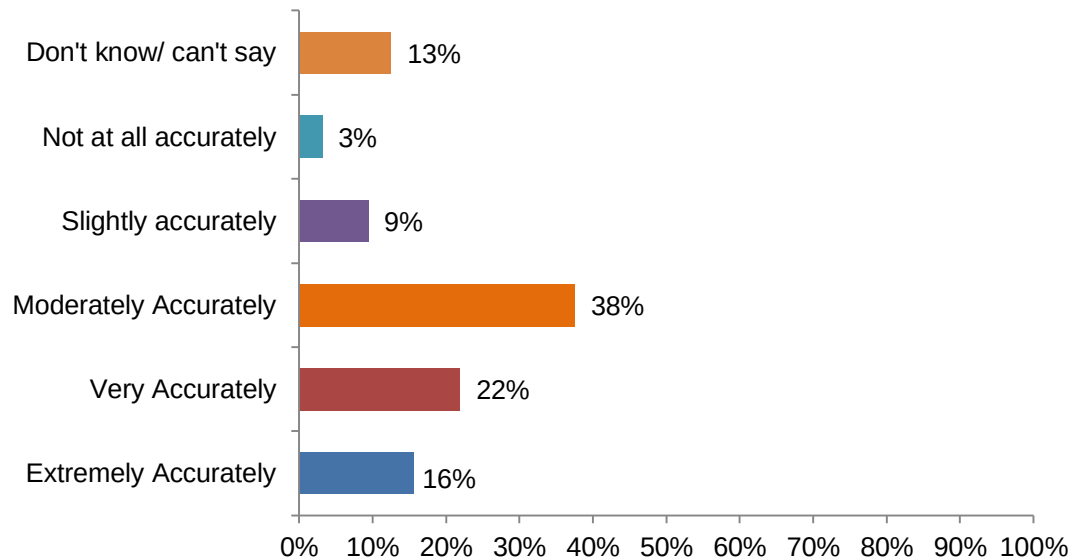
Q3. In your opinion, how accurately does the draft PNA reflect current provision of pharmaceutical services in Havering?



Q4. In your opinion, how accurately does the draft PNA reflect current pharmaceutical needs of Havering's population?

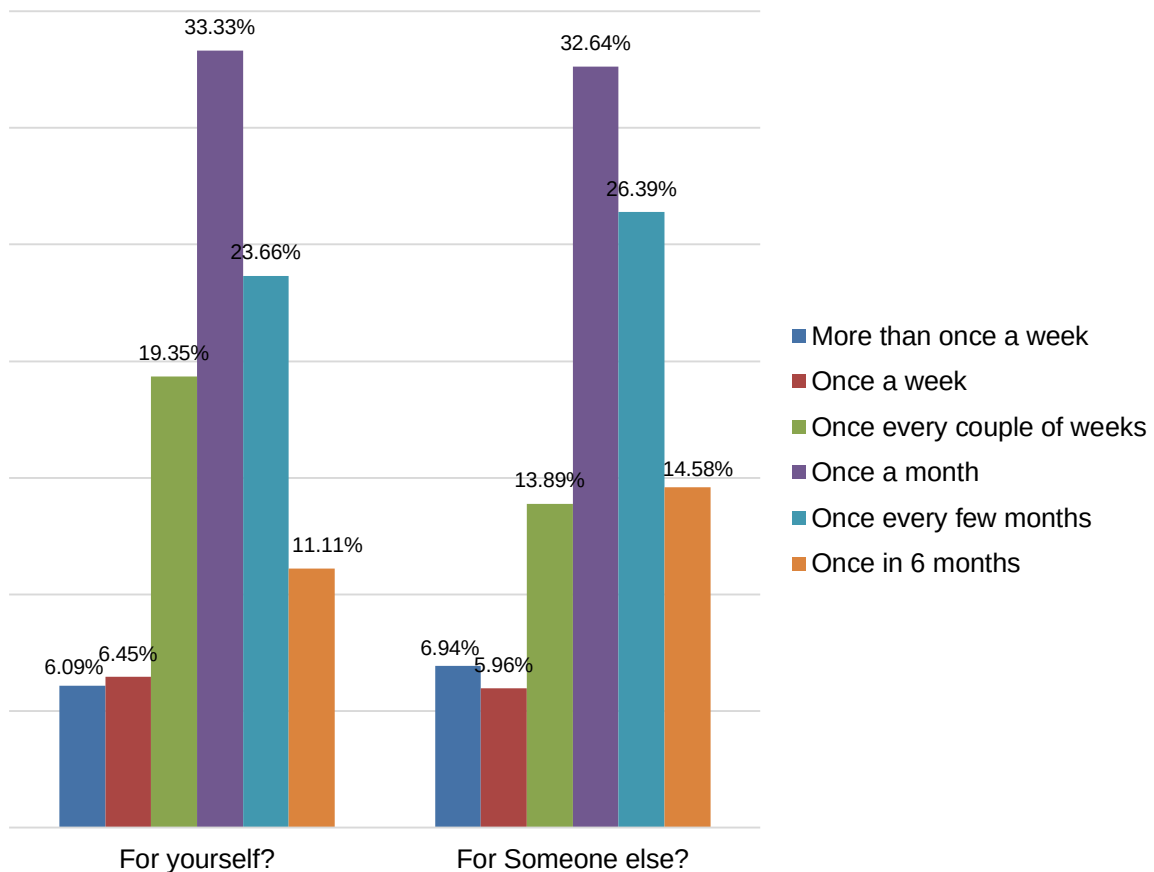


Q5. In your opinion, how accurately does the draft PNA reflect future pharmaceutical needs of Havering's population (over the next 3 years)?

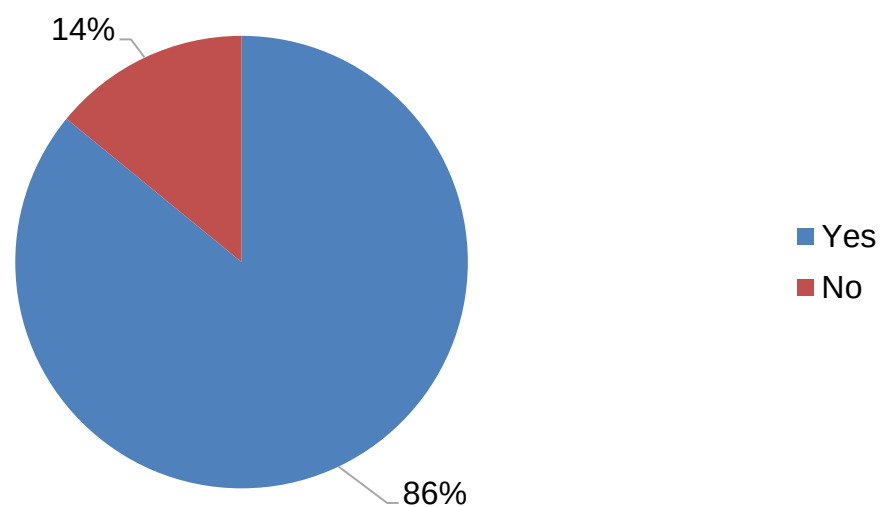


Appendix I: Results of the patient survey

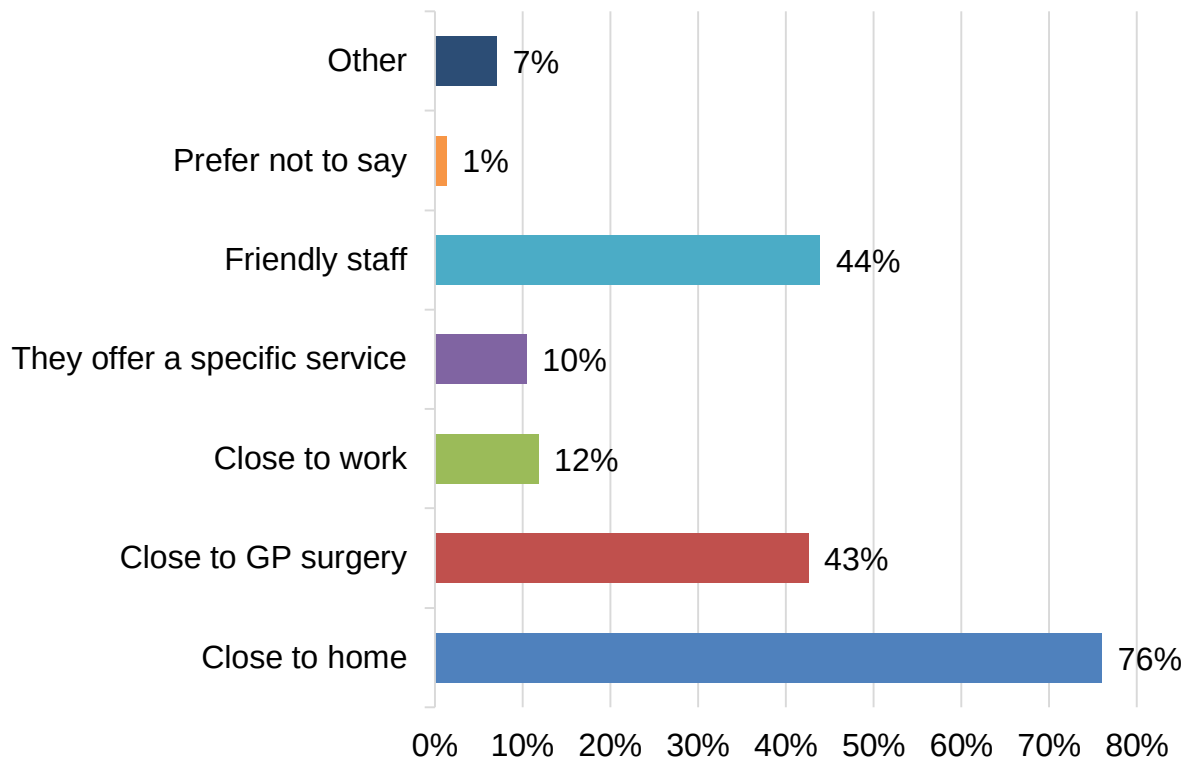
Q1. How often have you visited the pharmacy in the last 6 months?



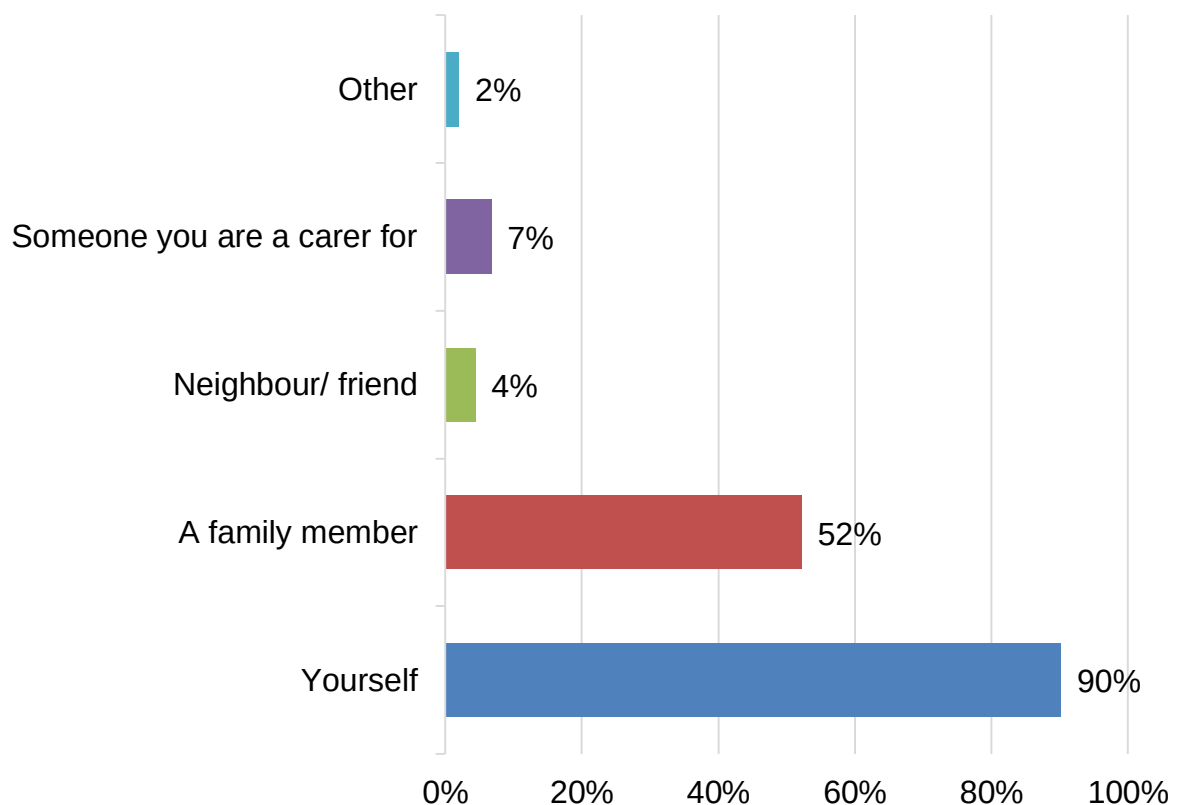
Q2. Do you have a regular or preferred pharmacy that you visit?



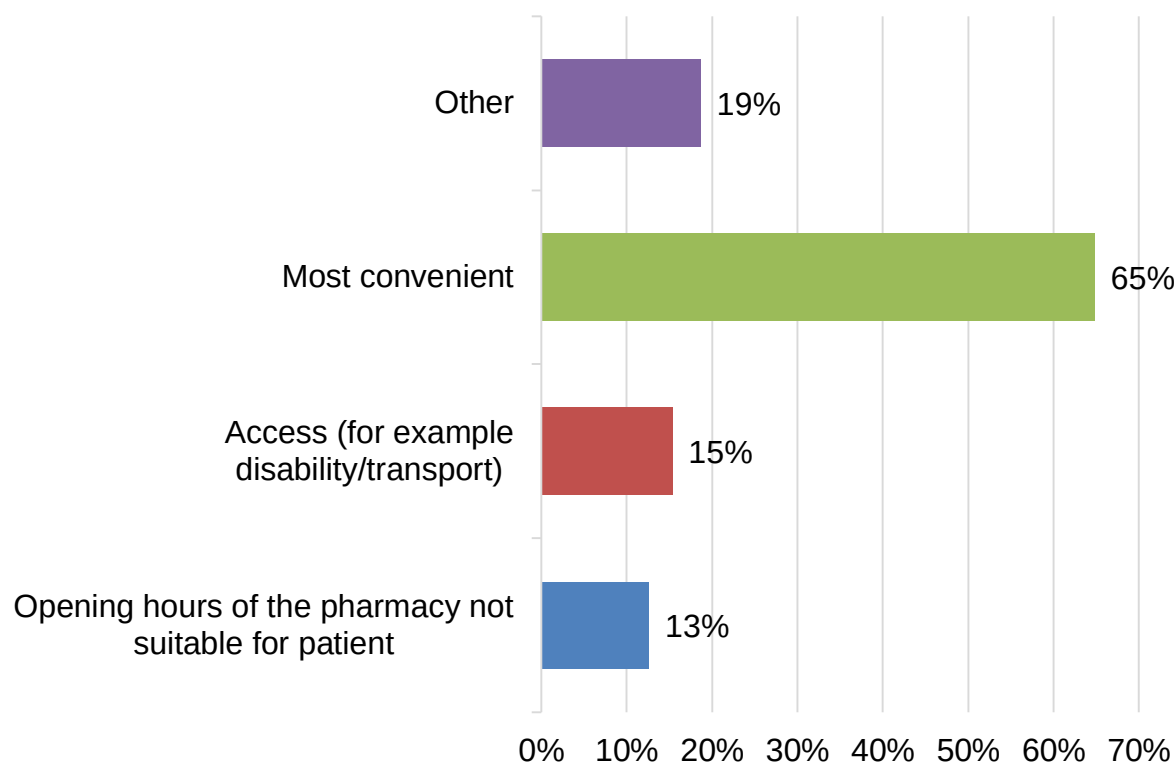
Q3. When considering a choice of pharmacies, which of the following helps you choose?



Q4. Who would you normally visit the pharmacy for?



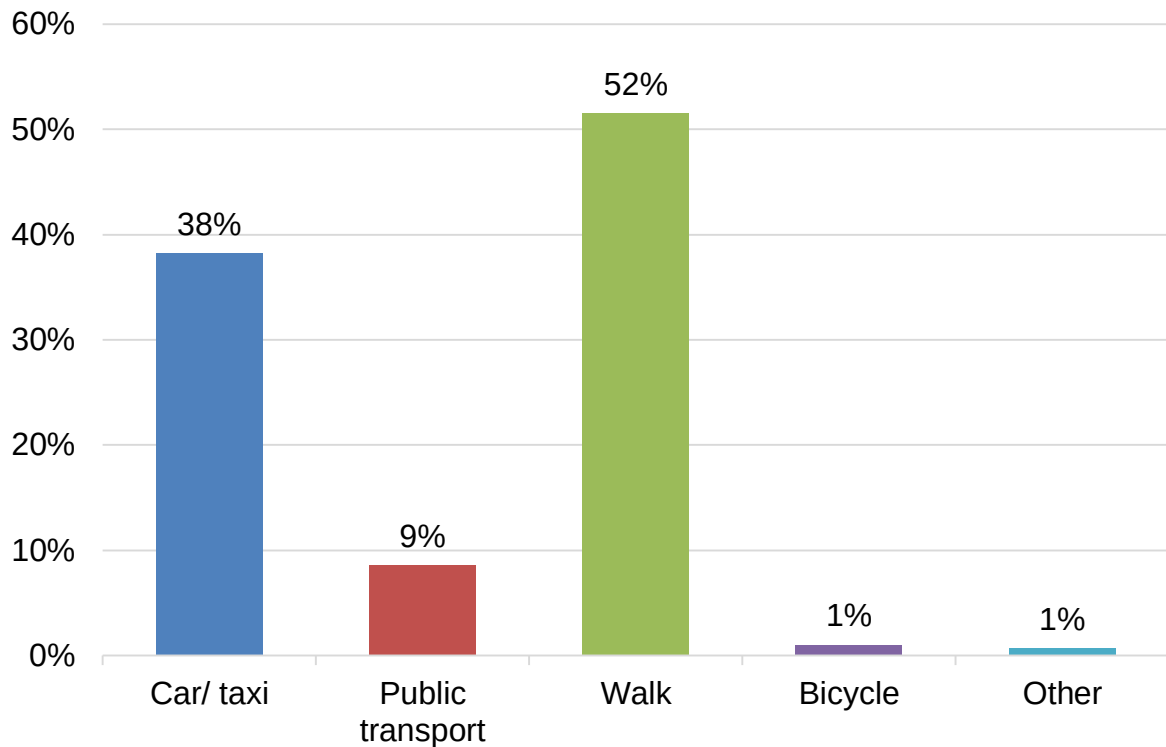
Q5. If you visit your pharmacy on behalf of someone else, please give a reason why



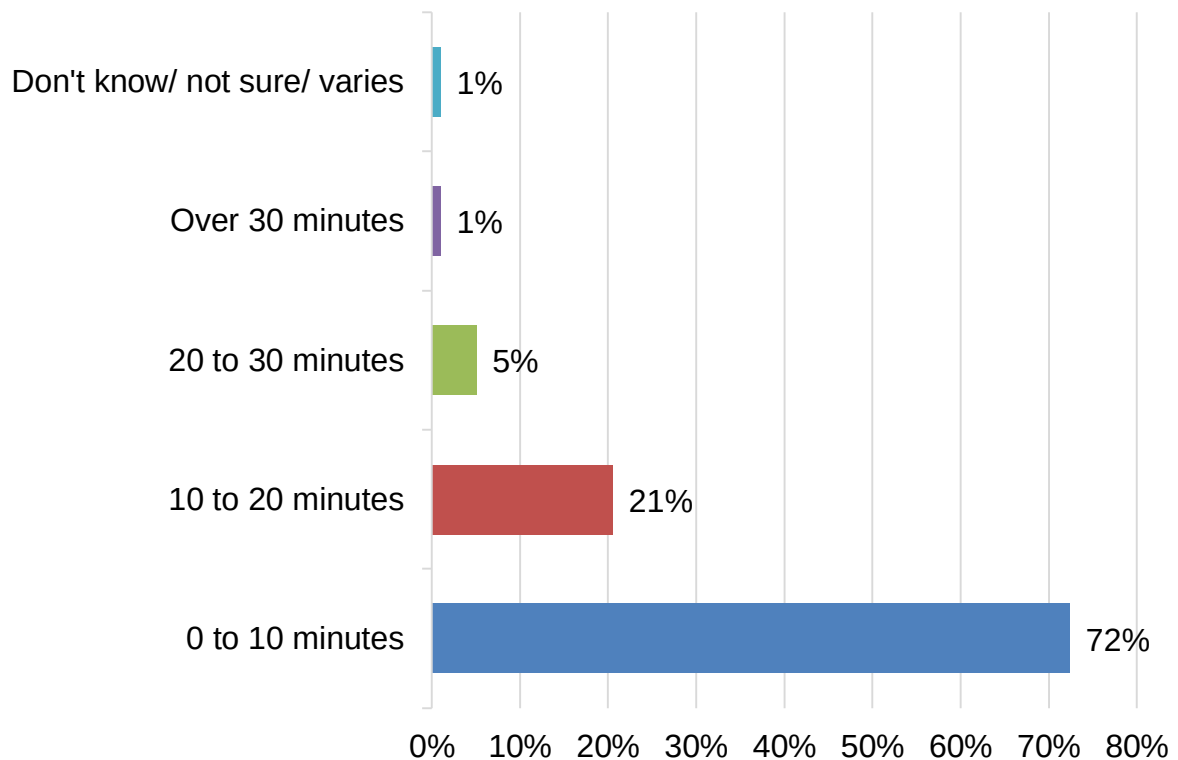
Reasons

Carer	Patient house bound
Underage	Incapable / lazy husband
It is in the best area	We trust the staff
Baby / child	Patient is bedridden
Car parking charges at Queens Hospital	On behalf of my wife
To collect prescription for them	He works, I don't
Dementia	Regular order
On behalf of a disabled child	Not able to visit herself
I am answering as Med Director for Saint Francis Hospice with regard for Havering pharmacy support for EOL patients	For my daughter (under 16)

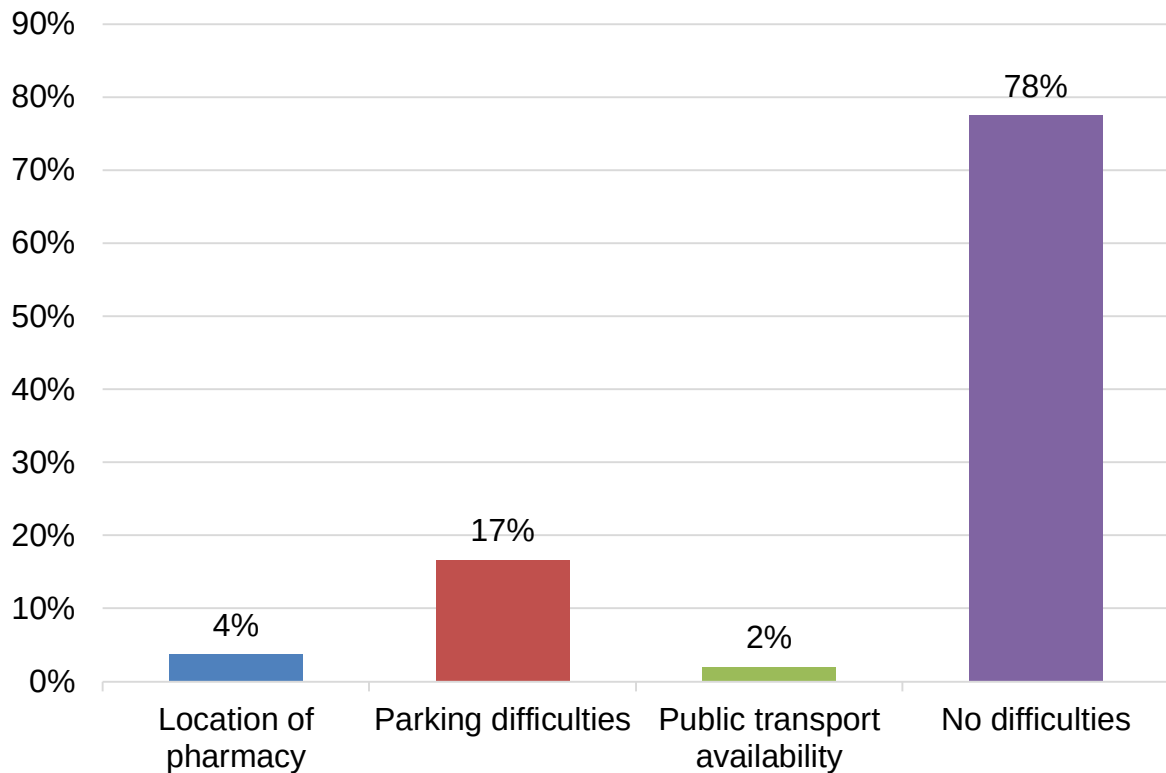
Q6. How would you usually travel to a pharmacy?



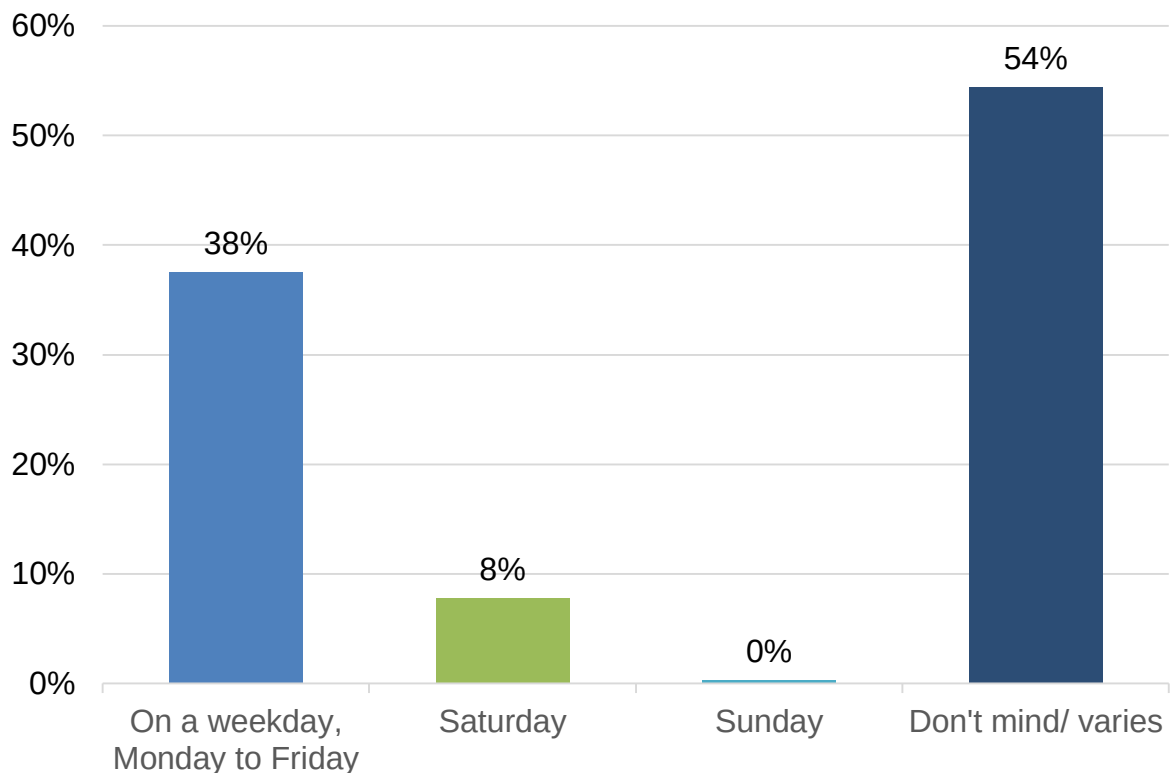
Q7. On average, how long does it take you to travel to a pharmacy?



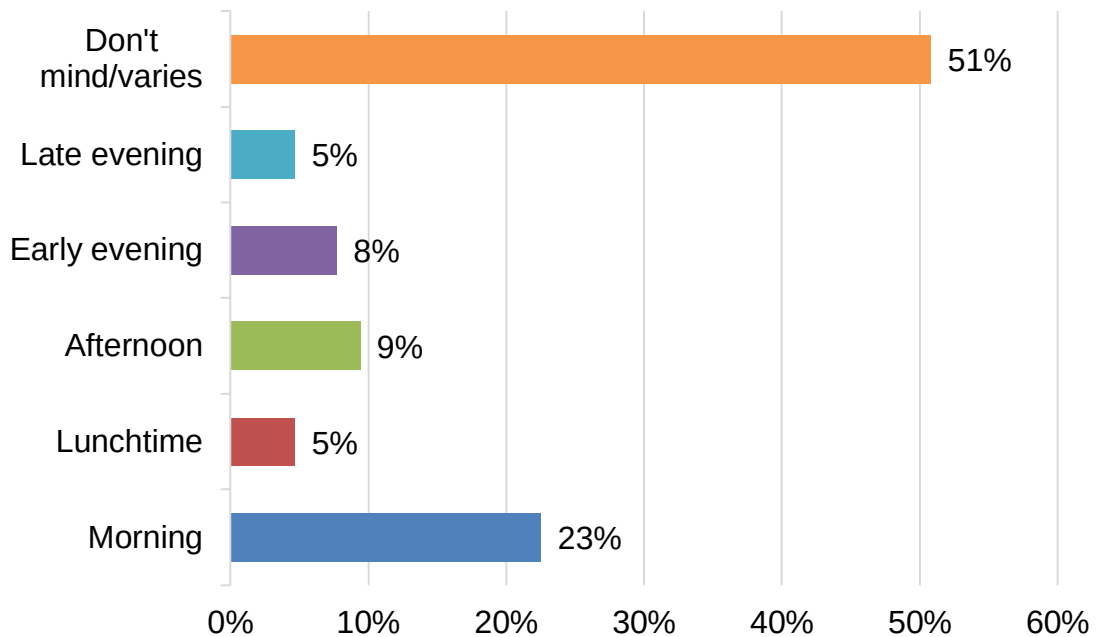
Q8. Do you have any difficulties when travelling to your pharmacy due to the following reasons?



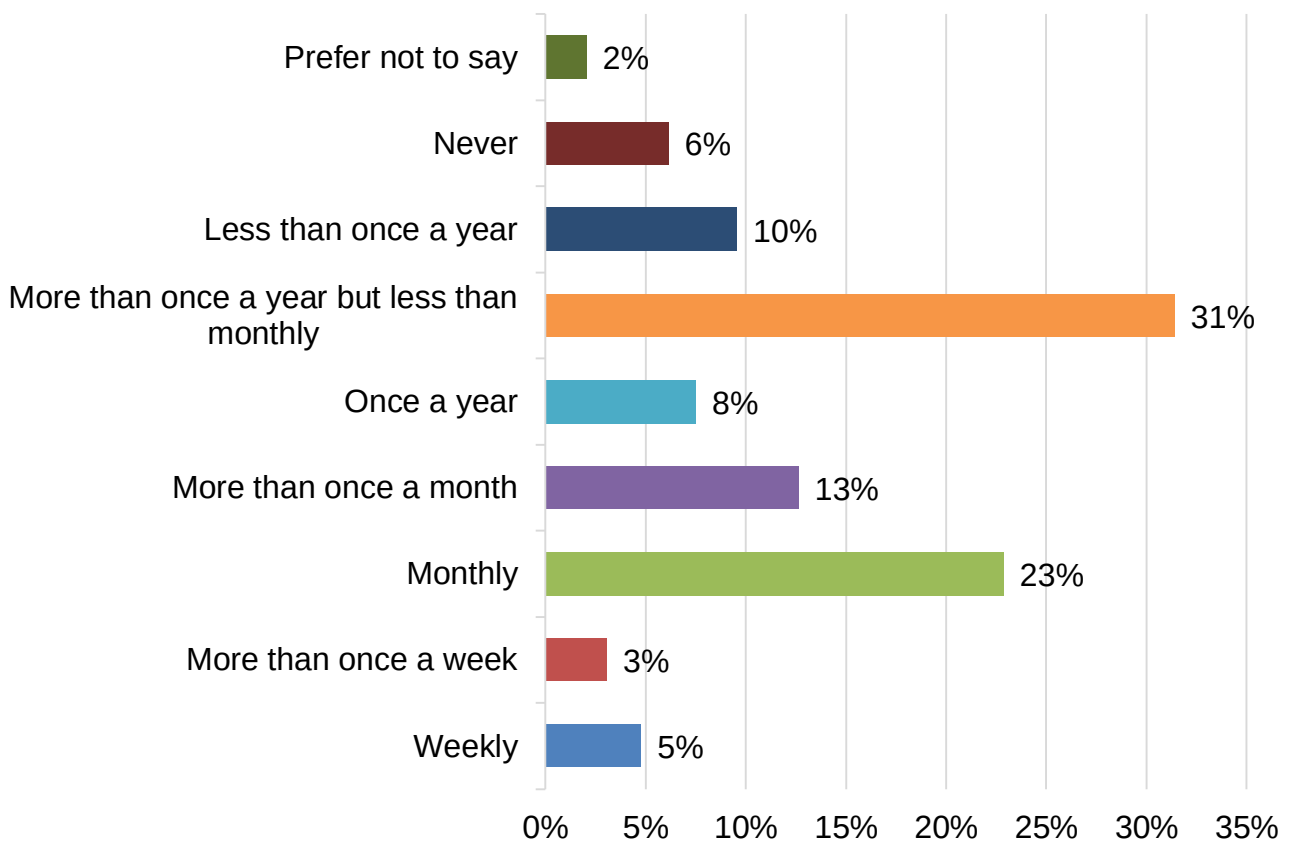
Q9. What is the most convenient day for you to visit your pharmacy?



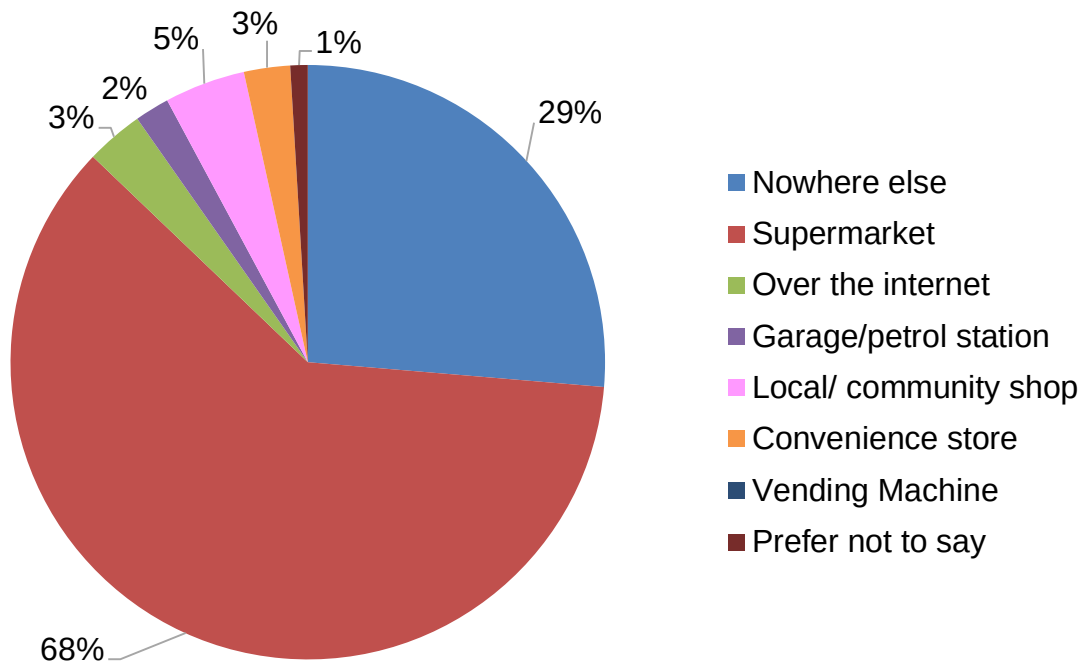
Q10. What is the most convenient time for you to visit your pharmacy?



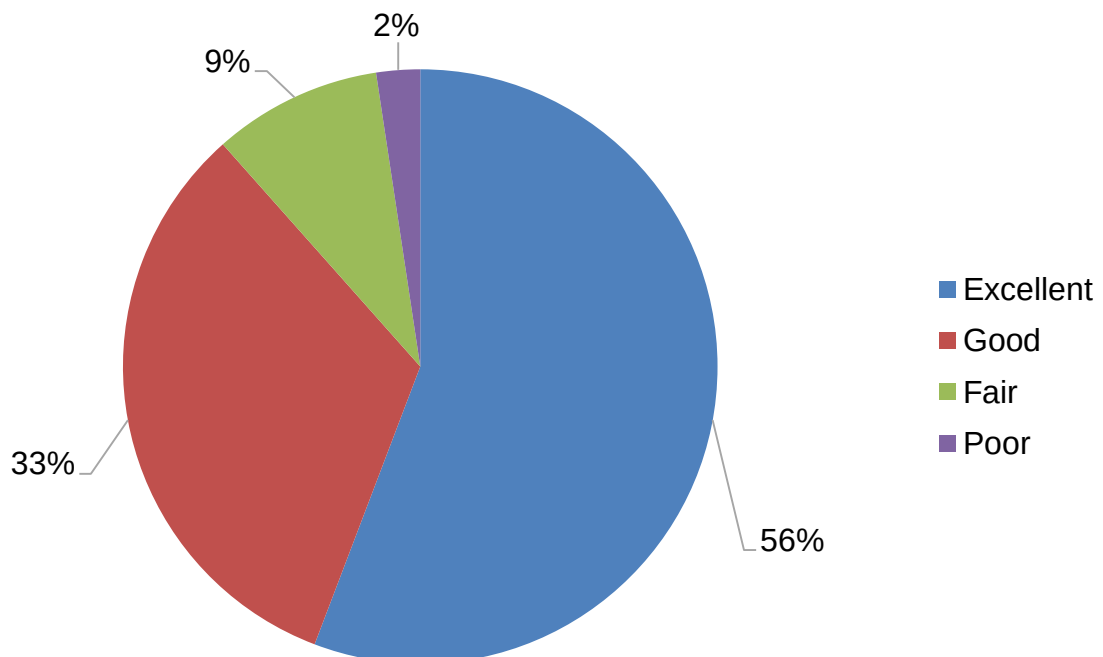
Q11. How regularly do you buy an over the counter medicine from a pharmacy?



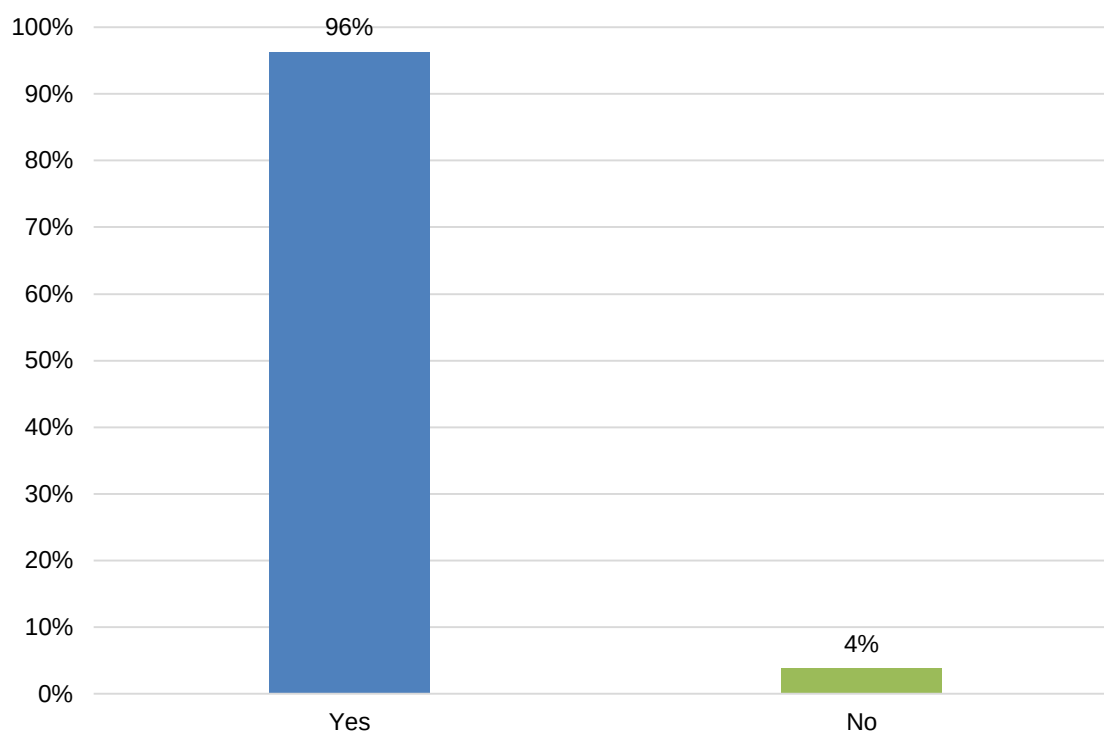
Q12. Do you buy over the counter medicine from anywhere else other than at the pharmacy?



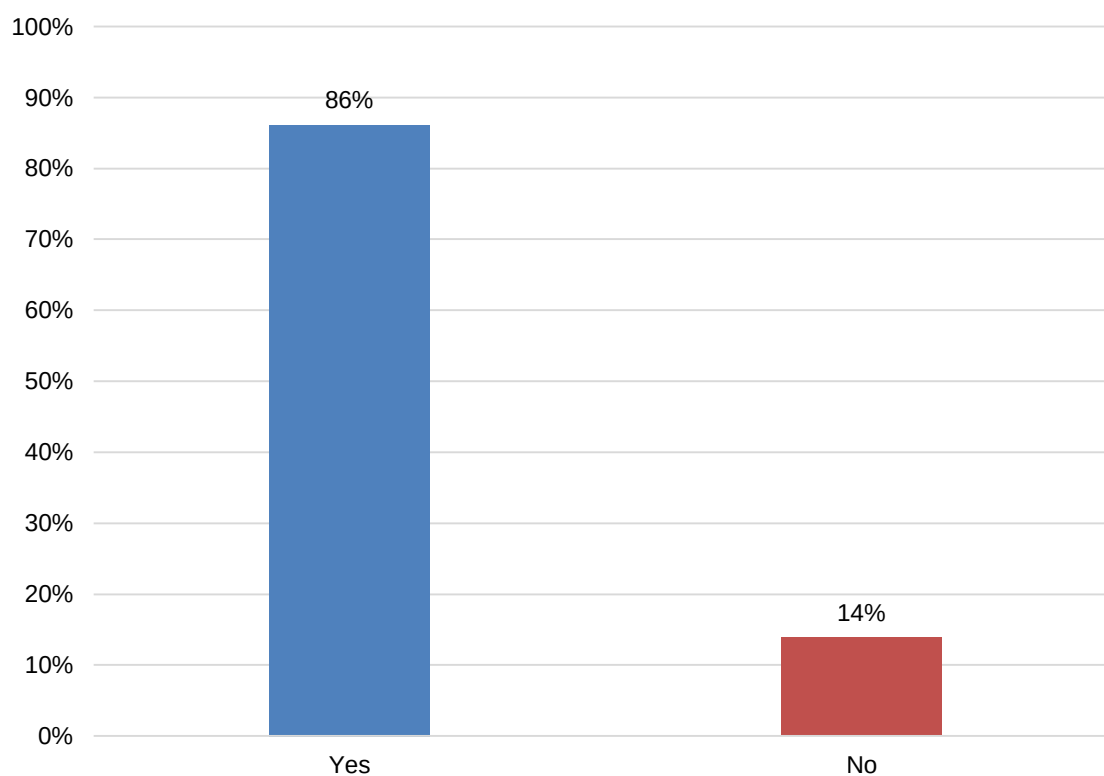
Q13. How do you rate the ease of obtaining prescription medicines?



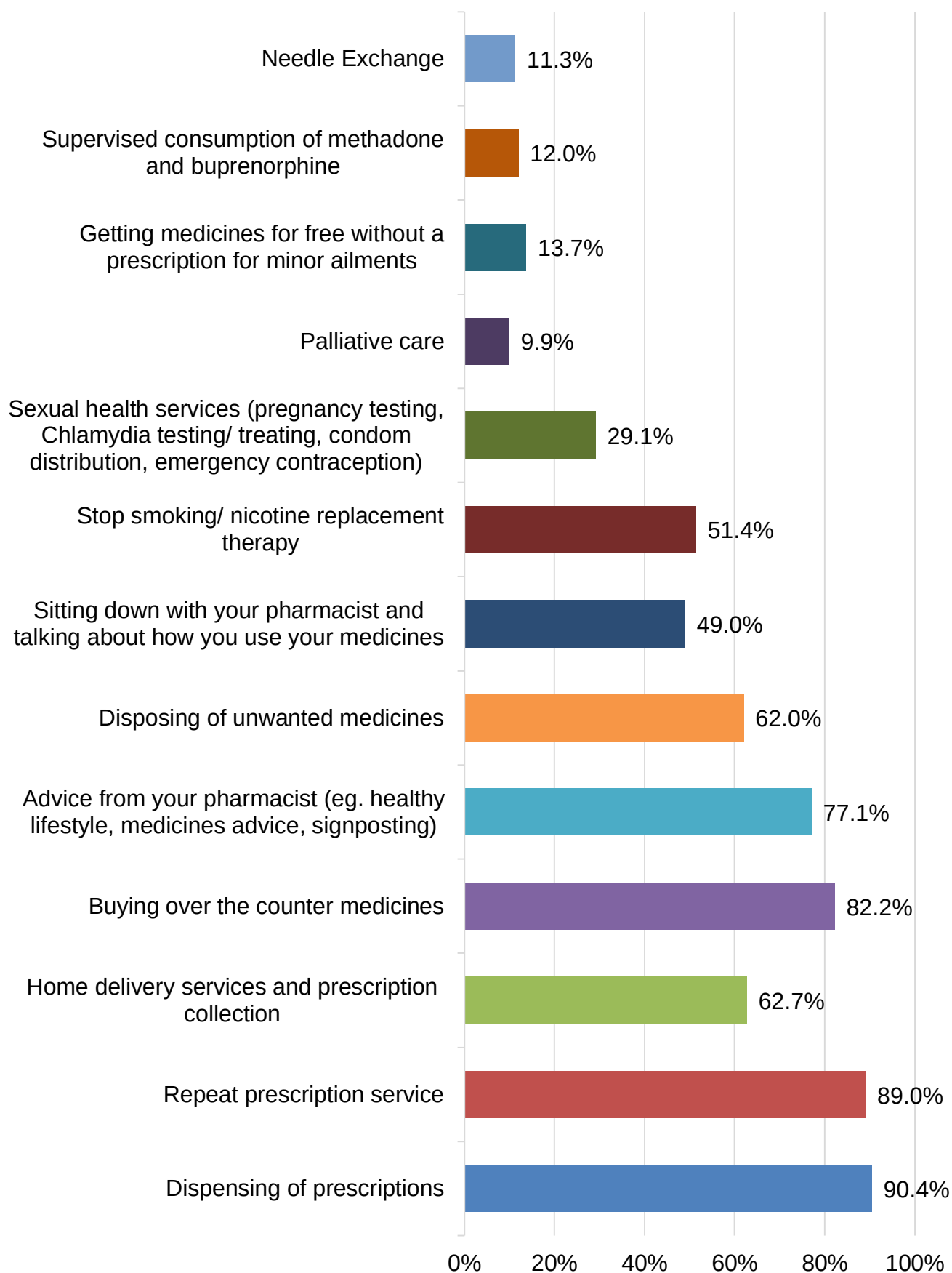
Q14. When you receive your prescription medicines, are you provided with sufficient information such as dosage and side effects?



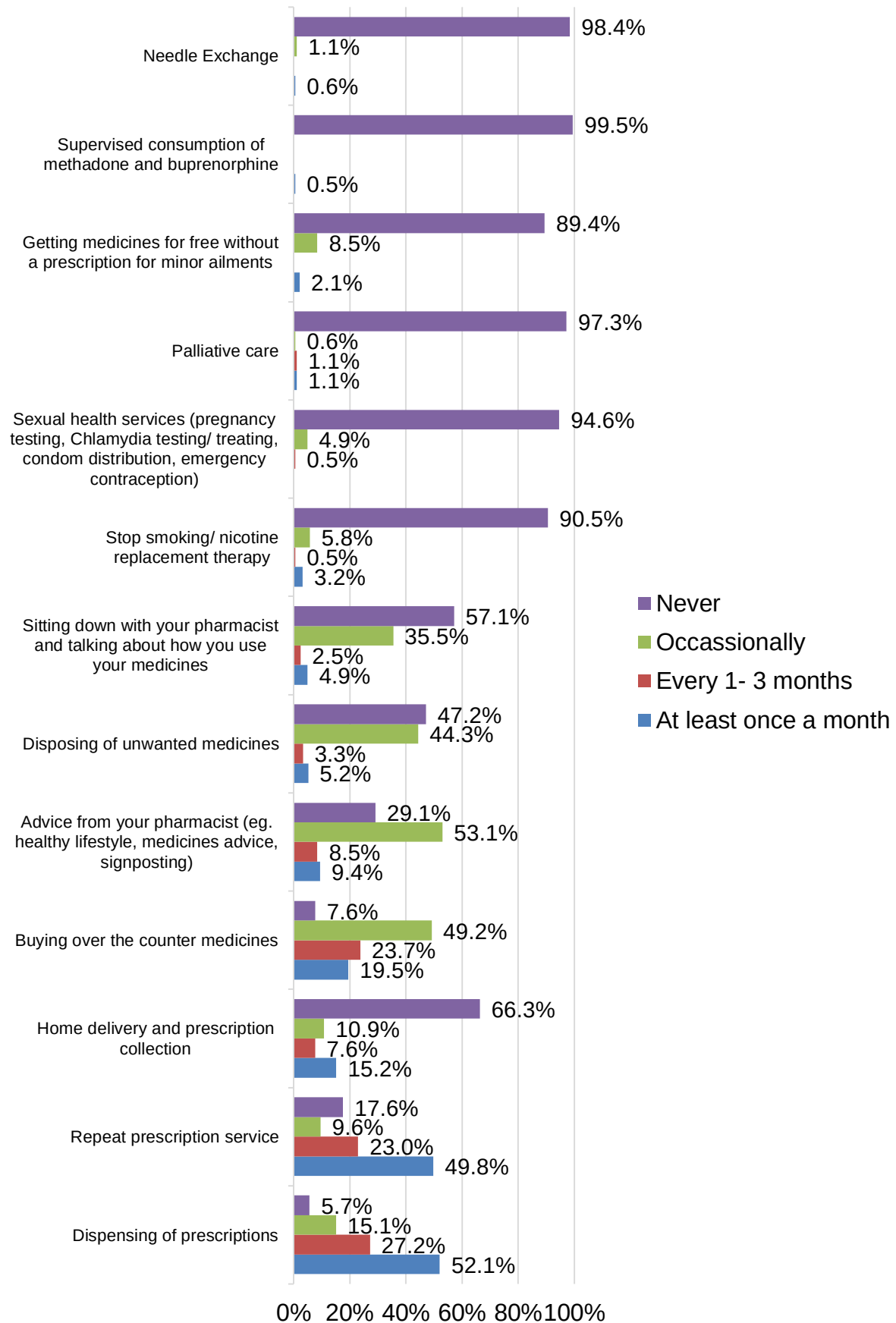
Q15. Would you ask your pharmacist for advice about medication prescribed by your GP?



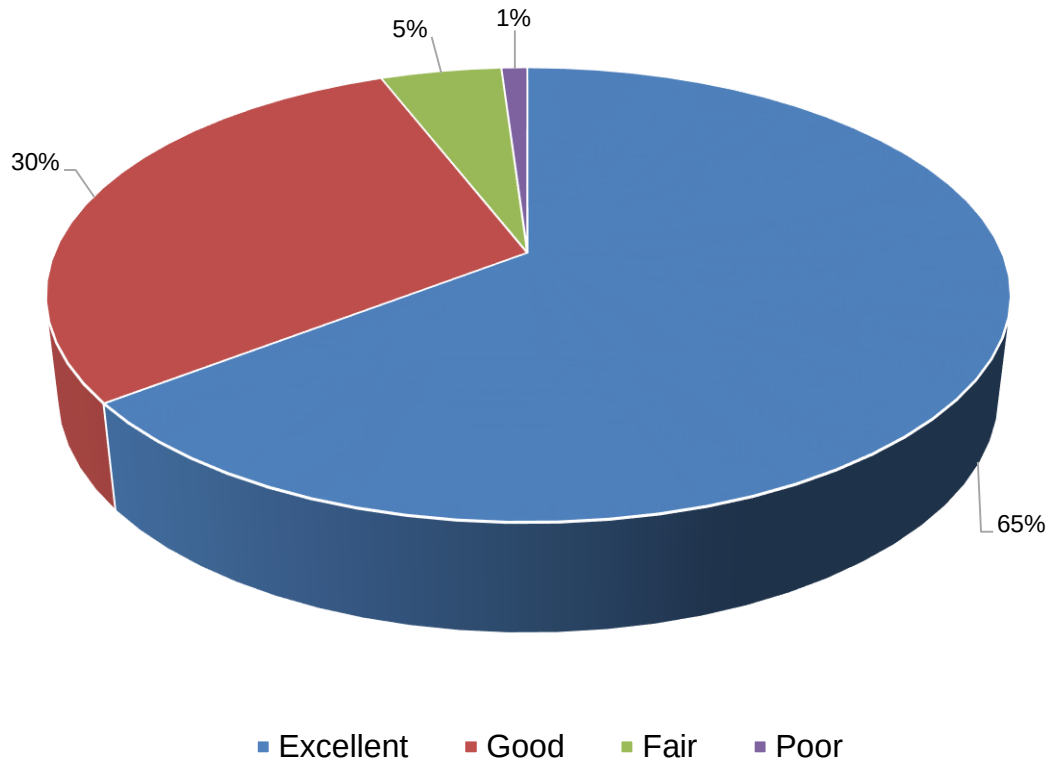
Q16. Which of the following pharmacy services are you aware that your pharmacy provides?



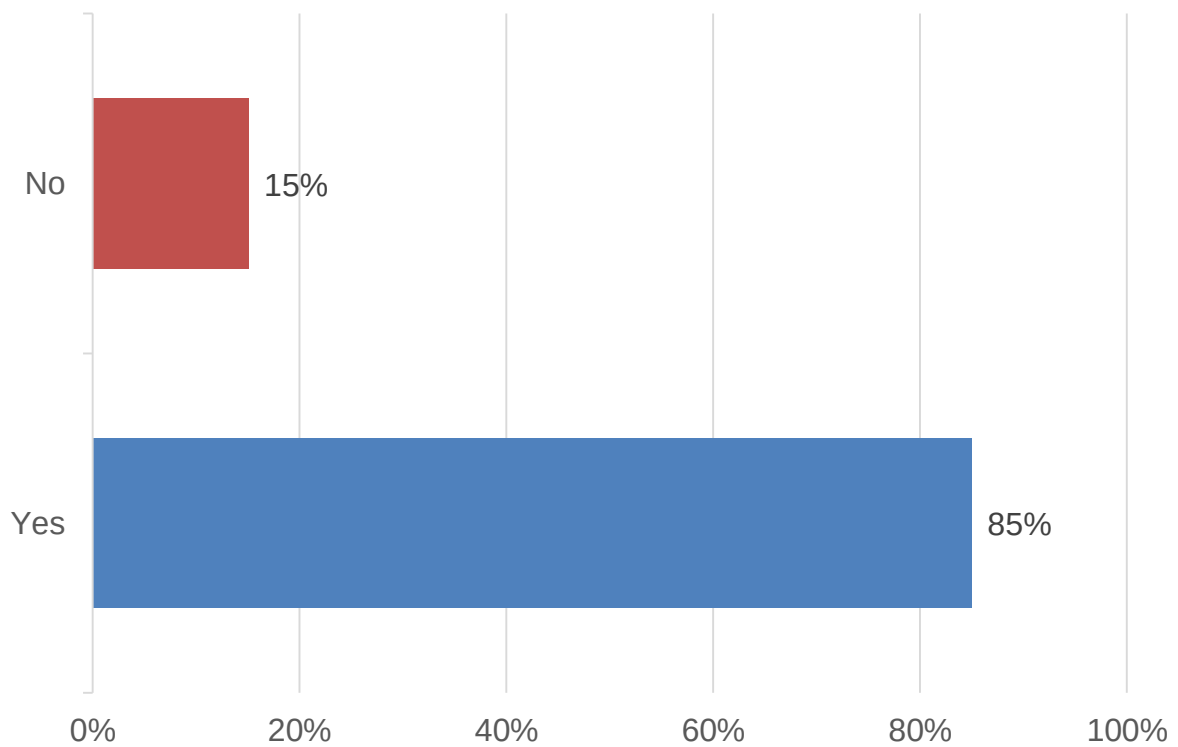
Q17. How often have you used any of the following services at your pharmacy?



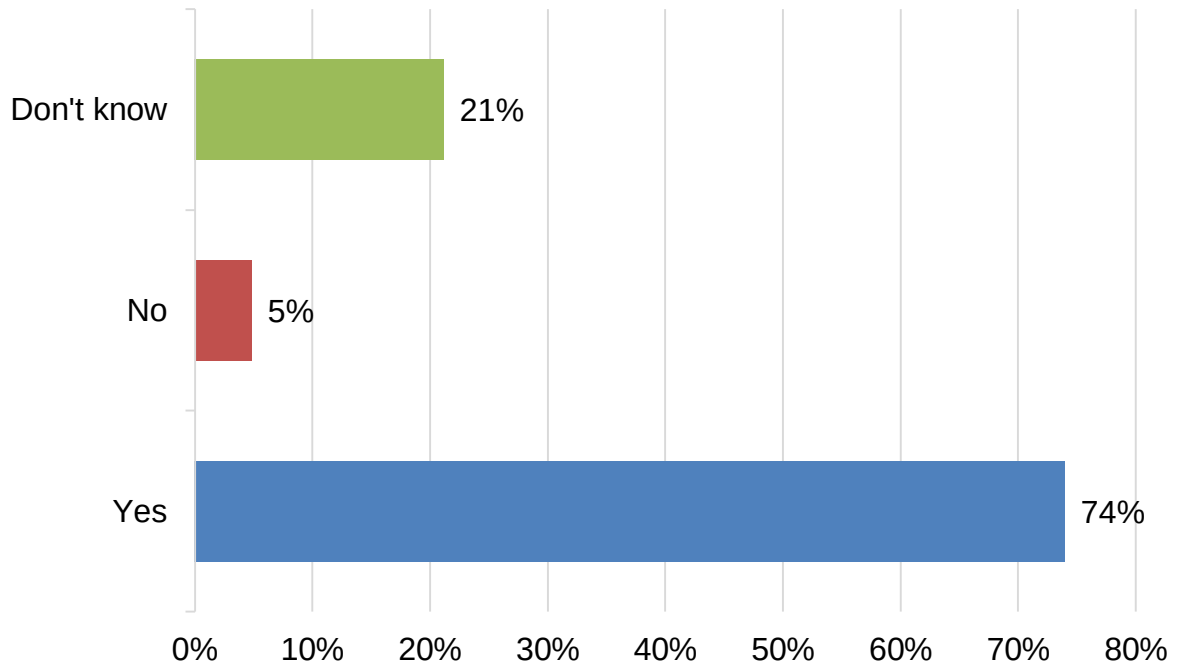
Q18. How would you rate your confidence in the pharmacist's knowledge and advice?



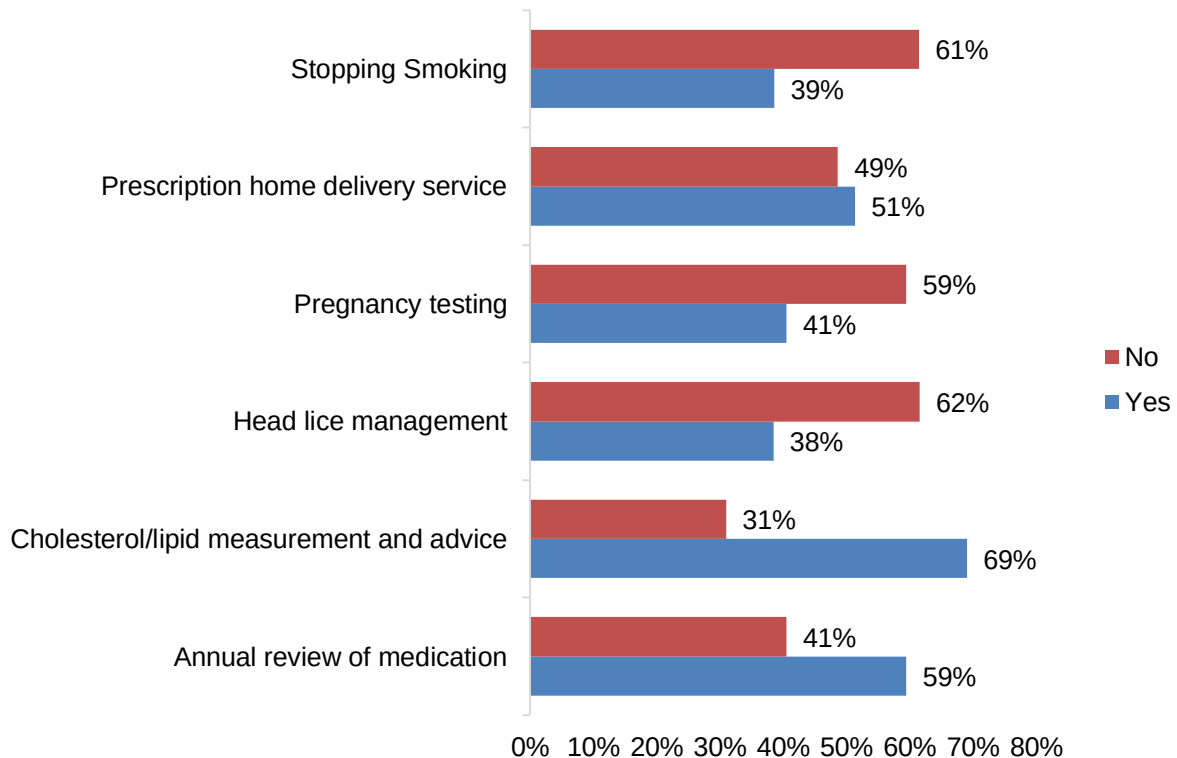
Q19. Did you know the pharmacists can give you advice about various medical conditions?



Q20. Is there a consultation room available in which you can confidentially discuss any questions you may have for the pharmacist in the pharmacy you normally visit?



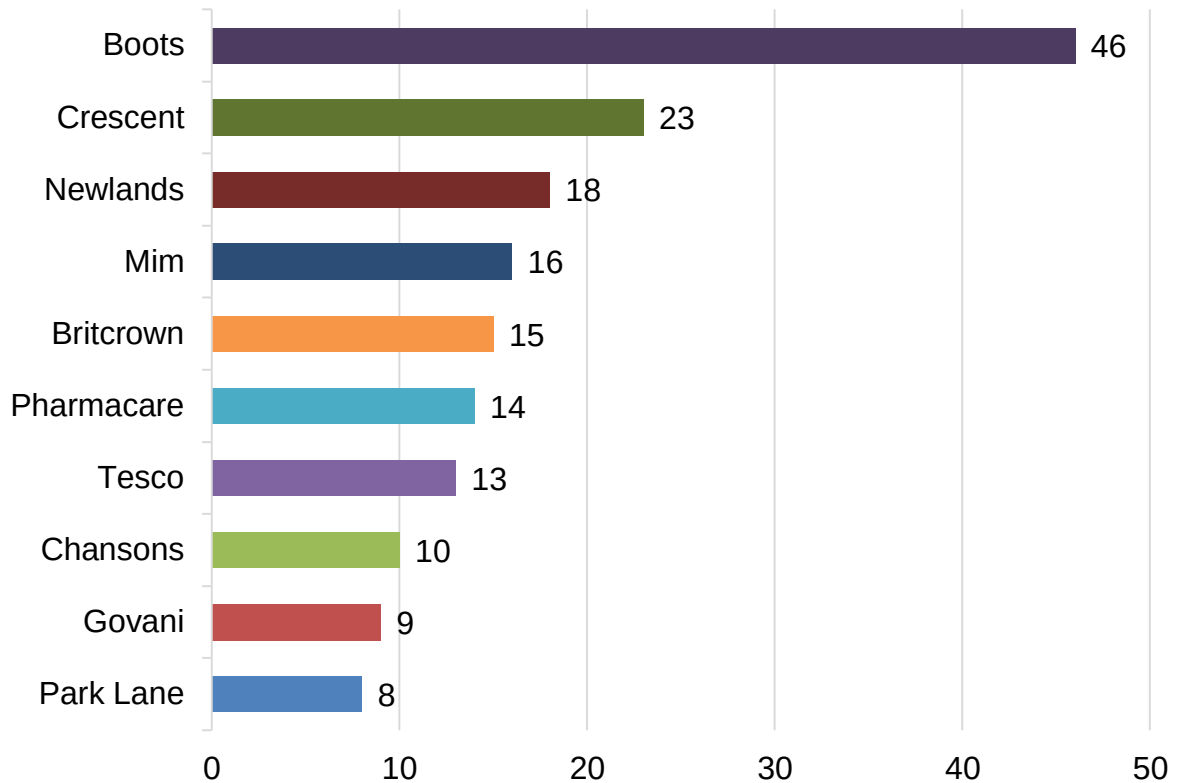
Q21. Would you like to see any other services provided by pharmacists?



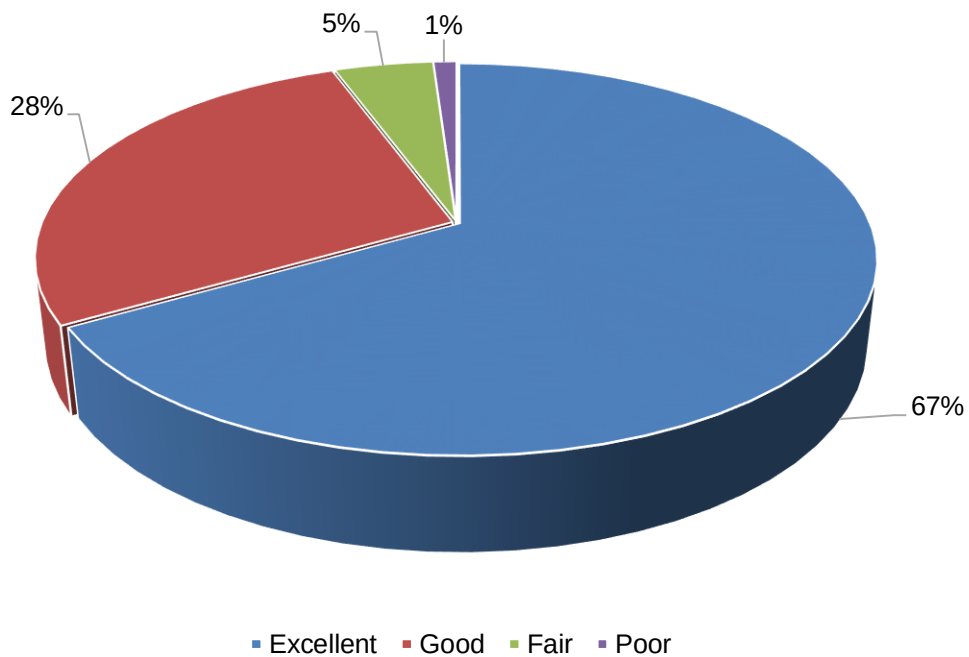
Other

Advice and support / information about physical activity
Web-based interactive and reliable health advice - including information on keeping active – reliable / trustworthy apps to use. Ante-natal information sessions - to meet up with other parents and reliable information on breastfeeding / weaning. First aid (esp. children's first aid) - how to manage common childhood illnesses. And a focus on men's health.
Weight management signposting
Accurate advice
Free blood pressure monitoring to save a visit to Dr's.
An out of hour's service to enable access to emergency palliative care drugs 24/7. At present no access between 11.30-7 and limited extended hours pharmacies who will voluntarily stock pal care emergency medication. We have been working hard to extend the list of those that will.
Ear wax check
INR testing and medication dispensing
Ability to email questions

Q22. Please could we have the name of the pharmacy you use the most?



Q23. How would you rate your overall satisfaction with this pharmacy?



Q24. Any other comments you would like to make about your pharmacy?

Super friendly staff	Always very helpful
Everyone is good and polite	Best one to go to
Excellent, very helpful service. Staff very good and friendly	Friendly staff who know your name and your ailment. Nothing too much trouble
My pharmacy I visit on a regular basis, very friendly staff who always are very helpful	They provide excellent customer services and very friendly
A first class pharmacy offering a first class service	Always very helpful and polite and the service is always first class
This pharmacy is without doubt the best and most efficient company that I have come across. The staff are always extremely helpful and friendly nothing is too much trouble for them. I cannot speak highly enough of the whole team	The queues are at times extremely long. Waiting times can be as much as 30 minutes. This is my nearest chemist. It is the middle of a shopping mall which is always busy. It takes about 15 minutes to walk to this chemist. It would be great to have one nearer to where I live as I do not drive
They didn't have stock of high dose Iron tablets I tried 5 pharmacies before I could get some. My surgery also put down an Iron tablet that didn't exist anymore	Pharmacist is extremely helpful. I think emergency contraception should be free as you can't always set an appointment at the doctors
Mr Shah very good chemist and also very good on explaining side effects with medication	I think the pharmacist could be trained to do more they do abroad. I.e. - Giving out antibiotics for minor ailments
Fully satisfied	All the staff are friendly and helpful
I have not used a pharmacy for 3 years. I require a Ventolin inhaler but have struggled to get appointments with my local doctor (Walthamstow) for a prescription and have given up. I got my last prescription from visiting A&E (Whipps Cross). I now live in Havering and have registered with a Doctor in the last 3-months, yet to make an appointment	Why does Queens Hospital Romford supply prescriptions to be dispensed only there not at any pharmacy? Usually 1 hour to wait! Only given 5 tablets when prescription from consultant states 28 tablets? And paying car park charges, then told to make appointment at G.P for further supply! This does not cut down G.P appointments and time spent for patient and G.P and costs to NHS
Very good, excellent service	Pleasant and helpful staff
All staff are friendly helpful and if asked seem to be able to answer any question I might have	I only use this because I can park. The boroughs attitude to parking is so negative I will only go to a place where I can park without the worry of being fined

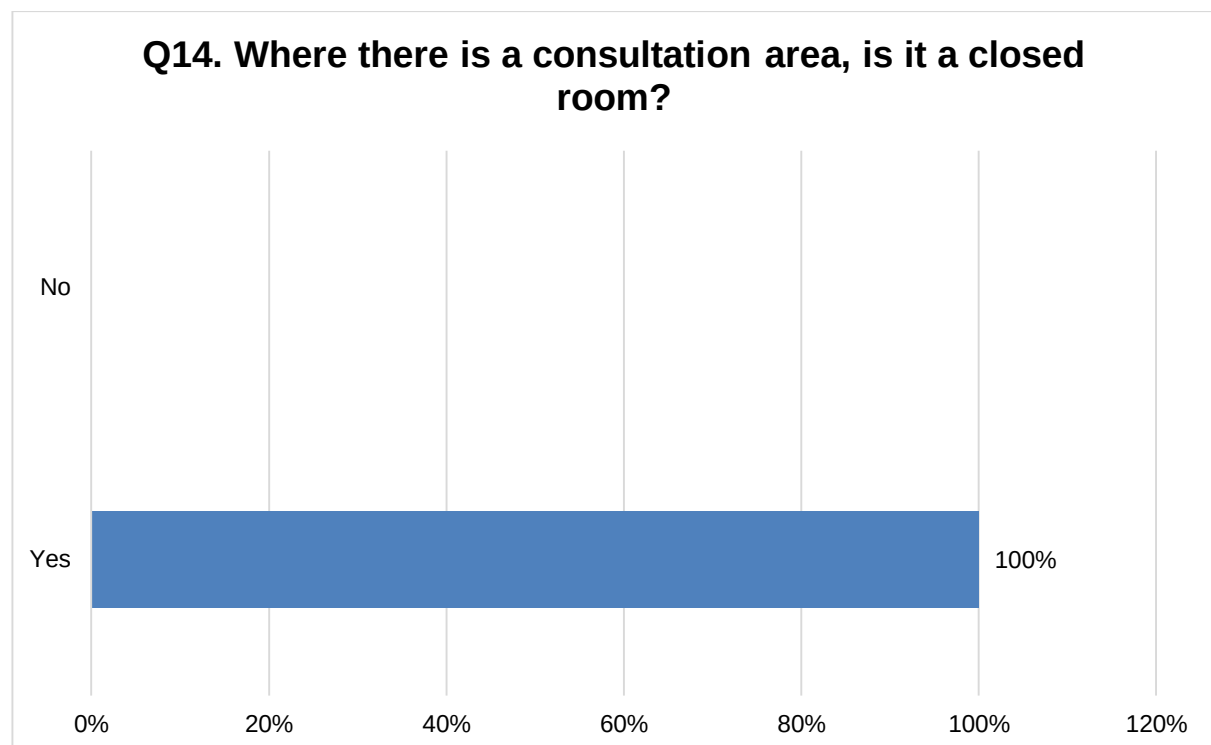
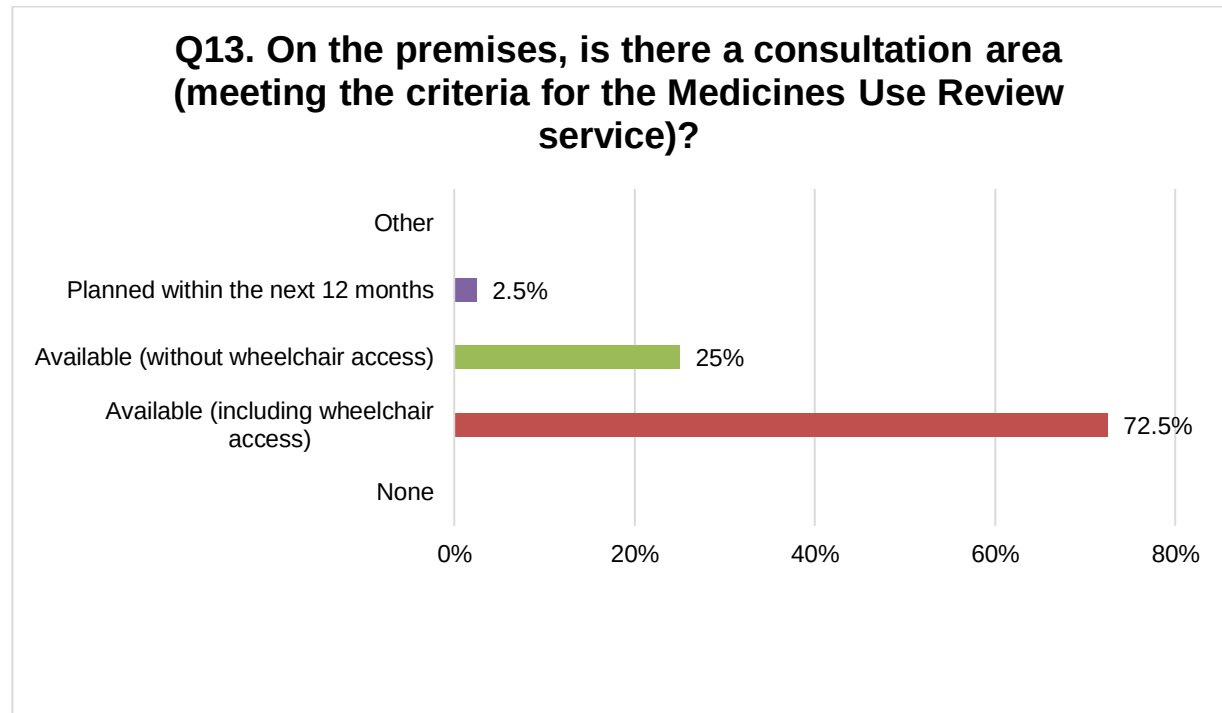
Often can't find my prescription as it has been filed wrong	Busy at lunchtime but overall service very good
They can never find my repeat medication. I am always waiting at least 15 minutes and then something is short and I have to go back the next day.	If pharmacists are available to give advice, there needs to be a private area of the pharmacy where they can do this. Most people wouldn't want to discuss their ailments in front of other customers
They are always happy to help you	Friendly and informative
Very good service, wouldn't go anywhere else	They hung-up on me when trying to discuss an emergency prescription whilst in York
Always helpful and polite	Both counter and pharmacy staff are excellent.
Always greeted in a friendly manner	Caring
Very fortunate to have such an excellent chemist on my doorstep. Nothing is too much trouble. Very knowledgeable	Boots in Romford will go into my Doctors or call them if there is a problem with the issuing of the medicines or the repeat has not been done
The staff are very polite and friendly. The pharmacist goes that extra mile	I regularly use this pharmacy, and apart from one incident, the staff are generally courteous, and helpful
Mr Patel provides an excellent service to the local community and is much appreciated	Could use more staff especially during lunchtime so it would ensure you could pop there in your lunch break
Provision for confidential conversation would be welcome. Repeat script service works wonderfully well. Possibly automatic renewal of repeat scripts. They have a review date on them anyway for monitoring / checking	I appreciate they provide regular blood testing to Warfarin users on a regular basis. Other blood testing and minor treatments would save trips to Queens hospital and / or medical centre neither of which is convenient to reach or attend
Too long waiting for prescriptions to be dispensed. Told last time 1 hour wait. If you are feeling very ill you do not want to wait for an hour!	The MOST obliging of Pharmacists. His name is Bakal and is extremely knowledgeable. Always available to give advice. His staff are tops too just like their boss
The pharmacist and staff are always friendly, very helpful and caring	Need more staff working in pharmacy
You can ask any questions and receive help on all matters	If you need to phone them about anything they are so helpful
Very happy with service at this chemist	Always very helpful
The pharmacist is excellent at giving advice when needed and staff are always friendly	Having to wait a long time to collect medicine, when the prescription has been with them for five working days.
It's convenient for work	No, except we are very lucky that it is there
The Staff and in particular the main Pharmacist is very helpful and considerate The main pharmacist and the staff are always very considerate, patient and helpful and most professional in their approach to customers / clients	Such a large Pharmacy but not enough staff to see to the amount of people either waiting to put a prescription in or pick one up. Have had 10 to 15 people in front of me before and has taken about 45 mins. Also people with queries in the queue. Have made a complaint about this before.
I think we should be able to get further advice	The pharmacists and staff are all ways very helpful.

I previously used Boots but their attitude was the customer was a nuisance and always made them wait for service	This is an excellent pharmacy. I have used it for years and the staff have always been very helpful. I would highly recommend the service.
At present work is still going on to build new premises. When I have gone there at weekends the Pharmacists on duty has been quite rude and unhelpful.	. Always very helpful and will give advice if asked. They also offer things like cholesterol testing and stop smoking and have a connection with my local surgery.
Never had a problem with them.	Cannot be faulted
Long wait times for filling the prescription	They are just so helpful and nothing is too much trouble

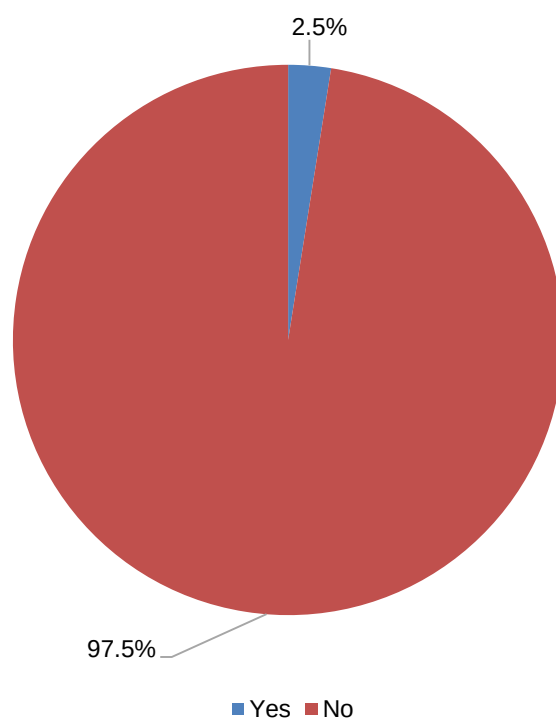
Appendix J: Results of the pharmacy contractor survey

Q1 to Q10 are pharmacy specific questions

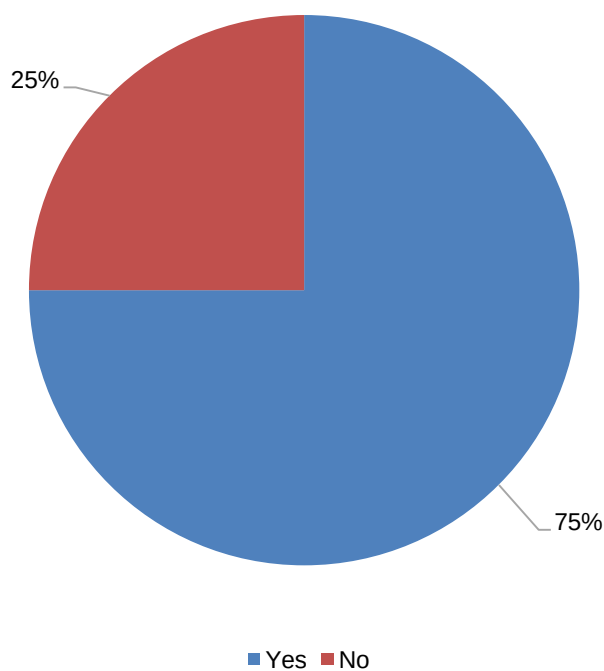
Q11 and Q12 relate to the pharmacy opening hours; this information is provided in Appendix A for each pharmacy



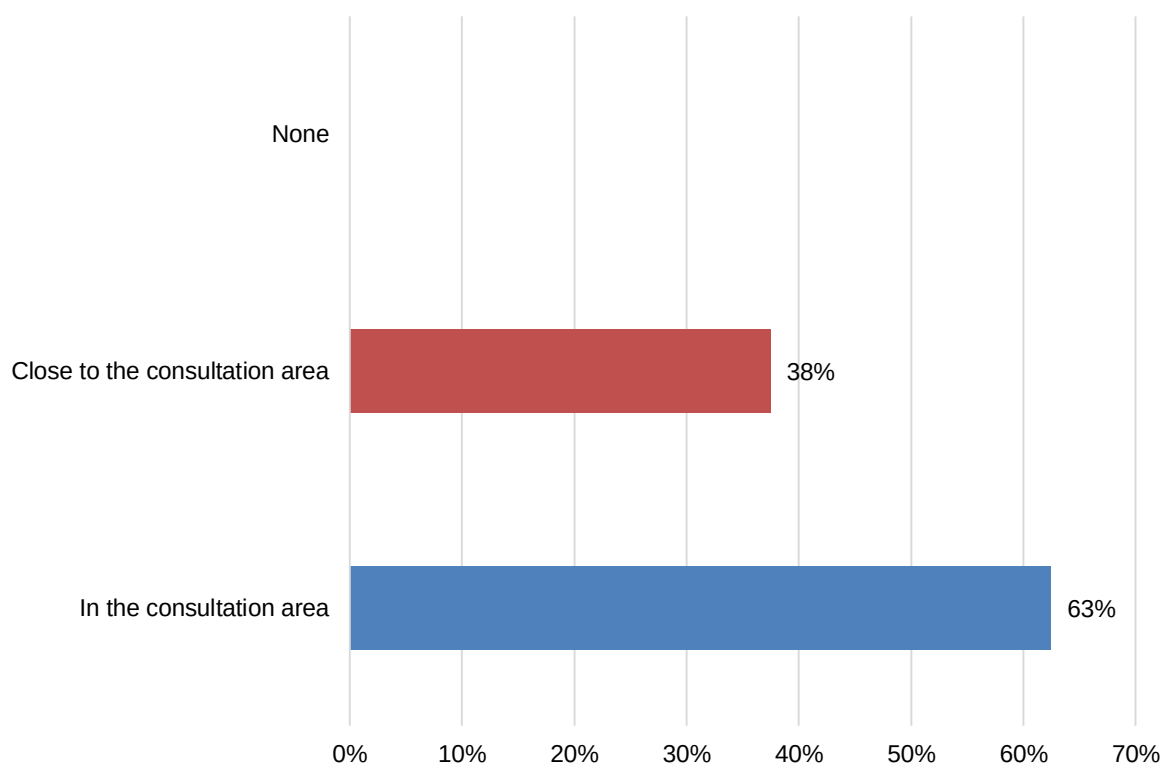
Q15. Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or Area Team has given consent for use)



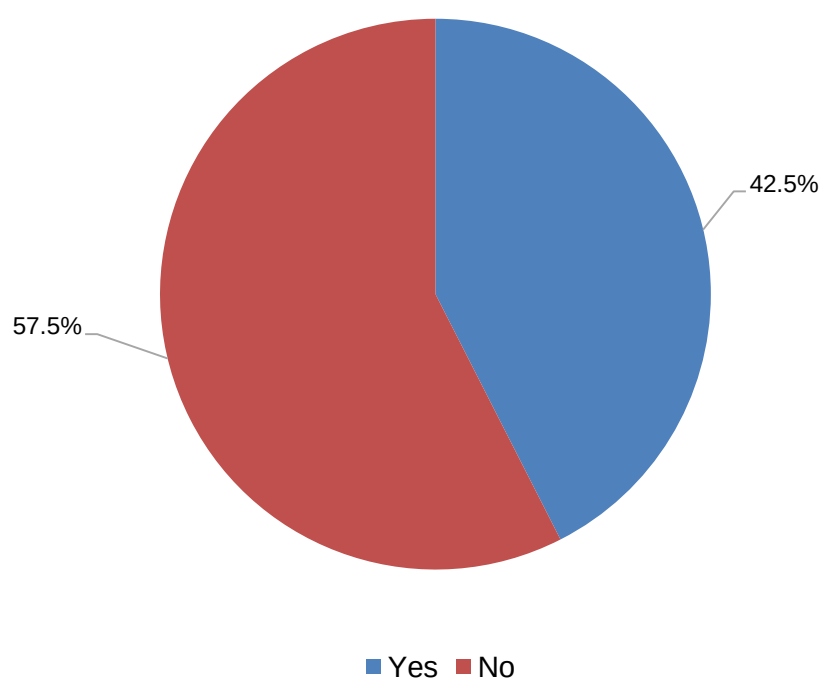
Q16. Is the pharmacy willing to undertake consultations in patient's home / other suitable site?



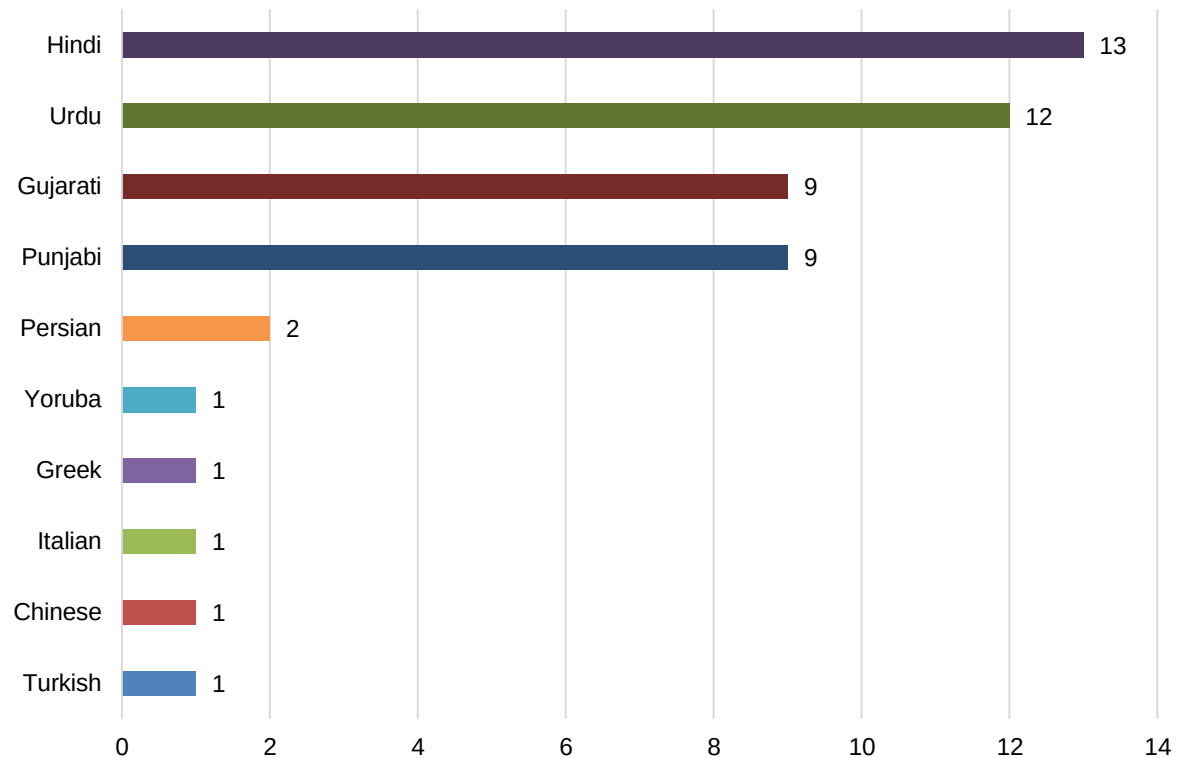
Q17. During consultations, are there hand-washing facilities?



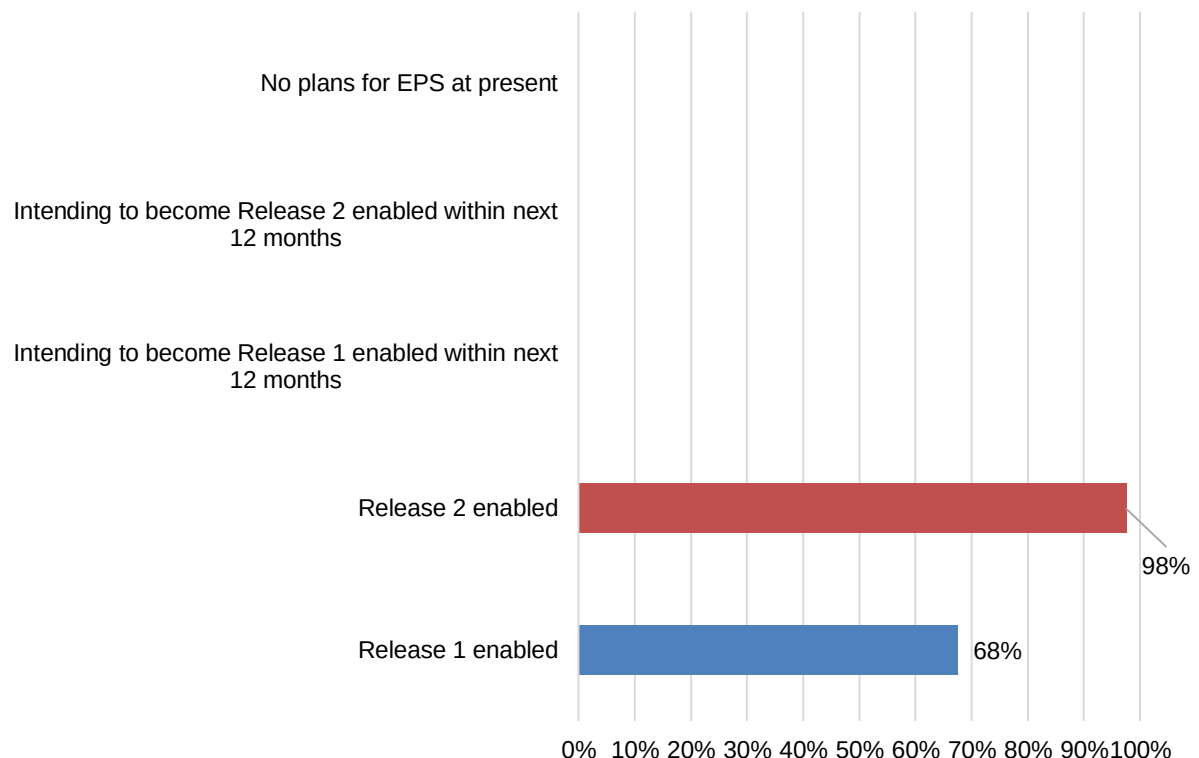
Q.18 Do patients attending consultations have access to toilet facilities?



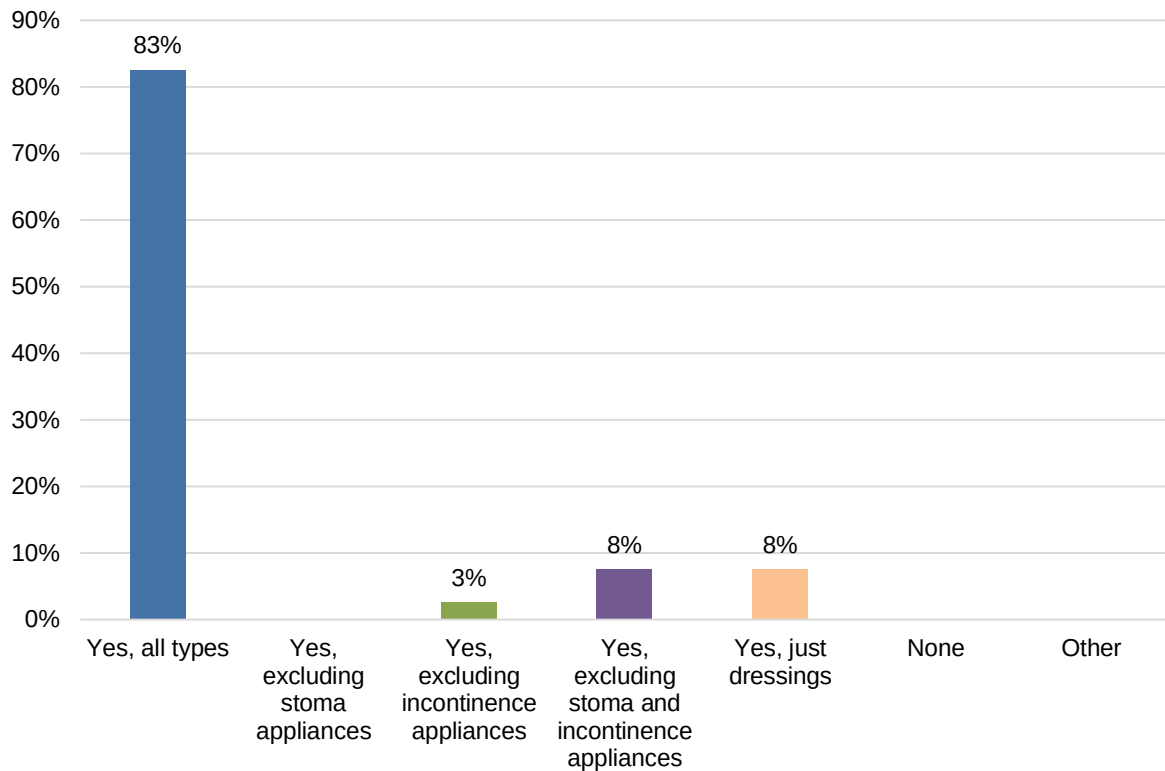
Q19. Top ten languages spoken (in addition to English)



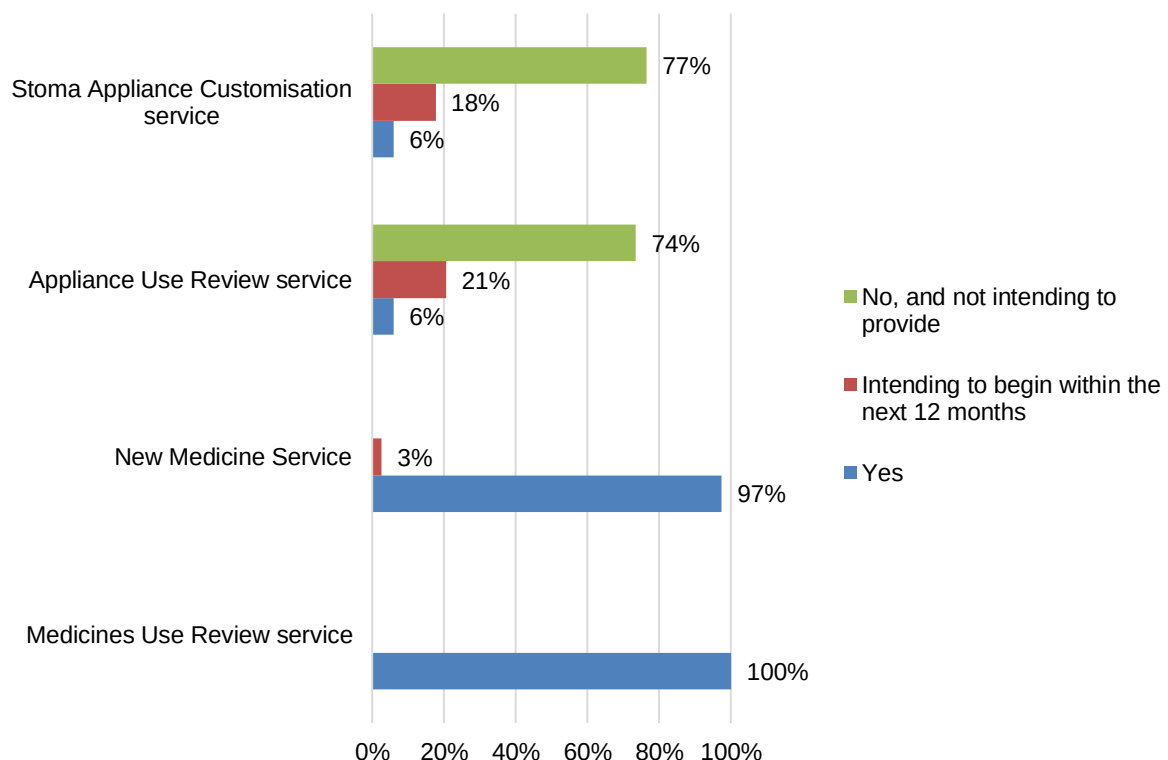
Q20. Electronic Prescription Service (select any that apply)



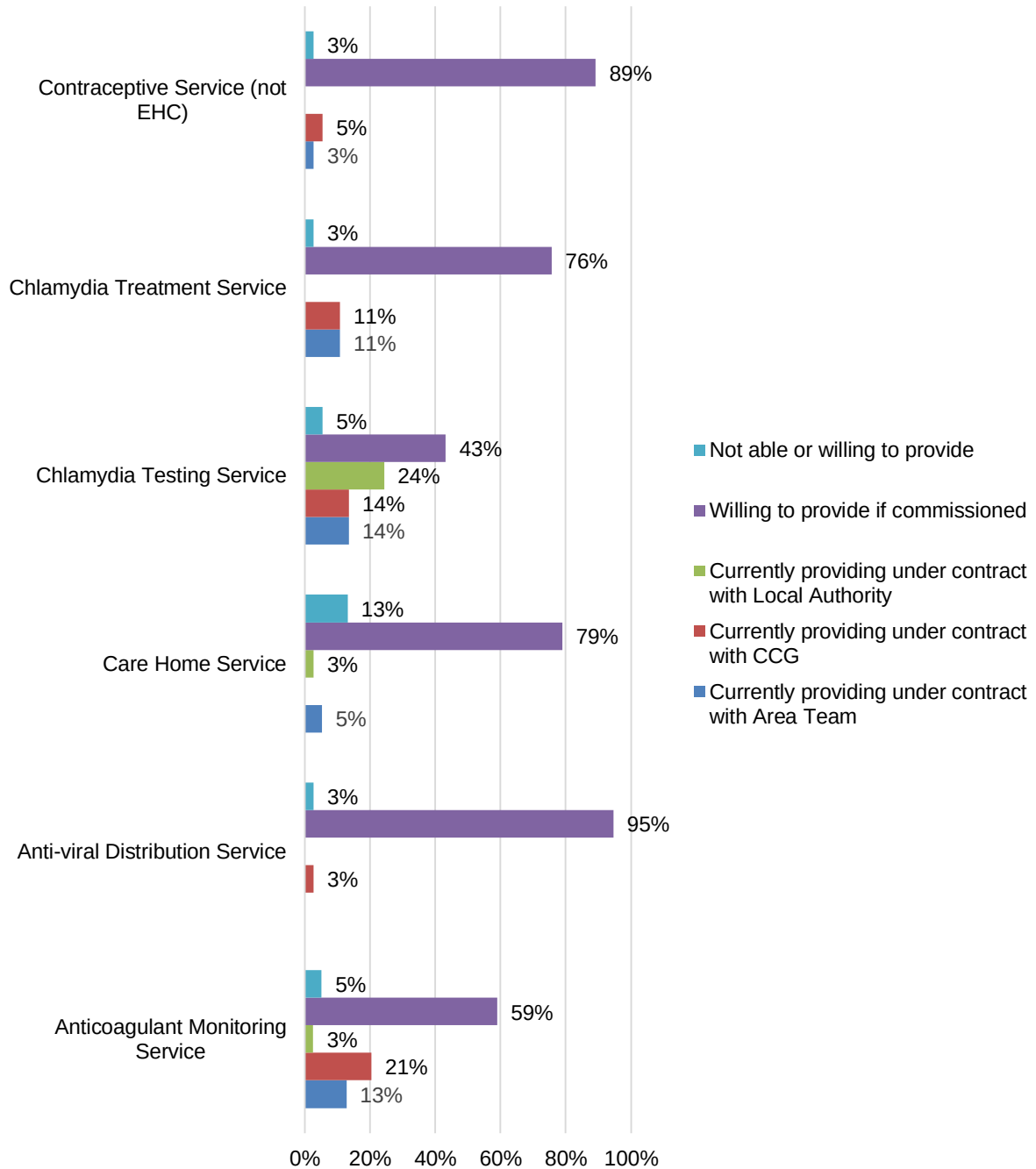
Q21. Essential services: does the pharmacy dispense appliances?



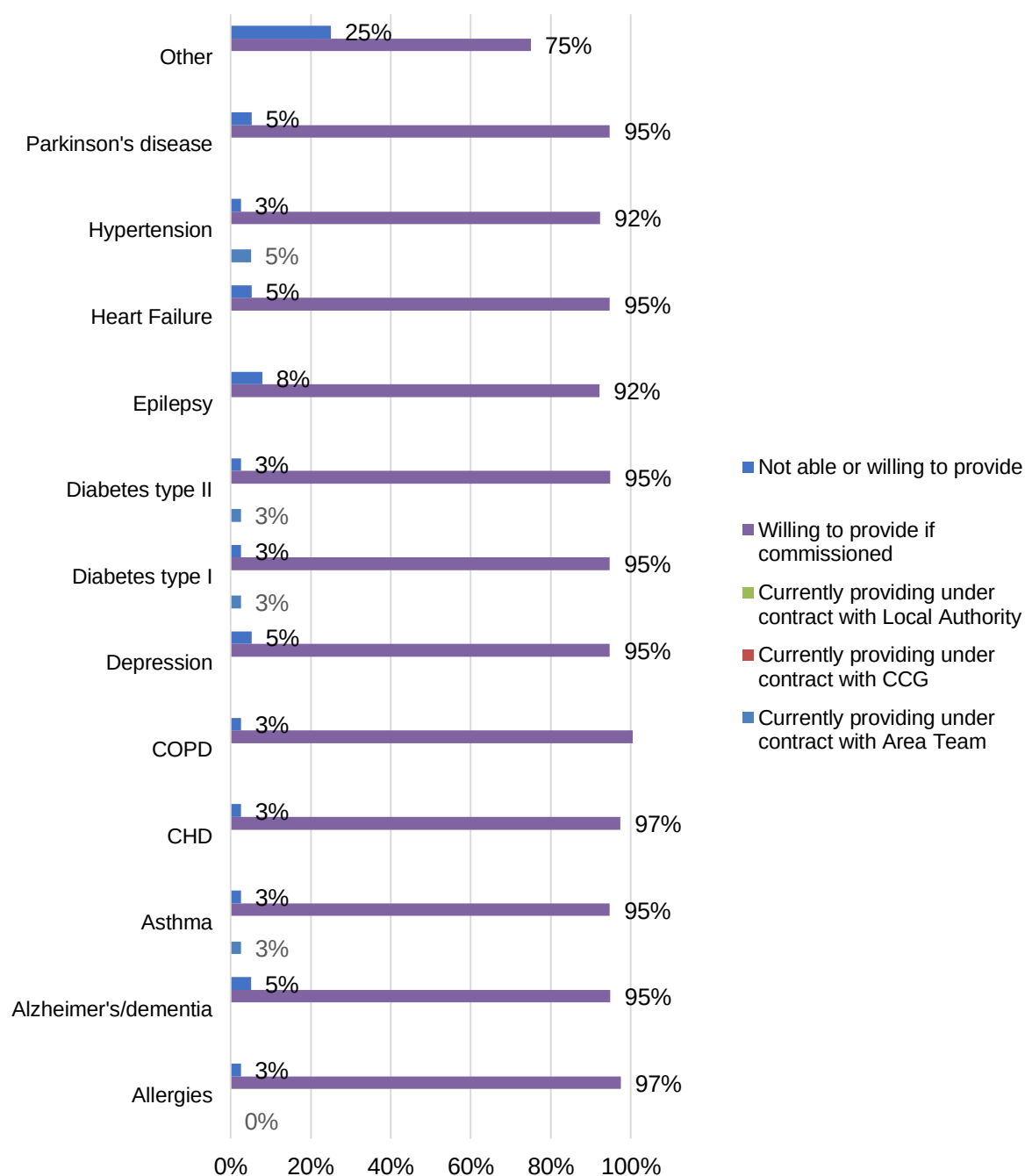
Q22. Advanced Services: Does the pharmacy provide the following services?



Q23. Enhanced and other locally commissioned services: Which of the following services does the pharmacy provide, or would be willing to provide?



Q24. Other than dispensing services, does your pharmacy offer any of the following disease specific services?

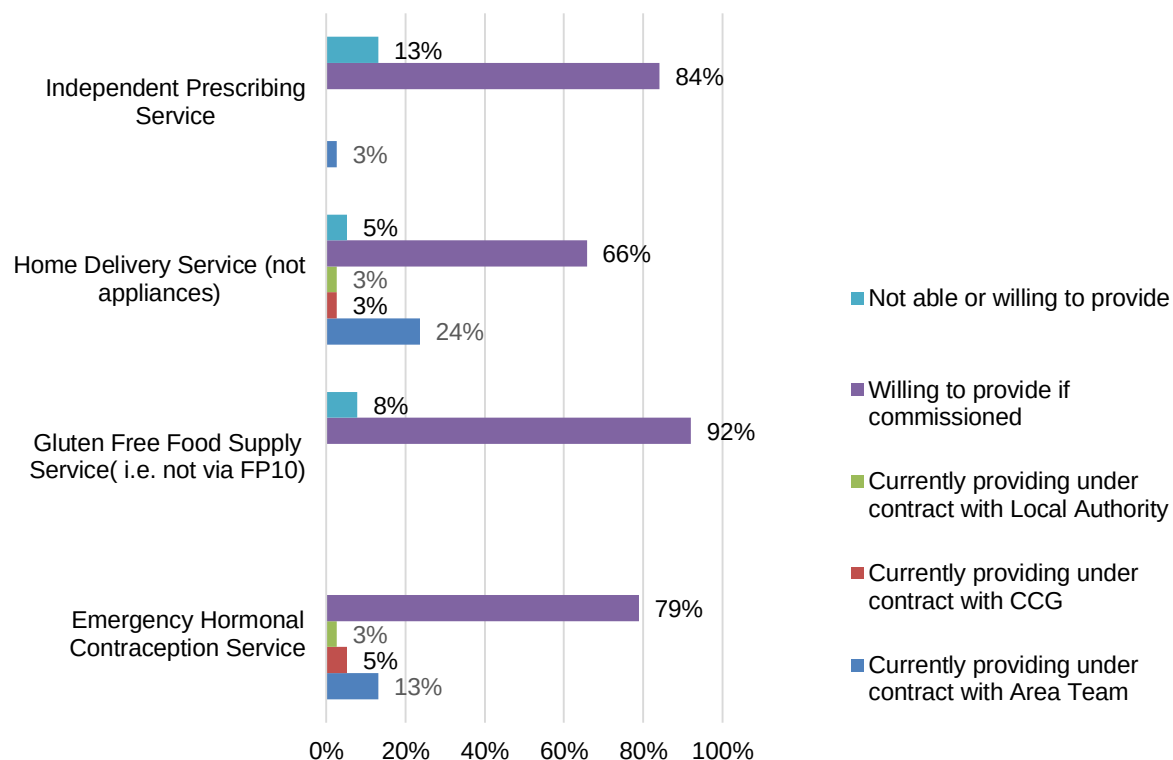


Other

Travel vaccinations, HIV screening, Out of hours dispensing service, Palliative care

Audiology

Q25. Which of the following services does the pharmacy provide, or would be willing to provide?



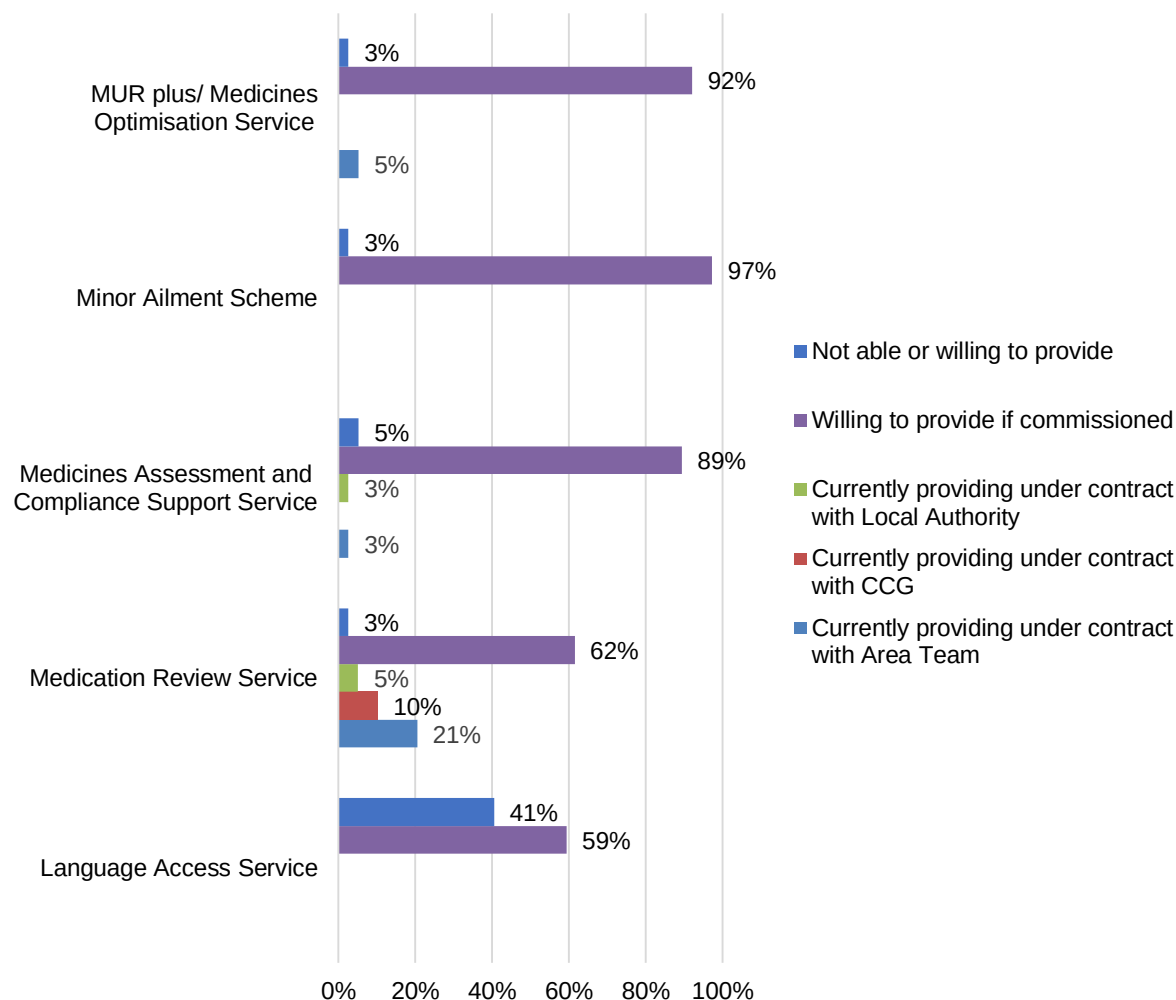
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

One of the pharmacists working there is a registered independent prescriber

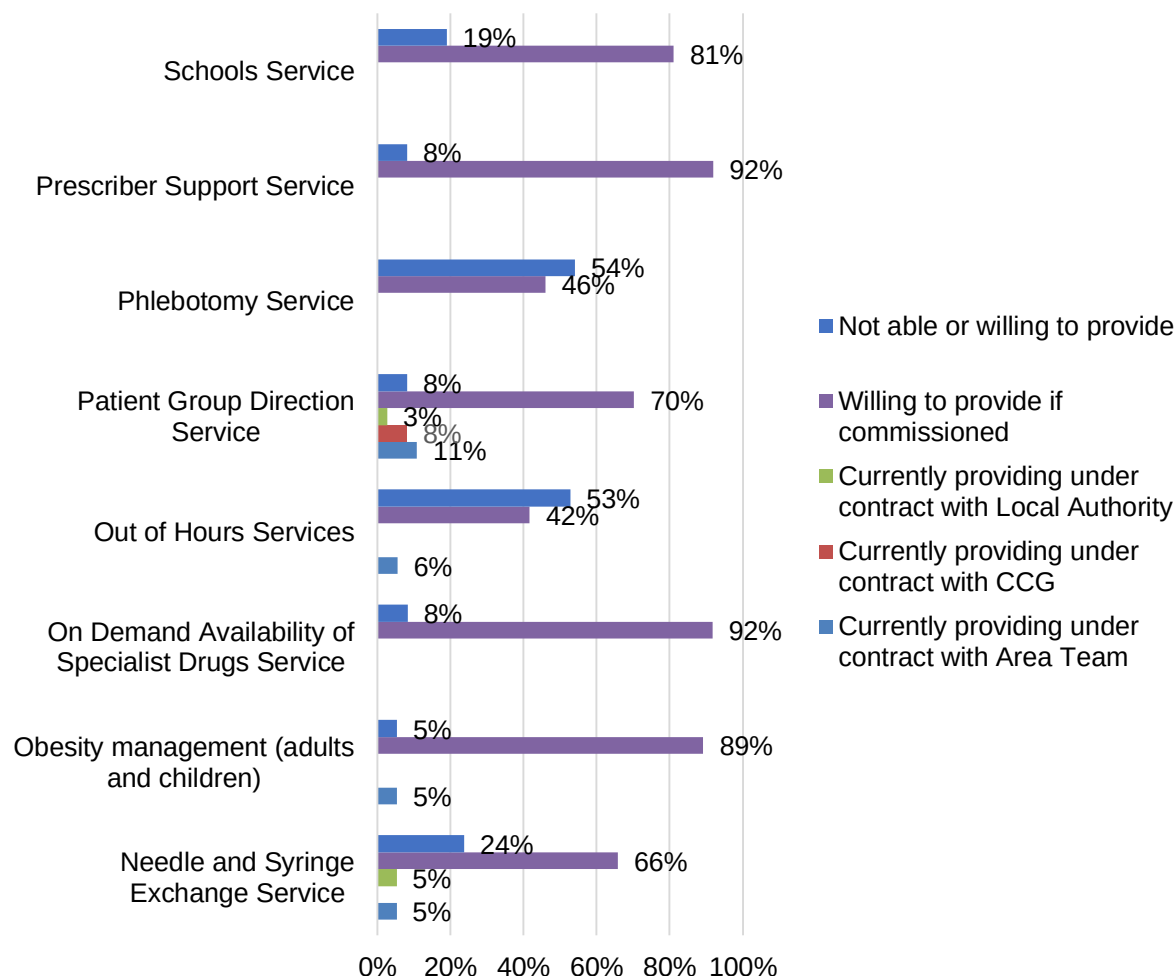
The superintendent pharmacist is a qualified independent prescriber

Audiology

Q26. Which of the following services does the pharmacy provide, or would be willing to provide?



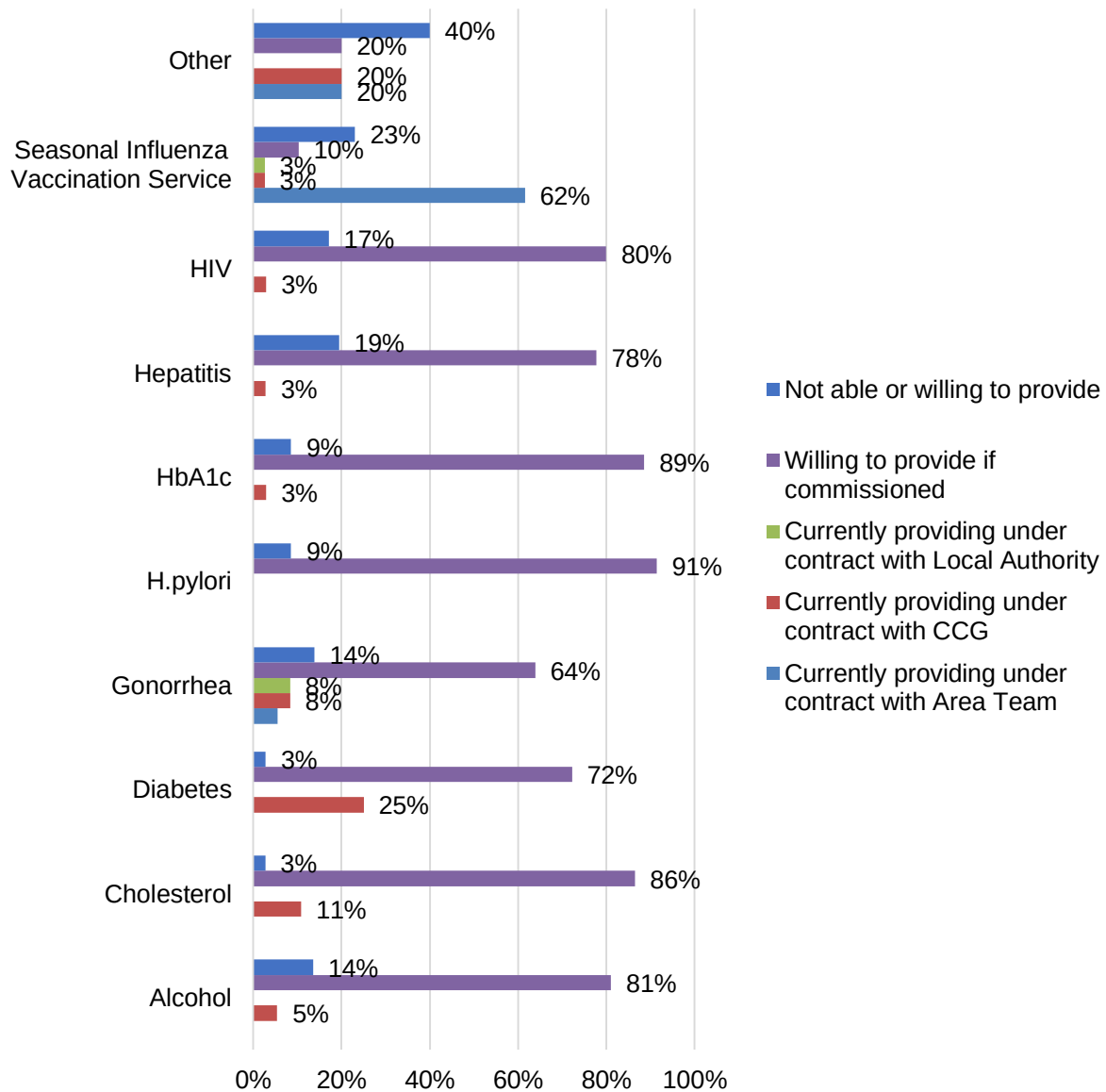
Q27. Which of the following services does the pharmacy provide, or would be willing to provide?



Medicines covered by the Patient Group Direction

Warfarin, Levenelle
Champix, doxycyclin, warfarin, azithomycin
Private PGDs such as travel clinic, erectile dysfunction, salbutamol, many more
NRT
Warfarin, flu vaccine, PPP vaccine

Q28. Are the following screening and monitoring services offered?



Other

BP+ Chlamydia

Any NHS and private services(some of which already being done)

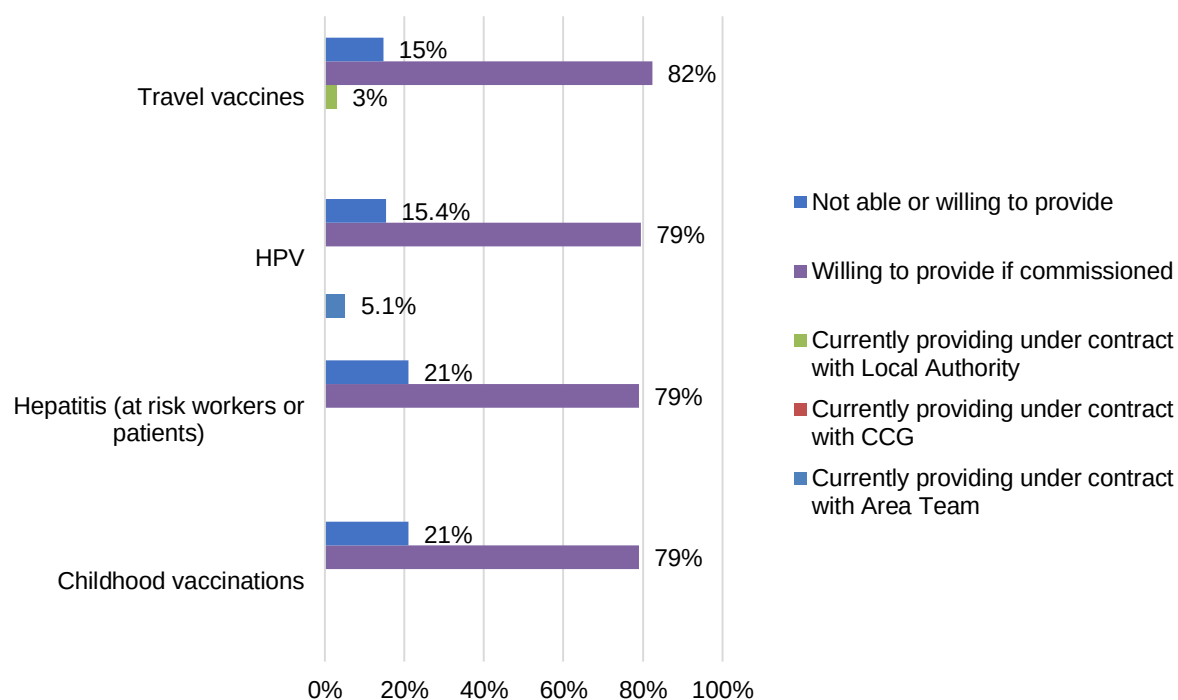
Food Advisors, baby nutrition advisors

Pneumonia vaccination

Pneumonia Vaccination, Anticoagulation Clinic

Private flu vaccination

Q29. Which of the following other vaccination services does the pharmacy provide, or would be willing to provide?

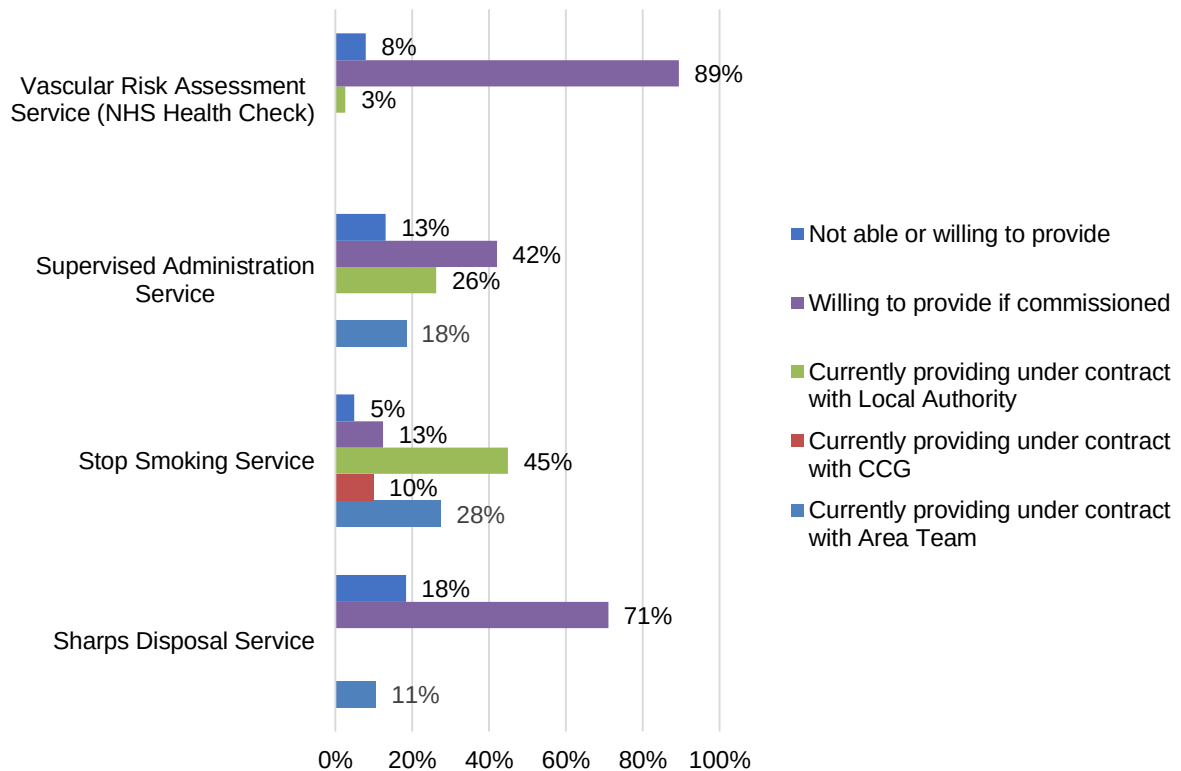


Other

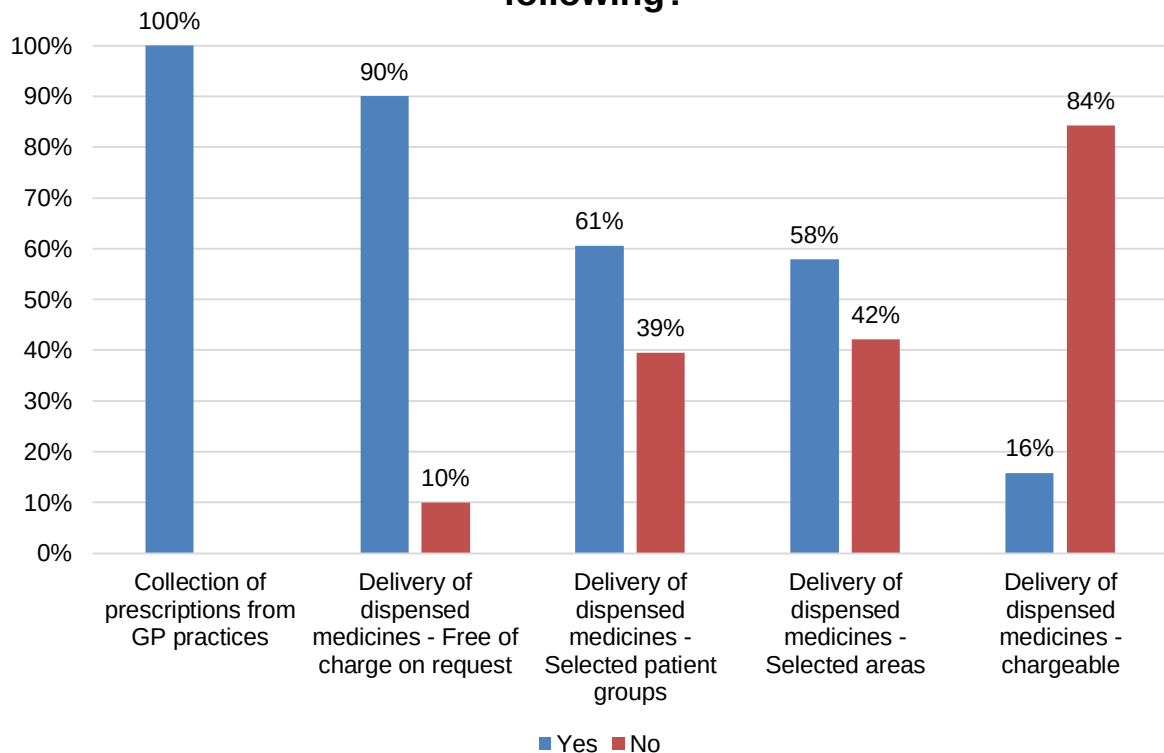
Travel vaccines and Hep B currently done under PGD

Private travel vaccination service

Q30. Which of the following services does the pharmacy provide, or would be willing to provide?

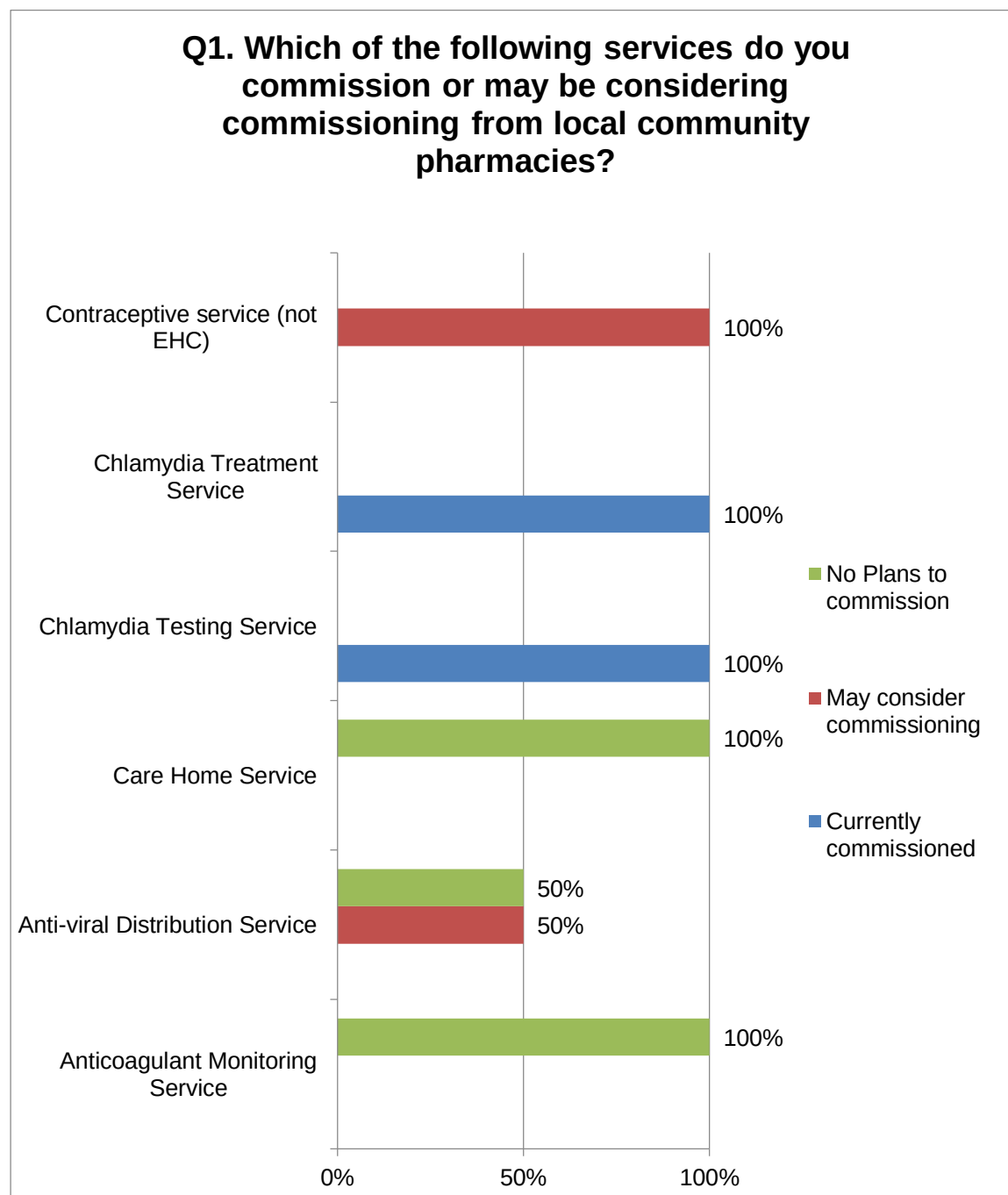


Q31. Does the pharmacy provide any of the following?



Appendix K: Results of the commissioner survey

NHS England, Local Authority and CCG commissioners were asked to respond to a series of questions regarding current and future service provision. The results of the survey are detailed below. It should be noted that no commissioner highlighted any intended current plans to commission new services through community pharmacies in Havering.

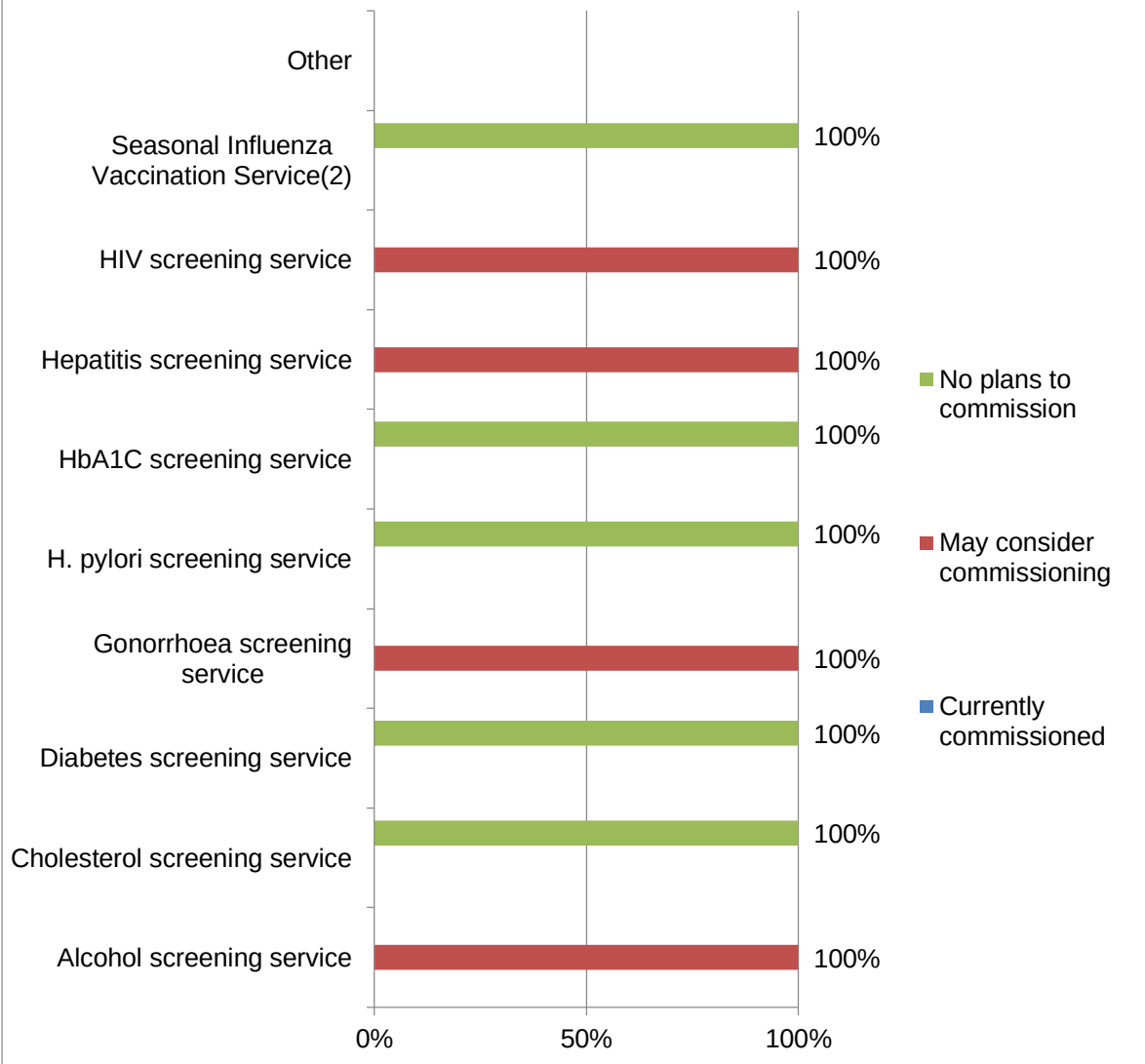


Q2. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

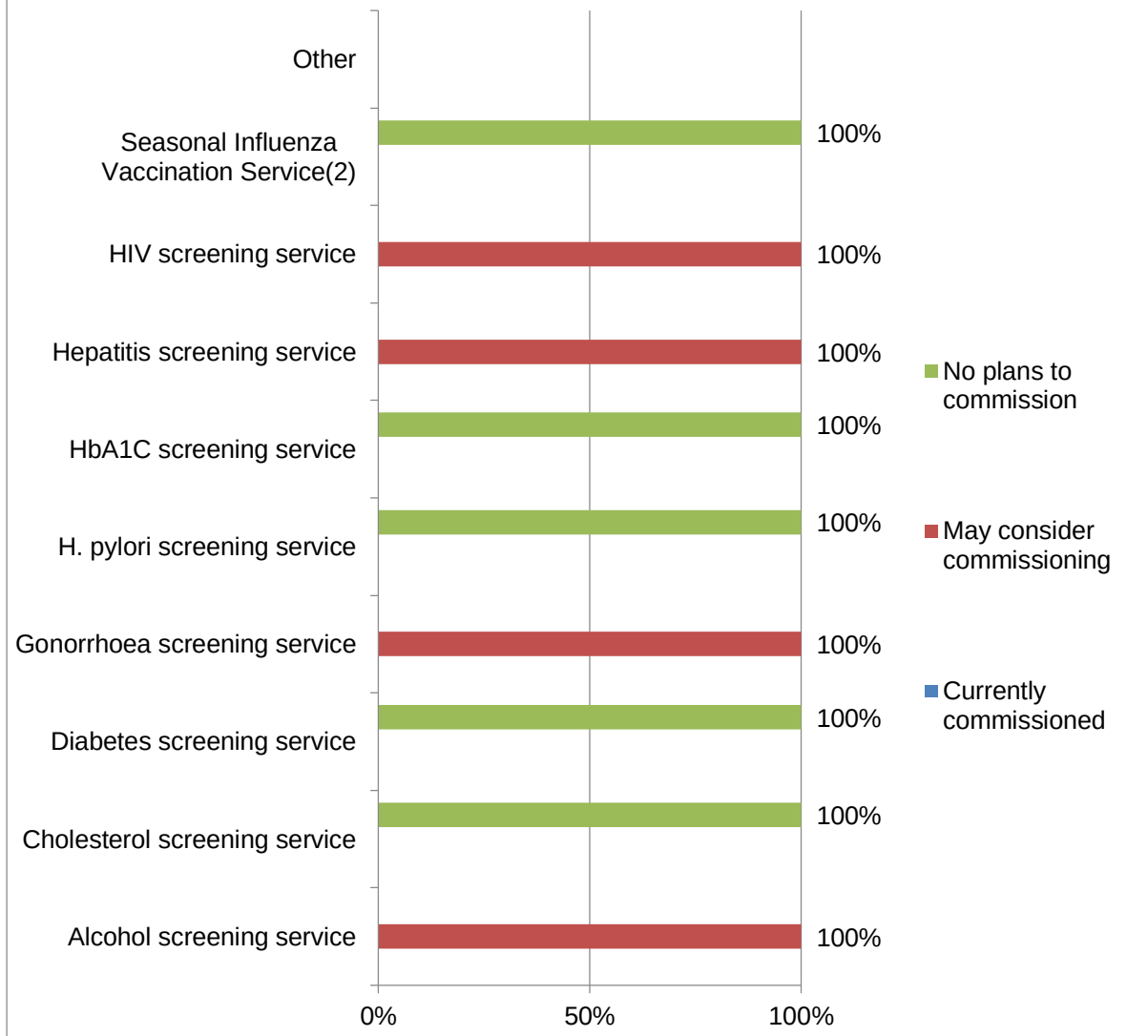
	Currently commissioned	May consider commissioning	No plans to commission
Allergy management service	0%	0%	100%
Alzheimer's/ dementia management service	0%	0%	100%
Asthma management service	0%	0%	100%
CHD management service	0%	0%	100%
COPD management service	0%	0%	100%
Depression management service	0%	0%	100%
Diabetes type I management service	0%	0%	100%
Diabetes type II management service	0%	0%	100%
Epilepsy management service	0%	0%	100%
Heart failure management service	0%	0%	100%
Hypertension management service	0%	0%	100%
Parkinson's disease	0%	0%	100%
Emergency hormonal contraception service	100%	0%	0%
Gluten free food supply service (i.e. not via FP10)	0%	0%	100%
Home delivery service (not appliances)	0%	0%	100%
Independent prescribing service	0%	0%	100%
If currently providing an independent prescribing service, what therapeutic areas are covered?	0%	0%	0%
Language access service	0%	0%	0%
Medication review service	0%	0%	0%
Medicines assessment and compliance support service	0%	0%	0%
Minor ailment scheme	0%	0%	0%

	Currently commissioned	May consider commissioning	No plans to commission
MUR plus / medicines optimisation service	0%	0%	0%
If currently providing an MUR plus/ medicines optimisation service, what therapeutic areas are covered?	0%	0%	0%
Needle and syringe exchange service	100%	0%	0%
Obesity management (adults and children)	0%	100%	0%
On demand availability of specialist drugs service	0%	0%	100%
Out of hours services	0%	0%	0%
Patient group direction service (name the medicines covered by the patient group direction)	100%	0%	0%
Phlebotomy service	0%	0%	0%
Prescriber support service	0%	0%	0%
Schools service	0%	0%	0%
Other (please state)	0%	0%	0%

Q3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?



Q3. Which of the following services do you commission or may be considering commissioning from local community pharmacies?



Q4. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

	Currently commissioned	May consider commissioning	No plans to commission
Childhood vaccinations	0%	0%	100%
Hepatitis (at risk workers or patients)	0%	100%	0%
HPV	0%	0%	100%
Travel vaccines	0%	0%	100%

Q5. Which of the following services do you commission or may be considering commissioning from local community pharmacies?

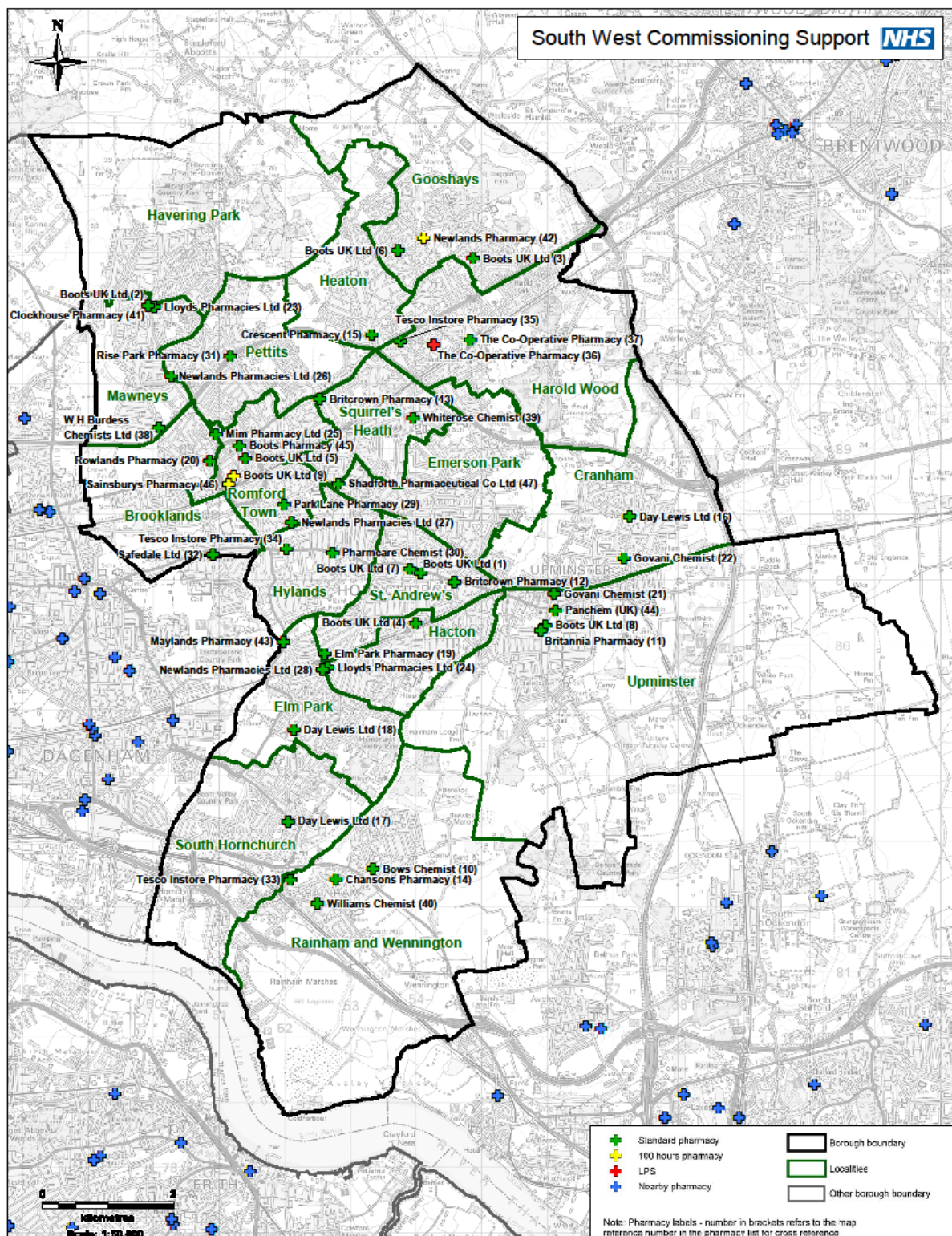
	Currently commissioned	May consider commissioning	No plans to commission
Sharps disposal service	0%	0%	100%
Stop smoking service	100%	0%	0%
Supervised administration service	0%	0%	100%
Supplementary prescribing service (what therapeutic areas are covered?)	0%	0%	100%
Vascular risk assessment service (NHS Health Check)	0%	100%	0%
Other (please state below)	0%	0%	0%

Abbreviations

APMS	- Adult Psychiatric Morbidity Survey
AURs	- Appliance Use Reviews
BAME	– Black, Asian and Minority Ethnic
BMI	- Body Mass Index
CC	- County Council
CCGs	- Clinical Commissioning Groups
COPD	- Chronic obstructive pulmonary disease
DACs	- Dispensing Appliance Contractors
DALY	- Disability Adjusted Life Years
DCLG	- Department of Communities and Local Government
EHC	– Emergency Hormonal Contraception
FOI	– Freedom of Information
GBD	- Global Burden of Disease
GLA	- Greater London Authority
GCSE	- General Certificate in Secondary Education
GUM	– Genito Urinary Medicine
HIV	- Human Immunodeficiency Virus
HSCIC	- Health and Social Care Information Centre
HWB	- Health and Wellbeing Board
IHME	- Institute for Health Metrics and Evaluation
IMD	- Index of Multiple Deprivation
IPS	- International Passenger Survey
JSNA	- Joint Strategic Needs Assessment
KS	- Key Stage
LA	- Local Authority
LBH	– London Borough of Havering
LCS	– Locally Commissioned Services
LDF	- Local Development Framework
LE	- Life Expectancy
LPS	- Local Pharmaceutical Service
LSOAs	- Lower Super Output Areas

MOF- Ministry of Justice
MSM- Men who have Sex with Men
MURs - Medicines Use Reviews
NEET - Not in Education or Training
NELFT - North East London Foundation Trust
NHS - National Health Service
NMS - New Medicines Service
ONS - Office for National Statistics
PANSI - Projecting Adult Needs and Service Information
PBC - Programme Budget Category
PCMD - Primary Care Morbidity Database
PCTs - Primary Care Trusts
PERMS – Pharmacy Emergency Repeat Medication Service
PHOF - Public Health Outcomes Framework
PNA - Pharmaceutical Needs Assessment
SAC / SC - Stoma Appliance Customisation
SHA - Strategic Health Authority
SSDA 903 –Annual Looked After Children return by local authorities
STI - Sexually Transmitted Infection
YLL -Years of Life Lost

Map A: Pharmacy locations



Pharmaceutical Needs Assessment - November 2014

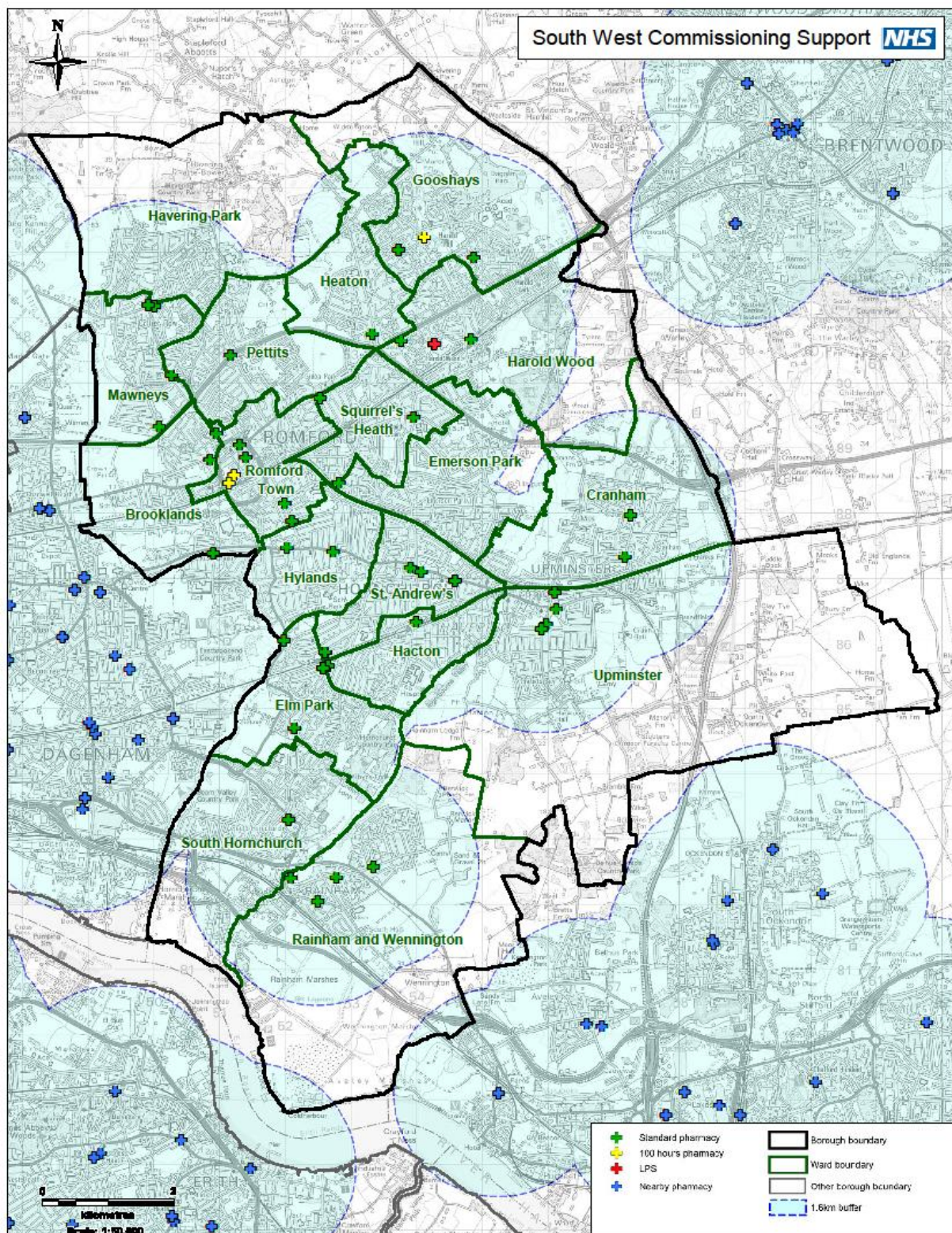
London Borough of Havering: Pharmacy locations

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Map B: 1.6km buffers around pharmacies



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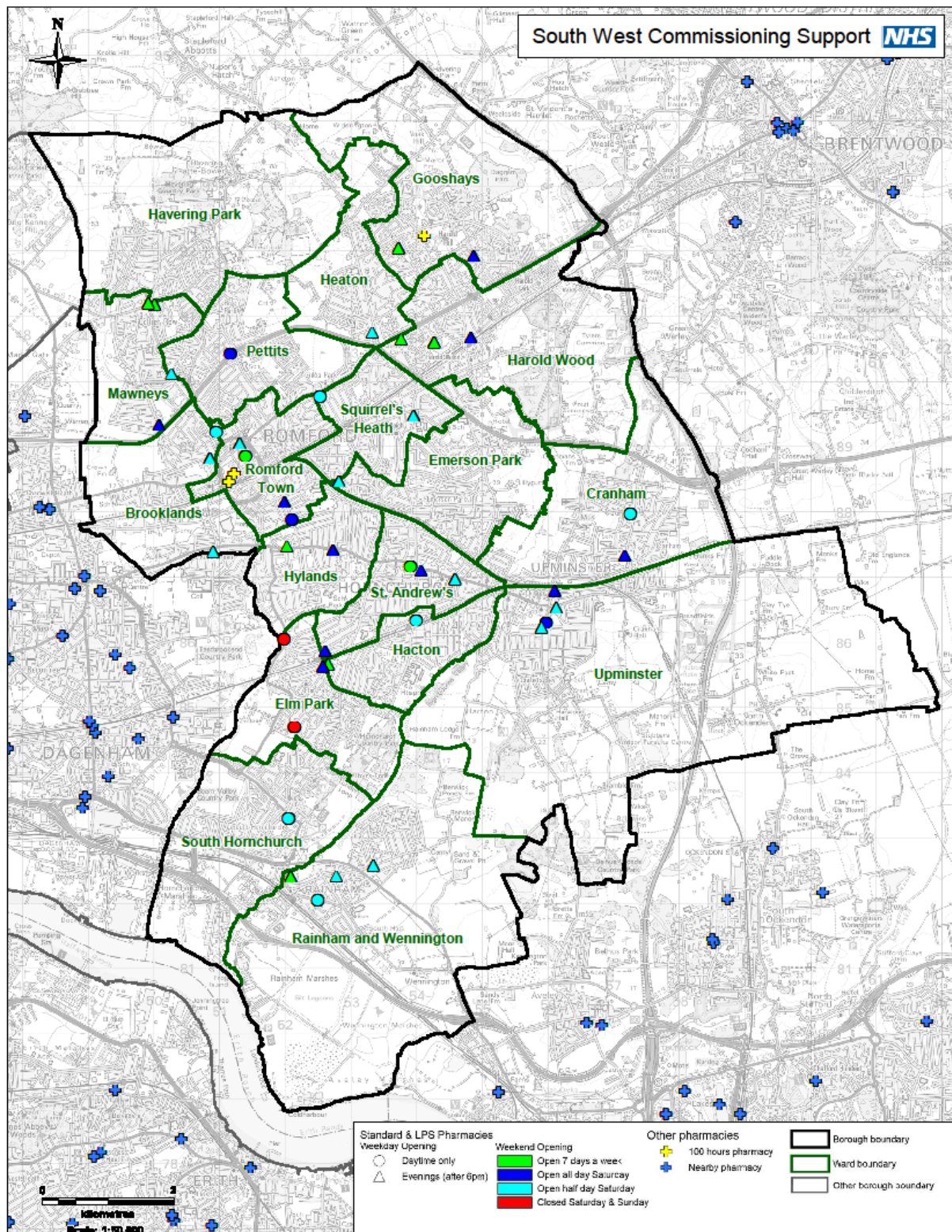
London Borough of Havering: 1.6km buffers around pharmacies

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Map C: Pharmacy locations and opening times



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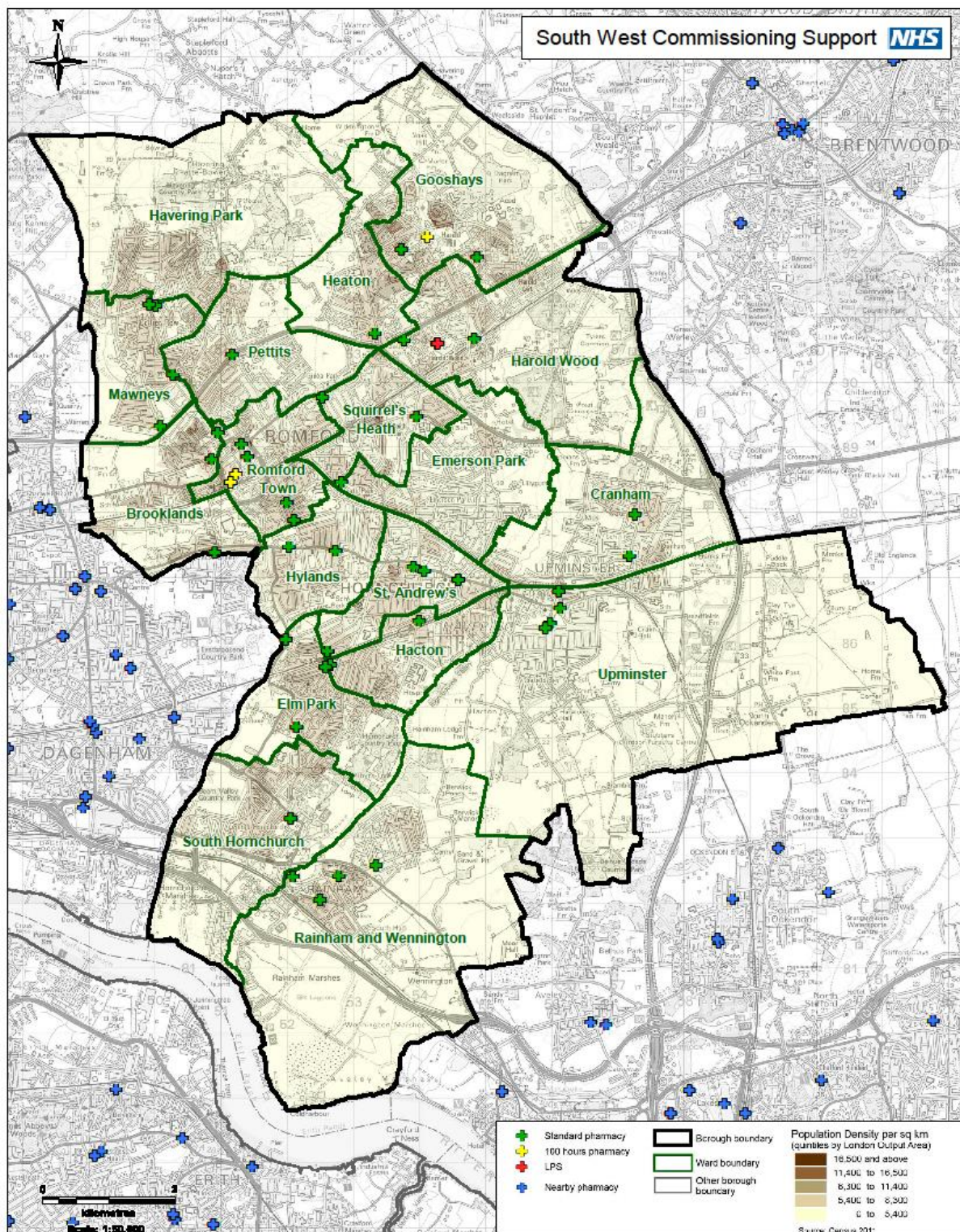
London Borough of Havering: Pharmacy opening hours

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Map D: Pharmacies and population density by output area



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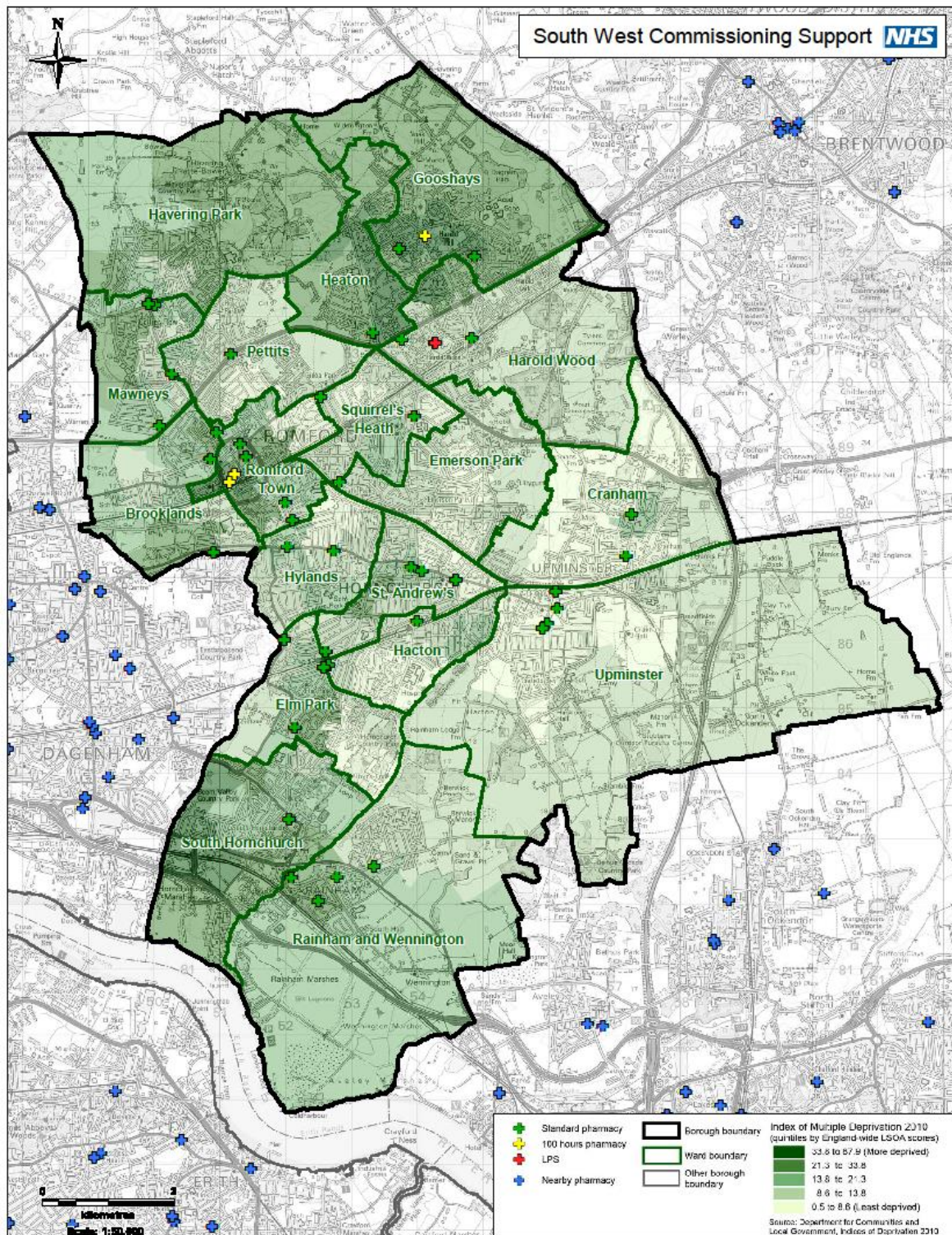
London Borough of Havering: Pharmacies and Population Density by Output Area

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Map E: Pharmacies and Index of Multiple Deprivation 2010 by Lower Super Output Area



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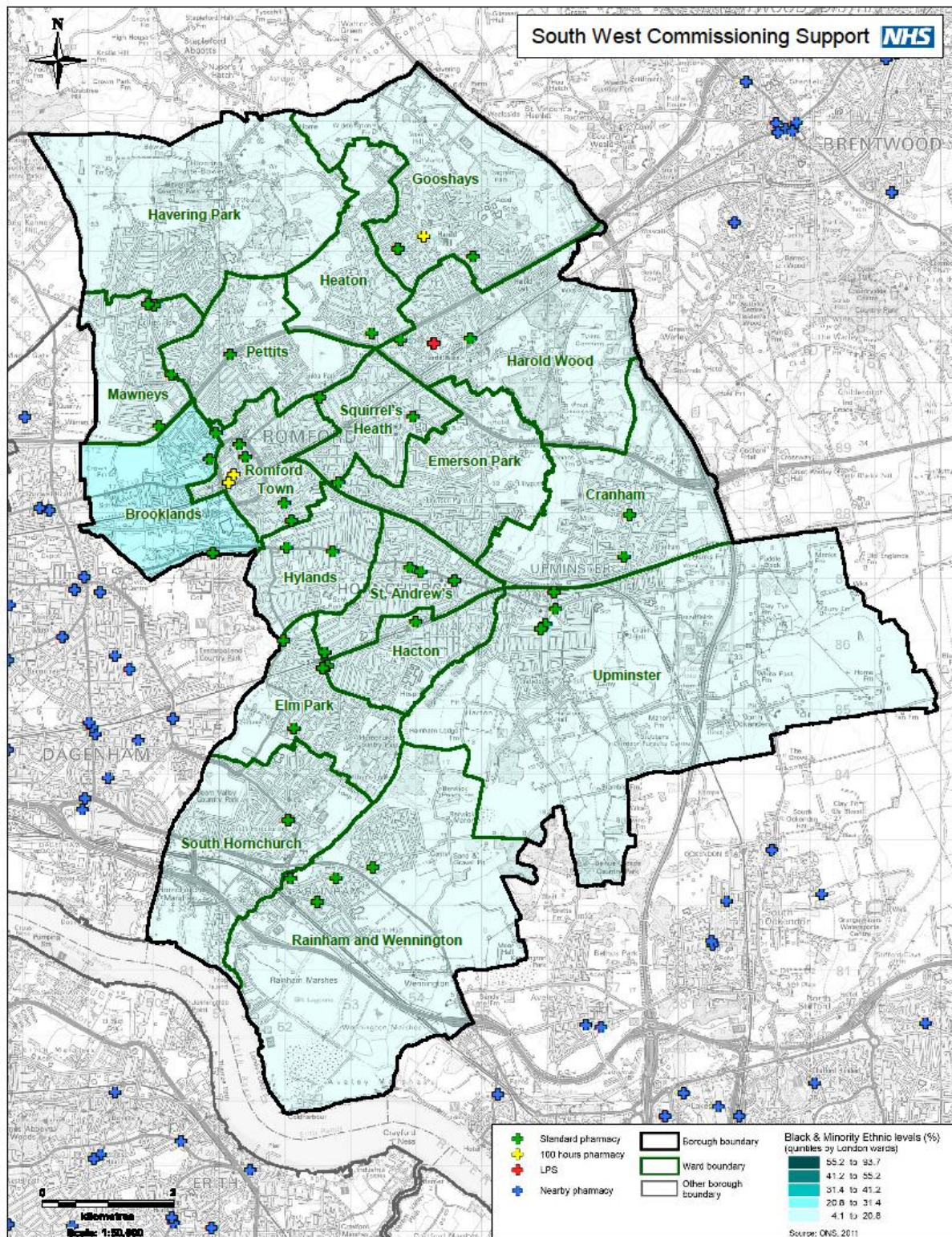
London Borough of Havering: Pharmacies and Index of Multiple Deprivation 2010 by Lower Super Output Area

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Map F: Pharmacies and black and minority ethnic levels by ward



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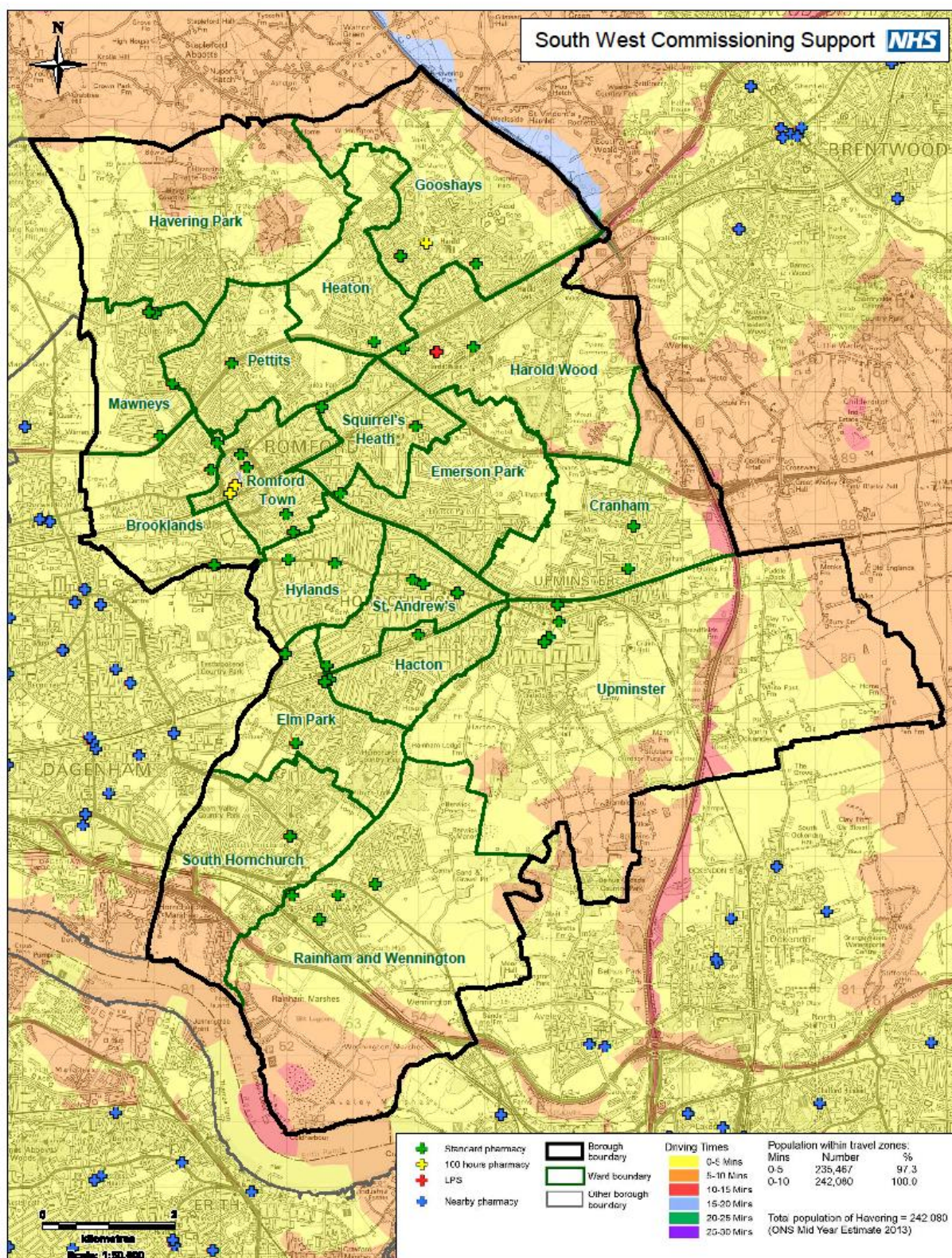
London Borough of Havering: Pharmacies and Black & Minority Ethnic levels by Ward

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Map G: Average drive times to nearest pharmacy



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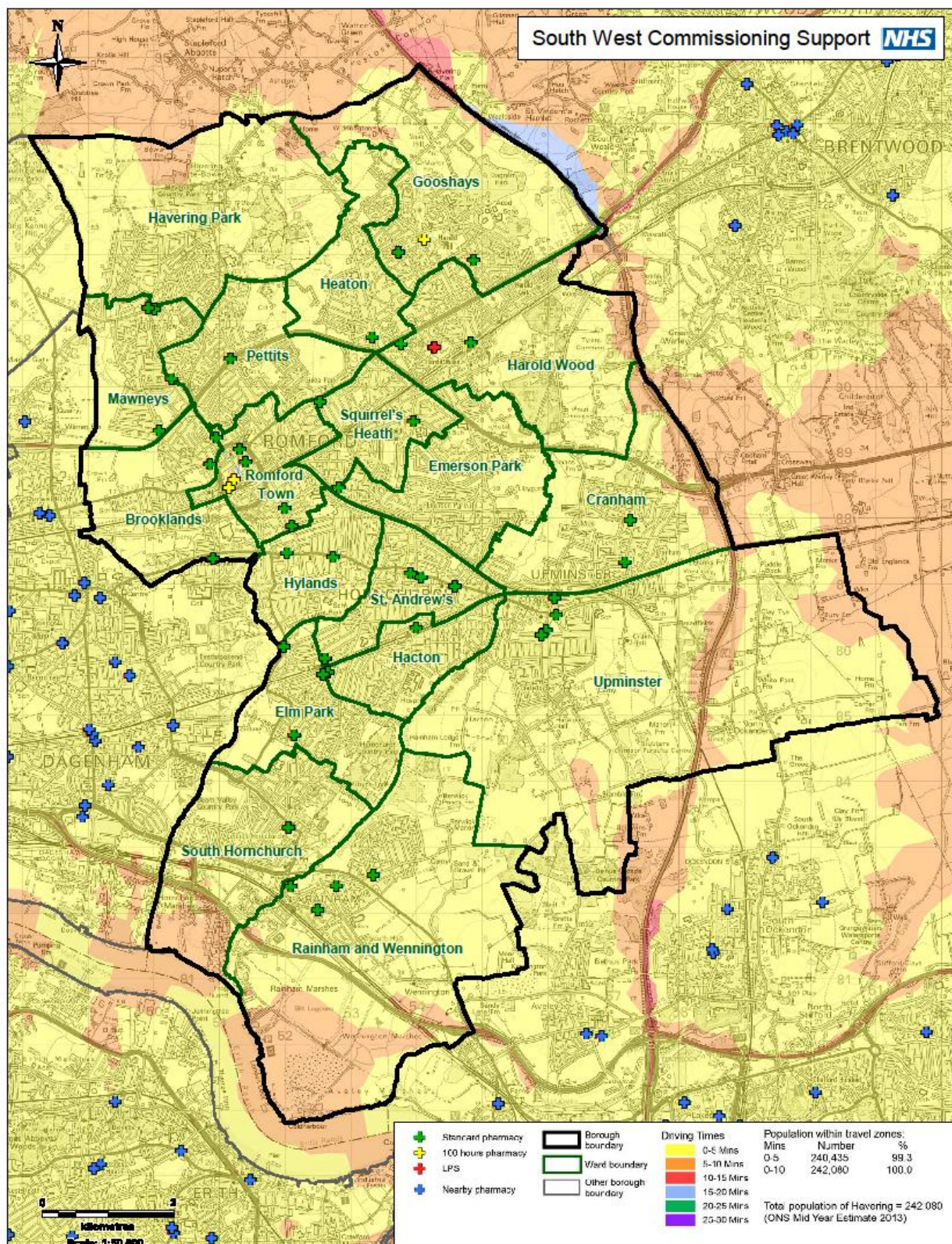
London Borough of Havering: Average drive times to nearest pharmacy

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Map H: Off peak drive times to nearest pharmacy



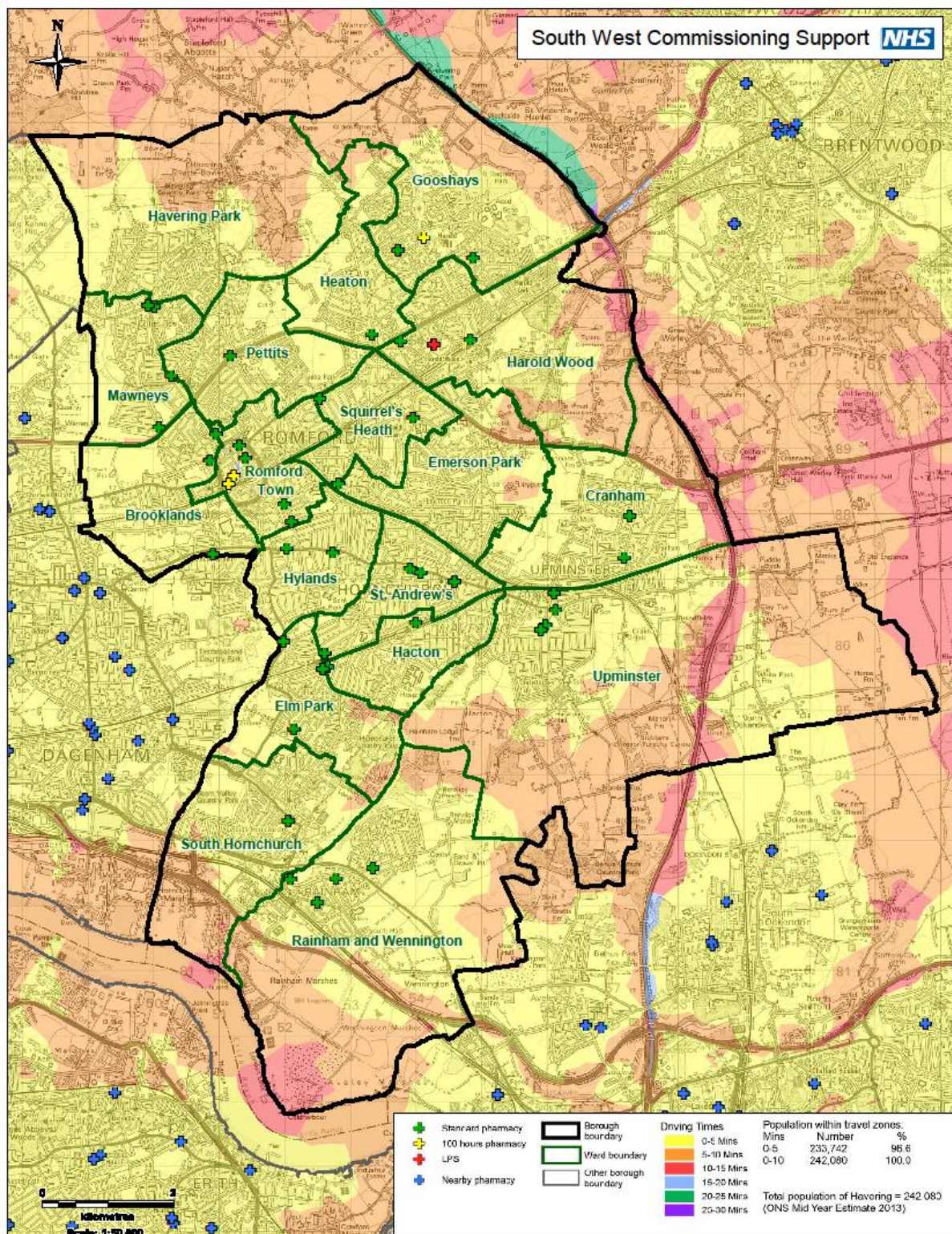
Pharmaceutical Needs Assessment - November 2014

London Borough of Havering: Off peak drive times to nearest pharmacy

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Map I: Peak drive times to nearest pharmacy



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London Borough of Havering: Peak drive times to nearest pharmacy

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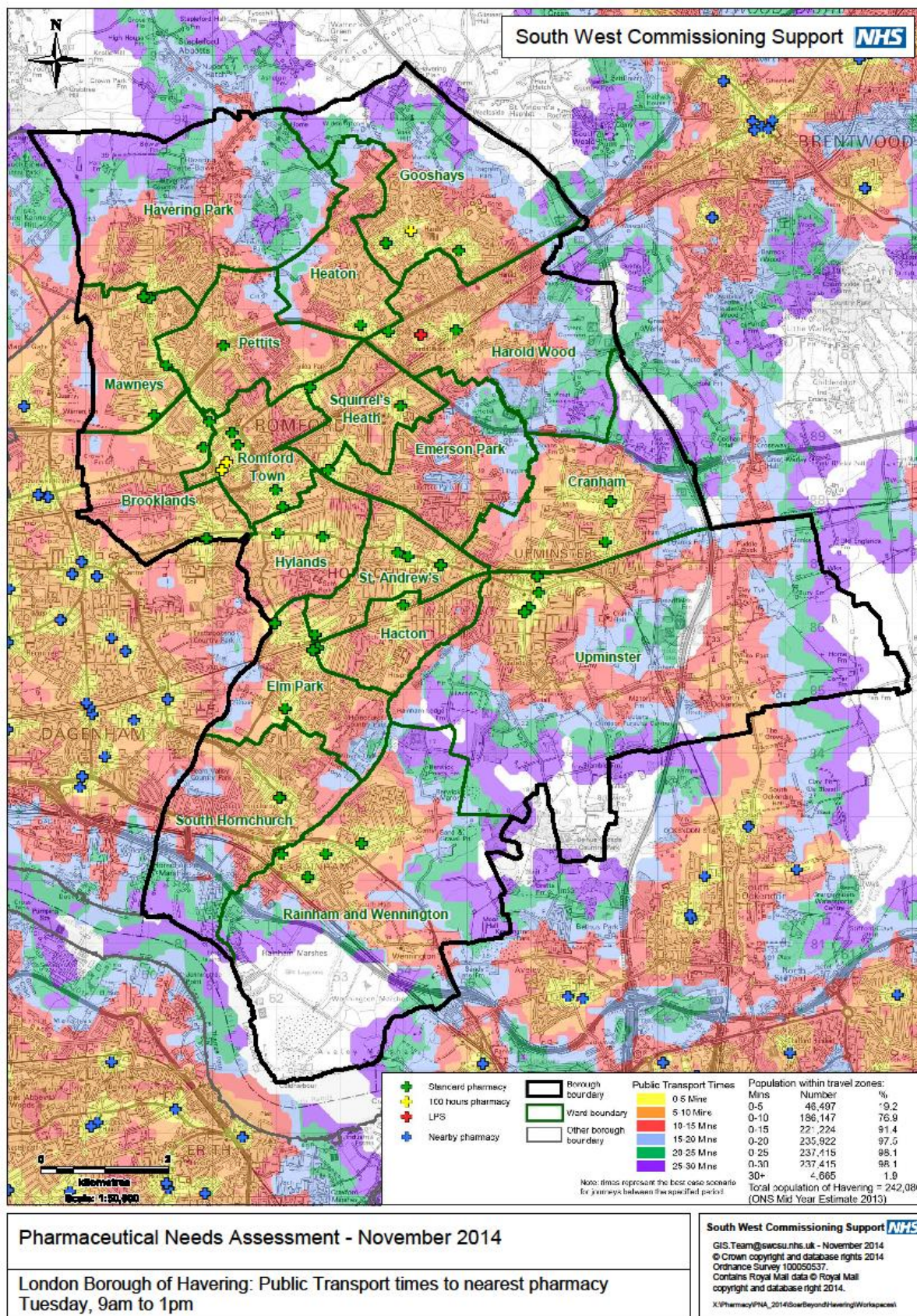
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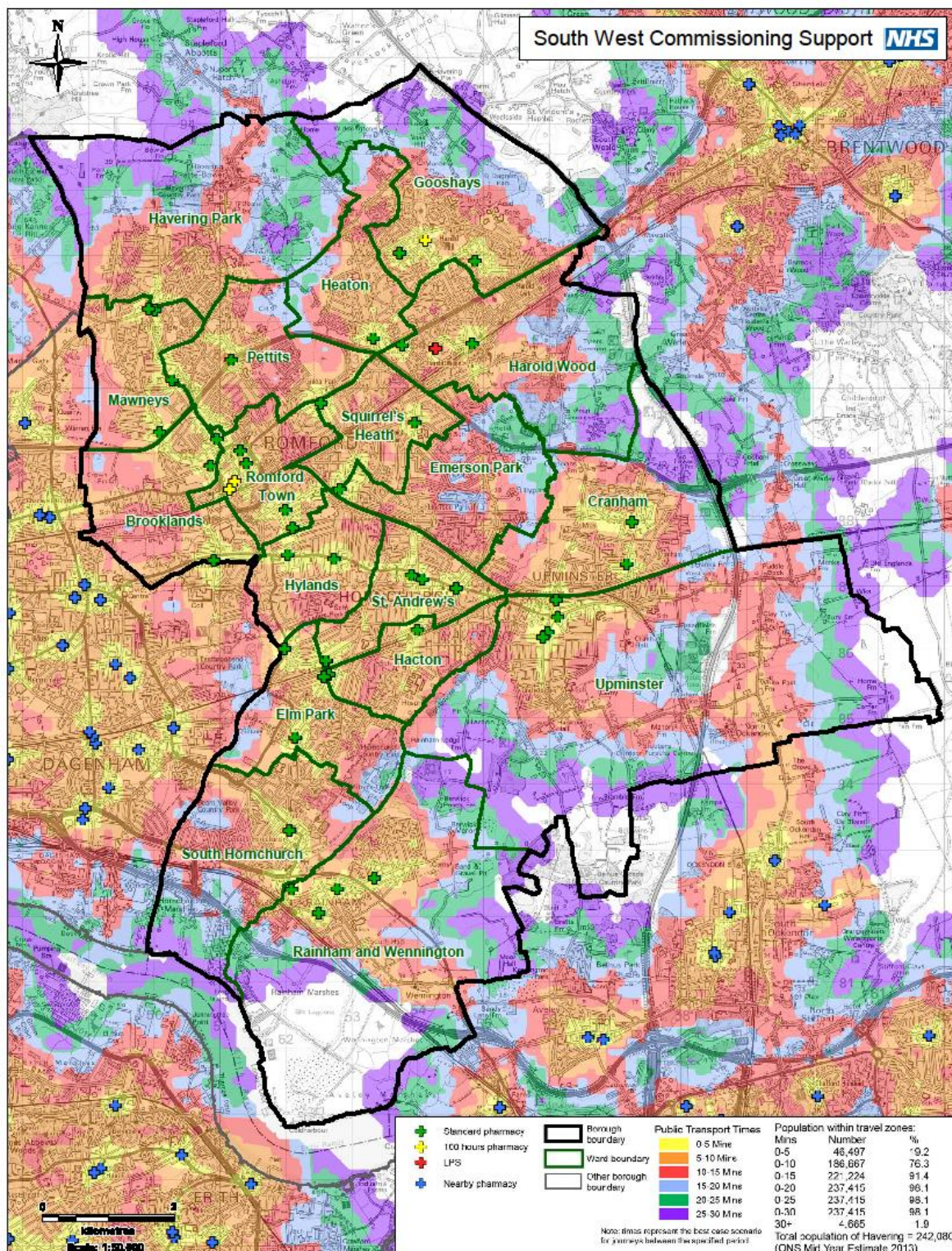
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**Map J: Public transport times to nearest pharmacy,
Tuesday 9am to 1pm**



Map K: Public transport times to nearest pharmacy, Tuesday 1pm to 5pm



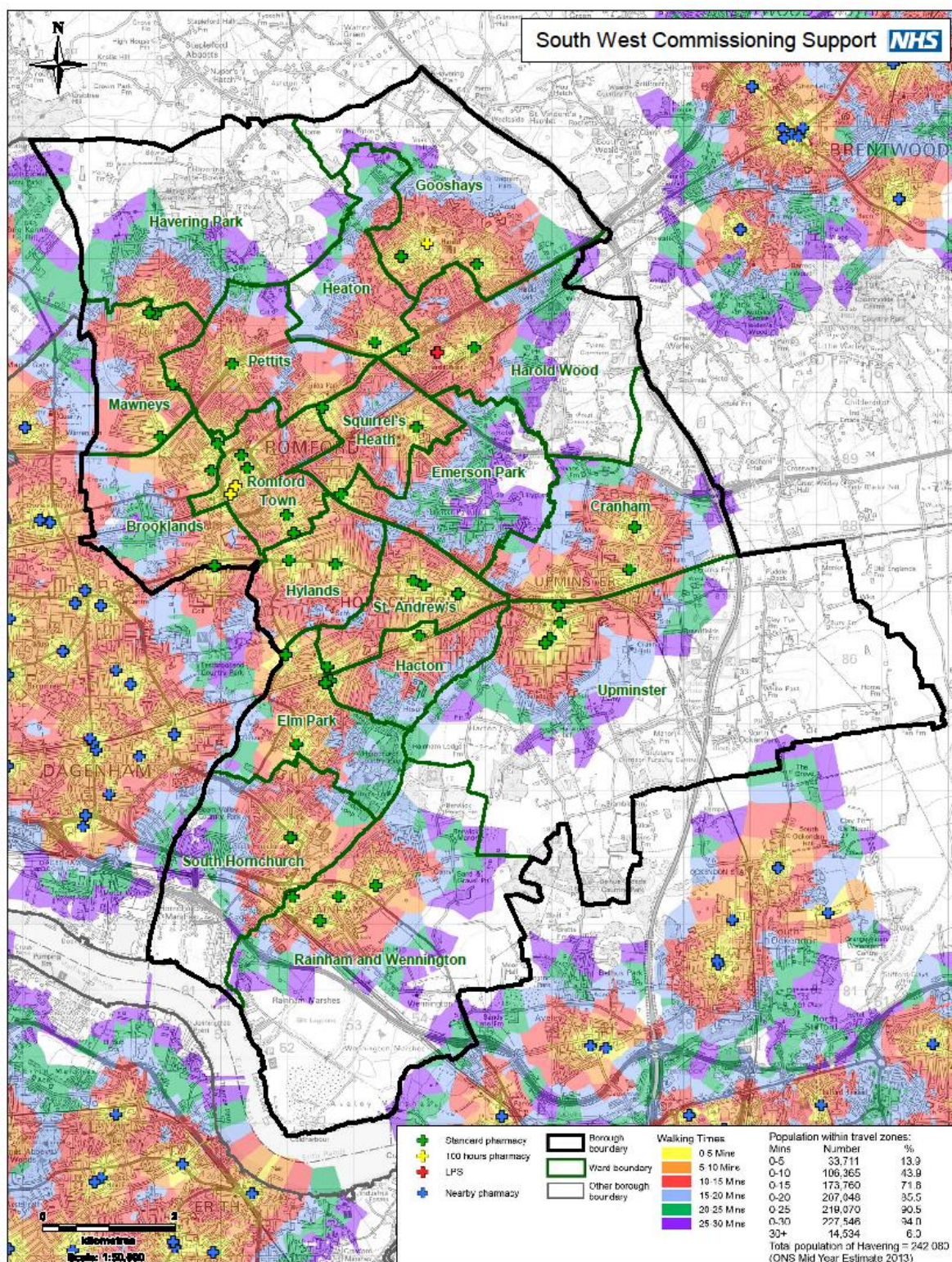
Pharmaceutical Needs Assessment - November 2014

London Borough of Havering: Public Transport times to nearest pharmacy
Tuesday, 1pm to 5pm

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Map L: Average walking times to nearest pharmacy



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London Borough of Havering: Walking times to nearest pharmacy

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