

Health and Wellbeing Board

The image displays three crosses of varying sizes and colors. The largest cross is white with a thick blue border and a thin black outline. To its right is a smaller white cross with a blue border. Below the large white cross is a solid blue cross. The background is a light gray gradient.

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Executive Summary

It is a statutory requirement for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

This PNA has been undertaken during a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report reviewed the Pharmacy Contract Revisions 2016 and recommended major changes to the way in which pharmaceutical services should be delivered. Key changes to the Pharmacy Contract include simplifying the NHS pharmacy remuneration system, helping pharmacies to become more efficient and innovative and encouraging longer prescription durations where clinically appropriate. However, at the time of writing, these recommendations have not yet been implemented given they are currently under judicial review. It is complex to predict the impact on residents of such changes before it is understood which services may be reduced, changed or closed

Since the last Havering PNA was published in 2015, no major changes to pharmaceutical provision have been observed and provision is generally good. There are 46 community pharmacies in the Havering HWB area for a population of 249,085, an average of 18.5 pharmacies per 100,000 population. The England and London averages are 21.3 and 21.4 respectively. The number of pharmacies in each locality varies across the borough with the south having a slightly greater number of pharmacies per head of population than the rest of the borough.

Overall access is good. Over 98% of residents are within one mile of a pharmacy, and for 98% of residents, the closest pharmacy is within the borough. There are four 100-hour pharmacies across the borough providing Sunday opening Demand for community pharmacies is unlikely to increase due to national policy and population growth. Current national policies highlight the potential of community pharmacy to deliver enhanced community-based healthcare access thereby reducing demand on urgent and primary care services.

Since the 2015 PNA was published, both the resident population and GP registered population of the borough has increased. Analysis of housing data shows that there are likely to be population increases in parts of the borough, particularly in the Central and South localities, although over the next three years there is unlikely to be a sufficient increase in requirements for pharmacy services to require significant changes.

A review of the Joint Health and Wellbeing Strategy (JHWS) and Joint Strategic Needs Assessment (JSNA) identified that there may be scope for pharmacies to support local health needs. The borough has a few areas of deprivation where local pharmacies could be utilised to support their local needs.

Addressing many of Havering's 'areas of opportunity', as identified in the JSNA and JHWS, could include an expanded role for pharmacists. Priority areas identified by Havering's Health and Wellbeing Board (HWB) are as follows in which there are potential roles for pharmacists:

- Primary Prevention
- Working together to identify those at risk and intervene early
- Provide the right health and social care/advice in the right place at the right time
- Quality of services and user experience

Other areas that pharmacists could play a role in include collaborating with initiatives aimed at reducing domestic violence, and supporting enhanced promotion of the following: cancer detection and care; flu vaccination amongst health care workers; improved housing with a focus on vulnerable adults; monitoring of hospital admissions caused by injuries in children; diabetes prevention; social prescribing; living well with people with multiple chronic illness; improved end of life care and monitoring the tipping point into need for health and care services.

Decisions concerning the promotion of pharmacist led services for these programmes will need to be based on more focused health needs assessments and commissioning strategies.

Conclusions

The Havering HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Havering.

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

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

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

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

- The maps showing the location of pharmacies within Havering and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Havering
- Pharmacy locations across the border
- Population density in Havering
- The increase in daytime population
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Havering
- Location and opening hours of GP practices providing extended opening hours
- Location and opening hours of NHS dental contractors
- Results of the public questionnaire
- Proposed new housing developments.

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

- No gaps have been identified in **necessary services** (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.
- There is no gap in the provision of **necessary services** (essential services) **during normal working hours** across the whole borough.
- There are no gaps in the provision of **necessary services** (essential services) **outside of normal working hours** across the whole borough.

- There are no gaps in the provision of **advanced services** (relevant services) at present or over the next three years that would secure improvement or better access to advanced services across the whole borough.
- There are no gaps in the provision of **advanced services** across the whole borough.
- No gaps have been identified that if provided either now or in the future would secure improvements, or better access to **enhanced services** (relevant services) across the whole borough.
- There are no gaps in the provision of **enhanced services** across the whole borough.
- There are no gaps in the provision of **locally commissioned services** (relevant services) at present or over the next three years that would secure improvement or better access to **locally commissioned services** across the whole borough.
- There are no gaps in the provision of **locally commissioned services** across the whole borough.

The conclusions reached in this report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Havering.

Based on the review of building plans and population projections, there may be a need to review the level of pharmacy services in specific places in the borough in the period up to 2021.

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole borough.

The locality structure provides an opportunity, for pharmacies and other primary care providers to work together to deliver advanced and enhanced services that cross geographical areas, and meet the needs of the population.

Whether there is sufficient choice of pharmacy in Havering was reviewed, it was decided there was sufficient choice of pharmacy in Havering for the following reasons: NHSE have assessed the need for pharmacies and generally found there are too many; here necessary pharmacies qualify for the Pharmacy Access Service in Havering and London boroughs have a greater choice of pharmacy provider compared to many other areas in England.

The borough recognises that there may be developments in pharmacy provision that may not mirror the traditional model of a high street pharmacy, for example, online prescriptions or pharmacists working more closely with primary care.

Key to Services

- **Necessary services** (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS).
- **Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions.
- **Locally commissioned services** (relevant services) are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population.

1 Introduction

1.1 Background

It is a statutory requirement under the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 for a Pharmaceutical Needs Assessment (PNA) to be developed and published every three years (or earlier where significant changes have occurred) by each area covered by a Health and Wellbeing Board (HWB). The last PNA in Havering was published in 2015.

1.2 Purpose of the PNA

The purpose of the PNA is to plan for the commissioning of pharmaceutical services and to support the decision-making process in relation to new applications or change of premises of pharmacies.

As such, it is required to cover the following:

- what services are necessary to meet the needs of the local population
- which services have improved and/or have better access since the publication of the last PNA
- what provision is currently available, highlighting any immediate or future gaps in services
- any impact other NHS services have on pharmaceutical services
- how the assessment was carried out and the resulting conclusions.

This information is held by NHS England to maintain a pharmaceutical list for the local area. This list is used to consider applications for new pharmacies as well as the relocation of existing pharmacies and to commission additional services.

The PNA bases its assessment on current and predicted demographics as well as analysing the health needs of the local population.

1.3 Scope of the PNA

The PNA covers local pharmaceutical providers, dispensing doctors and appliance contractors. It does not cover pharmaceutical services in hospitals or prisons.

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are necessary to meet needs in the area.
- A statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.

- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.
- Consultation. HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

1.4 Process for developing the PNA

A Steering Group of key stakeholders was set up to oversee the PNA process. Terms of reference for the group are at Appendix H – Terms of Reference.

An open tender process selected the Public Health Action Support Team (PHAST), a not for profit social enterprise company to develop the PNA.

The activities of the process and timescales are set out in the project chart in Appendix I – Gantt chart. This involved:

- updating information and evidence since the previous PNA, including latest priorities
- setting the scene for pharmacy services
- updating information on the population of Havering and latest health information
- conducting surveys of pharmacies, of pharmacy users and of particular interest groups who may have specific needs
- preparing a draft for consultation.

Following this consultation, the comments will be assessed by the steering group and the final PNA will be published early in 2018.

1.5 Localities for the purpose of the PNA

This PNA analyses services by locality, as set out in Figure 1. These specified areas are the health and social care communities agreed localities for place based provision of services.

Figure 1 Havering localities and wards

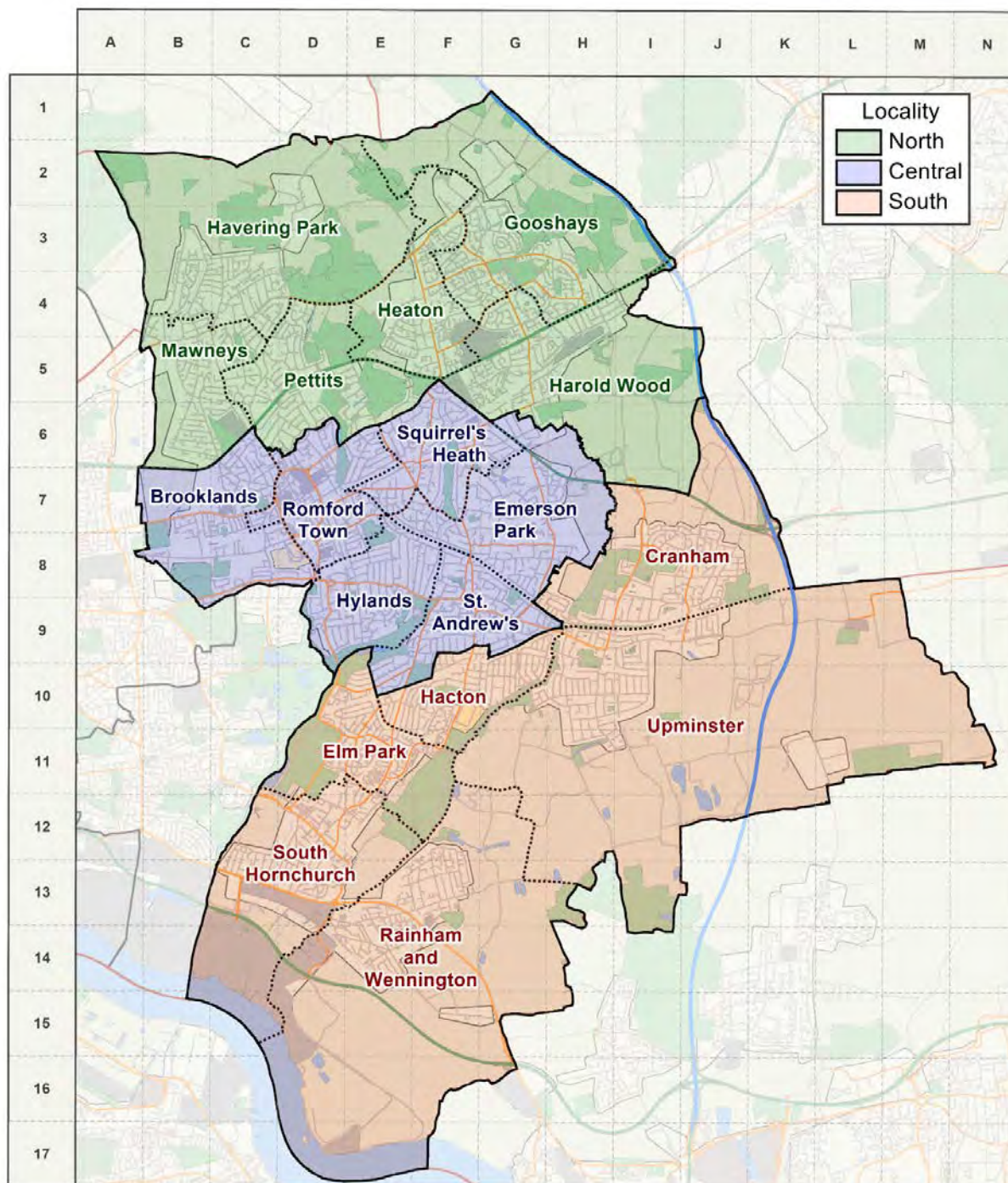
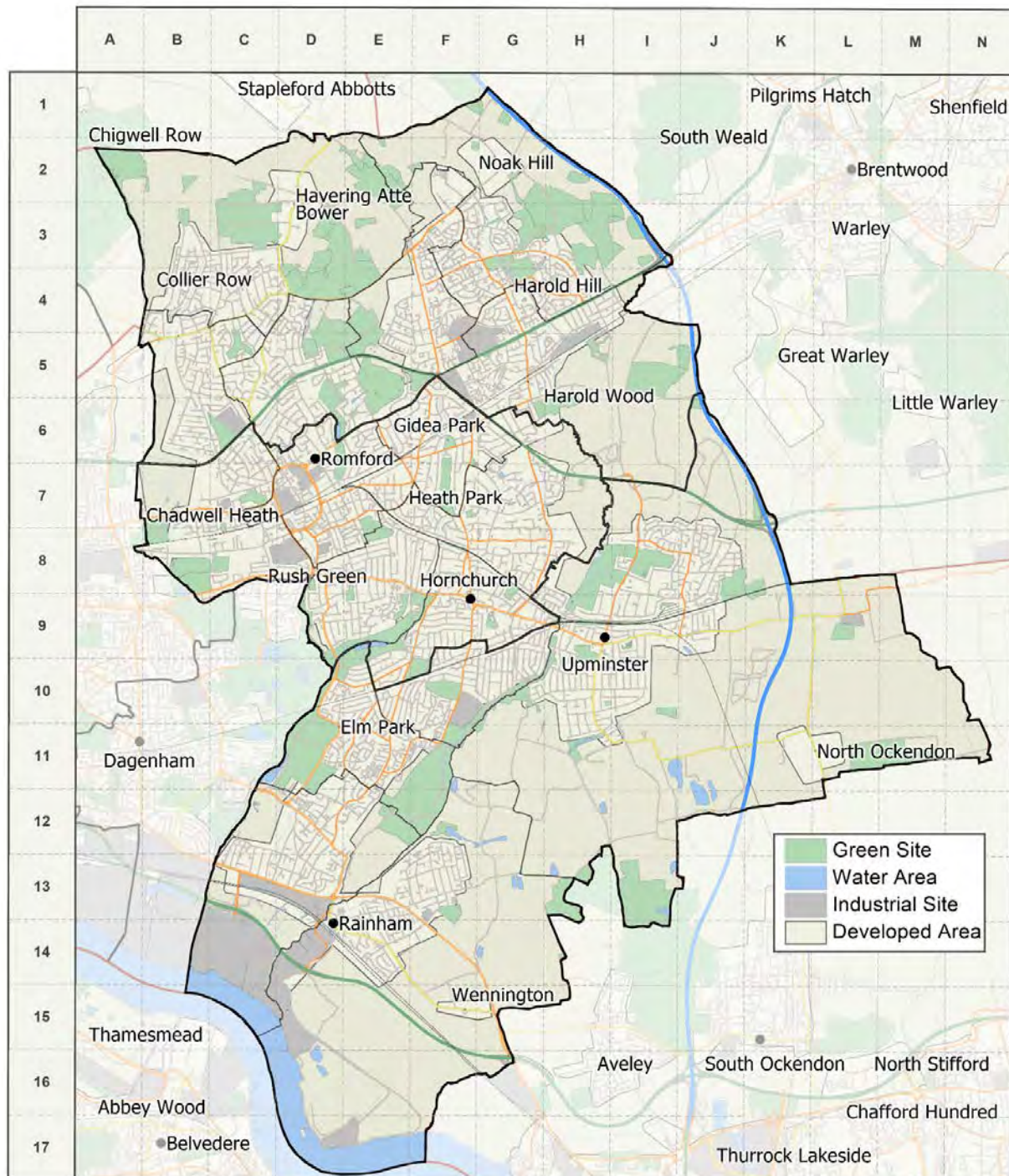


Table 1 Localities in Havering

Locality	Ward
Central	Brooklands
	Emerson Park
	Hylands
	Romford Town
	St Andrew's
	Squirrel's Heath
North	Gooshays
	Harold Wood
	Havering Park
	Heaton
	Mawneys
	Pettits
South	Cranham
	Elm Park
	Hacton
	Rainham & Wennington
	South Hornchurch
	Upminster

Figure 2 Havering key geographic features



2 Context for the PNA

2.1 Context

The current round of PNAs, due to be published by 31 March 2018, are being undertaken in a time of uncertainty around how pharmacy services will develop over the next three years. The 2016 Murray report recommends major changes to the way in which pharmaceutical services should be delivered. At the time of writing, the changes to the Pharmacy Contract have not yet been fully implemented. It is complex to predict the impact of such alterations on residents before it is understood which services may be reduced, changed or closed.

2.2 National policies on pharmacy services

2.2.1 Legal framework for PNAs – the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

The [National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013](#) set out PNA requirements (Part 2, Regulations 3–9).

Available at: http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

The minimum requirement for PNAs include the following:

- A statement of the pharmaceutical services currently provided that are necessary to meet needs in the area.
- A statement of pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision).
- A statement of the other relevant services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area.
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area.
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services.
- An explanation of how the assessment has been carried out (including how the consultation was carried out).
- A map of providers of pharmaceutical services.
- Consultation. HWB must consult the bodies set out in Regulation 8 at least once during the process of developing PNA. The minimum consultation period required is 60 days.

2.2.3 The National Health Service Act 2006

Part 7 of the [NHS Act 2006](#) applies to 'pharmaceutical services and local pharmaceutical services' and includes a description of pharmaceutical arrangements that must be put in place within an area and the type of professional authorised to prescribe (Section 126).

2.2.4 2008 White paper

The 2008 White Paper, [Pharmacy in England: Building on strengths – delivering the future](#), sets out 'a vision for building on the strengths of pharmacy, using the sector's capacity and capability to deliver further improvements in pharmaceutical services'.¹ The White Paper advocated expanding the pharmacy role to include additional clinical services e.g. treating common minor ailments, providing public health services such as smoking cessation support and sexual health services, supporting those with long-term conditions, delivering some clinical services such as blood tests and screening programmes and involvement in clinical pathways that support integrated care.

2.2.5 The Murray Report

The Chief Pharmaceutical Officer for England, Dr Keith Ridge, commissioned an [independent Community Pharmacy Clinical Services Review](#) ('the Murray report') published by The King's Fund in December 2016. The review summarises national policies that describe opportunities for expanding the role of the community pharmacist.

'Community pharmacy has the potential to help meet both the short term and long-term challenge to provide better outcomes as part of wider integrated services that are efficient and that work for patients. It is widely recognised that community pharmacists and their teams are an underutilised resource. Pharmacists undergo a four-year full-time university degree plus a year's work-placed preregistration training culminating in a further academic examination before being admitted to the pharmaceutical register. In addition to this many also undertake post-graduate academic qualifications and training. Pharmacy technicians are also highly trained and are a registered profession working in all health sectors.'²

2.2.6 NHS Community Pharmacy Contractual Framework (the 'Pharmacy Contract')

The Pharmacy Contract is made up of three different service types:

- Necessary services (essential services) are commissioned by NHS England and are provided by all pharmacy contractors. These services include the dispensing of medicines and appliances, repeat dispensing, disposal of unwanted medicines, clinical governance, promotion of healthy lifestyles, signposting and support for self-care. For the purposes of this PNA, necessary services are defined as all Essential Services.
- Advanced services are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC),

¹ Pharmacy in England Building on strengths – delivering the future. Department of Health. 2008

² Murray R. Community Pharmacy Clinical Services Review. The Kings Fund. December 2016

NHS Urgent Medicine Supply Advanced Services (NUMSAS). For the purposes of this PNA, relevant services are defined as all Advanced Services.

- Locally commissioned/enhanced services are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population. For the purposes of this PNA, relevant services are defined as all locally commissioned and Enhanced Services.

2.2.7 2016 Changes to the Pharmacy Contract

2.2.7.1 Overview

On 20 October 2016, the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17. Contractors providing NHS pharmaceutical services under the framework will receive £2.687 billion for 2016/17, a reduction of 4% compared with 2015/16. This will be followed by a further 3.4% reduction to £2.592 billion in 2017/18.³

Stakeholder consultation by the Department of Health (DH) has led to key changes in the national pharmacy contract with the aim of creating a more efficient service that is better 'integrated with the wider health and social care system' in order to 'relieve pressure on GPs and Accident and Emergency Departments, ensure optimal use of medicines, and will mean better value and patient outcomes.'⁴

The findings outlined in the [consultation document](#) suggested that efficiencies can be made without compromising service quality or public access because:

'There are more pharmacies than necessary to maintain good patient access;

'Most NHS funded pharmacies qualify for a complex range of fees, regardless of the quality of service and levels of efficiency of that provider;

'More efficient dispensing arrangements remain largely unavailable to pharmacy providers.'

2.2.7.2 Key changes in the way pharmaceutical services are delivered

Key changes include:

- simplifying the NHS pharmacy remuneration system
- helping pharmacies to become more efficient and innovative
- encouraging longer prescription durations where clinically appropriate
- to develop the role of community pharmacist outside of the community pharmacy

For full details see the Department of Health's Community Pharmacy in 2016/2017 and Beyond: Final Package.

³ [Consultation document](#)

⁴ Community Pharmacy in 2016/2017 and Beyond: Final Package. Department of Health. October 2016

2.2.7.3 Change to payment fees

Pharmacy currently receive an establishment payment as long as they dispense above a certain prescription volume – this will be gradually phased out over a number of years, starting with a 20% reduction in December 2016 and reduced by 40% on 1 April 2017.⁵ A range of fees including the professional or ‘dispensing’ fee, practice payment, repeat dispensing payment and monthly electronic prescription payment service payment will be consolidated into a single activity fee.

2.2.7.4 A new quality payments scheme

A range of quality criteria have been introduced which, if achieved, will help to integrate community pharmacy into the wider NHS/Public Health agenda. Contractors adhering to gateway criteria will receive a quality payment if they meet one or more of the quality criteria, details of which can be viewed at <http://psnc.org.uk/services-commissioning/essential-services/quality-payments/>.

2.2.7.5 The Pharmacy Access Scheme (PhAS)

Changes also include the introduction of a new Pharmacy Access Scheme (PhAS). The scheme is designed to ensure populations have access to a pharmacy, especially those with high dependency that live in regions where pharmacies are sparsely located. A national formula has been used to identify 1,356 pharmacies which will receive an additional payment to ensure that they are protected from the full effects of the December 2016 funding cut.

2.2.7.6 Changes to Regulations to Facilitate Pharmacy Mergers

Amendments to NHS 2013 Regulations⁶ were made in December 2016, including a new regulation that facilitates the consolidation of two or more pharmacies onto one existing site. ‘Importantly a new pharmacy would be prevented from stepping in straight away if a chain closes a branch or two pharmacy businesses merge and one closes. This would protect two pharmacies that choose to consolidate on a single existing site – where this does not create a gap in provision.’⁷

“Applications to consolidate will be dealt with as ‘excepted applications’ under the 2013 Regulations, which means in general terms they will not be assessed against ... the pharmaceutical needs assessment (‘PNA’) produced by the Health and Wellbeing Board, (HWB). Instead, they will follow a simpler procedure, the key to which is whether or not a gap in pharmaceutical service provision would be created by the consolidation.... If the NHSCB is satisfied that the consolidation would create a gap in pharmaceutical services provision, it must refuse the application. The opinion of the HWB on this issue must be given when the application is notified locally and representations are sought (Regulations 12 and 13).

If the application is granted and pharmacy premises are removed from the relevant pharmaceutical list, if the HWB does not consider that a gap in service provision is created

⁵ <http://psnc.org.uk/funding-and-statistics/cpcf-funding-changes-201617-and-201718/>

⁶ National Health Service (Pharmaceutical Services, Charges and Prescribing) Regulations 2013

⁷ <http://psnc.org.uk/contract-it/pharmacy-mergers-consolidations/>

as a consequence, it must publish a supplementary statement published alongside its pharmaceutical needs assessment recording its view (amendment of regulation 6).”⁸

2.3 Joint Strategic Needs Assessment (JSNA) Review

2.3.1 Introduction

The *Havering Data Intelligence Hub* website (<https://www.haveringdata.net/joint-strategic-needs-assessment/>) sets out their JSNA resources including demographic and socioeconomic profiles, an overview of HSC needs, ward health profile, accountable care organisation (ACO) population work stream and a public health outcomes framework report. It also covers two deep dive topics – obesity needs assessment and special educational needs and disability (SEND) needs assessment. The HWB strategy is due to be refreshed and all key public health areas will be prioritised.

2.3.2 Relevant data and analysis

2.3.2.1 Demography

The London Borough of Havering has a population of 249,085 – an increase of 11% from 1998. Based on the Greater London Authority (GLA) population projections, the population of this borough is projected to increase by a further 13% to 297,369 in 2032. Havering has the oldest population in London and is one of the most ethnically homogenous boroughs with 83% of its residents recorded as White British in the 2011 Census (London 43%, and England 80%).

The population aged 25-64 will remain the largest age group up to 2032, however the greatest increases will be seen in the number of children and older people. Therefore, if the population continues to be affected by ill health at the current rate, then the demand for health and social care services will increase (particularly for frailty and dementia, long-term conditions and child and adolescent mental health).

2.3.2.2 Children

In 2015/16, a quarter of children in Reception Year were overweight or obese. This percentage increases to a third of children by Year 6, which is significantly higher than the England average.

Havering is currently ranked 16th highest in London (of 32 boroughs) for the percentage of children achieving a good level of development at the Early Years Foundation Stage for 2015/16.

2.3.2.3 Older people and care homes

Average life expectancy in Havering is 80.2 years for males and 84.1 years for females from birth (2013-2015). Women in the least deprived parts of the borough are likely to live 5.7 years longer than those living in the most deprived. This is similar for men with a 6.5-year difference.

The number of adults aged 65 and over living in residential and nursing homes is 596.7 per 100,000, which is higher than London at 491.7 but lower than England at 668.8. The

⁸ National Health Service England. The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016

majority of those who have physical and sensory disabilities (PSD) are unable to gain local placements with the right level of specialist support and are therefore often placed outside of the borough.

2.3.2.4 Risk factors

The top five (underlying) causes of death between 2012-16 were identified as cancers, circulatory diseases, respiratory diseases, dementia and Parkinson's disease, and diseases of the digestive system. Key risk factors include obesity, insufficient physical activity, smoking and alcohol misuse.

Around half of those aged over 18 who are registered with a GP in the Havering CCG are either overweight or obese.

In 2015, approximately 17.3% of those aged 18 years and above smoked. Smoking in pregnancy, although on the decline, is high in Havering (7.7%) compared with other London boroughs as of 2015-16.

2.3.2.5 Long-term conditions

An increasing number of Havering residents live with long-term conditions (LTCs), which has a significant impact on their daily lives including the use of urgent and emergency health and social care services.

Some health problems are more common in BAME groups. There are various reasons for this including a difference in lifestyle factors such as diet (e.g. diabetes in South Asians) and sickle cell disease in black Africans.

2.3.3 Latest priorities and implications for pharmacy services

While the role of pharmacists is not directly referred to in the JSNA, an expanded role for pharmacists could enable their involvement in addressing many of Havering's priorities

Priority areas identified by Havering for this report include children, older people and care homes. The potential role of pharmacists in addressing these priorities is suggested below.

2.3.3.1 Children

- Early child development
 - *Potential pharmacist role:* Healthy Start vitamins, Healthy Start service and vaccination service
- Reduce childhood overweight/obesity
 - *Potential pharmacist role:* weight management service, promoting healthier lifestyles and schools service

2.3.3.3 Older people

- Improve services for older people living with long-term conditions
 - *Potential pharmacist role:* anticoagulant monitoring service, asthma support service, carer support, COPD support service, diabetes support service, domiciliary support service, DOT service for TB treatment, inhaler technique service, medication review service, medicines assessment and compliance support service, in-demand availability of specialist medicines, post-hospital discharge medication support, supervised consumption of prescribed medicines, appliance use reviews (AURs), Medicines Use Reviews (MURs), new medicines service, blood pressure monitoring, palliative care service, repeat prescription service and supportive services
- General
 - *Potential pharmacist role:* electronic prescriptions, independent prescribing by pharmacists, out of hours access to medicines, home delivery service and language access service

2.3.3.4 Care homes

- *Potential pharmacist role:* care home service, palliative care service, supportive services and carer support

2.4 Joint Health and Wellbeing Strategy (JHWS) review

2.4.1 Introduction

The *Joint Health and Wellbeing Strategy 2015-2019*, developed by Havering's Health and Wellbeing Board, outlines the overarching plan to improve the health and wellbeing of the local population. The strategy (refreshed October 2016) focuses on four overarching themes, each with underpinning priorities for action. The JHWS can be viewed at: https://www.havering.gov.uk/download/downloads/id/1533/havering_health_and_wellbeing_strategy_2017.pdf

2.4.2 Latest priorities

The four overarching themes of the strategy and their associated priority areas comprise:⁹

2.4.2.1 Primary Prevention

- Socio-economic risk factors
 - Getting people into work
 - Helping people to achieve (education and skills)
 - Ensuring people have a good home
 - Providing an environment in which it is easier for our residents to make healthier choices
 - Increasing community and individual ability to take control over their own health and care to reduce demand for services

⁹ Milner S. Havering's Health and Wellbeing Strategy 2015-2019: Refresh. October 2016

- Behavioural risk factors
 - Promote good mental health
 - Reduce harm from tobacco
 - Reduce harm from alcohol
 - Improve nutrition and increase physical activity to promote healthy weight management
 - Improve sexual health
 - Increase uptake of immunisations
 - Increase uptake of screening programmes

2.4.2.2 Working together to identify those at risk and intervene early

- Identify vulnerable children and families and intervene earlier
- Provide effective support for children with health needs
- Provide effective support for people with long term conditions (LTCs) and their carers so they can live independently for longer
- Provide effective support for people with learning disabilities/dementia and their carers so they can live independently for longer
- Identify those with low level mental health issues and intervene earlier
- Improve secondary prevention for those with existing LTCs, e.g. identify those at risk of going on to develop CVD, diabetes, liver, renal failure etc. and clinically intervene to avoid worsening outcomes
- Promote earlier presentation of signs and symptoms of major diseases

2.4.2.3 Provide the right health and social care/advice in the right place at the right time

- Improved integrated care pathways especially for major causes of morbidity/mortality
- Reduce avoidable A&E attendances, by changing health seeking behaviour and providing alternatives
- Reduce avoidable admissions to hospital or long-term care homes
- Improve access to primary health care
- Promote wellbeing and self-care
- Ensure appropriate end of life care

2.4.2.4 Quality of services and user experience

- Ensure that services provided/commissioned are of good quality, are effective and provide the best possible service user's experience
- Reduce variations in quality and practice across primary and secondary care and social care
- Reduce variations in access to services

3 Population characteristics

Figures used in this and other sections are based on the information available during the summer of 2017 when the tables were compiled. It has not always been possible to update them if later figures have been published since this time. Figures used will tend to be the latest available, but on occasions certain breakdowns of the figures require going back to earlier published data, including the 2011 Census. Where this is the case, overall totals may not always tally, but it is the breakdowns of the figures that are important.

3.1 Current population

In 2016, the population of Havering was 249,085 (52% female and 48% male). The population of Havering has increased by 9% over the last 10 years, similar to the increase in England at 8.4% but lower than London which has risen by 16%.

Table 2 and Table 3 show the age breakdown of the current population. The borough's age structure is similar to England, but has an older population than other London boroughs. The over 65s are 18% of the population, in line with England but higher than London at 11.6%.

Table 2 Population Estimates by age and gender for Havering, London and England: mid-2016

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Population		Havering						ONS - Mid-2016	
Age Range		Male			Female			Total	
		Number	% of Total Population		% of Total Population	Number		Number	%
85+		2423	1.0%			4832	1.9%	7255	2.9%
65 - 84		17395	6.9%			21591	8.5%	38986	15.4%
50 - 64		22801	9.0%			23702	9.4%	46503	18.4%
20 - 49		47748	18.9%			51131	20.2%	98879	39.1%
5 - 19		22472	8.9%			21680	8.6%	44152	17.5%
0 - 4		8617	3.4%			8391	3.3%	17008	6.7%
All Ages		121456	48.0%	25%	0%	131327	52.0%	252783	100%

Population		London						ONS - Mid-2016	
Age Range		Male			Female			Total	
		Number	% of Total Population		% of Total Population	Number		Number	%
85+		50878	0.6%			89433	1.0%	140311	1.6%
65 - 84		404899	4.6%			475914	5.4%	880813	10.0%
50 - 64		661877	7.5%			688962	7.8%	1350839	15.4%
20 - 49		2149252	24.5%			2095201	23.8%	4244453	48.3%
5 - 19		786982	9.0%			748933	8.5%	1535915	17.5%
0 - 4		325403	3.7%			310158	3.5%	635561	7.2%
All Ages		4379291	49.8%	25%	0%	4408601	50.2%	8787892	100%

Population		England						ONS - Mid-2016	
Age Range		Male			Female			Total	
		Number	% of Total Population		% of Total Population	Number		Number	%
85+		471396	0.9%			856696	1.6%	1328092	2.4%
65 - 84		4020074	7.3%			4534675	8.2%	8554749	15.5%
50 - 64		5018607	9.1%			5163121	9.3%	10181728	18.4%
20 - 49		11073301	20.0%			11023221	19.9%	22096522	40.0%
5 - 19		4959903	9.0%			4718027	8.5%	9677930	17.5%
0 - 4		1757639	3.2%			1671407	3.0%	3429046	6.2%
All Ages		27300920	49.4%	25%	0%	27967147	50.6%	55268067	100%

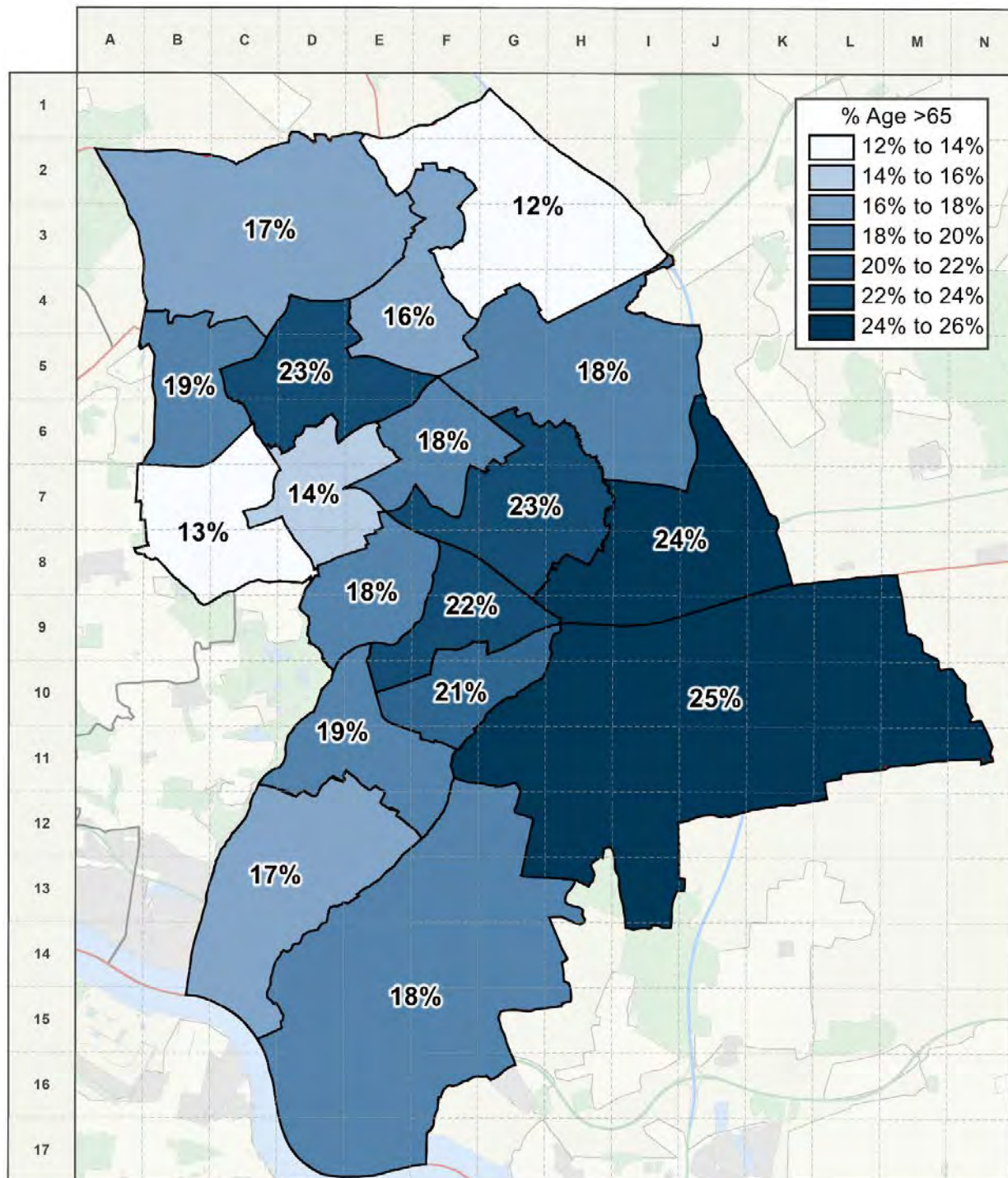
Table 3 2016 population age breakdown for Havering, London and England

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

Age Range	Havering	London	England
85+	2.9%	1.6%	2.4%
65 - 84	15.4%	10.0%	15.5%
50 - 64	18.4%	15.4%	18.4%
20 - 49	39.1%	48.3%	40.0%
5 - 19	17.5%	17.5%	17.5%
0 - 4	6.7%	7.2%	6.2%

Figure 3 Percentage of the ward population over the age of 65

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>



3.2 Population distribution

The localities do not differ much in size, although Central is the largest with 35% of the borough's population. The age structure also does not vary much across the borough however the South has a higher percentage of over 65s and correspondingly fewer in the younger age groups.

Table 4 Age distribution by locality

Ward Level mid-year population estimates (experimental statistics) – mid-2015:

Area	Locality	Age Range %						Gender %		Population Number
		0 - 4	5 - 19	20 - 49	50 - 64	65 - 84	85+	Male	Female	
Havering	Central	6.5%	16.4%	41.4%	18.2%	14.8%	2.6%	48.4%	51.6%	87340
Havering	North	7.0%	18.9%	39.1%	17.6%	14.8%	2.6%	47.5%	52.5%	83466
Havering	South	5.9%	17.4%	36.7%	19.4%	17.4%	3.2%	48.2%	51.8%	78279
Havering		6.5%	17.6%	39.1%	18.4%	15.6%	2.8%	48.0%	52.0%	249085
London		7.3%	17.4%	48.7%	15.1%	10.0%	1.6%	49.7%	50.3%	8673713
England		6.3%	17.5%	40.3%	18.2%	15.4%	2.4%	49.3%	50.7%	54786327

3.3 Population density

Table 5 shows the population density (people per square kilometre) by locality and compared with London and England. The population density varies across the borough with Central having the highest rate and the South the lowest. The overall rate for the borough is below the London figure but well above England.

Table 5 Population density – people per square kilometre

Source: Ward level mid-year population estimates (experimental statistics) – mid-2015: SAPE18DT8
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>

Area	Locality
Havering	Central
	North
	South

Population	sq.km	People per sq.km	
87340	19.9	4379.7	<div></div>
83466	35.6	2347.1	<div></div>
78279	56.9	1376.7	<div></div>

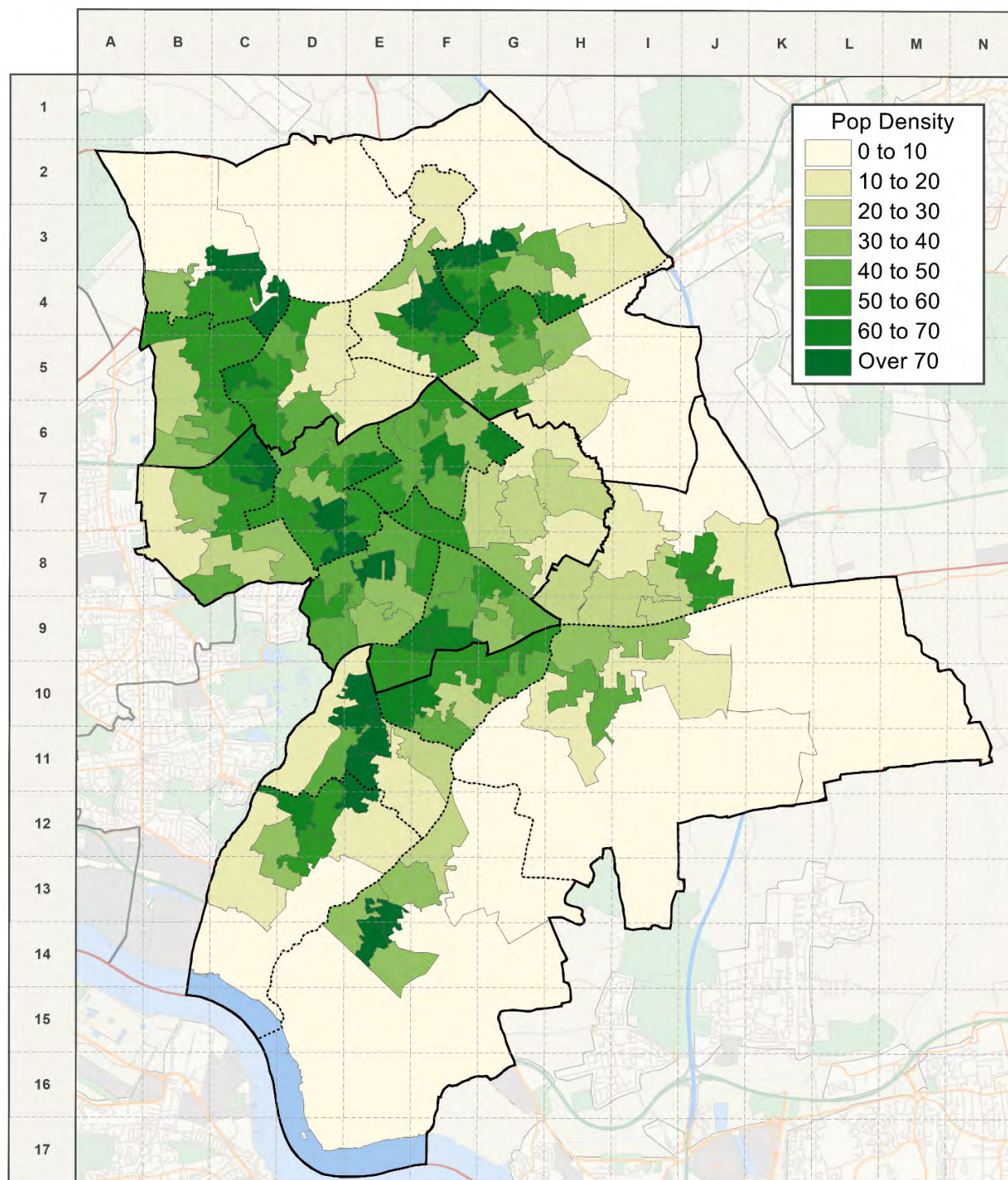
Havering
London
England

249085	112	2217	<div></div>
8673713	1572	5518	<div></div>
54786327	129213	424	<div></div>

Figure 4 LSOA population density

Source: Census 2011

<https://www.ons.gov.uk>



3.4 Ethnicity

Table 6 indicates that the proportion of the population that is white (including white other) is at 87.7%, near to the national average but considerably higher than London at 60%. The black and Asian populations each represent just under 5% of the total population in the borough. The breakdowns across the localities are similar.

Table 6 Ethnicity by locality

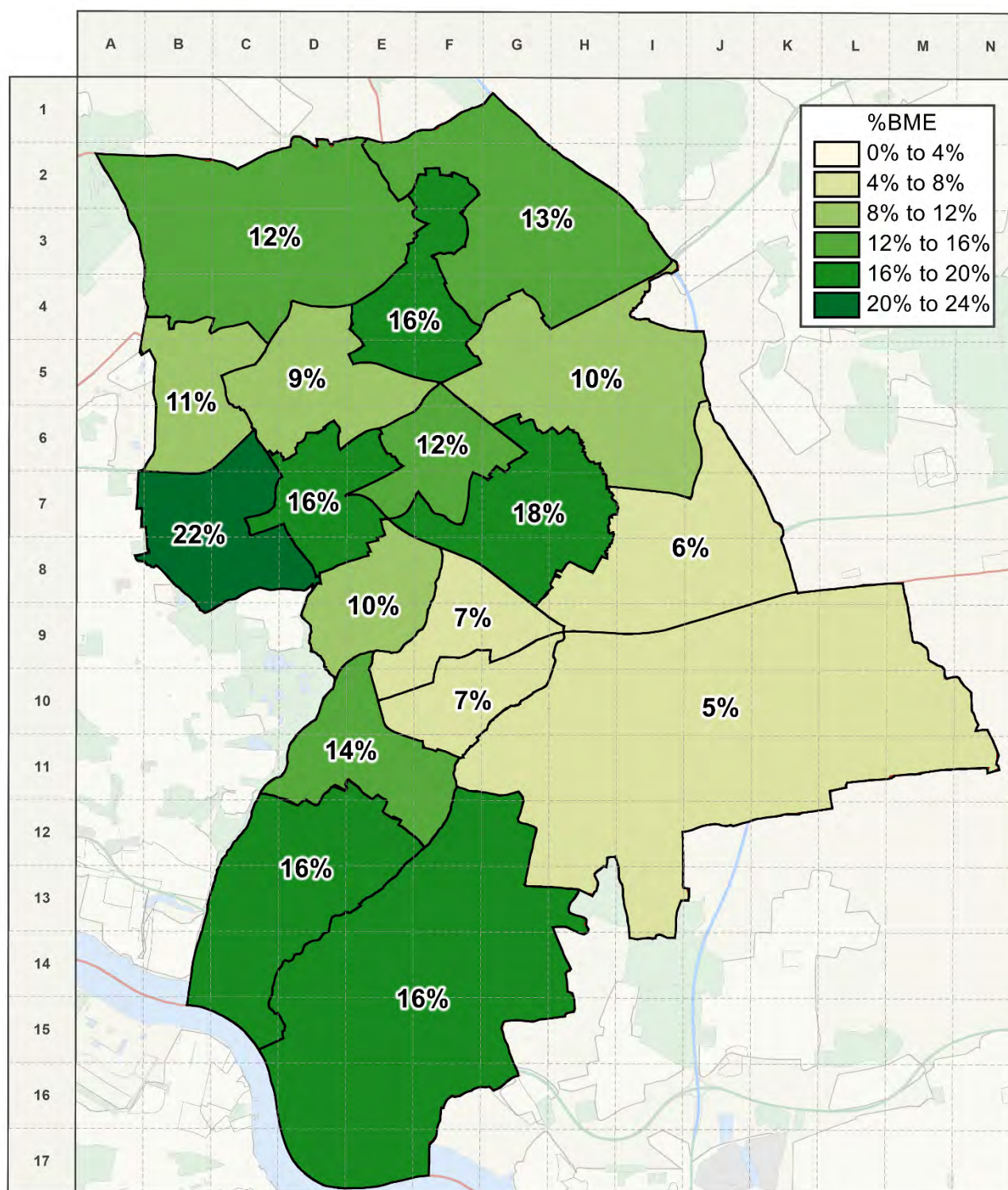
Ethnicity 2011 Census- Context section 2.5 BME 50.5 % Diverse population

Area	Locality	Ethnicity %					Population Number
		White	Mixed	Asian	Black	Other	
Havering	Central	85.6%	2.2%	7.0%	4.3%	0.8%	87340
Havering	North	88.1%	2.1%	3.7%	5.6%	0.5%	83466
Havering	South	89.4%	1.9%	3.7%	4.6%	0.4%	78279
Havering		87.7%	2.1%	4.9%	4.8%	0.6%	237232
London		59.8%	5.0%	18.5%	13.3%	3.4%	8173941
England		85.4%	2.3%	7.8%	3.5%	1.0%	53012456

Figure 5 Percentage of the ward population from mixed, Asian, black or other ethnic group

Source: Census 2011

<http://www.nomisweb.co.uk/census/2011/ks201ew>



3.5 Deprivation

Since the last PNA, a new national Index of Multiple Deprivation (IMD 2015) has been published and is examined here for the borough. IMD is typically analysed by small areas called Lower Super Output Areas (LSOAs) which have an average population of 1,500 and a minimum of 1,000. Each LSOA is categorised into one of ten groups nationally (known as deciles) according to whether the area is in the 10% of most deprived areas (decile 1), the next 10% (decile 2) and so on. Looking at localities or other larger areas it is possible to create a deprivation score by scoring 1 for an area in decile 1, 2 for the next and so on. The higher the score the less deprived is the area. Table 7 shows the distribution of LSOAs for each locality, the borough and for London.

In Havering, there are 150 LSOAs. The borough has a deprivation score (see above) of 6 compared with 4.8 for London and 5 for England, implying it has less deprivation than in other areas. There is some variation across the borough with the North showing greater levels of deprivation than the other two localities.

Table 7 Deprivation at ward and locality

Source: IMD 2015

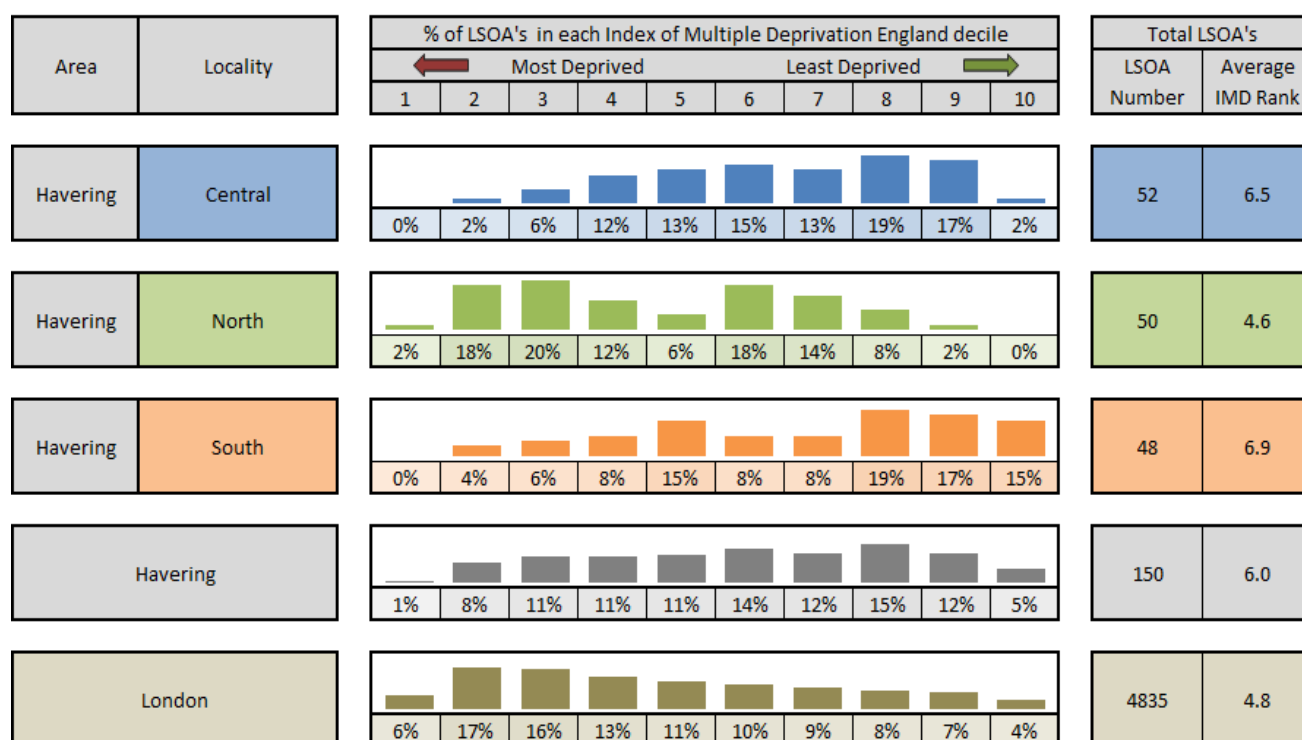
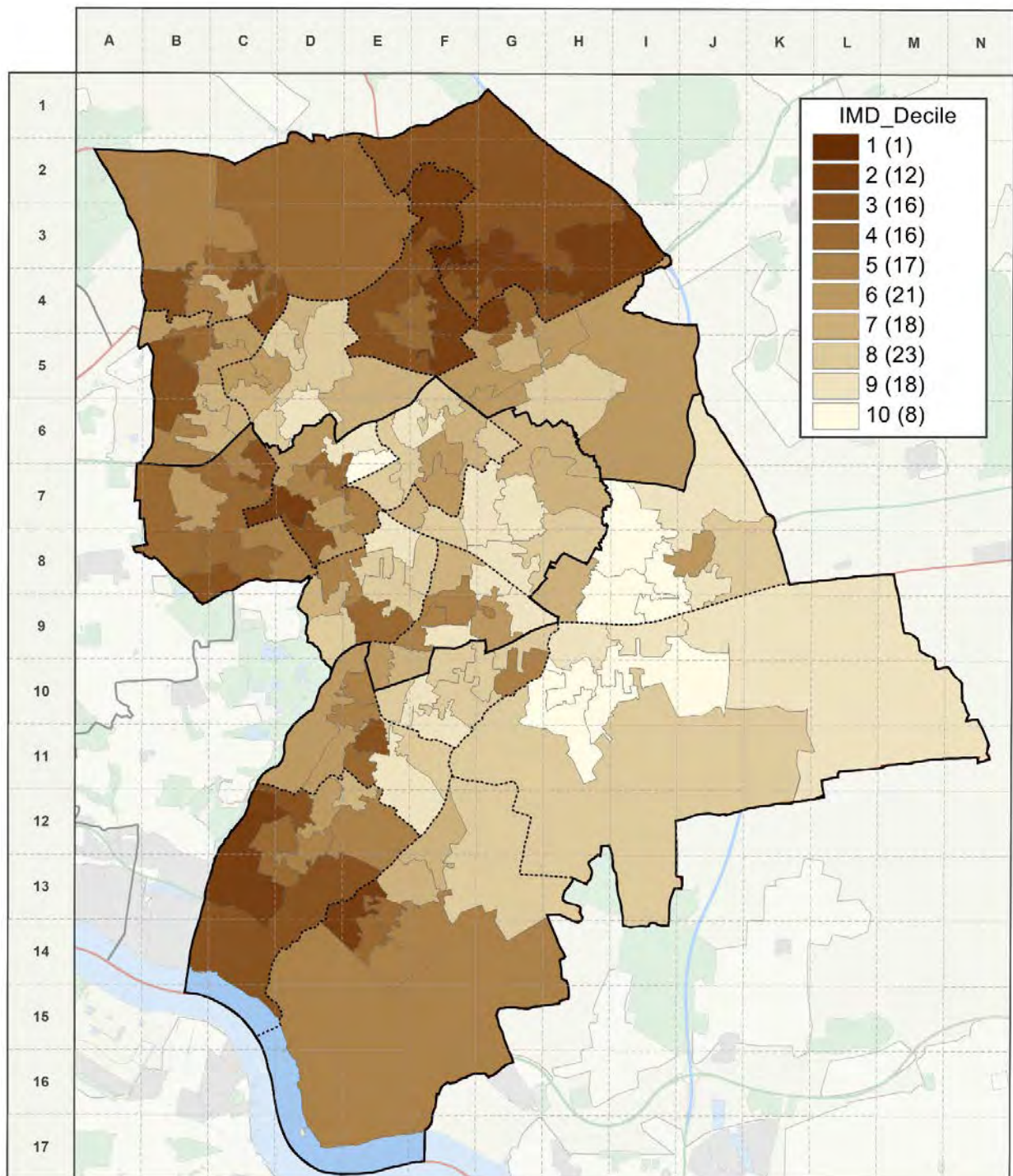


Figure 6 English Indices of Deprivation – 2015 – for LSOAs in each ward and locality in Havering

www.gov.uk/government/statistics/english-indices-of-deprivation-2015



3.7 Population projections

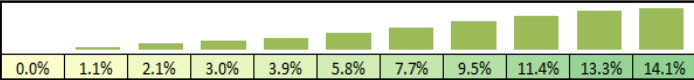
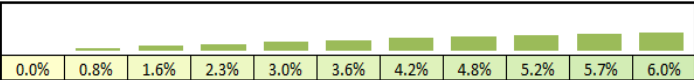
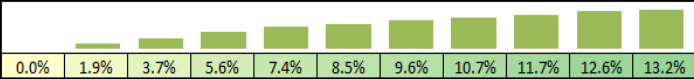
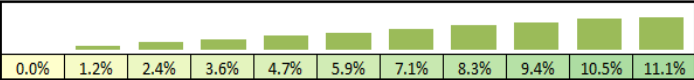
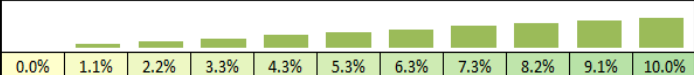
Population projections are used for a range of purposes and are often considered of equal validity as they are each based on specific assumptions.

The projections show a 5.9% increase to 2021, which is broadly the period of this PNA. The highest increase is in the South at 8.5%. A few of the individual wards are showing much higher projected increases such as 35% (South Hornchurch) and 16.5% (Brooklands). They rise even further up to 2026 to 46% and 34% respectively.

Beyond the current PNA timeframe, the projections to 2026 show an increase of 11%, mostly in the South and Central localities.

Table 8 GLA 2015-based Demographic Projections – ward projections

Ward-level housing-led projection incorporating assumed development from the 2013 SHLAA.

Area	Locality	2016 Population	Year										2026 Population
			2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Havering	Central	88206											100673
Havering	North	84439											89483
Havering	South	79626											90102
Havering		252271											280258
London		8778252											9658419

3.8 Health and lifestyles

Full analysis of the health of the people of Havering is available on the council's website under the JSNA at: <https://www.haveringdata.net/joint-strategic-needs-assessment/>

Key figures for the borough are also available on Public Health England's fingertips system at: <http://fingertipsreports.phe.org.uk/health-profiles/2017/e09000016.pdf>

Table 9 Public Health England – Health Profile – Havering
<https://fingertips.phe.org.uk/profile/health-profiles>

Community Indicators		Havering		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Deprivation score (IMD 2015)	2015	-	17.9	-	-	Could not be Calculated	-
Children in low income families (under 16s)	2014	8785	19.1%	23.4%	9.6%		39.2%
Statutory homelessness	2015/16	140	1.4	1.2	0.2		4.4
GCSEs achieved	2015/16	1601	57.6%	61.3%	54.8%		74.6%
Violent crime (violence offences)	2015/16	4521	18.4	21.8	12.4		35.2
Long term unemployment	2016	495	3.2	4.1	1.7		6.8

Children's and young people's health		Havering		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking status at time of delivery	2015/16	252	7.7%	5.0%	1.8%		8.6%
Breastfeeding initiation	2014/15	2003	73.3%	86.1%	-	Insufficient number of values	-
Obese children (Year 6)	2015/16	585	22.0%	23.2%	11.0%		28.5%
Hospital stays for alcohol-specific conditions (under 18s)	13/14 - 15/16	21	13.2	22.4	11.7		47.0
Under 18 conceptions	2015	98	22.3	19.2	10.6		31.0

Adults Health and Lifestyle		Havering		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Smoking prevalence in adults	2016	-	14.9%	15.2%	7.4%		22.3%
Percentage of physically active adults - current method	2015/16	-	59.2	64.6	55.7		73.7
Percentage of physically active adults - historical method	2015	-	55.4%	57.8%	44.8%		69.3%
Excess weight in adults	2013 - 15	-	66.1%	58.8%	46.5%		70.6%

Disease and Poor Health		Havering		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Cancer diagnosed at early stage	2015	460	43.7%	50.2%	41.6%		55.3%
Hospital stays for self-harm	2015/16	194	77.7	93.8	58.7		193.0
Hospital stays for alcohol-related harm	2015/16	1060	444.0	545.0	390.0		785.0
Recorded diabetes	2014/15	11570	6.0%	6.1%	3.7%		8.8%
Incidence of TB	2013 - 15	77	10.4	30.4	5.9		85.6
New sexually transmitted infections (STI)	2016	1167	739.0	1547.0	684.0		3288.0
Hip fractures in people aged 65 and over	2015/16	303	615.0	509.0	391.0		671.0
Estimated dementia diagnosis rate (aged 65+)	2017	1903	60.3%	71.1%	59.1%		90.6%

Life Expectancy and Causes of Death		Havering		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Life expectancy at birth (Male)	2013 - 15	-	80.2	80.2	77.5		83.4
Life expectancy at birth (Female)	2013 - 15	-	84.1	84.1	81.8		86.4
Infant mortality	2013 - 15	19	2.0	3.4	2.0		5.4
Killed and seriously injured on roads	2013 - 15	164	22.2	25.7	11.8		64.3
Suicide rate	2013 - 15	47	7.5	8.6	6.7		11.3
Smoking related deaths	2013 - 15	1232	282.1	260.4	183.3		394.9
Under 75 mortality rate: cardiovascular	2013 - 15	381	63.5	77.4	45.4		108.8
Under 75 mortality rate: cancer	2013 - 15	822	137.1	129.7	105.8		169.6
Excess winter deaths	Aug 12 - Jul 15	484	23.1	18.6	10.5		30.5

Inequality Indicators		Havering		London			
Indicator	Period	Count	Value	Value	Min	Range	Max
Premature mortality from all causes (Male)	2013 - 15	1070	374	398	304		543
Premature mortality from all causes (Female)	2013 - 15	732	231	246	181		323
Per cent of ethnic minorities (Female)	2015	11300	10.4%	38.7%	10.4%		62.2%
Per cent of ethnic minorities (Male)	2015	10800	10.6%	35.8%	10.6%		60.9%
Dependency ratio	2015	96592	63.3%	48.5%	33.9%		63.3%

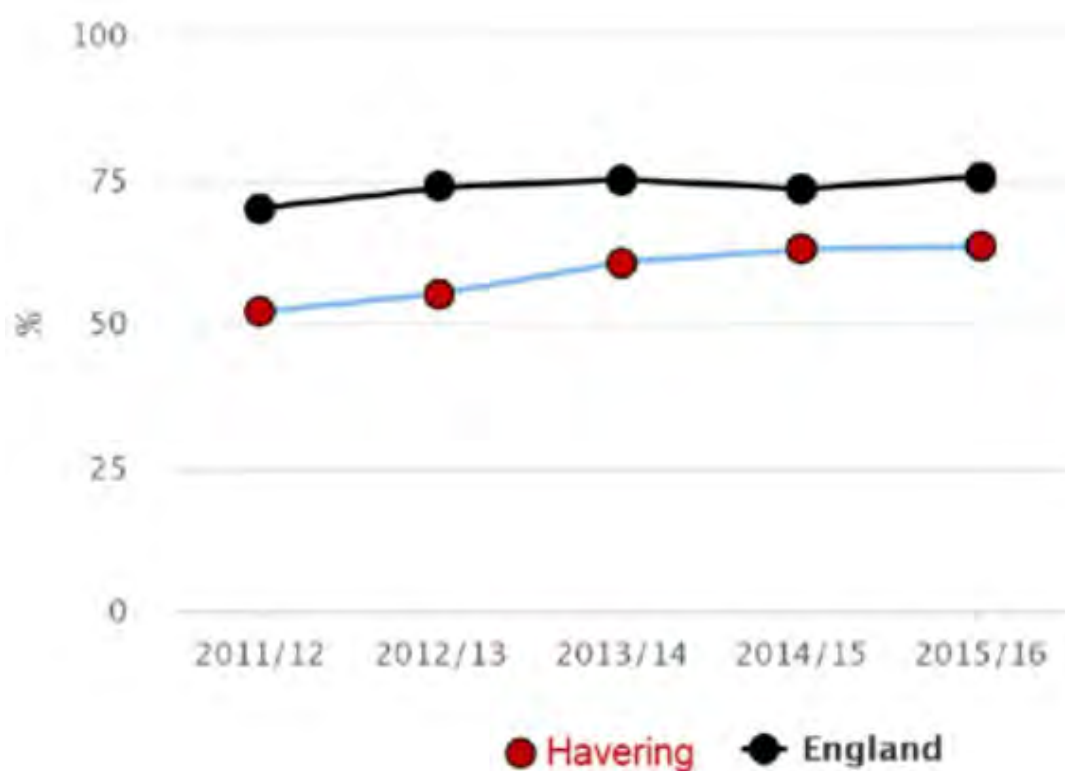
● Better
 ● Similar
 ● Worse
 ○ Not Compared

Many of the borough's health indicators compare well with London and England averages. Some areas worthy of note are:

1. The percentage of 10-11-year-olds with excess weight has risen recently and at 37.3% is above the England figure of 34.2% but slightly below London at 38.1%.
2. The borough has lower rates of adults with learning disability in stable and appropriate accommodation – see Figure 7.

Figure 7 Adults with a learning disability who live in a stable and appropriate accommodation

Source: PHOF



3. The average number of portions of fruit consumed across the borough is low, at 2.1 compared with the London average of 2.47 and England 2.51 (source PHOF)
4. With an ageing population, those with long-term conditions needs to be monitored. Figure 9, Figure 10, Figure 11 and Figure 12 are based on recent GP data and show the variations across the borough.

Figure 8 Chld excess weight in 4-5 year olds and 10-11 year olds

Source PHOF

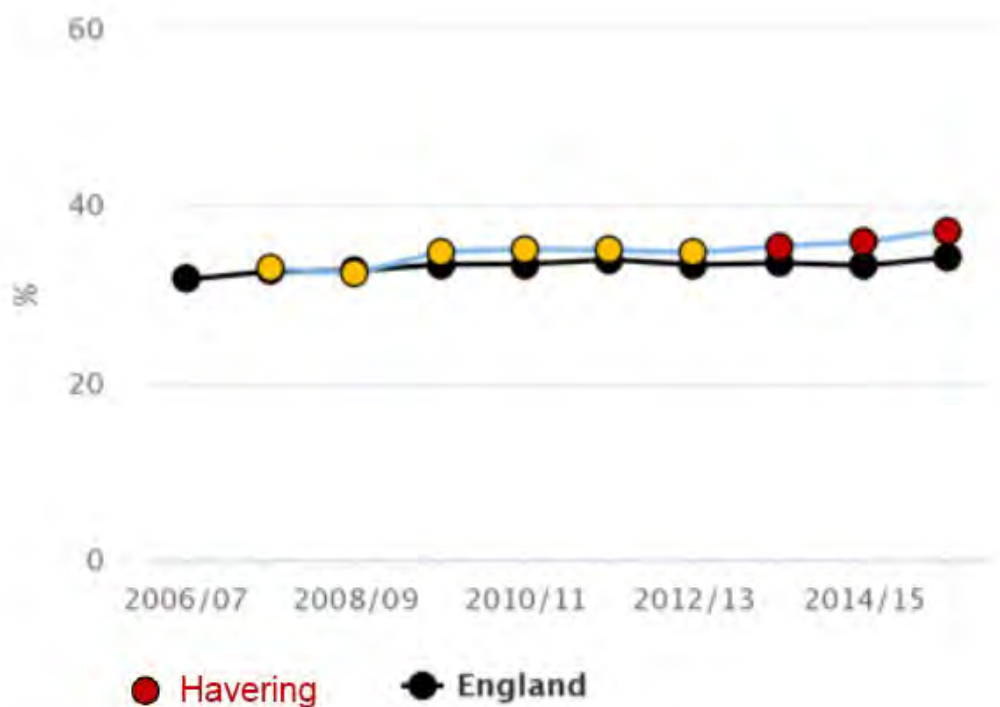


Figure 9 Rates of coronary heart disease – prevalence of conditions per 1,000 population

Source: GP data

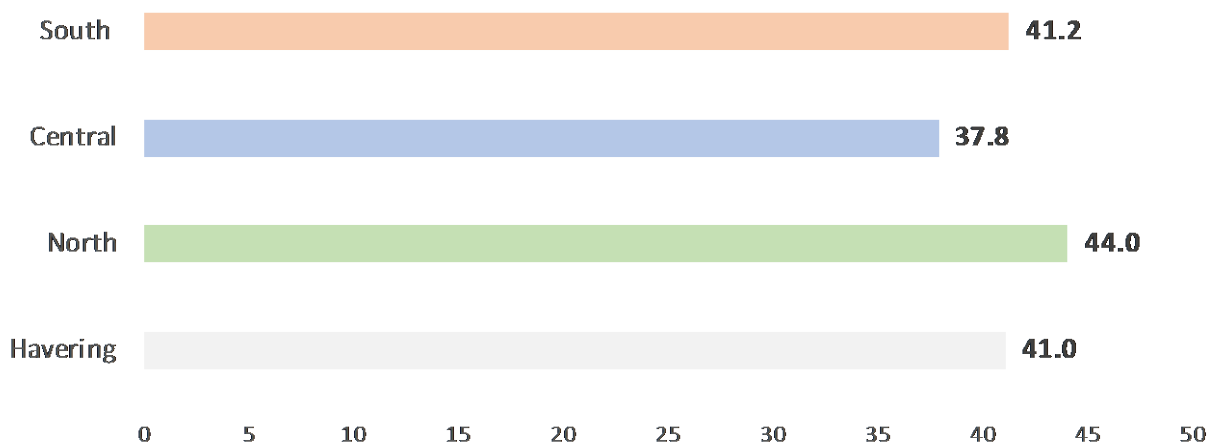


Figure 10 Rates of chronic obstructive pulmonary disease (COPD) – prevalence of conditions per 1,000 population

Source: GP data

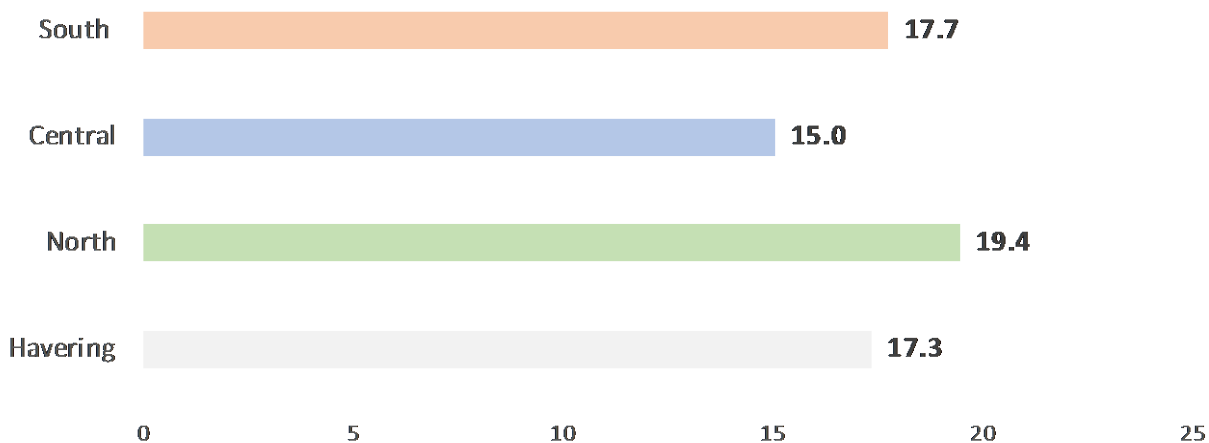


Figure 11 Mental illness – prevalence of conditions per 1,000 population

Source: GP data

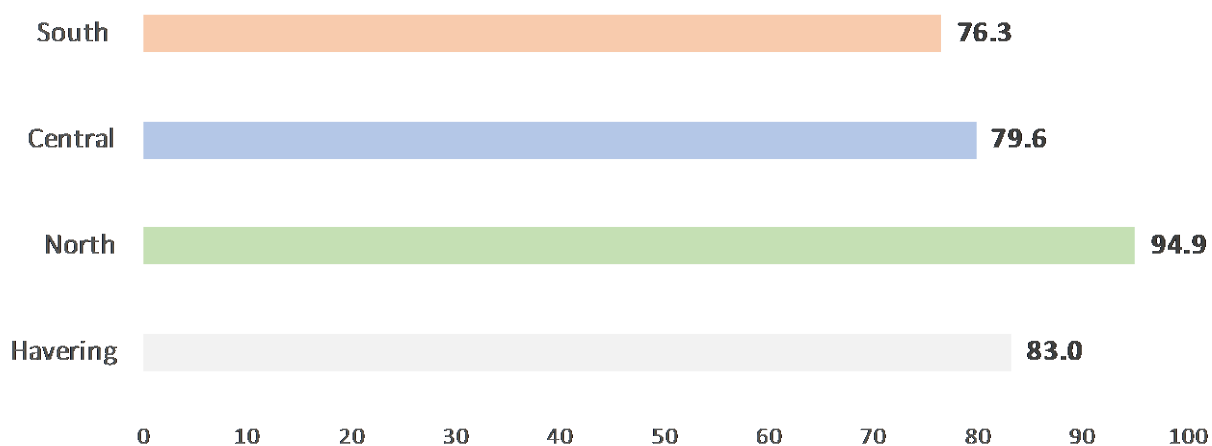
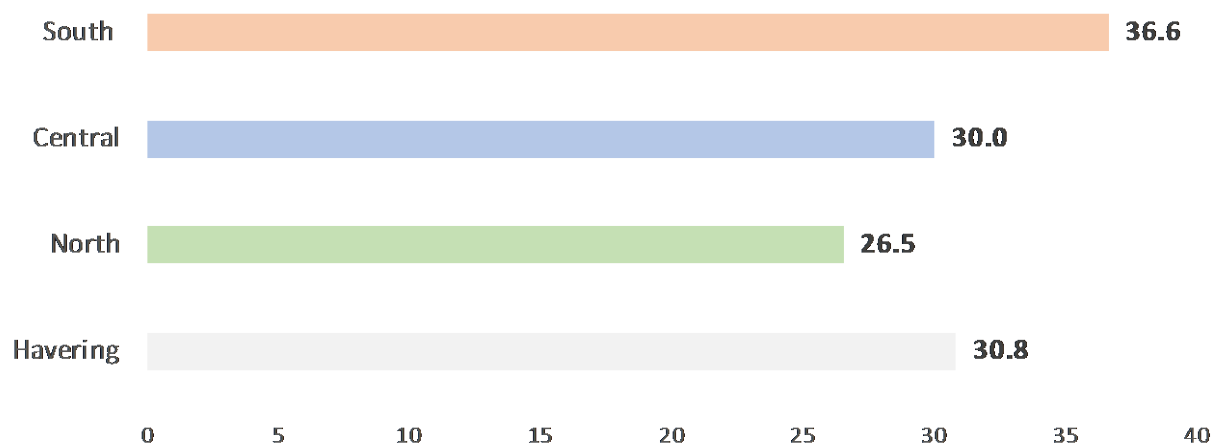


Figure 12 Rates of cancer – prevalence of conditions per 1,000 population

Source: GP data



3.9 Life expectancy and mortality

Life expectancy rates in Havering are the same as London and higher than England. Healthy life expectancy rates are higher than both London and England.

Table 10 Life expectancy and healthy life expectancy

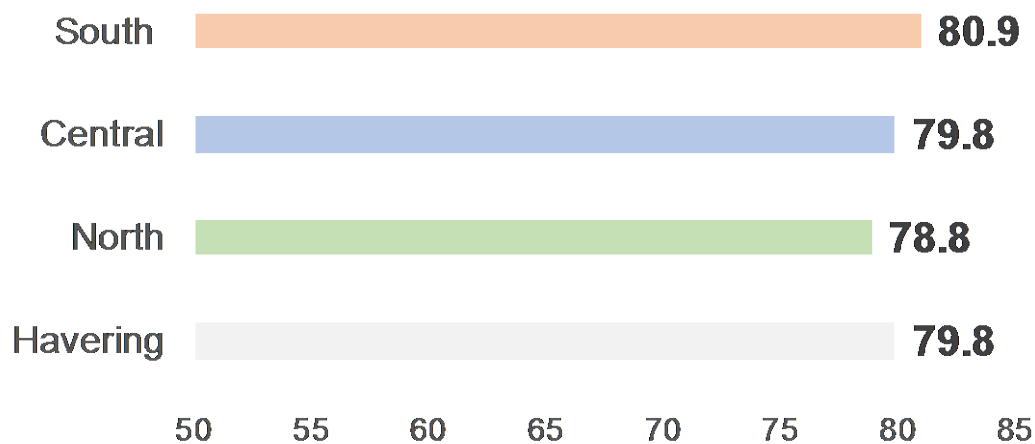
Source: PHOF 2013-15

Indicator	Gender	Havering	London	England
Life expectancy	Male	80.2	80.2	79.5
	Female	84.1	84.1	83.1
Healthy life expectancy	Male	65.8	64.1	63.4
	Female	64.8	64.1	64.1

Life expectancy varies across the borough. From the period 2010-14, figures for the different localities reveal a higher life expectancy moving from north to south.

Figure 13 Life expectancy by locality, males

Source: Havering locality profiles (2010-14)


Figure 14 Life expectancy by locality, females

Source: Havering locality profiles (2010-14)

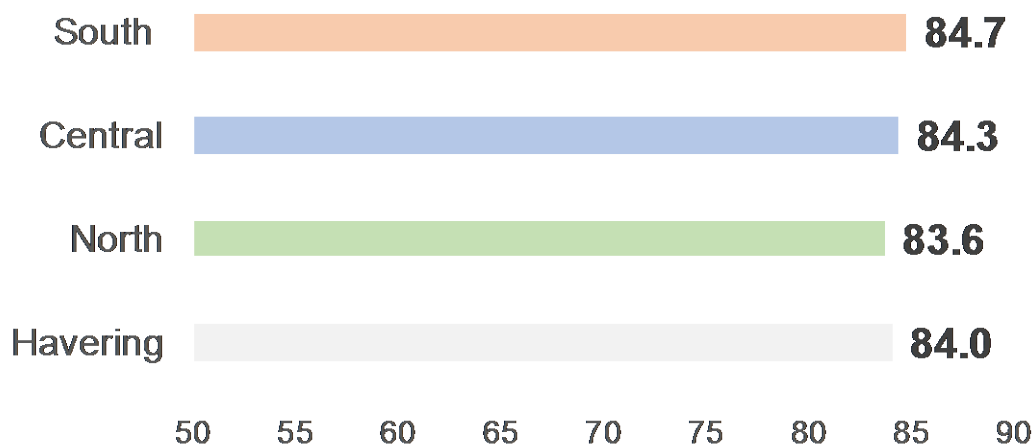


Table 11 shows the key mortality rates for Havering, which are generally lower than the London and England rates, although cancer rates for under 75s are higher than for London but the same as England.

Table 11 Key mortality rates for Havering

Source: PHOF indicators 2013-2015

Indicator	Havering	London	England
Mortality rates from preventable causes (4.03)	156.9	170.8	184.5
Mortality under 75 from CVD (4.04)	63.5	77.4	74.6
Mortality under 75 from cancer (4.05)	137.1	129.9	138.8
Mortality under 75 from respiratory disease (4.07)	28.1	30.4	33.1

3.10 Havering housing trajectory

Current plans (as at September 2017) indicate there will be a considerable population increase in the borough. The proposed submission Local Plan for Havering is looking to meet the minimum housing target set out in the London Plan of 17,550 new homes between 2016 and 2031. The Local Plan focuses on growth within the first 10 years of the plan period and this is reflected in this capacity plan. The development opportunities identified in the Local Plan are projected to lead to a potential growth in population of 22,000 people by 2026. The borough includes:

- Two GLA Housing Zones – Rainham and Beam Park and Romford
- London Riverside Opportunity Area (part)
- 3 Crossrail stations
- New Station at Beam Park (C2C Southend Line)

For the period of this PNA the projected population increases up to 2021 by locality and area are shown below.

Table 12 Population increases 2017-2022

Locality	Area	Increase
North	West	152
North	East	1,140
Centre	North West	4,063
Centre	North East	225
Centre	South	364
South	Central	715
South	North East	472
South	South West	2179
TOTAL		9,310

4 Pharmaceutical service provision within Havering

4.1 NHS England pharmaceutical services currently commissioned from community pharmacies

4.1.1 Introduction

Community pharmacies provide three tiers of pharmaceutical services commissioned by NHS England:

- Essential services – all pharmacies are required to provide
- Advanced services – to support patients with safe use of medicines
- Enhanced services and locally commissioned services

Pharmacy owners (contractors) must provide essential services, but they can choose whether they wish to provide advanced and enhanced services.

4.1.2 Essential service provision currently commissioned from community pharmacies

The essential services offered by all pharmacy contractors are specified by a national contractual framework that was agreed in 2005. The following description of these services is an excerpt from a briefing summary on NHS community pharmacy services by the Pharmaceutical Services Negotiating Committee:

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Available at:

http://www.legislation.gov.uk/ukxi/2013/349/pdfs/ukxi_20130349_en.pdf

Pharmaceutical Services Negotiating Committee Summary of NHS Community Pharmacy services. Available at: <http://psnc.org.uk/wp-content/uploads/2015/06/CPCF-summary-June-2015.pdf>

- **Dispensing** – the safe supply of medicines or appliances. Advice is given to the patient about the medicines being dispensed and how to use them. Records are kept of all medicines dispensed and significant advice provided, referrals and interventions made.
- **Repeat dispensing** – the management of repeat medication for up to one year, in partnership with the patient and prescriber. The patient will return to the pharmacy for repeat supplies, without first having to visit the GP surgery. Before each supply the pharmacy will ascertain the patient's need for a repeat supply of a particular medicine.
- **Disposal of unwanted medicines** – pharmacies accept unwanted medicines from individuals. The medicines are then safely disposed of.
- **Promotion of Healthy Lifestyles (Public Health)** – opportunistic one to one advice is given on healthy lifestyle topics, such as stopping smoking, to certain patient groups who present prescriptions for dispensing. Pharmacies will also get involved in six local campaigns a year, organised by NHS England. Campaign examples may include promotion of flu vaccination uptake or advice on increasing physical activity.

- **Signposting patients to other healthcare providers** – pharmacists and staff will refer patients to other healthcare professionals or care providers when appropriate. The service also includes referral on to other sources of help such as local or national patient support groups.
- **Support for self-care** – the provision of advice and support by pharmacy staff to enable people to derive maximum benefit from caring for themselves or their families. The main focus is on self-limiting illness, but support for people with long-term conditions is also a feature of the service.
- **Clinical governance** – pharmacies must have a system of clinical governance to support the provision of excellent care, requirements include:
 - provision of a practice leaflet for patients
 - use of standard operating procedures
 - patient safety incident reporting to the National Reporting and Learning Service (NRLS)
 - conducting clinical audits and patient satisfaction surveys
 - having complaints and whistle-blowing policies
 - acting upon drug alerts and product recalls in order to minimise patient harm
 - having cleanliness and infection control measures in place.

NHS England is responsible for ensuring that all pharmacies deliver all of the essential services as specified. Each pharmacy has to demonstrate compliance with the community pharmacy contractual framework by providing sufficient evidence for delivery of every service. Any pharmacy unable to provide the evidence will be asked to provide an action plan, outlining with timescales, how it will then achieve compliance. These self-assessments are supported by contract monitoring visits.

4.1.3 Advanced service provision currently commissioned from community pharmacies

In addition to essential services, the community pharmacy contractual framework allows pharmacies to opt to provide any of four advanced services to support patients with the safe use of medicine, which currently include:

- Appliance Use Review (AUR)
- Medicines Use Review (MUR)
- New Medicine Service (NMS)
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Stoma Appliance Customisation (SAC)
- Flu Vaccination Service

The NHS seasonal flu vaccination programme is also currently commissioned as an advanced service. From 2015-16, NHS England commissioned a new advanced service from all community pharmacies who can vaccinate patients in at-risk groups against flu. In May 2016, NHS England announced the Community Pharmacy Seasonal Influenza Vaccination programme would be re-commissioned for the 2016-17 flu season. This service sits alongside the nationally commissioned GP vaccination service, giving patients another choice of venue for their vaccination and helping commissioners to meet their local NHS vaccination targets

In addition, NHS England London Region commissions PPV and Meningitis for 19-24 year olds and influenza vaccinations for people who work in care homes.

NHS England works with all pharmacies and other agencies to ensure that they are contributing to the system-wide implementation of safety alerts e.g. National Patient Safety Agency (NPSA) alerts on: anticoagulant monitoring, methotrexate, lithium safety, cold chain integrity etc. In the community, pharmacists should work with GPs and nurse prescribers to ensure safe and rational prescribing of medication.

Through the provision of MURs, DRUMs, clinical screening of prescriptions and identification of adverse drug events dispensing staff work with patients to help them understand their medicines. This also ensures that medicines are not omitted unnecessarily and that medication allergies and dose changes are clearly documented and communicated.

NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot is commissioned as an advanced service and runs from 1st December 2016- 31st March 2018.

This pilot is a replacement for the previous PURM (Pharmacy Urgent Repeat Medicines) pilot. For more details on the background of the service (i.e. funding, announcement) please see the introduction from PSNC.

<http://psnc.org.uk/services-commissioning/urgent-medicine-supply-service/>

See Appendix D – Pharmacy opening hours and services for the advanced services that are currently commissioned in Havering.

4.1.4 Enhanced Services

The third tier of pharmaceutical service that may be provided from pharmacies are the enhanced services. These are services that can be commissioned locally from pharmacies by NHS England. Examples of enhanced services include:

- anticoagulation monitoring
- care home service
- disease specific medicines management service
- gluten free food supply service
- independent prescribing service
- home delivery service
- language access service
- medication review service
- medicines assessment and compliance support
- minor ailment service
- on demand availability of specialist drugs
- out of hours service
- patient group direction service (not related to public health services)
- prescriber support service
- schools service
- supplementary prescribing service

These services can only be referred to as enhanced services if they are commissioned by NHS England. If local services are commissioned by CCGs or local authorities, they are referred to as locally commissioned services.

4.2 Locally commissioned services

Pharmacies are commissioned to provide a number of services by the LA and NHS England and the pharmacies providing these services are shown in Appendix D – Pharmacy opening hours and services.

NHS England commissions MUR, NMS, AUR, SAC, Flu, NUM SAS, Enhanced Service Flu, Palliative Care, Care, Minor Ailments service

The London Borough of Havering commissions community pharmacies for the provision of Emergency Contraception (EHC), C-card

Supervised consumption(SC) and needle exchange(NEX) services are also commissioned locally.

4.3 Dispensing appliance contractor

Appliance suppliers are a sub-set of NHS pharmaceutical contractors that supply, on prescription, appliances such as stoma and incontinence aids, dressings, bandages etc. They cannot supply medicines.

4.4 Distance-selling pharmacies

A distance-selling pharmacy provides services as per the Pharmaceutical Regulations, 2013. It may not provide essential services face-to-face at the pharmacy premises and therefore provision may only be by mail order and/or the internet. As part of the terms of service for distance-selling pharmacies, provision of all their services must be offered throughout England. It is therefore likely that patients within Havering will be receiving pharmaceutical services from a distance-selling pharmacy from outside the borough. Currently, there are 2 distance-selling pharmacies located in the London Borough of Havering.

4.5 Self-care pharmacy initiative

The Self-care pharmacy initiative aims to bring together health and social care, and self-care (including self-management) with health improvement for those with long-term conditions. The aim is to facilitate better and more effective use of pharmaceutical services and capacities with a focus on empowering patients to take better control of their own health and live independently in their local communities.

4.6 Community pharmaceutical services for people from special groups

- collection and delivery services – home delivery services can help to provide medications to those who do not have access to a car or who are unable to use public transport

- language services

4.7 Community pharmacies in Havering

Figures used in these analyses are based on information provided by NHS England in 2017 and updated by them during consultation. There are two distance selling pharmacies within the borough and they have been excluded from the analyses and most maps as they do not provide a walk-in facility for residents.

There are 46 community pharmacies in Havering (as at September 2017) for a population of 249,085. This is an average of 18.5 pharmacies per 100,000, slightly lower than the London and England figures of around 21. The analysis of access later in this PNA shows that some 98% of the population has access within 20 minutes walking time.

Table 13 Breakdown of average community pharmacies per 100,000 population

Source: London and England Data from: Health and Social Care Information Centre (2015/16)

Area	Number of community pharmacies	Total population (mid 2015 estimates)	Average number of community pharmacies per 100,000 population
Central	18	87340	20.6
North	12	83466	14.38
South	16	78279	20.44
Havering	46	249085	18.47
London	1853	8673713	21.36
England	11688	54786327	21.33

4.8 Choice of community pharmacies

Table 14 shows a breakdown of community pharmacy ownership. At 50%, the borough has a lower percentage of pharmacies that are multiple chains than the England average but is still higher than London at 39%. There is a good selection of pharmacy providers across all localities.

Table 14 Community Pharmacy ownership 2015-16

Sources: Havering data from NHS England, London and England Data from: Health and Social Care Information Centre (2015/16)

Area	Multiples	Independent	Multiple %
Central	7	11	39%
North	7	5	58%
South	9	7	56%
Havering	23	23	50%
London	726	1127	39%
England	7240	4448	62%

4.9 Intensity of current community pharmacy providers

For most pharmacy providers, dispensing provides the majority of their activity. Table 15 shows the Havering monthly dispensing activity to be higher than both the London and England averages. This may reflect the average age of the residents.

Table 15 Average number of monthly dispensed item per community pharmacy

Sources: Havering data (first quarter 2017/18) from:

https://data.gov.uk/dataset/ccg_prescribing_data

London and England Data from: Health and Social Care Information Centre (2015/16)

Havering	8168
London	5642
England	7096

4.10 Access to community pharmacies

The information on community pharmacies, opening hours and core/supplementary hours correlates with the data provided by NHS England in their data pack issued in 2017 and updated in their response to the consultation document.

Opening hours for pharmacies are shown in Appendix D – Pharmacy opening hours and services and Appendix F – Maps shows the numbers and locations of pharmacies open in the evenings and at weekends.

Maps also provide the locations of GP surgeries, dental practices and hospital pharmacies. Hospitals provide medication on hospital discharge and also a small number of drugs that can only be prescribed and dispensed from hospital pharmacies. For emergency prescribing there will be drugs dispensed by A&E and by walk in centres.

100 hour pharmacies

There are four 100 hour pharmacies in the borough (8.7% of the total). This compares with 5.6% across London and 9.9% for England. Table 16 shows the spread across the borough, with all localities having at least one.

Table 16 Numbers of 100 hour pharmacies

Area	Number of community pharmacies	Number of 100 hour pharmacies	Percentage of 100 hour pharmacies
Central	18	2	11.1%
North	12	1	8.3%
South	16	1	6.3%

Havering	46	4	8.7%
London	1853	103	5.6%
England	11688	1161	9.9%

Figure 15 Location of pharmacies in Havering – by locality and ward

The pharmacies shown below are also the pharmacies open on weekdays (where symbols overlap the pharmacy code is written by the side).

Pharmacies N10 and N14 shown with red text are distance selling pharmacies and will therefore not have any walk in capacity.

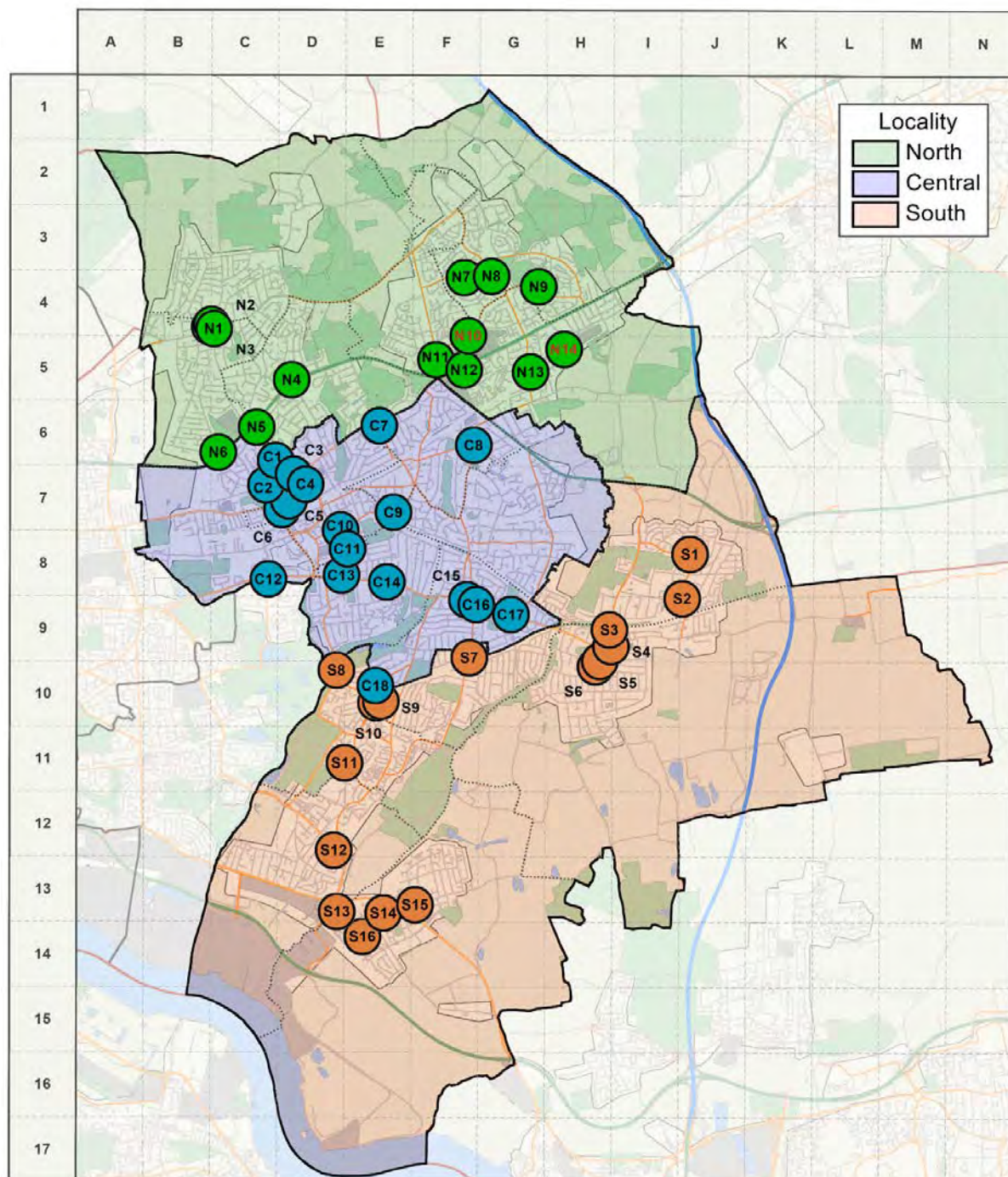
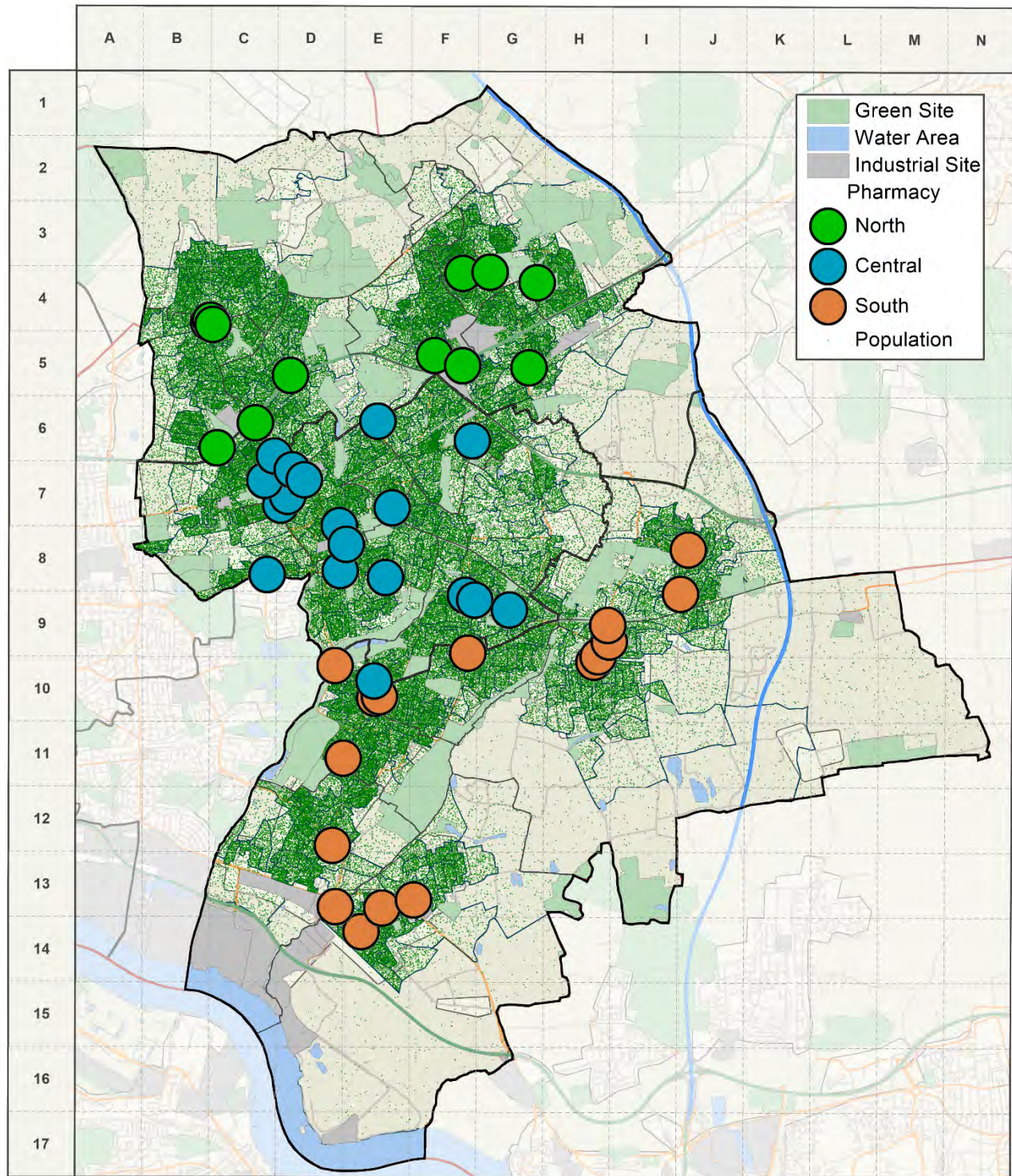


Table 17 Pharmacy look-up list, sorted by geographic location

MAP ID	Name	Type	ODS Code	Postcode	Ward Name	Locality	Alphabetical Lookup	MAP ID
C1	Mim Pharmacy Ltd		FT893	RM1 1DL	Romford Town	Central	Aktive Pharmacy	N14
C2	Fairview Pharmacy		FKK95	RM7 7HH	Brooklands	Central	Alliance Pharmacy	C16
C3	Boots The Chemist		FV600	RM1 3QD	Romford Town	Central	Alliance Pharmacy	N3
C4	Boots The Chemist		FGD64	RM1 3RL	Romford Town	Central	Ayp Healthcare Ltd	N10
C5	Boots The Chemists	100 Hour	FV092	RM1 1AU	Romford Town	Central	Bestway National Chemists	N13
C6	Lloyds Pharmacy	100 Hour	FA111	RM1 1AU	Romford Town	Central	Boots The Chemist	C3
C7	Britcrown Pharmacy		FGW82	RM2 5JR	Squirrel's Heath	Central	Boots The Chemist	C4
C8	Whiterose Chemist		FQD98	RM11 2LG	Squirrel's Heath	Central	Boots The Chemist	N7
C9	Shadforth Pharm		FN455	RM2 5SU	Emerson Park	Central	Boots The Chemist	N9
C10	Park Lane Pharmacy		FTV79	RM11 1BB	Romford Town	Central	Boots The Chemist Ltd.	C15
C11	Newlands Pharmacy		FK049	RM11 1BH	Romford Town	Central	Boots The Chemist Ltd.	S6
C12	Safedale Ltd		FDP87	RM7 0TJ	Brooklands	Central	Boots The Chemists	C5
C13	Tesco Superstore		FYN65	RM11 1PY	Hylands	Central	Bows Chemist	S15
C14	Pharmacare Chemist		FRF15	RM11 1QH	Hylands	Central	Britannia Pharmacy	S5
C15	Boots The Chemist Ltd.		FX556	RM12 4UL	St. Andrew's	Central	Britcrown Pharmacy	C7
C16	Alliance Pharmacy		FL261	RM11 3XS	St. Andrew's	Central	Britcrown Pharmacy	C17
C17	Britcrown Pharmacy		FDM09	RM11 3UX	St. Andrew's	Central	Chansons Pharmacy	S14
C18	Elm Park Pharmacy		FMD27	RM12 4SD	St. Andrew's	Central	Clockhouse Pharmacy	N2
N1	Lloyds Pharmacy		FN391	RM5 3PR	Mawneys	North	Crescent Pharmacy	N11
N2	Clockhouse Pharmacy	100 Hour	FFX17	RM5 3PH	Havering Park	North	Day Lewis Pharmacy	S1
N3	Alliance Pharmacy		FVE89	RM5 3PH	Havering Park	North	Day Lewis Pharmacy	S11
N4	Rise Park Pharmacy		FXK72	RM1 4NT	Pettits	North	Day Lewis Pharmacy	S12
N5	Newlands Pharmacies		FQP07	RM1 4QN	Pettits	North	Elm Park Pharmacy	C18
N6	W H Burdess Chemists Ltd		FN123	RM7 8BU	Mawneys	North	Fairview Pharmacy	C2
N7	Boots The Chemist		FF297	RM3 8DX	Gooshays	North	Govani Chemist	S2
N8	Newlands Pharmacy		FGA85	RM3 9LB	Gooshays	North	Govani Chemist	S3
N9	Boots The Chemist		FA737	RM3 9PH	Gooshays	North	Lloyds Pharmacy	C6
N10	Ayp Healthcare Ltd	Distance	FKD50	RM3 8FD	Harold Wood	North	Lloyds Pharmacy	N1
N11	Crescent Pharmacy		FGV99	RM3 7PB	Heaton	North	Lloyds Pharmacy	S9
N12	Tesco Superstore		FDT86	RM3 0LL	Harold Wood	North	Maylands Pharmacy	S8
N13	Bestway National Chemists		FL514	RM3 0BP	Harold Wood	North	Mim Pharmacy Ltd	C1
N14	Aktive Pharmacy	Distance	FMM89	RM3 0HU	Harold Wood	North	Newlands Pharmacies	N5
S1	Day Lewis Pharmacy		FLN08	RM14 1RQ	Cranham	South	Newlands Pharmacy	C11
S2	Govani Chemist		FE051	RM14 1XN	Cranham	South	Newlands Pharmacy	N8
S3	Govani Chemist		FPD73	RM14 2TD	Upminster	South	Newlands Pharmacy	S10
S4	Panchem Pharmacy		FCN97	RM14 3BS	Upminster	South	Panchem Pharmacy	S4
S5	Britannia Pharmacy		FE805	RM14 2AD	Upminster	South	Park Lane Pharmacy	C10
S6	Boots The Chemist Ltd.		FXH36	RM14 2AJ	Upminster	South	Pharmacare Chemist	C14
S7	Your Local Boots Pharmacy		FW198	RM12 6LL	Hacton	South	Rise Park Pharmacy	N4
S8	Maylands Pharmacy	100 Hour	FQV93	RM12 4EQ	Elm Park	South	Safedale Ltd	C12
S9	Lloyds Pharmacy		FCC42	RM12 5AS	Hacton	South	Shadforth Pharm	C9
S10	Newlands Pharmacy		FXW05	RM12 5AB	Elm Park	South	Tesco Instore Pharmacy	S13
S11	Day Lewis Pharmacy		FEP91	RM13 7PP	Elm Park	South	Tesco Superstore	C13
S12	Day Lewis Pharmacy		FC513	RM13 7QX	South Hornchurch	South	Tesco Superstore	N12
S13	Tesco Instore Pharmacy		FA052	RM13 9YZ	Rain and Wen	South	W H Burdess Chemists Ltd	N6
S14	Chansons Pharmacy		FTE90	RM13 9BD	Rain and Wen	South	Whiterose Chemist	C8
S15	Bows Chemist		FJL00	RM13 9JR	Rain and Wen	South	Williams Chemist	S16
S16	Williams Chemist		FG050	RM13 9TR	Rain and Wen	South	Your Local Boots Pharmacy	S7

Figure 16 Location of pharmacies in Havering with mid-2015 population density for LSOA



<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

Figure 17 Location of pharmacies in Havering with LSOA Deprivation Decile

All community pharmacies are displayed on this map and can individually be identified from Figure 15 and **Error! Reference source not found..**

www.gov.uk/government/statistics/english-indices-of-deprivation-2015

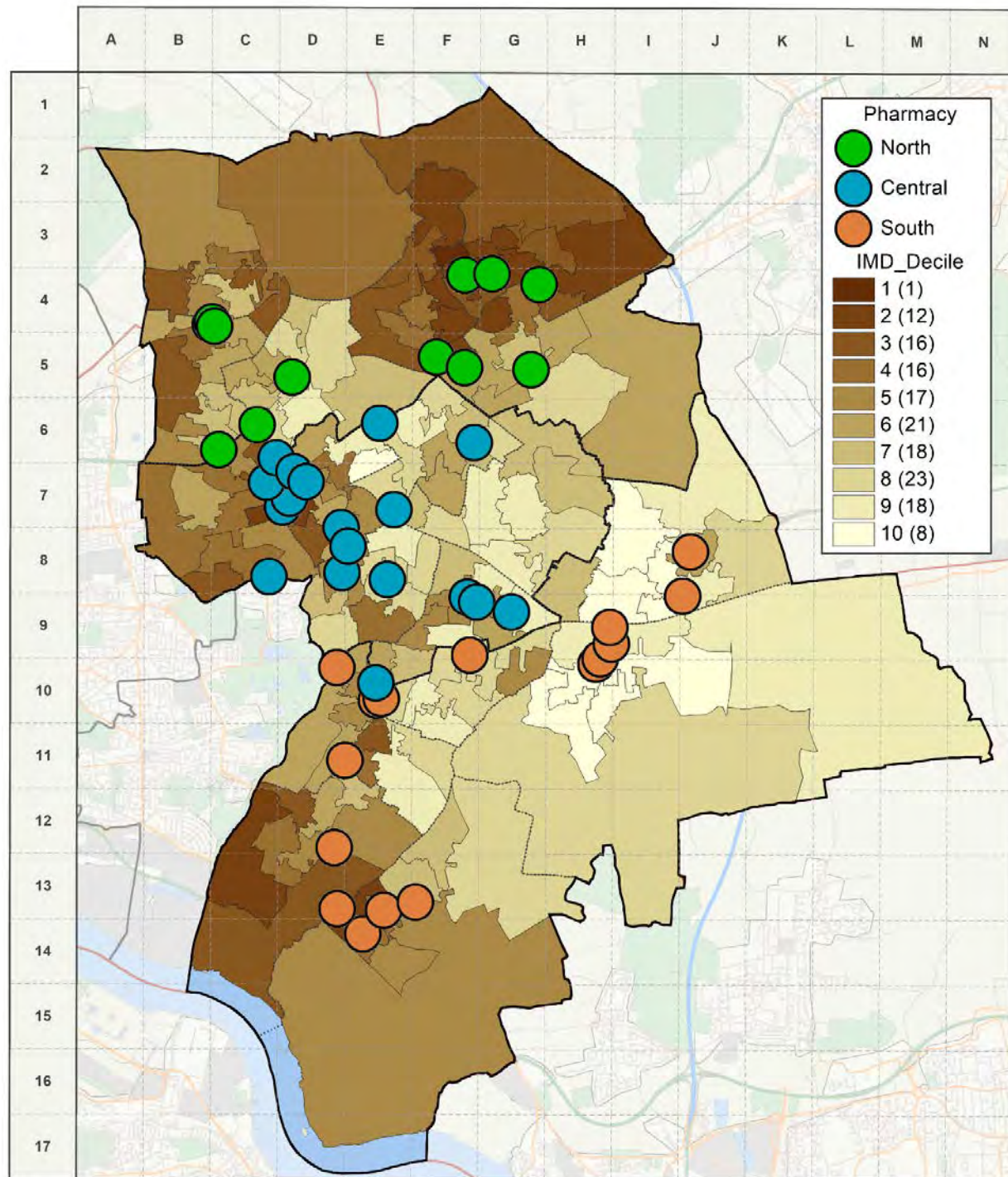


Figure 18 Location of pharmacies by locality in Havering and surrounding areas
Neighbouring pharmacies not in Tri-borough area were found and located using NHS Choices Postcodes. Distance selling pharmacies excluded.

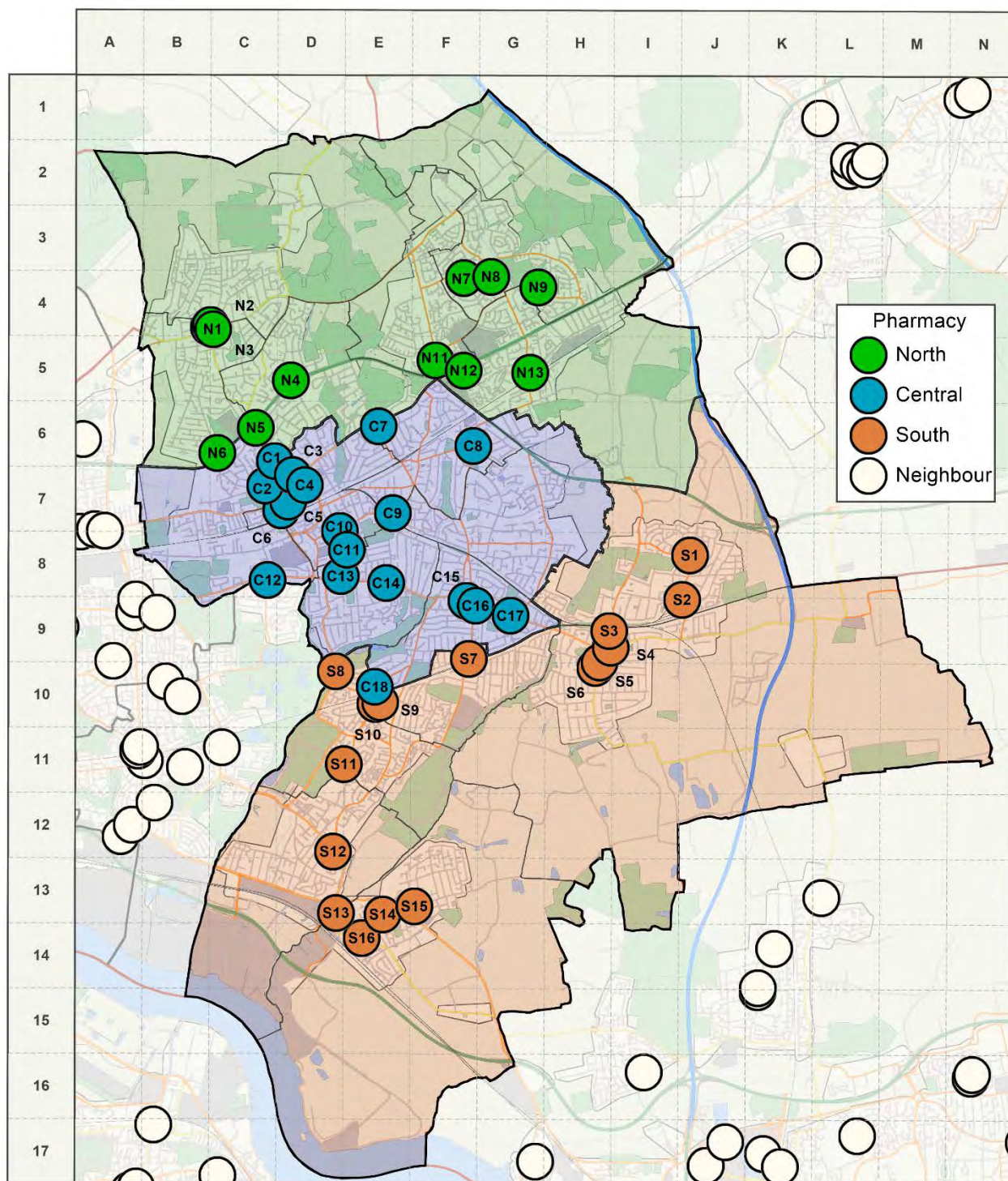
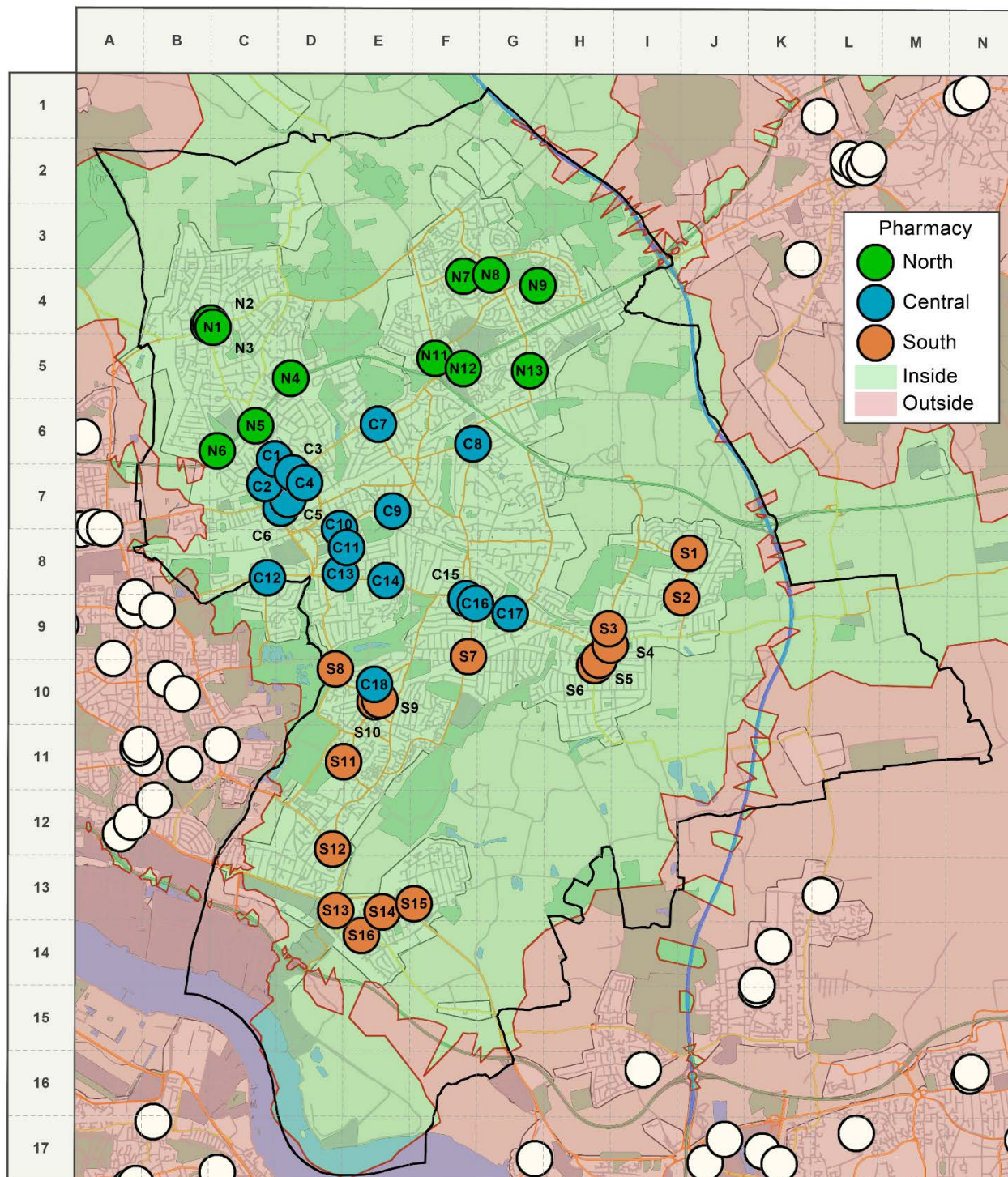


Figure 19 The territories of pharmacies inside and outside Havering that give the shortest journey time by car

The green area shows where in the borough it is quicker to drive to a pharmacy inside the borough rather than outside. This is based on average travel speeds by car.



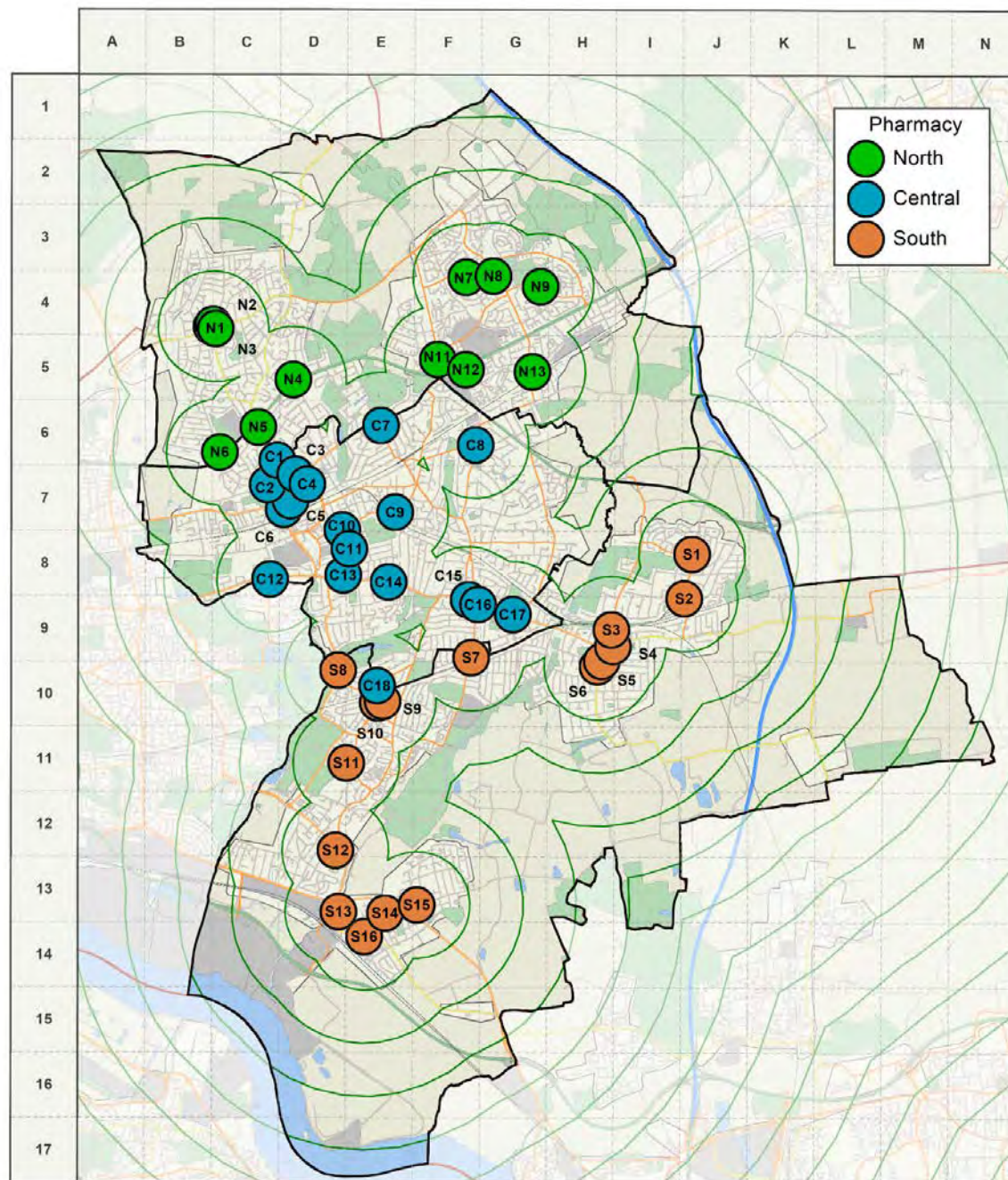
In total 260,000 people have a closest pharmacy (travel time by road) located in Havering (green area of Figure 19).

Of the 249,085 people that live in Havering, 3,800 people (1.5%) have their nearest pharmacy outside Havering's boundary (population living in the red area inside Havering's boundary on Figure 19).

Of the population living in neighbouring areas, 14,700 have their nearest pharmacy in Havering (population living in the green area outside Havering's boundary on Figure 19).

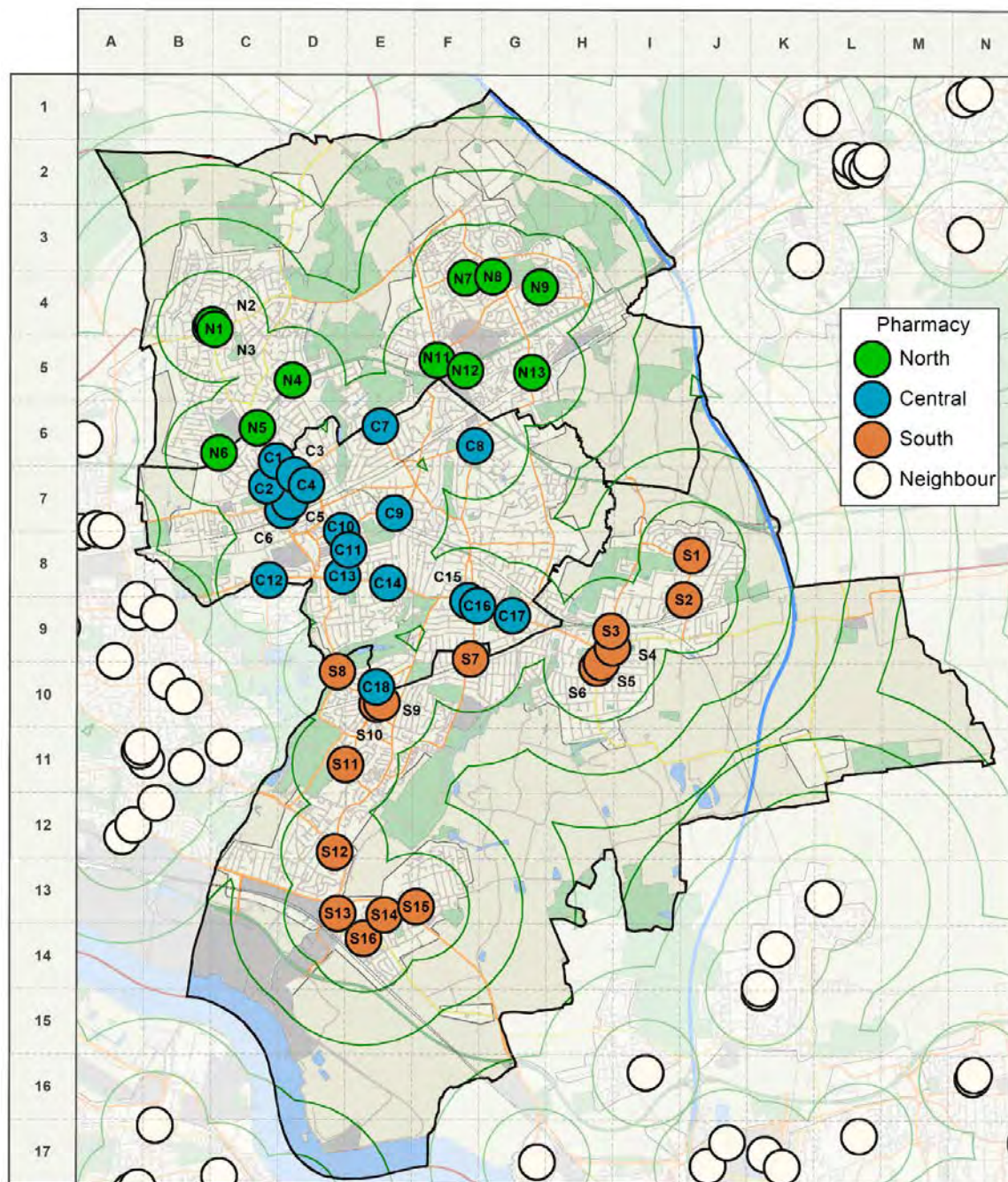
Neighbouring populations account for 5.9% of the total population that have their nearest pharmacy in Havering.

**Figure 20 Radiant travel distance to nearest pharmacy Havering (0.5 mile increments)
 (Excludes distance selling)**



Distance Miles	Population	
	Number	Percent
0.5	202100	81.1%
1	42800	17.2%
1.5	3400	1.4%
2	600	0.2%
2.5	100	0.1%

Figure 21 Radiant travel distance to nearest pharmacy in Havering and surrounding areas (0.5 mile increments)



Distance Miles	Population	
	Number	Percent
0.5	203200	81.6%
1	42400	17.0%
1.5	2900	1.1%
2	500	0.2%
2.5	100	0.0%

5 Stakeholder Engagement

5.1 General stakeholder engagement

5.1.1 Introduction

Pharmacies are an important asset within local communities offering several NHS services. Public health was transferred to local government under the Health and Social Care Act 2012. Therefore, since 2013, local authorities have been responsible to implement the government's strategies for improving the health of their local populations.

5.1.2 Why public engagement and consultation is important?

PHAST was commissioned by Havering council to develop its current PNA and consult and engage with stakeholders. Public involvement in commissioning enables residents to voice their views, needs and wishes, and to contribute to plans, proposals, and decisions about the services available in their local communities.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs and NHS England have duties to involve the public in commissioning (under sections 14Z2 and 13Q respectively). The local authorities also have a duty to consult and involve residents in planning and commissioning.

5.2 Outline methodology of stakeholder engagement

5.2.1 Aims

The aims of the consultation and engagement are:

1. to encourage constructive feedback from key professional stakeholders and communities throughout the PNA process. This includes ensuring good stakeholder engagement during the statutory PNA formal consultation, which lasts for a minimum period of 60 days.
2. to ensure a wide range of key public stakeholders offer opinions and views on what is contained within in the draft PNA.

To meet Aim 1 above, PHAST set up a stakeholder advisory group for the PNA to give advice from the start of the process. The Terms of Reference for the PNA stakeholder advisory board is given in Appendix H – Terms of Reference.

The advisory group identified two separate processes which were needed to satisfy Aim 2 as follows:

- a statutory consultation on the draft PNA as set out in the PNA regulations.
- a wider engagement with local communities and residents to get their views on the services offered by local pharmacies and their experiences of using the pharmacies.

Please see Appendix G – Draft statutory PNA consultation process for details regarding the statutory consultation

5.3 Pharmacy survey

The Havering Pharmacy Contractor Survey was conducted to inform the PNA. The survey was developed and refined to ensure Havering Public Health leads as well as the LPC lead were all in agreement with its content. It covered the full range of topic areas relating to the development of community pharmacies. The online survey was hosted and managed by the Local Pharmaceutical Committee (LPC) team.

All Havering pharmacies were invited to take part by way of an invitation letter, which was emailed by the LPC to each pharmacy. The survey was open between the 11 August – 29 September 2017 and during this period weekly email reminders were sent out to those who had not responded. The closing date was then extended by three weeks to optimise the response rates.

At the time of survey, there were 46 pharmacies in Havering (18 pharmacies from the Central locality, 12 pharmacies from the North locality and 16 pharmacies from the South locality). All 46 pharmacies completed the survey, giving the overall response rate of 100%.

Findings were as follows:

- The majority of pharmacists have a bus stop within a two-minute walking distance of their pharmacy.
- The majority of pharmacies have disabled parking available within ten metres of the pharmacy (39/46), have unaided wheelchair access at the entrance (44/46) and have all areas of the pharmacy floor wheelchair accessible (44/46).
- Almost half of the pharmacies have automatic door assistance for disabled customers (19/46) and/or a hearing loop (20/46) and over half have large print labels and leaflets (28/46) to support customers with sensory problems. A minority of pharmacies have additional facilities to help disabled customers such as bell at the front door, disabled toilet access, wheelchair ramp, handrails and internet pharmacy.
- Some of the pharmacies have constraints on developing their premises. About a third have limited room for expansion (16/46), two have listed building status and almost half are rented buildings (18/46).
- Just under a third of the pharmacies have toilets that patients can access for screening (14/46).
- The majority of pharmacies have a consultation room on-site with wheelchair access (40/46).
- The majority of pharmacies have good facilities within their consultation areas including seating for three or more people (26/46), a bench and table (40/46) and a computer terminal (38/46); over half have a sink within the consultation area (37/46); and half have a separate area/room for advanced services for consultations with customers (23/46).
- Less than half of the pharmacies have two or more pharmacists on duty at any time during the week.
- Around a half of the pharmacies involve a second pharmacist to support medication reviews (21/46); about a quarter of pharmacies involve the second pharmacist for additional dispensary support, relieving pharmacists for administration work, and covering shift handovers/lunch breaks.

- A large number of pharmacies had pharmacists who have special interests in specific health areas such as flu vaccinations (41/46), healthy living pharmacies (25/46), diabetes (19/46), asthma (23/46), dermatology (13/46) and mobility aids (15/46).
- A large number of pharmacies have regular pharmacists who speak more than one language. The most common additional languages spoken are Asian languages such as Punjabi, Urdu, Gujarati and Hindi. Only seven pharmacies did not have a regular pharmacist who spoke more than one language.
- In terms of dispensing appliances, more than a half of pharmacies dispense all types of appliances (29/46). Only three pharmacists do not dispense any appliances.
- In terms of offering advanced services, all but one of the pharmacies provide the New Medicines Service and all pharmacies provide Medicines Use Review.
- In terms of providing enhanced services, the majority of pharmacists provide home delivery service (36/46), medication review service (37/46), flu vaccination service (34/46); about a third provide supervised administration service (15/46) and anticoagulant monitoring service (17/46); about a quarter provide emergency hormonal contraception (EHC) (12/46).
- Pharmacists were asked whether they would be willing to provide some of the enhanced services in the future. Although currently no pharmacists provide Minor Ailments Scheme the vast majority would be willing to provide it in the future (39/46). Likewise, although only two pharmacies provide the NHS Health Check at present, however 40 would be willing to provide it in the future. Currently only three pharmacies offer a stop smoking service but 36 pharmacies would be willing to provide stop smoking services in the future. Although only 12 pharmacies currently provide EHC, a further 32 pharmacists would be willing to provide this in future. Other services that a large number of pharmacists indicated they would be willing to provide include medicines assessment and compliance support, prescriber support service, out of hours service, childhood vaccinations, HPV screening and sharps disposal service.
- In terms of locally commissioned services that pharmacists currently provide, less than a quarter of pharmacies provide supervised administration of opioid substitution treatment (14/46).
- Additional non-NHS funded services provided by pharmacies included all but one pharmacy providing collection of prescriptions from surgeries (45/46) and delivery of dispensed medicines free of charge on request (38/46).
- The majority of pharmacies provide blood pressure diagnostic services (30/46) and about half provide weight recording (20/46).
- Around a third of the pharmacies provide blood glucose testing (14/46) and body mass index (BMI) calculation (12/46). A small number of pharmacies offer other services such as carbon monoxide readings (8/46) and cholesterol readings (6/46).
- The majority of pharmacies are prepared to provide additional services if they were commissioned to do so. These include brief interventions such as health coaching, disease specific medicines, independent describing service, medicines assessment, supplementary prescribing, vascular risk assessment and weight management. About half the pharmacies are willing to provide alcohol screening, expanded incontinent service, gluten free food supply service, phlebotomy service and structured self-care support service.

- Almost all the pharmacies in Havering have good quality computer equipment that includes internet access, NHS Summary Care Records and printing facilities. Software includes dispensary software, electronic prescription service and all are Release 2 enabled.

For a detailed review of the survey responses please see Appendix J – Pharmacy survey.

5.4 Pharmacy Users Views - Community Pharmacy Patient Questionnaire (CPPQ) Highlights

The final question in the survey asked the pharmacies the following –

“All pharmacies are required to conduct an annual Community Pharmacy Patient Questionnaire (CPPQ).

Using the results from your most recent CPPQ please identify the five most frequent requests from patients as either improvements or additions to your services.”

For a summary of the key findings from the pharmacies CPPQ results in Havering borough please see the word clouds on the following pages. The larger texts describe the most frequently made comments by the pharmacy users.

5.5 Havering Residents Survey

The Resident Survey was held during the formal consultation process, that was conducted between 25th October 2017 and 5th January 2018. The design of the resident survey was approved by the PNA steering group and made available in accessible formats to optimise responses from those people living in Havering with protected characteristics that were related to ability to read and complete surveys. Survey Monkey was used to collect responses.

Details about the resident survey results are described below. The Survey Monkey questionnaires are provided in Figure 24. Figure 25 shows the easy read version of the resident survey.

The analyses of the residents' survey results are shown in Appendix C – Residents Survey.

Overall 9 residents completed the survey. About 88% were white British or white Irish; 62% were male, 25% were female and the rest preferred not to say, 25% of respondents were between 35 years and 44 years 63% were over 65 years. About 88% were heterosexual the rest preferred not to say. Just over 12% stated they had a disability of these respondents with a disability, nearly 100% had a sensory. About 63% were Christian; and 25% said they had no religion the remainder preferred not to say.

Over 90% of the respondents are satisfied with pharmacy opening hours; 78% are satisfied with the pharmacist medicines reviews and considered pharmacists promoted a healthy lifestyle. 66% of respondents are satisfied with pharmacies signposting them to other services. 59% are satisfied with the availability of a private space.

When asked what pharmacies in the borough could do better over 56% requested longer opening hours; 11% wanted a private room for advice; 33% wanted health information on healthy lifestyle; around 22% wanted more information about the medication and about 33% wanted an improved location for their pharmacy.

The written comments about how pharmacies could improve the services in Havering are very similar to those in Figure 22 and Figure 23, which are infographics developed from patients' comments.

Figure 22 Feedback from pharmacy users

Feedback from pharmacy users - How pharmacies could improve

<p>Waiting Area</p> <p>Environment</p> <ul style="list-style-type: none"> ● air conditioning ● larger waiting area ● improved cleanliness ● clear and well organised layout ● better waiting area ● magazines ● coffee machine <p>Access</p> <ul style="list-style-type: none"> ● automatic doors with plenty of room for buggies/wheelchairs ● automatic door for less able patients to access the premises ● more parking <p>Seating</p> <ul style="list-style-type: none"> ● more seating ● more comfortable <p>Opening times</p> <ul style="list-style-type: none"> ● longer opening hours ● Sunday opening hours ● Bank holiday service 	<p>Staff</p> <ul style="list-style-type: none"> ● improved communication between pharmacy and new medical centre staff ● more staff <p>Stock</p> <ul style="list-style-type: none"> ● more stock availability ● improve medication availability ● provide range of dressings in stock ● stock more sundries such as toothpaste and hot water bottles ● Having in stock the medicines/appliances you need ● more diverse pharmacy line stock 	<p>Services</p> <p>Family planning/ Sexual health</p> <ul style="list-style-type: none"> ● provide Emergency Hormonal Contraceptive service ● C card <p>Delivery</p> <ul style="list-style-type: none"> ● offer delivery service to all customers ● provide more home deliveries <p>Minor ailments</p> <ul style="list-style-type: none"> ● provide minor ailment service <p>Smoking cessation</p> <ul style="list-style-type: none"> ● offer NHS smoking cessation service ● provide stop smoking service <p>Vaccinations</p> <ul style="list-style-type: none"> ● offer more travel vaccinations ● provide NHS Travel vaccinations ● provide flu vaccination <p>Testing</p> <ul style="list-style-type: none"> ● blood glucose testing ● HbAc measuring ● blood pressure check ● cholesterol testing ● Anti-coagulation monitoring service <p>Signposting</p> <ul style="list-style-type: none"> ● improve the advice provided to patients regarding health services that are available elsewhere ● provide advice on other information sources <p>Other</p> <ul style="list-style-type: none"> ● needle exchange ● provide sharps disposal service ● collection of sharps from patients ● mobility aids ● advice on long-term conditions
<p>Waiting times</p> <ul style="list-style-type: none"> ● improved waiting times ● implement an appointment based system for travel advice and vaccinations 	<p>Prescriptions</p> <ul style="list-style-type: none"> ● medication reviews ● provision of doset box ● independent prescribing ● provide a more comprehensive repeat prescription service ● phone call to advise medication is ready for collection ● disposal unwanted medications 	
<p>Confidentiality</p> <ul style="list-style-type: none"> ● consultation room more private and accessible ● having somewhere available where you could speak without being overheard, if you wanted ● Dealing with confidential information 	<p>Lifestyle</p> <ul style="list-style-type: none"> ● general advice on leading a more healthy lifestyle ● weight management service ● advice on physical exercise ● advice on healthy eating 	

Figure 23 How pharmacies could improve

Feedback from pharmacy users

How pharmacies could improve



6 Conclusions

The Havering HWB has updated the information in relation to pharmacy services in its borough as well as information regarding changes in pharmacy services. In addition, the HWB has reviewed the current health needs of its population in relation to the number and distribution of the current pharmacies in the borough and those pharmacies in neighbouring boroughs adjoining the borough of Havering.

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

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

The advanced, enhanced and locally commissioned services are considered relevant services as they contribute towards improvement in provision and access to pharmaceutical services.

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

- The maps showing the location of pharmacies within Havering and the Index of Multiple Deprivation
- The number, distribution and opening times of pharmacies within Havering
- Pharmacy locations across the border
- Population density in Havering
- The increase in daytime population
- Projected population growth
- The ethnicity of the population
- Neighbourhood deprivation in Havering
- Location and opening hours of GP practices providing extended opening hours
- Location and opening hours of NHS Dental contractors
- Results of the public questionnaire
- Proposed new housing developments.

Based on the latest information on the projected changes in population of the HWB area within its geographical area over the next three years, alongside the latest information regarding building plans and expected additional population increases during this time, the HWB has concluded that the current pharmacy services are adequate and have a good geographical spread, particularly covering those areas of higher population density.

The detailed conclusions are as follows (key types of pharmacy services are specifically detailed below).

6.1 Necessary services

No gaps have been identified in **necessary services** (essential services) that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole borough.

There is no gap in the provision of **necessary services** (essential services) during normal working hours across the whole borough.

There are no gaps in the provision of **necessary services** (essential services) outside of normal working hours across the whole borough.

6.2 Advanced services

There are no gaps in the provision of advanced services (relevant services) at present or over the next three years that would secure improvement or better access to advanced services across the whole borough.

There are no gaps in the provision of advanced services across the whole borough.

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 borough.

6.3 Enhanced services

There are no gaps in the provision of enhanced services (relevant services) across the whole borough.

There are no gaps in the provision of locally commissioned services at present or over the next three years that would secure improvement or better access to locally commissioned services across the whole borough.

6.4 Locally commissioned services

There are no gaps in the provision of locally commissioned services (relevant services) across the whole borough.

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole borough.

The conclusions reached in this report include assessments that have addressed protected characteristics of groups living in the borough localities in relation to access to pharmacies. The assessments show no evidence of any overall differences between or within the localities in Havering.

Regular reviews of all the above services are recommended in order to establish if in the future whether changes in these services will secure improvement or better access across the whole Borough.

The locality structure provides an opportunity, for pharmacies and other primary care providers to work together to deliver advanced and enhanced services that cross geographical areas, and meet the needs of the population.

Whether there is sufficient choice of pharmacy in Havering was reviewed, it was decided there was sufficient choice of pharmacy in Havering for the following reasons: NHSE have assessed the need for pharmacies and generally found there are too many; here necessary pharmacies qualify for the Pharmacy Access Service in Havering and London boroughs have a greater choice of pharmacy provider compared to many other areas in England.

The borough recognises that there may be developments in pharmacy provision that may not mirror the traditional model of a high street pharmacy, for example, on-line prescriptions or pharmacists working more closely with primary care.

Key to Services

- **Essential services** (necessary services) are commissioned by NHS England and are provided by all pharmacy contractors. These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance-selling pharmacy contractors cannot provide essential services face to face at their premises.
- **Advanced services** (relevant services) are commissioned by NHS England and can be provided by all contractors once accreditation requirements have been met. These services include Medicines Use Reviews (MUR), Flu Vaccination, New Medicines Service (NMS), Appliance Use Reviews (AUR), Stoma Appliance Customisation (SAC), NHS Urgent Medicine Supply Advanced Services (NUMSAS) (relevant services).
- **Enhanced services** (relevant services) commissioned by NHS England are pharmaceutical services, such as Minor Ailments, services to Care Homes, language access and patient group directions (relevant services).
- **Locally commissioned services** (relevant services) are commissioned by local authorities, CCGs and NHS England in response to the needs of the local population (relevant services).

Appendix A - PNA Formal Consultation Methodology

A formal consultation and a wider resident survey on local pharmacies was conducted between 25th October 2017 and 5th January 2018.

The PNA formal consultation process including the formal consultation questionnaire was approved by the PNA steering group. It was decided that a resident survey should also be included at this stage. Resident survey was also approved by the PNA steering group was made available in accessible formats. The resident survey was translated in easy read format. Survey Monkey was used to collect responses.

The Formal Consultation questionnaire are provided in Figure 24.

The draft PNA documents were uploaded on the local authority website with the Survey Monkey links.

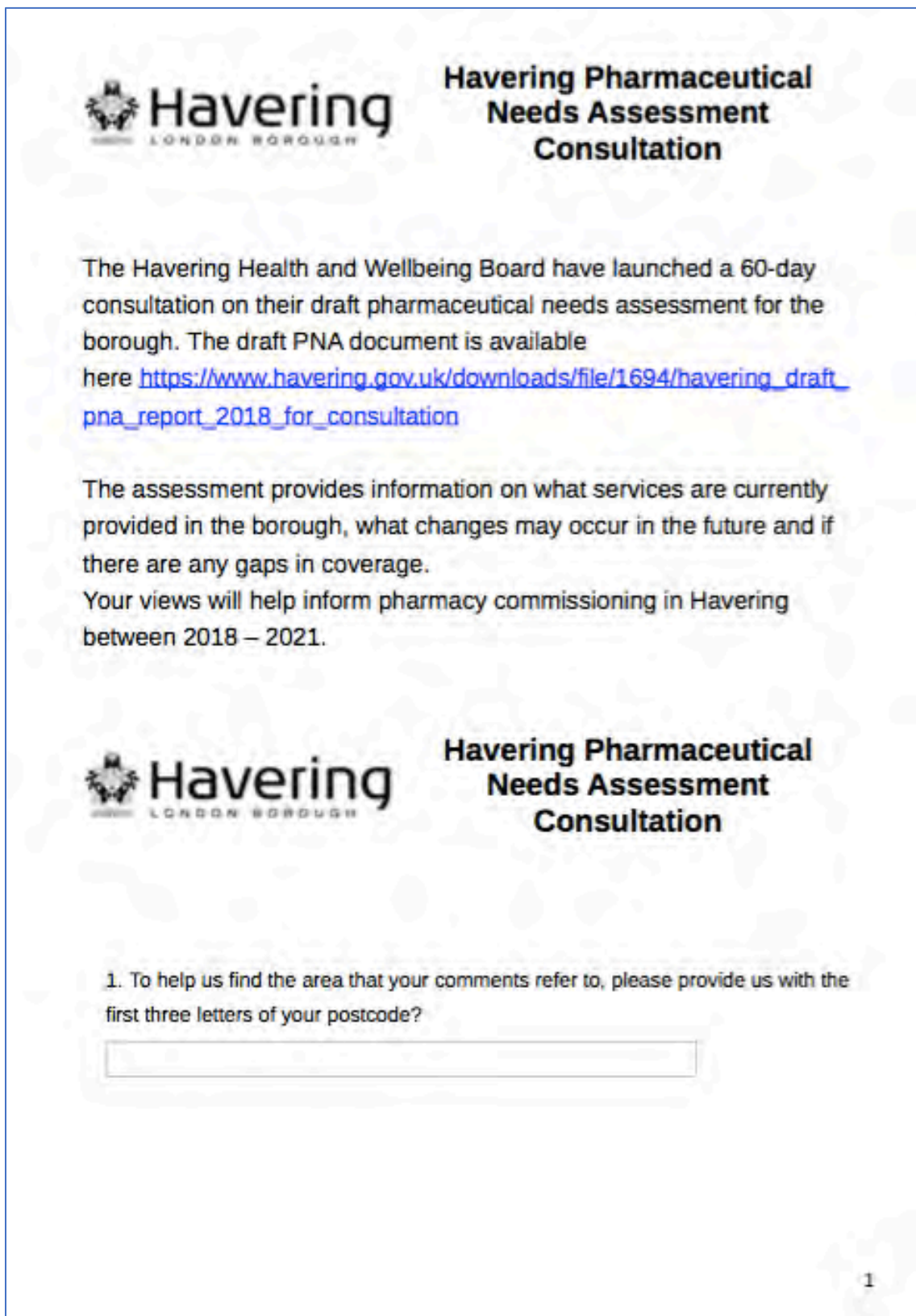
- A PNA infographics and PowerPoint presentation was produced as shown Figure 26.
- The communications team at the borough sent out communications about the consultation and survey through their normal channels.
- The communications plan for the consultation and survey is provided in Table 18 and Table 19 respectively.
- A letter (Figure 27) for the formal consultation was sent to stakeholders.


Residents Survey

The Resident Survey was held during the formal consultation process. The design of the resident survey was approved by the PNA steering group and made available in accessible formats to optimise responses from those people living in Havering with protected characteristics that were related to ability to read and complete surveys. Survey Monkey was used to collect responses. Details about the resident survey results are described in Section 5.

The Residents Survey questionnaires are provided in Figure 24.

Figure 25 shows the easy read version of the resident survey.

Figure 24 Havering Formal PNA Consultation Questionnaires


 **Havering**
LONDON BOROUGH

**Havering Pharmaceutical
Needs Assessment
Consultation**

The Havering Health and Wellbeing Board have launched a 60-day consultation on their draft pharmaceutical needs assessment for the borough. The draft PNA document is available here https://www.havering.gov.uk/downloads/file/1694/havering_draft_pna_report_2018_for_consultation

The assessment provides information on what services are currently provided in the borough, what changes may occur in the future and if there are any gaps in coverage.

Your views will help inform pharmacy commissioning in Havering between 2018 – 2021.

 **Havering**
LONDON BOROUGH

**Havering Pharmaceutical
Needs Assessment
Consultation**

1. To help us find the area that your comments refer to, please provide us with the first three letters of your postcode?

1

2. Please tell us if your responding on behalf of an organisation or as an individual

☐ Organisation

☐ Individual



Havering Pharmaceutical Needs Assessment Consultation

3. If you are responding on behalf of an organisation please provide the name of the organisation/provider

4. If you are responding to the consultation as an individual please state your profession

5. Does the document clearly explain why a pharmaceutical needs assessment needs to be carried out?

Yes

☐

No

☐

Do not know

☐

6. Do you think the draft pharmaceutical needs assessment fairly describes the current and future needs for pharmacy services in Havering?

- ☐ Yes
- ☐ No
- ☐ Do not know

If No, please provide your reasons

7. Do you think the pharmaceutical needs assessment provides a fair assessment of pharmacy services in the borough?

- ☐ Yes
- ☐ No

If No, please give your reasons

8. What are your views on the recommendations made in this report?

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree or disagree

If you disagree please tell us why?

9. Please tell us if you feel that there is anything else that should be included in the document (please write in box below)



Havering Pharmaceutical Needs Assessment Consultation

About You

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Like the rest of the form, all the questions are optional and any responses received will be treated in confidence.

10. Gender

11. Age

12. Race/Ethnic origin

13. Religion/Faith

Other (please specify)

14. Sexual orientation

15. Do you have disability?

16. Which of following conditions do you have ? (Please tick all that apply)

- | | |
|---|---|
| <input type="radio"/> A physical disability | <input type="radio"/> Learning difficulties |
| <input type="radio"/> A hearing impairment | <input type="radio"/> Prefer not to say |
| <input type="radio"/> A sight impairment | |

Other (please specify)



Have your say on pharmacy services in Havering

A pharmaceutical needs assessment (PNA) helps ensure everyone in Havering has access to a pharmacy and the services they provide.

The PNA outlines what services are currently provided, what changes may occur in the future and if there are any gaps in coverage.

The Havering Health and Wellbeing Board is consulting on the draft PNA, which will be used by NHS England to determine services in the borough for 2018 – 2021.

1. How satisfied are you with pharmacy services in the borough?

	Very satisfied	Satisfied	I am neither satisfied nor unsatisfied	Unsatisfied	Very dissatisfied
Access and opening hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of a private room for advice and health checks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines review and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy lifestyle information and advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Signposting to other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2

2. What could pharmacies in your borough do better? (Tick all that apply)

- ☐ Accessible locations
- ☐ Longer opening hours
- ☐ Explaining my medication
- ☐ Provide private room for advice and health checks
- ☐ Provision of information on healthy lifestyles

3. How can we make better use of the current pharmacies in your borough?

4. What new services could pharmacies in the borough introduce in the future?



Have your say on pharmacy services in Havering

About You

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Any responses received will be treated in confidence.

5. Gender

6. Age

7. Religion/Faith

Other (please specify)

8. Race/Ethnic origin

9. Sexual orientation

10. Do you have a disability?

**Have your say on pharmacy
services in Havering**

11. Which of following conditions do you have? (Please tick all that apply)

- ☐ A physical disability
- ☐ A sight impairment
- ☐ A hearing impairment
- ☐ Learning disabilities
- ☐ Prefer not to say

Other (please specify)

Figure 25 Easy Read Survey

Let's talk about your chemist – easy read questionnaire

We want to make sure that your chemist (also called a pharmacy) is giving you the things that you need. We are talking with people who live in Havering about this.

Please tell us about the chemist that you use most often

What we are asking you to do

Please complete this questionnaire. All of your answers will be confidential, so please feel free to be as honest as you can. Please send back your completed questionnaire by **5pm on 5 January 2018**

Any questions

If you have any questions about this questionnaire:

 Phone us on **01708 431808**

 Email us: phi@havering.gov.uk

Or you may ask for help from your carer, family member or support worker.

What to do with your completed questionnaire

When you have finished the questionnaire please send it to:

London Borough of Havering
Public Health
12th Floor
Mercury House
Romford
RM1 3SL

Thank you for your help.

1. How happy are you with the opening hours at your local chemist?



Please tick (✓) 1 box

I am happy with this		☺
I am neither happy or unhappy		☹
I am unhappy with this		☹

2. How happy are you getting around at your local chemist?



Please tick (✓) 1 box

I am happy with this		☺
I am neither happy or unhappy		☹
I am unhappy with this		☹

3. How happy are you with the consultation room at your local chemist?



Please tick (✓) 1 box

I am happy with this		😊
I am neither happy or unhappy		😐
I am unhappy with this		😞

4. Do you collect medicines or pills at your local chemist?



Please tick (✓) 1 box

Yes	
No	

5. Are you happy with the advice you get at your local chemist?



Please tick (✓) 1 box

I am happy with this		☺
I am neither happy or unhappy		☹
I am unhappy with this		☹

6. Are you happy with the advice you get from your chemist about how to stay healthy?



Please tick (✓) 1 box

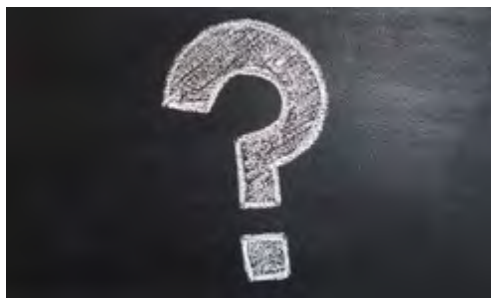
I am happy with this		☺
I am neither happy or unhappy		☹
I am unhappy with this		☹

7. Do you go to the chemist for anything else?



Please tell us:

8. What could be better at your local chemist?



Please tick (✓) 1 box

<input type="checkbox"/>	Where it is
<input type="checkbox"/>	The opening hours
<input type="checkbox"/>	Help with your medication
<input type="checkbox"/>	Room to see someone on your own
<input type="checkbox"/>	Help to stay healthy

9. What types of things or services would you like at your local chemist?



Please tell us:

10. Is there anything else you would like to tell us about your local chemist?



Please tell us:

About You - optional

To make sure that we are hearing from all residents, it is important that we ask you a few questions about yourself. As with all your questions, your answers will be completely confidential. If you do not wish to answer any of these questions please tick 'Prefer not to say'.

Are you... **please tick ONE box only**

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Prefer not to say

How old are you? **Please tick ONE box only**

<input type="checkbox"/>	Between 16 to 17 years	<input type="checkbox"/>	Between 55 to 64 years
<input type="checkbox"/>	Between 18 to 24 years	<input type="checkbox"/>	Between 65 to 74 years
<input type="checkbox"/>	Between 25 to 34 years	<input type="checkbox"/>	Between 75 to 84 years
<input type="checkbox"/>	Between 35 to 44 years	<input type="checkbox"/>	85 years and over
<input type="checkbox"/>	Between 45 to 54 years	<input type="checkbox"/>	Prefer not to say

To which of these groups do you consider you belong?

Please tick ONE box only

<input type="checkbox"/>	White (British, Irish, or any Other White background)	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Mixed (White and Black Caribbean, White and Black African, White and Asian, or any other mixed background)	<input type="checkbox"/>	Latin American
<input type="checkbox"/>	Asian or Asian British (Indian, Pakistani, Bangladeshi, or any Other Asian background)	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Black or Black British (Caribbean, African or any Other Black background)	<input type="checkbox"/>	Any Other ethnic group – please tell us:

Do you have any of the following? **Please tick AS MANY AS APPLY**

<input type="checkbox"/>	A physical impairment or disability	<input type="checkbox"/>	A learning disability or difficulty
<input type="checkbox"/>	Sight loss	<input type="checkbox"/>	A long-standing illness
<input type="checkbox"/>	Hearing loss	<input type="checkbox"/>	None of the above
<input type="checkbox"/>	A mental health problem or illness	<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>	Other – please tell us:		

Thank you for your help.

The deadline for sending in your response is **5 January at 5pm.**

What to do with your completed questionnaire

Please return your completed questionnaire to us at the address below.

**London Borough of Havering
 Public Health
 12th Floor
 Mercury House
 Romford
 RM1 3SL**

Figure 26 PowerPoint Presentations and Infographics



HAVERING PHARMACEUTICAL NEEDS ASSESSMENT

WHAT ARE PHARMACEUTICAL SERVICES?

ESSENTIAL SERVICES

These include:

- The dispensing of medicines
- Promotion of healthy lifestyles
- Support for self-care

ADVANCED SERVICES

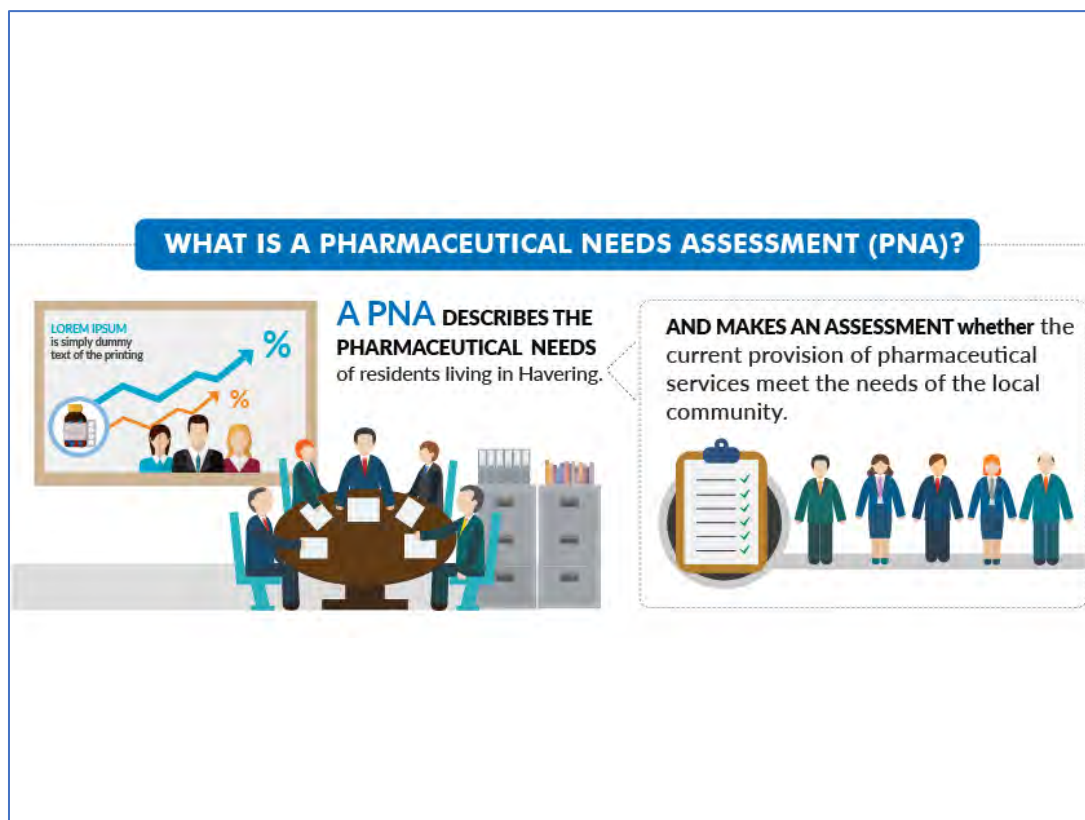
These include:

- Medicines use review
- The new medicines service for community pharmacists
- Appliance use reviews and the stoma customisation service for dispensing appliance contractors

ENHANCED SERVICES

Enhanced Services

NOTE: Local authority and CCG may also commission services from local pharmacies to meet local health needs such as smoking cessation, sexually transmitted diseases weight management and morning after pill



WHAT IS A PHARMACEUTICAL NEEDS ASSESSMENT (PNA)?

A PNA DESCRIBES THE PHARMACEUTICAL NEEDS of residents living in Havering.

AND MAKES AN ASSESSMENT whether the current provision of pharmaceutical services meet the needs of the local community.

LOREM IPSUM is simply dummy text of the printing

WHO WAS INVOLVED IN PRODUCING THE PNA?

A stakeholder advisory group provided the oversight for the production of the draft PNA. It included representatives from



Local authority public health



Local clinical commissioning group



Local pharmaceutical committee



Local HealthWatch



Shared services coordinator



PHAST team

WHY ARE WE CONSULTING YOU?



The law about pharmacy needs assessment requires Havering Health and Wellbeing Board consult with partners on a draft PNA for 60 days. The consultation will take place between 25 October 2017 and 5 January 2018.

At the same time, a resident survey will gather views on: 5th January 2018.

- ✓ The adequacy and quality of pharmacy provision in Havering
- ✓ How pharmacies can improve the quality of services they offer local residents
- ✓ How pharmacies can be used as a local resource for health
- ✓ What new and innovative services pharmacies could offer in the future

HOW WILL WE USE THE INFORMATION COLLECTED?



The feedback will be analysed and findings will be discussed by the stakeholder advisory group.



Advise the Havering Health and Wellbeing Board if any sections of the PNA need amendment prior to final publication



The findings will be published with the final PNA.



Data protection will be followed and no individual identifiable data will be published.



Havering
LONDON BOROUGH

www.havering.gov.uk

Conclusions

- No gaps have been identified in essential services that if provided either now or over the next three years would secure improvements, or better access, to essential services across the whole Borough.
- There is no gap in the provision of essential services during normal working hours across the whole Borough.
- There are no gaps in the provision of essential services outside of normal working hours across the whole Borough.
- There are no gaps in the provision of advanced services at present or over the next three years that would secure improvement or better access to advanced services across the whole Borough.
- There are no gaps in the provision of advanced services across the whole Borough.
- No gaps have been identified that if provided either now or over the next three years would secure improvements, or better access to enhanced services across the whole Borough.
- There are no gaps in the provision of enhanced services across the whole Borough.
- There are no gaps in the provision of locally commissioned services at present or in the future that would secure improvement or better access to locally commissioned services across the whole Borough.
- There are no gaps in the provision of locally commissioned services across the whole Borough.

We would like to hear your views on pharmacy services in Havering.
We are conducting a consultation on the PNA and a resident survey on pharmacy services.

The Havering PNA consultation and resident survey are on the Council Website at:-

https://www.havering.gov.uk/info/20047/consultations_complaints_and_feedback/206/consultations#pna2018

The consultation and resident survey close on 5th January 2018

Thank you !

If you have any further questions please contact Dr Andrew Rixom,
Consultant in Public Health Andrew.rixom@havering.gov.uk.

Figure 27 Copy of the Havering PNA Formal Consultation Letter

Name

Address1

Address2

Address3

Postcode

Dear [NAME],

Pharmaceutical needs assessment

I am writing to inform you about the latest pharmaceutical needs assessment being carried out in Havering.

The assessment, which reviews what services are currently provided, what changes may occur in the future and if there are any gaps in coverage, helps to ensure residents in the borough have sufficient access to pharmacies and their services.

Havering Health and Wellbeing Board, in association with PHAST, has produced a draft pharmaceutical needs assessment for the period 2018 – 2021.

The draft document is open for consultation until Friday, 5th January.

Your views are very important and I urge you to read the draft pharmaceutical needs assessment and take part in the consultation. A final version will be published in spring 2018.

To view the draft pharmaceutical needs assessment click [here](#) and to complete the consultation, click [here](#)

Should you have any questions please contact Dr Andrew Rixom, Consultant in Public Health
Andrew.rixom@havering.gov.uk.

Yours sincerely



Mark Ansell

Acting Director of Public Health
London Borough of Havering



Table 18 Joint Communications action plan

Stakeholders	Channel	Description	Responsible lead	Date	Complete
Local Area HWB	The Board Secretary	Board paper with draft report attached Board members and email link to consultation or collective feedback through secretary	Local Consultant in Public Health	25th October 2017	Yes
Neighbouring HWB	The Board Secretary	Email with PDF report and link to consultation	LA communication lead	25 th October 2017	Yes
Local Pharmaceutical Committee	The Secretary	Email with PDF report and link to Joint consultation	PHAST	25th October 2017	Yes
CCG Board	CCG Board secretary	Email with PDF report and link to Joint consultation	CCG representative on MASG	25 th October 2017	Yes
Local Pharmacists	LPC	Email with PDF report and link to consultation	LPC secretary	26 th October 2017	Yes
Barking & Dagenham, Redbridge and Havering Local Medical Committee	LMC Secretary	Email with PDF report and link to Joint consultation	CCG communication lead	25 th October 2017	Yes

GP practices	Practice manager	Email with PDF report and link to consultation	CCG communication lead	26 th October 2017	Yes
Acute Trusts	Chief Pharmacist and Chief Executive	Mail with PDF report and link to Joint consultation	CCG communication lead	25 th October 2017	Yes
Lcal HealthWatch	HealthWatch Rep on MASG	Mail with PDF report and link to consultation Presentation if asked at a HealthWatch Board meeting	Email: PHAST Presentation: Local Consultant in Public Health	25 th October 2017	Yes
Patient Groups	HealthWatch	Mail with PDF and link to consultation	Health Watch representative on MASG	26 th October 2017	Yes
NHSE Area Team	NHSE lead for area	Mail with PDF and link to consultation	PHAST	25 th October 2017	Yes
East London STP Board	Board Secretary	Mail with PDF and link to Joint consultation	CCG communication lead	25 th October 2017	Yes

Table 19 Wider Engagement and consultation starting 25th October 2017

Who will we engage?	How will we engage?	Who will be lead the engagement	How will we collect feedback	List of Forums or groups that were engaged
Patient and community groups	Through HealthWatch we will send out easy read summary and MonkeySurvey links We will use a standard Slide deck for presentation at Forums when requested and appropriate	HealthWatch	Through Monkey Survey We will make PDF of questionnaire available but the data will need to be entered in Monkey Survey by the organisor	
Resident population	Through the LA consultation channel Advert on Council Website Resident Bulletin Libraries Screens Social Media	LA communication lead	Through Monkey Survey	
Registered population	Through CCG consultation channel Advert on Council Website GP screens Social Media	LA communication lead	Through Monkey Survey	
Voluntary and community sector	Any stakeholder groups	LA communication and CCG lead	Through Monkey Survey	

Appendix B – Havering PNA Consultation Log 2017/2018

Q1. Please tell us if your responding on behalf of an organisation or as an individual

Organisation = 2.8% (n=6) Individual = 97.2% (n=213)

Q2. Does the document clearly explain why a pharmaceutical needs assessment needs to be carried out?

Yes = 12.3% (n=27); (51% of those who answered) No = 4.1% (n=9) (17% of those who answered); Do not know = 7.8 (n=17);
 Not answered = 75.5% (n=166)

Q3. Do you think the draft pharmaceutical needs assessment fairly describes the current and future needs for pharmacy services in Havering?

Yes = 10% (n=22) ;(39% of those who responded) No = 6% (n=12); (21% of those who answered) Do not Know= 9% (n=20)
 Not answered =75 % (n=165)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
NHSE	Some of the requirements are missing.	See notes of NHSE log	
Individual	We need pharmacy's running from doctor surgeries. This will meet the needs of residents, especially those that are an older generation.	We recommend that the HWB share these recommendations from XX with relevant decision makers and commissioners in Havering,	
Individual	Pharmaceutical Needs Assessment doesn't appear clear in fact it's rather baffling! e.g. How can pharmacists play a role which includes collaborating with initiatives aimed at reducing domestic violence? Improved housing with a focus on vulnerable adults? Monitoring of hospital admissions caused by injuries in children? Social prescribing; living well with people with multiple chronic illness? Improved end of life care and monitoring the tipping point into need for health and care services?		
Individual	Not all Pharmacies can meet the needs of all of the people within their catchment areas, especially		

	those who have to rely upon public transport and have mobility problems. The Elderly and the frail.		
Individual	Standards of pharmaceutical advise. Differs from pharmacy to pharmacy and help like return of drugs not required but dispensed not welcomed.	We recommend that the HWB share these recommendations from XX with relevant decision makers and commissioners in Havering,	
Individual	Out of date - 2015 I also did not receive a questionnaire.	Not sure what the person is referring to being out of date	
Individual	On occasion which have been emergencies the chemists are not open after 8 on Sundays in this area. Which resulted in these people going to hospital. Also even in hospital the Pharmacy is not open on Sundays and patients are waiting all day for meds. Which if prompt they could have freed these beds up. We need more with a 24 hrs at hospital (maybe 2) one just for staff. This would create more jobs, more money.		
Individual	I believe it is an attempt to close some services		
Individual	Parking. Fees more security more jobs. Maybe a police base there as well.	We recommend that the HWB share these recommendations from XX with relevant decision makers and commissioners in Havering,	
Individual	Need to see copy of draft assessment	Draft PNA on website	
Wood Lane Medical Centre	Does not take into account the need for stop smoking services of the local community		

Q4. Do you think the pharmaceutical needs assessment provides a fair assessment of pharmacy services in the borough?

Yes = 13.7% (n=30); (65% of those who responded); No = 7.3% (n=16); (35% of those who answered) Unsure = 0% (n=0);
 Not answered = 79% (n=173)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
------------	------------------	-------------------------------	--------------

NHSE	Some of the requirements are missing.	See NHS log	
Individual	Have not seen the assessment	Document on the website	
Individual	Need more service	Not clear which services	
Individual	With a changing population, with an ageing population the needs of the will be more demanding and varied.		
Individual	I have not seen the document but I do think a pharmaceutical is required in this area- namely RM14 3LR		
Individual	It isn't really clear what the final outcome will be, I shouldn't believe it will mean opening more, current local building/regeneration plans for the old Ford motor company with a proposed 2900 new homes plus the Orchard village development puts added pressure on support services, if Pharmacies face closure or a withdraw of funding, then this impacts the local community, I would rather go to a smaller place than somewhere like Tesco's.		
Individual	Needs more in-depth analysis this a rush job		
Individual	It Just does not work in practice. It takes two weeks for Prescriptions to get to the Chemist from my doctor.	We recommend that the HWB share these recommendations from XX with relevant decision makers and commissioners in Havering,	
Individual	No, because I have no idea of what the document says. I would say that every "Chemist", I.e holding an NHS license to dispense drugs, should offer the same. I receive a periodical (1-8 week) reading for Warfarin. The Chemist (Day Lewis) near my parents offer this. It is not available from the	The document was on the website	

	Chemist at Harold Wood (Well). They suggested other (specific) locations, but they require a bus ride to reach. Due to a stroke, I am not however comfortable on buses. Instead, my parents come and fetch me in a car to their local Chemist. Whilst my situation may not be everyone's experience, each Chemist should offer the same set of services or it should not be offered by any.		
Individual	I did not receive a questionnaire		
Individual	Haven't seen a document	The document was on the website	
Individual	It will be good to see a copy of the planned needs assessment	The document was on the website	
Individual	Never seen it or knew it existed	The document was on the website	

Q5. To what extent do you agree or disagree on the recommendations made in this report?

Agree = 8.7% (n=19); (41% of those who responded) Do not Agree = 1.8% (n=4); (8.6% of those who answered) Neither Agree or disagree = 10.5% (n=23); Not answered = 79% (n=173)

Respondent	Detailed comment	PNA steering group's decision	PNA amended?
Individual	1. Because it doesn't cover the needs of older citizens		

Q6. Please tell us below if you feel that there is anything else that should be included in the document (please write in box below)			
Respondent	Detailed comment	PNA steering group's decision	PNA amended?
NHSE	<ol style="list-style-type: none"> 1. There are 48 pharmacies not 47. The PNA actually lists 49, need to add up the pharmacies listed in the PNA and remove the pharmacy in Harold Wood that closed in June 2017. T 2. The PNA has not defined which services are necessary or relevant anywhere in the PNA. It then makes checking if the relevant parts of the PNA are present difficult as the regulations refer to necessary services or other relevant services, which have not been identified. 3. Page 10 clearly states what the minimum requirements are but these have not been provided. There are statements in the PNA that there are no gaps in services etc, but there is nothing to show how this conclusion has been reached. 4. There does not appear to have been much analysis undertaken, if there has been, the details are not clear, as to how some of the statements made have been deduced. 5. The details regarding Newlands Pharmacy as above needs to be amended, this will also need to be amended in the text of the PNA. There are several pharmacies where the opening hour's information needs to be amended. However as most of this is in addition to what has been added to the PNA, this should not be an issue in terms of the PNA. 6. The PNA does not clearly define which services are commissioned and by whom, there is a table in the PNA which lists services, but it is not clear who is commissioning them. 7. This also states that minor ailments services are commissioned where this is not accurate. Where the table shows this as being provided, it should be removed. 8. There is a difference with the PNAs as to services commissioned by NHS England which are enhanced services and those commissioned elsewhere which are locally commissioned services. Where this is not clearly defined 	<p>PHAST lead had a teleconference with NHSE 8th January 2018 to discuss and agree each of the comments.</p> <p>The attached NHSE response log provides the points and amendments made.</p>	Yes

	<p>this can cause issues. The only service that NHS England commissions in this area is the enhanced flu service.</p> <p>9. It is not clear how the PNA has made an assessment under schedule1, paragraph 6 (b).</p> <p>10. The details about new residential developments need to be clearer, where these are large scale developments, the name of the development and the location should be mentioned. So that it is clear which developments have been considered when the HWBB have determined that there are no gaps in services now or in the future.</p> <p>11. There are a number of amendments that need to be made urgently to ensure that the PNA complies with the regulations, currently the PNA will make market entry decisions difficult due to the information that is missing.</p> <p>12. We will send in a more comprehensive report under separate cover.</p>		
NEL LPC	<p>The integration and alignment of Pharmacy with the quality improvement agenda is important, some examples</p> <p>Safety</p> <p>An assumption that prescribing of ever increasingly potent medicines and dispensing is safe is not true and Directors of Public Health with responsibility to CCGs and LAs must consider putting the item on the Risk register and seek action to manage the situation as prescribing increases for the elderly and the multi-morbid populations. Jeremy Hunt's views in HSJ have already been sent to you. There are separate systems for improving compliance with medicines (Medicines Use Reviews in pharmacies) and Medication Reviews in GP surgeries. With increasing urgency these need aligning for effectiveness and safety. But, also action needs to reduce preventable errors whereby 165 people a day in BHR are harmed by taking prescribed medicines.</p> <p>A presentation was presented and accepted by the STP board on prescribing errors and improvement.</p> <p>Vision of Pharmacy</p>	<p>There had been some discussion at the PNA steering group about changes taking place and integration and role of pharmacies in these plans.</p> <p>However, it was agreed that as at the moment these plans are still under consideration, it would not be feasible to discuss this within the PNA.</p> <p>This work will be supported as national and local initiatives develop.</p>	

	NEL LPC have produced a value proposition on the future of pharmacy – High Street Clinic with 12 point proposals for how pharmacies can play a role in self-care, behavioural change and population health, prevention, social movement for health, reducing inequalities.		
NEL LPC	Having gone through each of the documents, I think they all do what they say on the tin, and I would congratulate on your team and the stakeholder group on a job well done, but and we would hope that the generic comments we've made will be considered, even if slightly out of scope. I think this would add value to the document itself.	PHAST and the PH leads would like to thank the LPC for the remarkable support and advice provided throughout the process. The comments on the integration, role of pharmacy in quality improvement, and the vision for 21 st century are all important and need to be addressed as a separate piece of work	
CCG	The well pharmacy in Harold wood - the one next to kings park surgery/walk in centre has been closed since July 17. This is because they were an lps pharmacy and the lps came to an end They have applied, however this is on appeal at moment. The fact remains that this PNA could be challenged given this and needs correcting.		

Q7. Please tell us about yourself

The data presented is responders who were individuals not responding on behalf of an organisation

Gender – Out of the 50 who answered the question

58% were female and 42% were male

Age – Out of the 49 who answered the question,

49% were over 65+ years

29% were 55-64 years

8% were 45-54 years

2% were 35-44 years,

4% were 25-34 years

8% preferred not to state

Ethnicity – Out of the 48 who answered the question

86% were White British

4% were White Irish

4% were BAME

4% preferred not to state

Religion- Out of the 46 who answered this question

56% were Christians

33% had no religion

7% preferred not to say

2% were Muslim

2% were Sikh

Sexual Orientation – out of the 45 who answered this question

76% were heterosexual

22% preferred not to say

2% were bisexual

Disability – out of the 48 who answered the question

62.5% did not have any disability

25% had a disability of which 68% had physical disability, 8% had sight impairment, 8% had hearing impairment

12.5% preferred not to state

Detailed NHSE Responses

Log Ref.	Date, heading and source of comment	Comment detail	Proposed/final resolution	Report Amended Havering
1	8/1/18 NHS E Necessary services	Important to state which services are necessary <i>and relevant in line with the regulations</i>	Make necessary changes to the reports to state which services are necessary and relevant.	Amended
2	8/1/18 NHS E Commissioning	Be clear who is commissioning services	Amend reports to make commissioners clear for different services. The PNA reflects the information different commissioners (NHSE and the local authority) have provided.	
3	8/1/18 NHS E Other pharmacy services	Be clear as to whether other services have been considered (e.g. services in hospitals)	Details of which services have been considered will be placed in each report.	
4	8/1/18 NHS E Localities and protected characteristics	<ul style="list-style-type: none"> Say more about different needs for any groups with protected characteristics and whether there are other population groups to consider /mention e.g. travellers 	<ul style="list-style-type: none"> Explain in the reports that the assessments show no overall differences between/within localities. Explain this in the reports and provide links to locality profiles where available and any locality references in the JSNAs. 	Amended
5	8/1/18 NHS E Sufficient choice	<ul style="list-style-type: none"> Is there sufficient choice? Would improve provision offer additional choice? 	Discussed with the PH lead. Set out in the reports that there is sufficient choice:	Amended

			<ul style="list-style-type: none"> NHSE have assessed the need for pharmacies and generally found there are too many. Where necessary pharmacies qualify for the Pharmacy Access Service Boroughs have a greater choice of pharmacy provider 	
6	8/1/18 NHS E Explaining current Future changes	<ul style="list-style-type: none"> Need to be explicit about assumptions made and factors taken into account for the current and future assessments 	<ul style="list-style-type: none"> Reports will set out analyses and assumptions taken into account for the conclusions. Where possible, major developments in the next three years will be listed The need to review annually will be emphasised 	Amended
7	8/1/18 NHS E Applications for pharmacies	<ul style="list-style-type: none"> Ensure where applications have been made the PNA states whether they were successful – either change the PNA report or add supplementary statements. 	PNAs will <ul style="list-style-type: none"> Show the position as at a certain date Correct any errors in the consultation report Explain the requirement for the HWB to monitor and update, and add supplementary statements when necessary. 	Amended
8.	8/1/18 NHS E Consistency	<ul style="list-style-type: none"> Ensure consistency e.g. in pharmacy numbers and in definitions of essential services etc. Check that all services have the Flu service as part of advanced services. 	Information on Flu services was provided NHSE	

Appendix C – Residents Survey

Figure 28

Q1: How satisfied are you with pharmacy services in the borough?

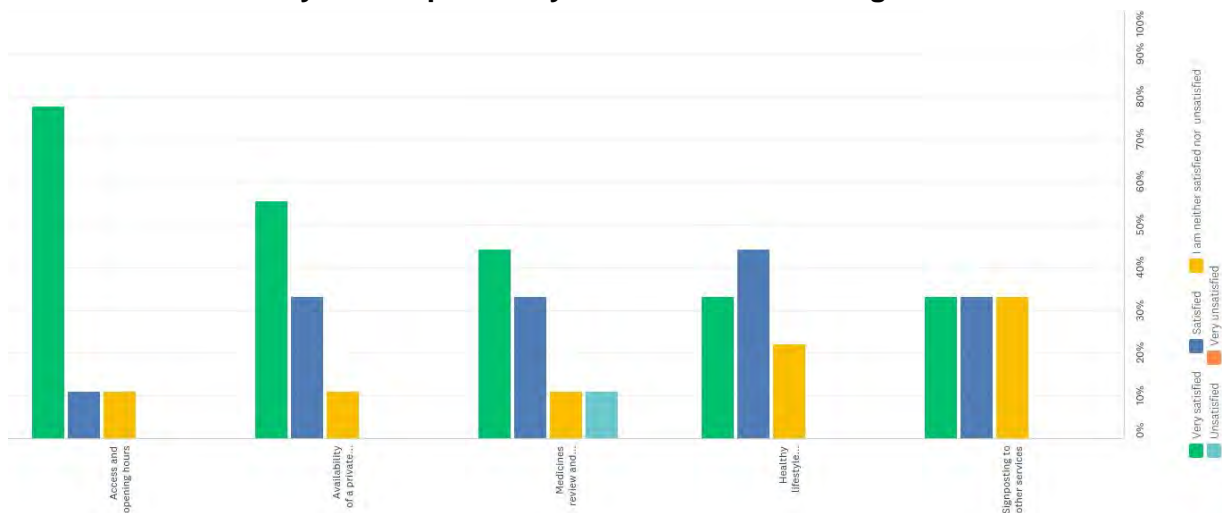
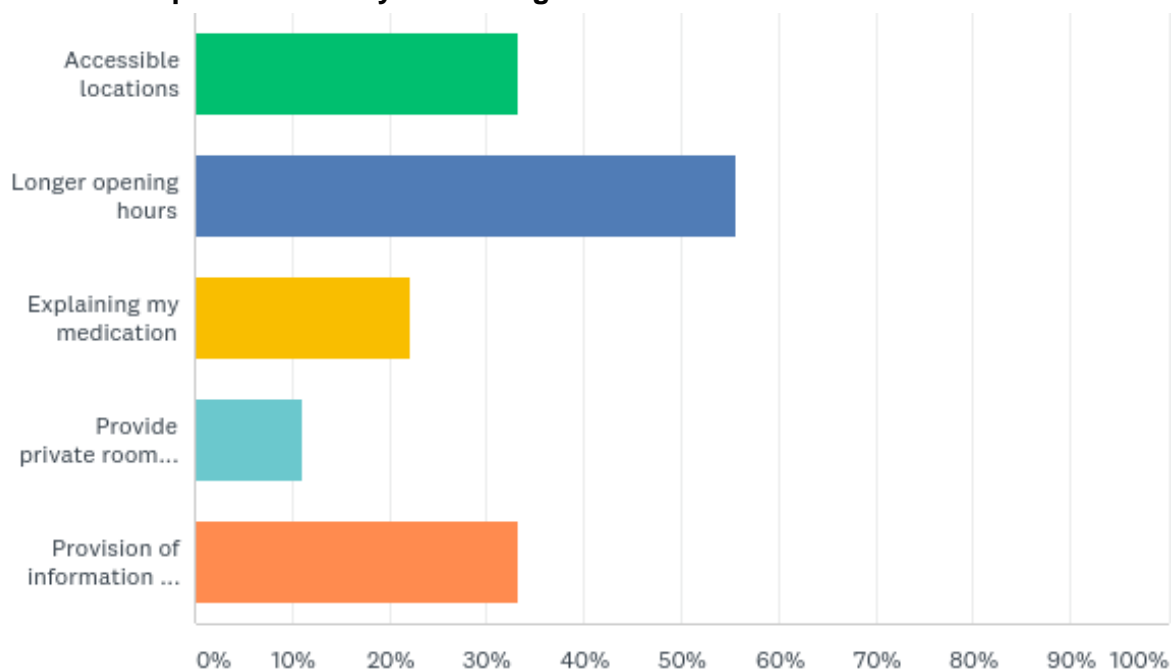


Figure 29

Q2: What could pharmacies in your borough do better?



Q3. How can we make better use of the current pharmacies in your borough?

See comments in Figure 22 and Figure 23.

Q4 What new services could pharmacies in the borough introduce in the future?

See comments in Figure 22 and Figure 23.

Figure 30 Q5 Gender

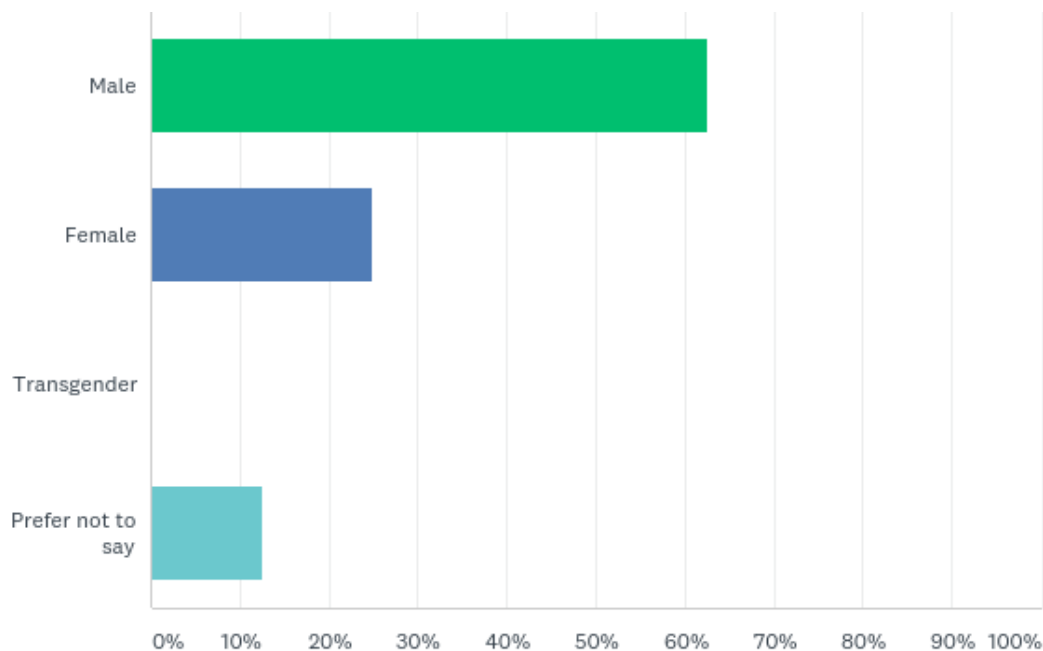


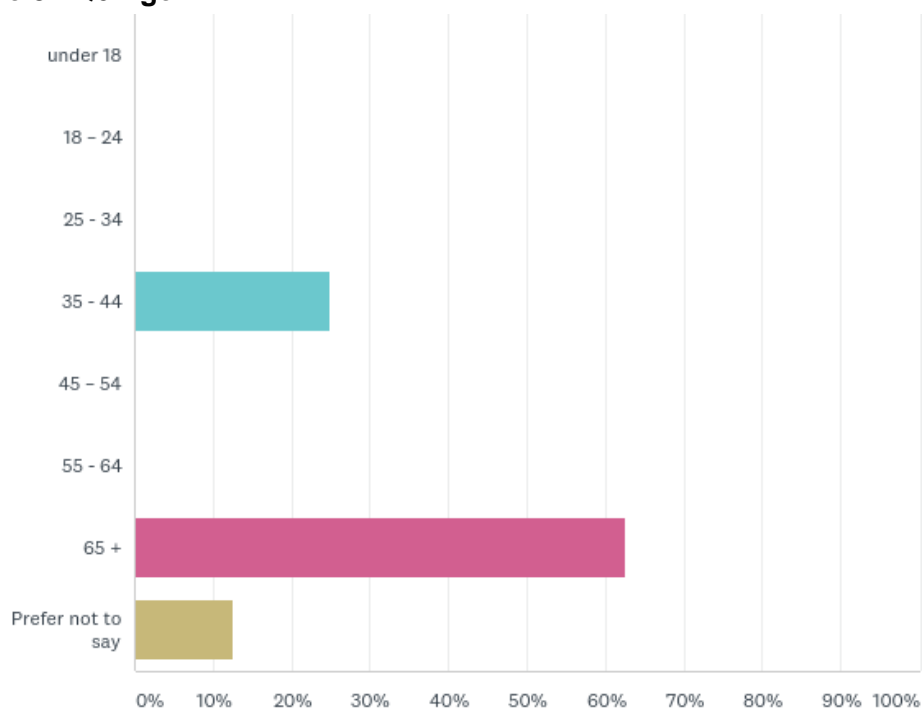
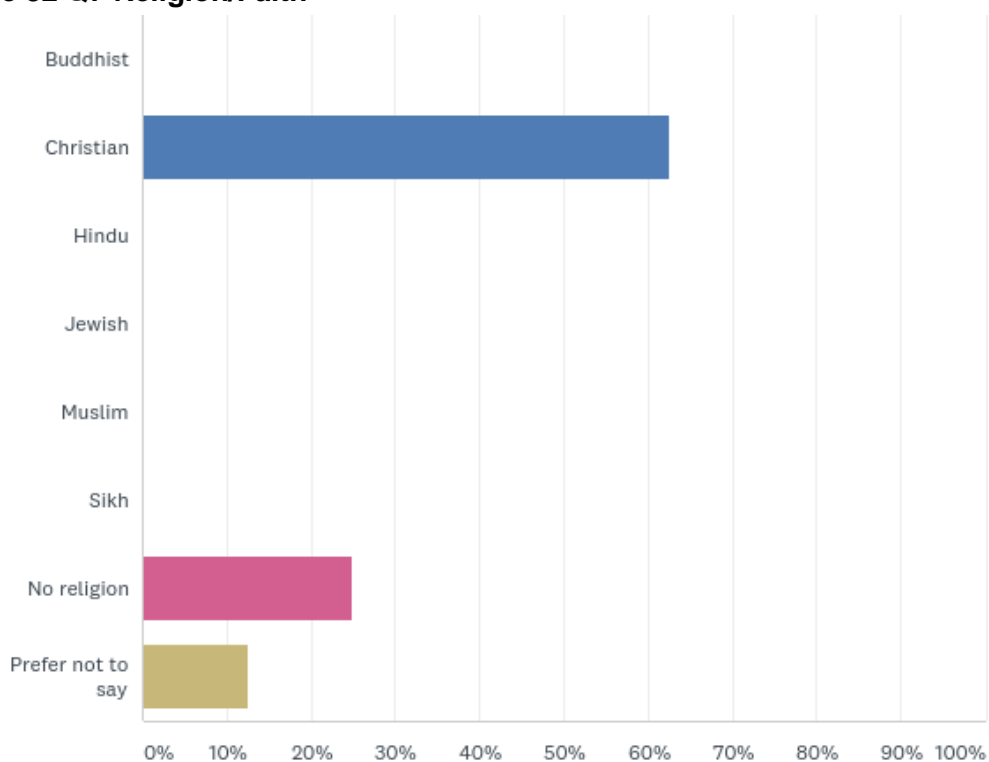
Figure 31 Q6 Age

Figure 32 Q7 Religion/Faith


Figure 33 Q8 Race/Ethnic origin

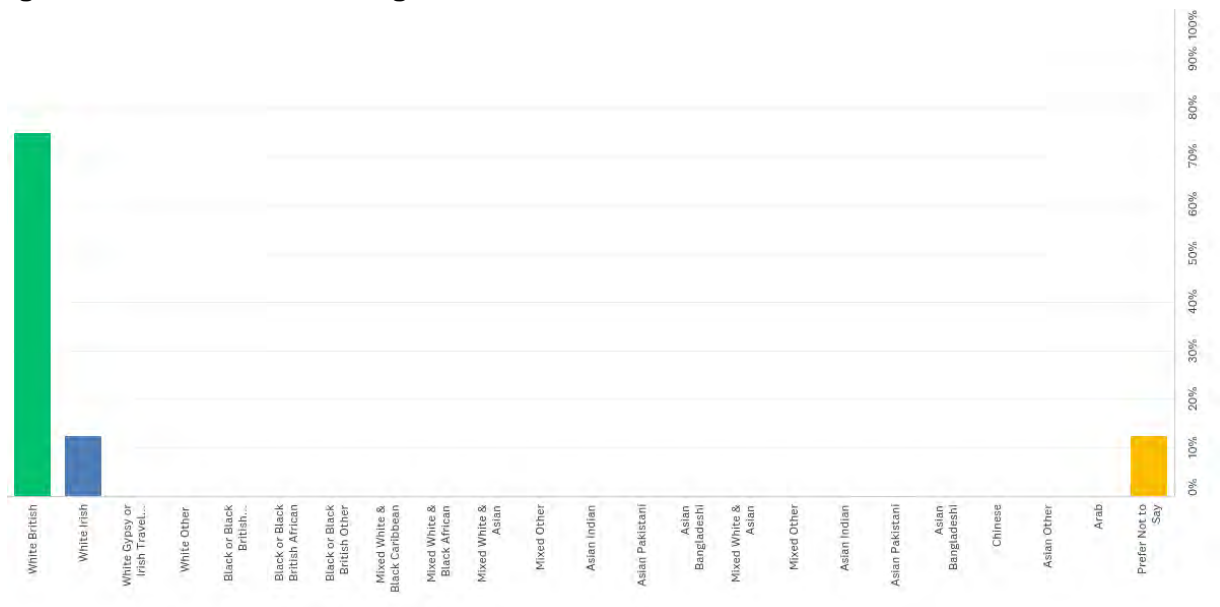


Figure 34 Q9 Sexual orientation

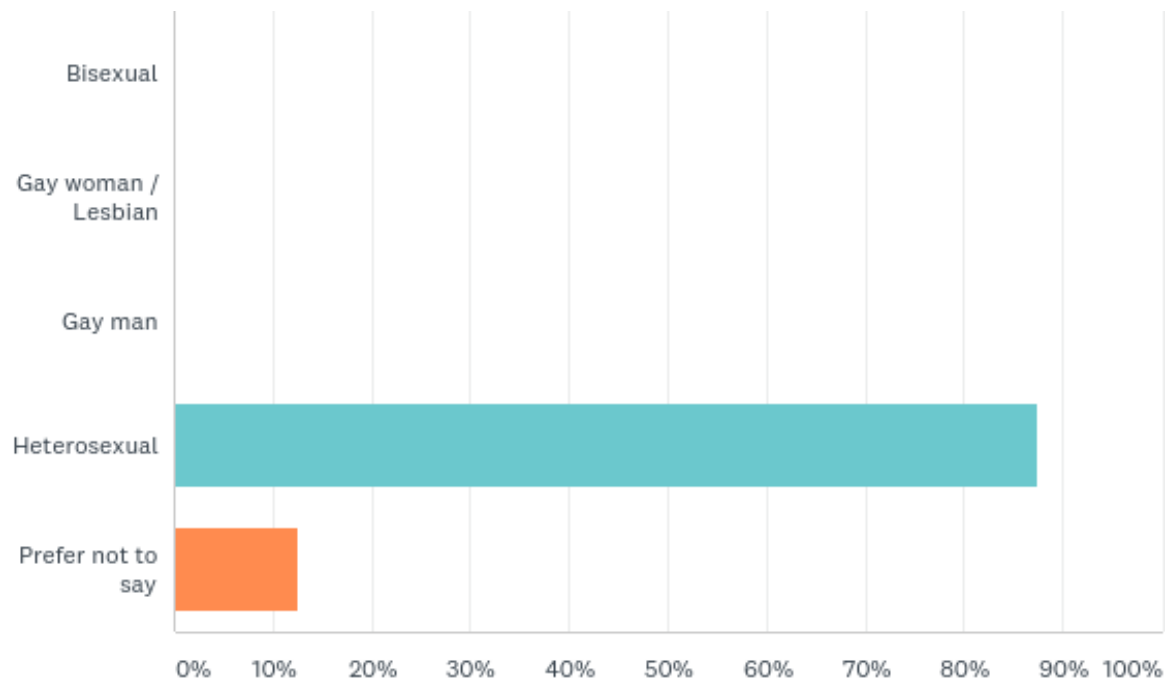
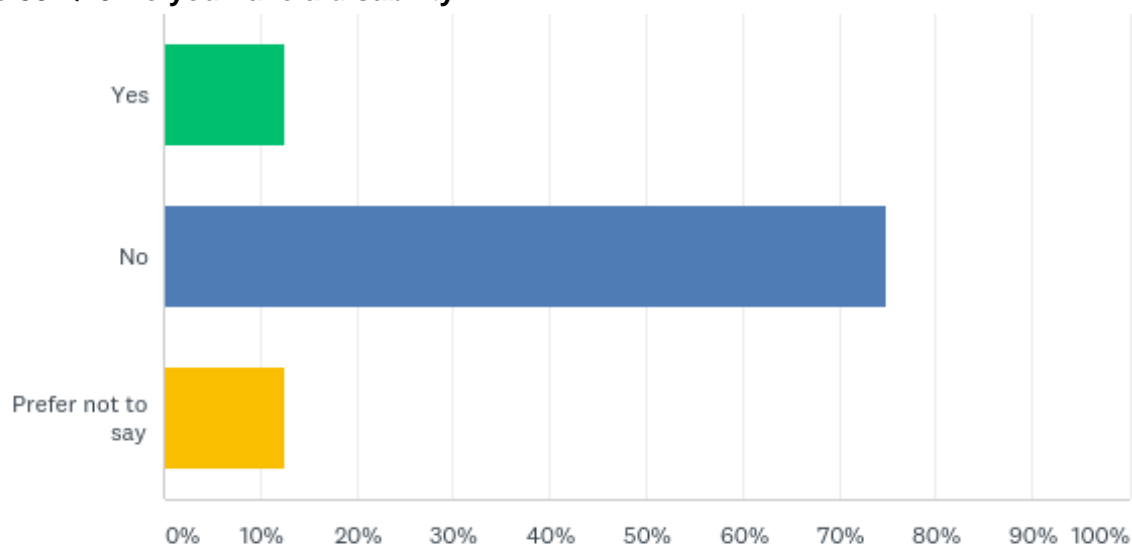
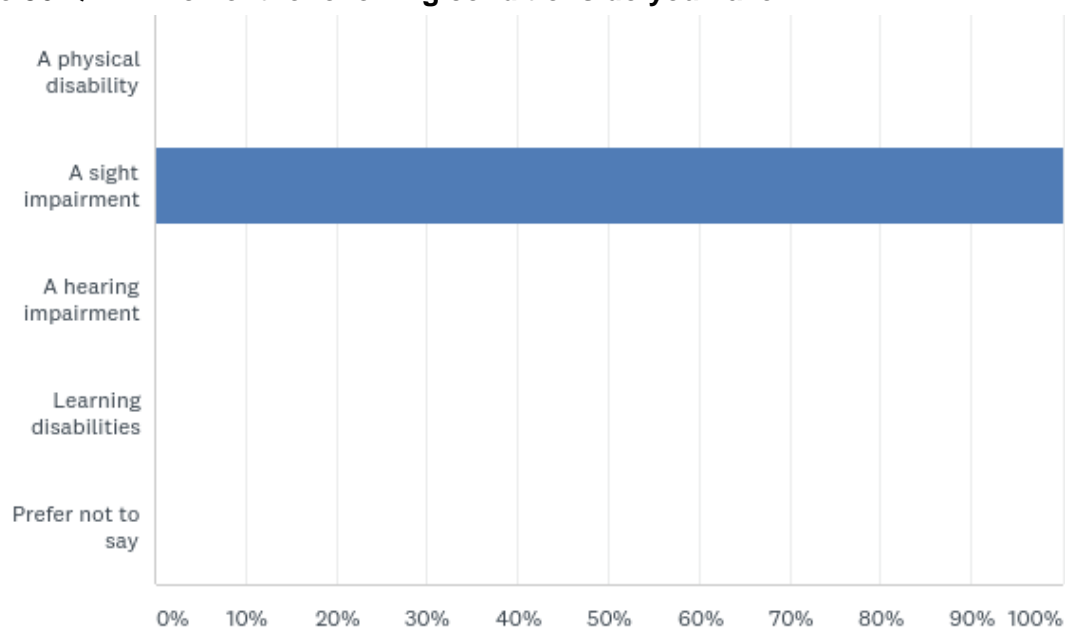



Figure 35 Q10 Do you have a disability?

Figure 36 Q11 Which of the following conditions do you have?


Appendix D – Pharmacy opening hours and services

The information on community pharmacies, opening hours and core /supplementary hours correlates with the data provided by NHS England in their data pack issued in July 2017 and updates provided by them during the consultation. Information on pharmacy opening hours is updated from time to time. There are two distance selling pharmacies in Havering which, while in the listings, have not been included in any analysis of general access as they are not open to residents of the borough.

Table 20 Opening times by pharmacy

Pharmacy	Day	Daily Opening Times (Half Hour Intervals)												Core (Green)		Supplementary (Yellow)		Opening Time Hours					
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Core	Supplementary	Total	
Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly	Daily	Weekly
Active Pharmacy																							
North	Harold Wood	Monday																					
ODS Code	FMM89	Tuesday																					
Post Code	RM3 8HU	Wednesday																					
Map ID	N14	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Distance	Saturday																					
		Sunday																					
ALLIANCE PHARMACY																							
Central	St. Andrew's	Monday																					
ODS Code	FL261	Tuesday																					
Post Code	RM11 3XS	Wednesday																					
Map ID	C16	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
ALLIANCE PHARMACY																							
North	Haverling Park	Monday																					
ODS Code	FVE89	Tuesday																					
Post Code	RM5 3PH	Wednesday																					
Map ID	N3	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
AYP Healthcare Ltd																							
North	Harold Wood	Monday																					
ODS Code	FKD50	Tuesday																					
Post Code	RM3 8FD	Wednesday																					
Map ID	N10	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Distance	Saturday																					
		Sunday																					
Bestway National Chemists Ltd																							
North	Harold Wood	Monday																					
ODS Code	FL514	Tuesday																					
Post Code	RM3 8BP	Wednesday																					
Map ID	N13	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
BOOTS THE CHEMIST																							
North	Goosays	Monday																					
ODS Code	FA737	Tuesday																					
Post Code	RM3 9PH	Wednesday																					
Map ID	N9	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
BOOTS THE CHEMIST																							
Central	Romford Town	Monday																					
ODS Code	FGD64	Tuesday																					
Post Code	RM1 3RL	Wednesday																					
Map ID	C4	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
BOOTS THE CHEMIST																							
North	Goosays	Monday																					
ODS Code	FF297	Tuesday																					
Post Code	RM3 8DX	Wednesday																					
Map ID	N7	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
BOOTS THE CHEMIST																							
Central	Romford Town	Monday																					
ODS Code	FV600	Tuesday																					
Post Code	RM1 3QD	Wednesday																					
Map ID	C3	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					
BOOTS THE CHEMIST LTD.																							
Central	St. Andrew's	Monday																					
ODS Code	FX556	Tuesday																					
Post Code	RM12 4UL	Wednesday																					
Map ID	C15	Thursday																					
Contract Hours	40 Hour	Friday																					
Type	Community	Saturday																					
		Sunday																					

Pharmacy	Day	Daily Opening Times (Half Hour Intervals)														Opening Time Hours					
		Core (Green) 														Core		Supplementary		Total	
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Daily	Weekly
BOOTS THE CHEMIST LTD.	Monday																			8.0	46.0
South Upminster	Tuesday																			8.0	46.0
ODS Code FXH36	Wednesday																			8.0	46.0
Post Code RM14 2AJ	Thursday																			8.0	46.0
Map ID S6	Friday																			8.0	46.0
Contract Hours 40 Hour	Saturday																			6.0	46.0
Type Community	Sunday																			0.0	46.0
BOOTS THE CHEMISTS	Monday																			15.5	100.0
Central Romford Town	Tuesday																			15.5	100.0
ODS Code FV092	Wednesday																			16.0	100.0
Post Code RM1 1AU	Thursday																			15.5	100.0
Map ID C5	Friday																			16.0	100.0
Contract Hours 100 Hour	Saturday																			15.5	100.0
Type Community	Sunday																			6.0	100.0
BOWS CHEMIST	Monday																			8.0	40.0
South Rain and Wen	Tuesday																			7.0	40.0
ODS Code FJL00	Wednesday																			7.0	40.0
Post Code RM13 9JR	Thursday																			7.0	40.0
Map ID S15	Friday																			7.0	40.0
Contract Hours 40 Hour	Saturday																			4.0	40.0
Type Community	Sunday																			0.0	40.0
BRITANNIA PHARMACY	Monday																			7.0	40.0
South Upminster	Tuesday																			7.0	40.0
ODS Code FE805	Wednesday																			7.0	40.0
Post Code RM14 2AD	Thursday																			7.0	40.0
Map ID S5	Friday																			7.0	40.0
Contract Hours 40 Hour	Saturday																			5.0	40.0
Type Community	Sunday																			0.0	40.0
BRITCROWN PHARMACY	Monday																			8.0	40.0
Central St. Andrew's	Tuesday																			8.0	40.0
ODS Code FDM09	Wednesday																			8.0	40.0
Post Code RM11 3UX	Thursday																			8.0	40.0
Map ID C17	Friday																			8.0	40.0
Contract Hours 40 Hour	Saturday																			0.0	40.0
Type Community	Sunday																			0.0	40.0
BRITCROWN PHARMACY	Monday																			8.0	40.0
Central Squirrel's Heath	Tuesday																			7.0	40.0
ODS Code FGW82	Wednesday																			7.0	40.0
Post Code RM2 5JR	Thursday																			7.0	40.0
Map ID C7	Friday																			7.0	40.0
Contract Hours 40 Hour	Saturday																			4.0	40.0
Type Community	Sunday																			0.0	40.0
CHANSON'S PHARMACY	Monday																			8.0	40.0
South Rain and Wen	Tuesday																			8.0	40.0
ODS Code FTE90	Wednesday																			8.0	40.0
Post Code RM13 9BD	Thursday																			8.0	40.0
Map ID S14	Friday																			8.0	40.0
Contract Hours 40 Hour	Saturday																			0.0	40.0
Type Community	Sunday																			0.0	40.0
CLOCKHOUSE PHARMACY	Monday																			16.0	100.0
North Havering Park	Tuesday																			16.0	100.0
ODS Code FFX17	Wednesday																			16.0	100.0
Post Code RM5 3PH	Thursday																			16.0	100.0
Map ID N2	Friday																			16.0	100.0
Contract Hours 100 Hour	Saturday																			14.0	100.0
Type Community	Sunday																			6.0	100.0
CRESCENT PHARMACY	Monday																			7.5	40.0
North Heaton	Tuesday																			7.5	40.0
ODS Code FGV99	Wednesday																			7.5	40.0
Post Code RM3 7PB	Thursday																			7.5	40.0
Map ID N11	Friday																			7.5	40.0
Contract Hours 40 Hour	Saturday																			2.5	40.0
Type Community	Sunday																			0.0	40.0
DAY LEWIS PHARMACY	Monday																			7.5	40.0
South Cranham	Tuesday																			7.5	40.0
ODS Code FLN08	Wednesday																			7.0	40.0
Post Code RM14 1RQ	Thursday																			7.0	40.0
Map ID S1	Friday																			7.0	40.0
Contract Hours 40 Hour	Saturday																			4.0	40.0
Type Community	Sunday																			0.0	40.0

[illegible]

Pharmacy	Day	Daily Opening Times (Half Hour Intervals)														Core (Green)						Supplementary (Yellow)						Opening Time Hours																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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		06:00 - 07:00	07:00 - 08:00	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 13:00	13:00 - 14:00	14:00 - 15:00	15:00 - 16:00	16:00 - 17:00	17:00 - 18:00	18:00 - 19:00	19:00 - 20:00	20:00 - 21:00	21:00 - 22:00	22:00 - 23:00	23:00 - 24:00	Daily	Weekly	Daily	Weekly	Daily	Weekly																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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Pharmacy	Day	Daily Opening Times (Half Hour Intervals)														Core (Green)		Supplementary (Yellow)		Opening Time Hours					
		06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	Core		Supplementary		Total	
																				Daily	Weekly	Daily	Weekly	Daily	Weekly
SHADFORTH PHARMACEUTICAL Central Emerson Park ODS Code FN455 Post Code RM2 5SU Map ID C9 Contract Hours 40 Hour Type Community	Monday																			9.5		0.0		9.5	
	Tuesday																			9.5		0.0		9.5	
	Wednesday																			9.5		0.0		9.5	
	Thursday																			9.5	51.5	0.0	0.0	9.5	51.5
	Friday																			9.5		0.0		9.5	
	Saturday																			4.0		0.0		4.0	
	Sunday																			0.0		0.0		0.0	
TESCO INSTORE PHARMACY South Rain and Wen ODS Code FA052 Post Code RM13 9YZ Map ID S13 Contract Hours 40 Hour Type Community	Monday																			7.0		5.0		12.0	
	Tuesday																			7.0		5.0		12.0	
	Wednesday																			6.5		5.5		12.0	
	Thursday																			6.5	40.0	5.5	38.0	12.0	78.0
	Friday																			6.5		5.5		12.0	
	Saturday																			6.5		5.5		12.0	
	Sunday																			0.0		6.0		6.0	
TESCO SUPERSTORE Central Hylands ODS Code FYN65 Post Code RM11 1PY Map ID C13 Contract Hours 40 Hour Type Community	Monday																			7.0		5.0		12.0	
	Tuesday																			7.0		5.0		12.0	
	Wednesday																			6.5		5.5		12.0	
	Thursday																			6.5	40.0	5.5	38.0	12.0	78.0
	Friday																			6.5		5.5		12.0	
	Saturday																			6.5		5.5		12.0	
	Sunday																			0.0		6.0		6.0	
TESCO SUPERSTORE North Harold Wood ODS Code FDT86 Post Code RM3 0LL Map ID N12 Contract Hours 40 Hour Type Community	Monday																			7.0		6.0		13.0	
	Tuesday																			7.0		6.0		13.0	
	Wednesday																			6.5		6.5		13.0	
	Thursday																			6.5	40.0	6.5	44.0	13.0	84.0
	Friday																			6.5		6.5		13.0	
	Saturday																			6.5		6.5		13.0	
	Sunday																			0.0		6.0		6.0	
W H BURDESS CHEMISTS LTD North Mawneys ODS Code FN123 Post Code RM7 8BU Map ID N6 Contract Hours 40 Hour Type Community	Monday																			8.0		2.0		10.0	
	Tuesday																			8.0		2.0		10.0	
	Wednesday																			8.0		2.0		10.0	
	Thursday																			4.0	41.0	0.0	8.0	4.0	49.0
	Friday																			8.0		2.0		10.0	
	Saturday																			5.0		0.0		5.0	
	Sunday																			0.0		0.0		0.0	
WHITEROSE CHEMIST (Rowlands) Central Squirrel's Heath ODS Code FQD98 Post Code RM11 2LG Map ID C8 Contract Hours 40 Hour Type Community	Monday																			8.0		2.0		10.0	
	Tuesday																			8.0		0.0		8.0	
	Wednesday																			8.0		0.0		8.0	
	Thursday																			8.0	40.0	0.0	12.5	8.0	52.5
	Friday																			8.0		2.0		10.0	
	Saturday																			0.0		8.5		8.5	
	Sunday																			0.0		0.0		0.0	
WILLIAMS CHEMIST South Rain and Wen ODS Code FG050 Post Code RM13 9TR Map ID S16 Contract Hours 40 Hour Type Community	Monday																			8.0		1.0		9.0	
	Tuesday																			8.0		1.0		9.0	
	Wednesday																			8.0		1.0		9.0	
	Thursday																			8.0	40.0	1.0	8.0	9.0	48.0
	Friday																			8.0		1.0		9.0	
	Saturday																			0.0		3.0		3.0	
	Sunday																			0.0		0.0		0.0	
Your Local Boots Pharmacy South Hacton ODS Code FW198 Post Code RM12 6LL Map ID S7 Contract Hours 40 Hour Type Community	Monday																			8.0		1.0		9.0	
	Tuesday																			8.0		1.0		9.0	
	Wednesday																			8.0		1.0		9.0	
	Thursday																			8.0	40.0	1.0	5.0	9.0	45.0
	Friday																			8.0		1.0		9.0	
	Saturday																			0.0		0.0		0.0	
	Sunday																			0.0		0.0		0.0	

Table 21 Weekday opening times

(The two distance selling pharmacies in Harold wood have been excluded from this table)

Weekday opening time:

Pharmacies that have different mid-week opening times will be assigned as open for their weekday opening time, if they are open at the stated time on any day from Monday to Friday. This will prevent rounding errors when values are aggregated by area.

Weekday Opening Times				
Central	Brooklands	FDP87	Safedale Ltd	C12
		FKK95	Fairview Pharmacy (Rowlands)	C2
	Emerson Park	FN455	Shadforth Pharmaceutical Co	C9
	Hylands	FRF15	Pharmacare Chemist	C14
		FYN65	Tesco Superstore	C13
	Romford Town	FA111	Lloyds Pharmacy	C6
		FGD64	Boots The Chemist	C4
		FK049	Newlands Pharmacy	C11
		FT893	Mim Pharmacy Ltd	C1
		FTV79	Park Lane Pharmacy	C10
		FV092	Boots The Chemists	C5
		FV600	Boots The Chemist	C3
	Squirrel's Heath	FGW82	Britcrown Pharmacy	C7
		FQD98	Whiterose Chemist (Rowlands)	C8
	St. Andrew's	FDM09	Britcrown Pharmacy	C17
		FL261	Alliance Pharmacy	C16
		FMD27	Elm Park Pharmacy	C18
FX556		Boots The Chemist Ltd.	C15	
North	Gooshays	FA737	Boots The Chemist	N9
		FF297	Boots The Chemist	N4
		FGA85	Newlands Pharmacy	N8
	Harold Wood	FDT86	Tesco Superstore	N12
		FL514	Bestway National Chemists Ltd	N13
	Havering Park	FFX17	Clockhouse Pharmacy	N2
		FVE89	Alliance Pharmacy	N3
	Heaton	FGV99	Crescent Pharmacy	N11
	Mawneys	FN123	W H Burdess Chemists Ltd	N6
		FN391	Lloyds Pharmacy	N1
Pettits	FQP07	Newlands Pharmacies	N5	
	FXK72	Rise Park Pharmacy	N4	
South	Cranham	FE051	Govani Chemist	S2
		FLN08	Day Lewis Pharmacy	S1
	Elm Park	FEP91	Day Lewis Pharmacy	S11
		FQV93	Maylands Pharmacy	S8
		FXW05	Newlands Pharmacy	S10
	Hacton	FCC42	Lloyds Pharmacy	S9
		FW198	Your Local Boots Pharmacy	S7
	Rainham and Wennington	FA052	Tesco Instore Pharmacy	S13
		FG050	Williams Chemist	S16
		FJL00	Bows Chemist	S15
		FTE90	Chansons Pharmacy	S14
	South Hornchurch	FC513	Day Lewis Pharmacy	S12
	Upminster	FCN97	Panchem Pharmacy	S4
FE805		Britannia Pharmacy	S5	
FPD73		Govani Chemist	S3	
FXH36		Boots The Chemist Ltd.	S6	

Opening Times					Core		&		Supplementary									
06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	

Table 22 Weekend opening times

(The two distance selling pharmacies in Harold wood have been excluded from this table)

Saturday Opening Times				
Central	Brooklands	FDP87	Safedale Ltd	C12
		FKK95	Fairview Pharmacy (Rowlands)	C2
	Emerson Park	FN455	Shadforth Pharmaceutical Co	C9
	Hylands	FRF15	Pharmacare Chemist	C14
		FYN65	Tesco Superstore	C13
	Romford Town	FA111	Lloyds Pharmacy	C6
		FGD64	Boots The Chemist	C4
		FK049	Newlands Pharmacy	C11
		FT893	Mim Pharmacy Ltd	C1
		FTV79	Park Lane Pharmacy	C10
		FV092	Boots The Chemists	C5
		FV600	Boots The Chemist	C3
	Squirrel's Heath	FGW82	Britcrown Pharmacy	C7
		FQD98	Whiterose Chemist (Rowlands)	C8
	St. Andrew's	FDM09	Britcrown Pharmacy	C17
		FL261	Alliance Pharmacy	C16
		FMD27	Elm Park Pharmacy	C18
		FX556	Boots The Chemist Ltd.	C15
North	Gooshays	FA737	Boots The Chemist	N9
		FF297	Boots The Chemist	N4
		FGA85	Newlands Pharmacy	N8
	Harold Wood	FDT86	Tesco Superstore	N12
		FL514	Bestway National Chemists Ltd	N13
	Havering Park	FFX17	Clockhouse Pharmacy	N2
		FVE89	Alliance Pharmacy	N3
	Heaton	FGV99	Crescent Pharmacy	N11
	Mawneys	FN123	W H Burdess Chemists Ltd	N6
		FN391	Lloyds Pharmacy	N1
	Pettits	FQP07	Newlands Pharmacies	N5
		FXK72	Rise Park Pharmacy	N4
South	Cranham	FE051	Govani Chemist	S2
		FLN08	Day Lewis Pharmacy	S1
	Elm Park	FEP91	Day Lewis Pharmacy	S11
		FQV93	Maylands Pharmacy	S8
		FXW05	Newlands Pharmacy	S10
	Hacton	FCC42	Lloyds Pharmacy	S9
		FW198	Your Local Boots Pharmacy	S7
	Rainham and Wennington	FA052	Tesco Instore Pharmacy	S13
		FG050	Williams Chemist	S16
		FJL00	Bows Chemist	S15
		FTE90	Chansons Pharmacy	S14
	South Hornchurch	FC513	Day Lewis Pharmacy	S12
	Upminster	FCN97	Panchern Pharmacy	S4
		FE805	Britannia Pharmacy	S5
FPD73		Govani Chemist	S3	
FXH36		Boots The Chemist Ltd.	S6	

Opening Times			Core & Supplementary															
06:00 - 07:00	07:00 - 08:00	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 13:00	13:00 - 14:00	14:00 - 15:00	15:00 - 16:00	16:00 - 17:00	17:00 - 18:00	18:00 - 19:00	19:00 - 20:00	20:00 - 21:00	21:00 - 22:00	22:00 - 23:00	23:00 - 24:00	
</																		

Table 23 Sunday opening times

(The two distance selling pharmacies in Harold wood have been excluded from this table)

Sunday Opening Times					Opening Times																Core & Supplementary	
					06:00 - 07:00	07:00 - 08:00	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 13:00	13:00 - 14:00	14:00 - 15:00	15:00 - 16:00	16:00 - 17:00	17:00 - 18:00	18:00 - 19:00	19:00 - 20:00	20:00 - 21:00	21:00 - 22:00	22:00 - 23:00	23:00 - 24:00
Central	Brooklands	FDP87	Safedale Ltd	C12																		
		FKK95	Fairview Pharmacy (Rowlands)	C2																		
	Emerson Park	FN455	Shadforth Pharmaceutical Co	C9																		
	Hylands	FRF15	Pharmacare Chemist	C14																		
		FYN65	Tesco Superstore	C13																		
	Romford Town	FA111	Lloyds Pharmacy	C6																		
		FGD64	Boots The Chemist	C4																		
		FK049	Newlands Pharmacy	C11																		
		FT893	Mim Pharmacy Ltd	C1																		
		FTV79	Park Lane Pharmacy	C10																		
		FV092	Boots The Chemists	C5																		
		FV600	Boots The Chemist	C3																		
	Squirrel's Heath	FGW82	Britcrown Pharmacy	C7																		
		FQD98	Whiterose Chemist (Rowlands)	C8																		
	St. Andrew's	FDM09	Britcrown Pharmacy	C17																		
		FL261	Alliance Pharmacy	C16																		
		FMD27	Elm Park Pharmacy	C18																		
		FX556	Boots The Chemist Ltd.	C15																		
North	Gooshays	FA737	Boots The Chemist	N9																		
		FF297	Boots The Chemist	N4																		
		FGA85	Newlands Pharmacy	N8																		
	Harold Wood	FDT86	Tesco Superstore	N12																		
		FL514	Bestway National Chemists Ltd	N13																		
	Havering Park	FFX17	Clockhouse Pharmacy	N2																		
		FVE89	Alliance Pharmacy	N3																		
	Heaton	FGV99	Crescent Pharmacy	N11																		
	Mawneys	FN123	W H Burdess Chemists Ltd	N6																		
		FN391	Lloyds Pharmacy	N1																		
	Pettits	FQP07	Newlands Pharmacies	N5																		
		FXX72	Rise Park Pharmacy	N4																		
South	Cranham	FE051	Govani Chemist	S2																		
		FLN08	Day Lewis Pharmacy	S1																		
	Elm Park	FEP91	Day Lewis Pharmacy	S11																		
		FQV93	Maylands Pharmacy	S8																		
		FXW05	Newlands Pharmacy	S10																		
	Hacton	FCC42	Lloyds Pharmacy	S9																		
		FW198	Your Local Boots Pharmacy	S7																		
	Rainham and Wennington	FA052	Tesco Instore Pharmacy	S13																		
		FG050	Williams Chemist	S16																		
		FJL00	Bows Chemist	S15																		
		FTE90	Chansons Pharmacy	S14																		
	South Hornchurch	FC513	Day Lewis Pharmacy	S12																		
	Upminster	FCN97	Panchem Pharmacy	S4																		
		FE805	Britannia Pharmacy	S5																		
		FPD73	Govani Chemist	S3																		
		FXH36	Boots The Chemist Ltd.	S6																		

Table 24 Number of pharmacies open in each ward (weekdays, Saturday and Sunday)
(The two distance selling pharmacies in Harold wood have been excluded from this table)

[illegible]

Table 25 Number of pharmacies open in each locality and district (weekdays, Saturday and Sunday)

The two distance selling pharmacies in Harold Wood have been excluded from this table.

Weekday opening time:

Pharmacies that have different mid-week opening times will be assigned as open for their weekday opening time, if they are open at the stated time on any day from Monday to Friday. This will prevent rounding errors when values are aggregated by area.

Day		Area	Pharmacies
		Central	18
		North	12
		South	16
		Havering	46

Opening Times - Total																			
06:00 - 07:00	07:00 - 08:00	08:00 - 09:00	09:00 - 10:00	10:00 - 11:00	11:00 - 12:00	12:00 - 13:00	13:00 - 14:00	14:00 - 15:00	15:00 - 16:00	16:00 - 17:00	17:00 - 18:00	18:00 - 19:00	19:00 - 20:00	20:00 - 21:00	21:00 - 22:00	22:00 - 23:00	23:00 - 24:00		
1	4	18	18	18	18	18	18	18	18	18	18	14	4	2	2	2	1		
1	3	12	12	12	12	12	12	12	12	12	11	8	3	2	1	1			
	3	16	16	16	16	16	12	16	16	16	15	7	2	1	1	1			
2	9	45	46	46	46	42	46	46	46	46	43	29	9	5	4	4	1		

Weekdays	Central	18
	North	12
	South	16
	Havering	46

Saturday	Central	18
	North	12
	South	16
	Havering	46

Sunday	Central	18
	North	12
	South	16
	Havering	46

Table 26 Number of pharmacies open in each locality and district (weekdays, Saturday and Sunday)

The two distance selling pharmacies in Harold Wood have been excluded from this table.

Weekday opening time:

Pharmacies that have different mid-week opening times will be assigned as open for their weekday opening time, if they are open at the stated time on any day from Monday to Friday. This will prevent rounding errors when values are aggregated by area.

Day	Area	Pharmacies	Opening Times - Core																		Opening Times - Supplementary																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
			06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00	06:00-07:00	07:00-08:00	08:00-09:00	09:00-10:00	10:00-11:00	11:00-12:00	12:00-13:00	13:00-14:00	14:00-15:00	15:00-16:00	16:00-17:00	17:00-18:00	18:00-19:00	19:00-20:00	20:00-21:00	21:00-22:00	22:00-23:00	23:00-24:00																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Table 27 Pharmacy services offer per pharmacy by locality and ward

Locality	Ward	Pharmacy	Name	MAP ID	Type	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	C Card	SC	NEX
Central	Brooklands	FDP87	Safedale Ltd	C12			✓	✓			✓			✓						✓
		FKK95	Fairview Pharmacy	C2			✓	✓						✓				✓		
	Emerson Park	FN455	Shadforth Pharmaceutical Co	C9			✓	✓				✓								
	Hylands	FRF15	Pharmacare Chemist	C14			✓	✓			✓			✓						
		FYN65	Tesco Superstore	C13			✓	✓			✓			✓						
	Romford Town	FA111	Lloyds Pharmacy	C6	100 Hour		✓	✓			✓	✓								
		FGD64	Boots The Chemist	C4			✓	✓						✓						
		FK049	Newlands Pharmacy	C11			✓				✓									
		FT893	Mim Pharmacy Ltd	C1			✓							✓			✓	✓	✓	✓
		FTV79	Park Lane Pharmacy	C10			✓	✓						✓					✓	✓
		FV092	Boots The Chemists	C5	100 Hour		✓	✓			✓			✓					✓	✓
		FV600	Boots The Chemist	C3			✓	✓			✓			✓						
	Squirrel's Heath	FGW82	Britcrown Pharmacy	C7			✓	✓			✓						✓	✓		
		FQD98	Whiterose Chemist	C8			✓	✓	✓	✓	✓			✓						
	St. Andrew's	FDM09	Britcrown Pharmacy	C17			✓	✓			✓							✓		
		FL261	Alliance Pharmacy	C16			✓	✓			✓									
		FMD27	Elm Park Pharmacy	C18			✓	✓			✓							✓		
		FX556	Boots The Chemist Ltd.	C15			✓	✓			✓			✓					✓	
North	Gooshays	FA737	Boots The Chemist	N9			✓	✓			✓									✓
		FF297	Boots The Chemist	N4			✓	✓			✓			✓						✓
		FGA85	Newlands Pharmacy	N8			✓	✓			✓									
	Harold Wood	FDT86	Tesco Superstore	N12			✓	✓						✓						✓
		FKD50	Ayp Healthcare Ltd	N10	Distance															
		FL514	Bestway National Chemists	N13			✓	✓			✓									
		FMM89	Aktive Pharmacy	N14	Distance															
	Havering Park	FFX17	Clockhouse Pharmacy	N2	100 Hour		✓	✓			✓	✓	✓					✓		
		FVE89	Alliance Pharmacy	N3			✓	✓			✓			✓						
	Heaton	FGV99	Crescent Pharmacy	N11			✓	✓			✓	✓	✓				✓	✓	✓	✓
	Mawneys	FN123	W H Burdess Chemists Ltd	N6			✓	✓			✓			✓						
		FN391	Lloyds Pharmacy	N1			✓	✓	✓	✓	✓							✓	✓	✓
	Pettits	FQP07	Newlands Pharmacies	N5			✓	✓			✓									✓
		FXK72	Rise Park Pharmacy	N4			✓	✓												
South	Cranham	FE051	Govani Chemist	S2			✓	✓												
		FLN08	Day Lewis Pharmacy	S1			✓	✓			✓							✓		
	Elm Park	FEP91	Day Lewis Pharmacy	S11			✓	✓			✓			✓						
		FQV93	Maylands Pharmacy	S8	100 Hour		✓	✓			✓	✓	✓	✓						
		FXW05	Newlands Pharmacy	S10			✓	✓			✓		✓	✓					✓	
	Hacton	FCC42	Lloyds Pharmacy	S9			✓	✓	✓	✓	✓							✓		
		FW198	Your Local Boots Pharmacy	S7			✓	✓			✓			✓						
	Rainham and Wennington	FA052	Tesco Instore Pharmacy	S13			✓	✓			✓									
		FG050	Williams Chemist	S16			✓	✓			✓	✓	✓	✓						
		FJL00	Bows Chemist	S15																
		FTE90	Chansons Pharmacy	S14			✓													✓
	South Hornchurch	FC513	Day Lewis Pharmacy	S12			✓	✓			✓							✓		
		FCN97	Panchem Pharmacy	S4			✓	✓			✓									
	Upminster	FE805	Britannia Pharmacy	S5			✓	✓			✓	✓	✓	✓						
		FPD73	Govani Chemist	S3			✓	✓			✓			✓				✓		
		FXH36	Boots The Chemist Ltd.	S6			✓	✓			✓									

NHS England commissions MUR, NMS, AUR, SAC, Flu, NUM SAS, Enhanced Service Flu, Palliative Care, Care, Minor Ailments service

The London Borough of Havering commissions community pharmacies for the provision of Emergency Contraception (EHC), C-card

Supervised consumption(SC) and needle exchange(NEX) services are also commissioned locally.

Locality	Ward	Pharmacy Number																Ward Population (mid 2015)	Ward Population per Pharmacy	Ward Area (Hec)	Ward Area Per Pharmacy
Central	Brooklands	2	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	C Card	SC	NEX	16916	8458	420	210
	Emerson Park	1	2	2				2		2					1	1		12081	12081	464	464
	Hylands	2	1	1					1									13374	6687	290	145
	Romford Town	7	2	2				2		2								17503	2500	287	41
	Squirrel's Heath	2	7	5				6	1	6				1	1	3	2	13784	6892	265	132
	St. Andrew's	4	2	2	1	1	2			2				1	1			13682	3421	269	67
North	Gooshays	3	4	4				4		2				2		1		15770	5257	776	259
	Harold Wood	2	3	3				3		2						2		13835	6918	760	380
	Havering Park	2	2	2				2	1	1	2				1			13522	6761	979	489
	Heaton	1	2	2				2	1	2					1	1	1	13871	13871	341	341
	Mawneys	2	1	1				1	1	1				1	1	1		13387	6694	305	152
	Pettits	2	2	2	1	1	2	1	2		2				1	1	1	13081	6541	395	198
South	Cranham	2	2	2				1							1			12729	6365	656	328
	Elm Park	3	2	2														13055	4352	367	122
	Hacton	2	3	3				3	1	2	3					1		12342	6171	246	123
	Rainham and Wennington	4	2	2	1	1	1	1		1					1			12964	3241	1534	384
	South Hornchurch	1	3	2				2	1	1	2					1		14100	14100	630	630
	Upminster	4	1	1				1			1				1			13089	3272	2253	563
Area	Pharmacy Number	EPS 1 or 2	MUR	NMS	AUR	SAC	Flu	NUMSAS	Minor Ailments	Enhanced service Flu	Palliative Care	Care Homes	EHC	C Card	SC	NEX	Ward Population (mid 2015)	Ward Population per Pharmacy	Ward Area (Hec)	Ward Area Per Pharmacy	
Central	18	0	18	16	1	1	16	2	0	14	0	0	2	5	5	2	87340	4852	1994	111	
North	12	0	12	11	1	1	11	3	2	7	0	0	1	3	6	2	83466	6956	3556	296	
South	16	0	15	14	1	1	12	4	4	9	0	0	0	4	2	0	78279	4892	5686	355	
Havering		46	0	45	41	3	3	39	9	6	30	0	0	3	12	13	4	249085	5415	11236	244

(The two distance selling pharmacies in Harold wood have been excluded from this table)

NHS England commissions MUR, NMS, AUR, SAC, Flu, NUM SAS, Enhanced Service Flu, Palliative Care, Care, Minor Ailments service

The London Borough of Havering commissions community pharmacies for the provision of Emergency Contraception (EHC), C-card

Supervised consumption(SC) and needle exchange(NEX) services are also commissioned locally.

Appendix E – Other service providers

Table 28 GP practices in Havering

ID	Practice_Name	Post_Code	Branch / GP Led / Walk in Centre
1	Avon Road Surgery	RM14 1RG	Main Practice
2	Berwick Surgery	RM13 9QU	Main Practice
3	Billet Lane Medical Practice	RM11 1XA	Main Practice
4	Central Park Surgery (Dr Kakad)	RM3 7JP	Main Practice
5	Chadwell Heath Health Centre (Dr A Patel)	RM6 6RT	Main Practice
6	Chadwell Heath Health Centre (Dr Hamilton-Smith)	RM6 6RT	Main Practice
7	Cosyhaven	RM11 2LY	Main Practice
8	Dr Chowdhury	RM3 0PT	Main Practice
9	Dr Dahs & Partners	RM14 1BJ	Main Practice
10	Dr Gupta	RM7 8BU	Main Practice
11	Dr Joseph	RM5 3PR	Main Practice
12	Dr Kulendran	RM5 3PJ	Main Practice
13	Dr Marks	RM1 2SB	Main Practice
14	Dr PM Patel	RM12 4LF	Main Practice
15	Dr Prasad	RM3 7JJ	Main Practice
16	Dr Rahman	RM12 4JP	Branch
17	Dr Rahman	RM12 5PA	Main Practice
18	Dr Subramanian	RM13 7UP	Main Practice
19	Haiderian Medical Centre	RM14 2YN	Main Practice
20	Haiderian Medical Centre Branch	RM14 1XX	Branch
21	Harold Hill Health Centre (Dr Jabbar)	RM3 7JP	Main Practice
22	Harold Hill Health Centre (Dr Kuchhai)	RM3 7JP	Main Practice
23	High Street Surgery (Dr Pervez)	RM11 3XT	Main Practice
24	Hornchurch Healthcare	RM11 1XA	Main Practice
25	Ingrebourne Medical Centre	RM3 7JJ	Main Practice
26	Kings Park Surgery (prev Harold Wood Polyclinic)	RM3 0FE	Main Practice
27	Lynwood Medical Centre	RM5 3QL	Main Practice
28	Mawney Medical Centre	RM1 3DQ	Main Practice
29	Maylands Health Care	RM12 4EQ	Main Practice
30	North Street Medical Care	RM1 4QJ	Main Practice
31	<i>North Street Medical Care</i>	RM6 6RT	Branch
32	Petersfield Surgery	RM3 9PD	Main Practice
33	Rainham Health Centre	RM13 8QA	Main Practice
34	Robins Surgery	RM3 9SU	Main Practice
35	Rosewood Practice	RM12 5NJ	Main Practice
36	Rush Green MC - Dr B Beheshti	RM7 0XR	Main Practice
37	Rush Green MC - Dr S Poologanathan	RM7 0XR	Main Practice
38	South Hornchurch Health Centre	RM13 7XR	Main Practice
39	Spring Farm Surgery	RM13 9RZ	Main Practice
40	The Greenwood Practice	RM3 0DR	Main Practice
41	The Greenwood Practice (Branch)	RM11 2LP	Branch
42	The Modern Medical Centre	RM7 0PX	Main Practice
43	The New Medical Centre	RM2 5SU	Main Practice
44	The Surgery (Dr O'Moore)	RM12 6PR	Main Practice
45	The Surgery (Dr V Patel)	RM11 3SZ	Main Practice
46	Upminster Medical Centre	RM14 3DH	Main Practice
47	Western Road Medical Centre	RM1 3LS	Main Practice
48	Wood Lane Surgery	RM12 5HX	Main Practice

Table 29 Dental practices in Havering

ID	Dental Practice Name	Postcode	Practice Address
1	10 Hall Lane Dental Practice Ltd	RM14 1AE	10 Hall Lane Upminster
2	All Smiles Dental Care	RM12 4TG	261 Hornchurch Road Hornchurch
3	Ardleigh Green Dental	RM11 2LG	102 Ardleigh Green Road Hornchurch
4	Church View Dental Clinic	RM14 2TR	34A Station Road Upminster
5	Community Dental Services	RM13 7XR	106 Southend Road Rainham
6	Community Dental Services	RM3 0QA	24 Gubbins Lane Romford
7	Corbets Tey Dental Practice	RM14 2AD	36A Corbets Tey Road Upminster
8	Cranham Dental Centre Ltd	RM14 1BJ	141 Ingrebourne Gardens Upminster
9	Dental Practice	RM5 3PJ	17 Chase Cross Road Romford
10	Elm Park Dental Surgery	RM12 5LH	28 Rosewood Avenue Hornchurch
11	Essence Dental Clinic	RM3 7JP	219 - 221 Straight Road Romford
12	Hacton Dental Care	RM12 6PH	1 Hacton Lane Hornchurch
13	Hornchurch Dental Care	RM11 1SU	98 North Street Hornchurch
14	Mawney (DS) Limited	RM7 7JA	109 Mawney Road Romford
15	My dentist, Romford Orthodontics	RM1 1QA	195 South Street Romford
16	Naidu and Naidu	RM3 0DP	132 Gubbins Lane Romford
17	Newham Family Dental Care Ltd	RM5 3NR	Collier Row Romford
18	Newham Family Dental Care Ltd	RM5 3NR	Collier Row Romford
19	Oasis Dental Care Hornchurch	RM11 2BS	Slewins Lane Hornchurch
20	Parkview Dental Practice	RM12 4EQ	300 Upper Rainham Road Hornchurch
21	Raydens Dental Surgery	RM13 9AB	Upminster Road South Rainham
22	Retford Dental Centre	RM3 9ND	79 Retford Road Romford
23	Rush Green Dental Practice	RM7 0PX	193 Rush Green Road Romford
24	Share a Smile Orthodontics	RM1 3PB	63 Eastern Road Romford
25	Smile with Dr. Aria	RM1 1DT	167 North Street Romford
26	Southend Road Dental Surgery	RM13 7XR	166 South End Road RAINHAM
27	St Johns Dental Practice Limited	RM1 3LP	56 Western Road Romford
28	St Marys Dental Care	RM14 3BL	163 St Mary's Lane Upminster
29	Sunny Smiles Dental Innovations	RM14 2QU	7 St Mary's Lane Upminster
30	The Harrow Dental Practice	RM11 1TP	23 - 27 High Street, Hornchurch Hornchurch

Appendix F – Maps

Barking and Dagenham, Havering and Redbridge have collaborated closely on the production of this PNA and share many common issues. A map of the pharmacies across all three boroughs is shown below.

Figure 37 Key geographic features of the three boroughs



Figure 38 The location of health services in the three boroughs

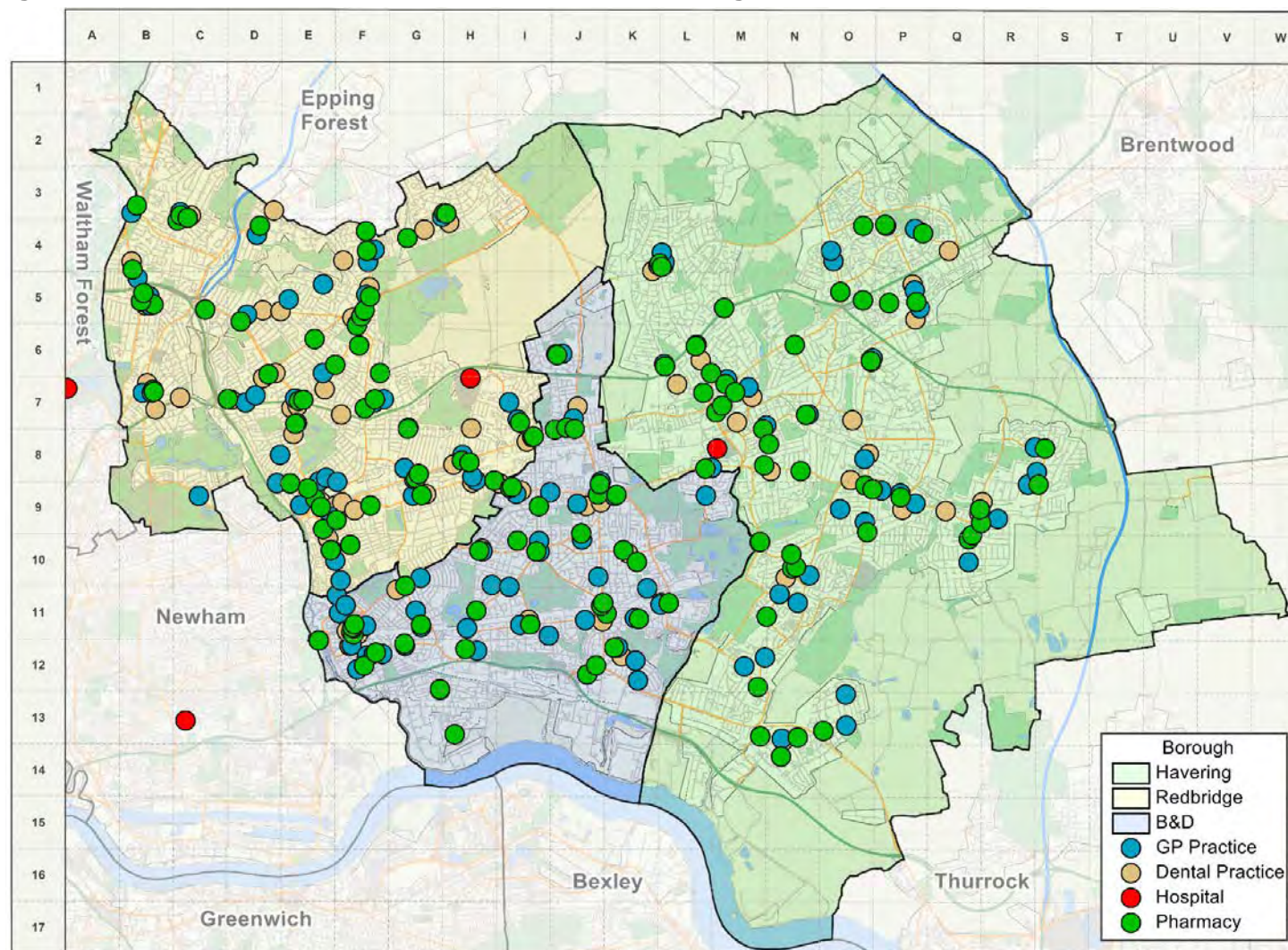
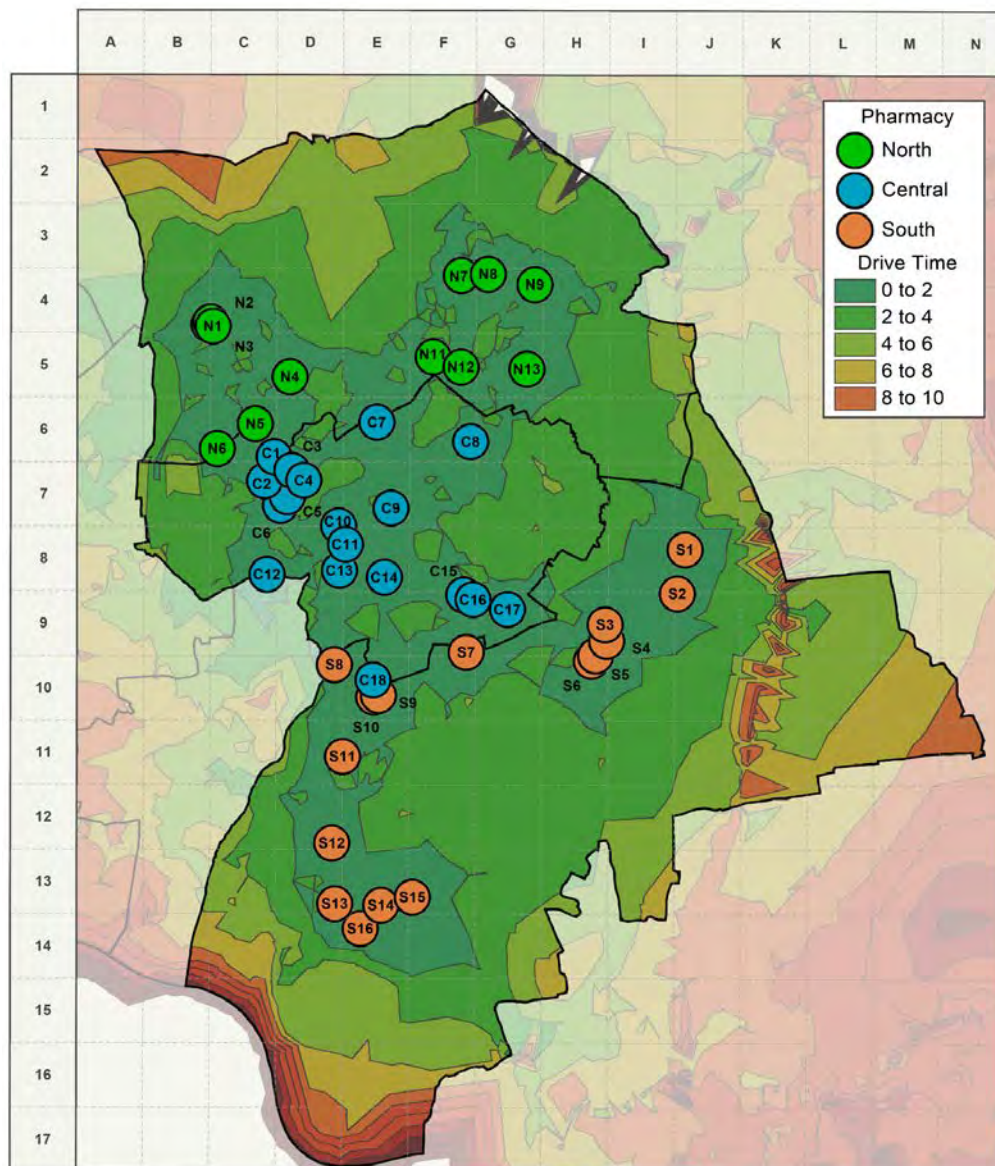


Figure 39 Drive time to nearest pharmacy in Havering (minutes)

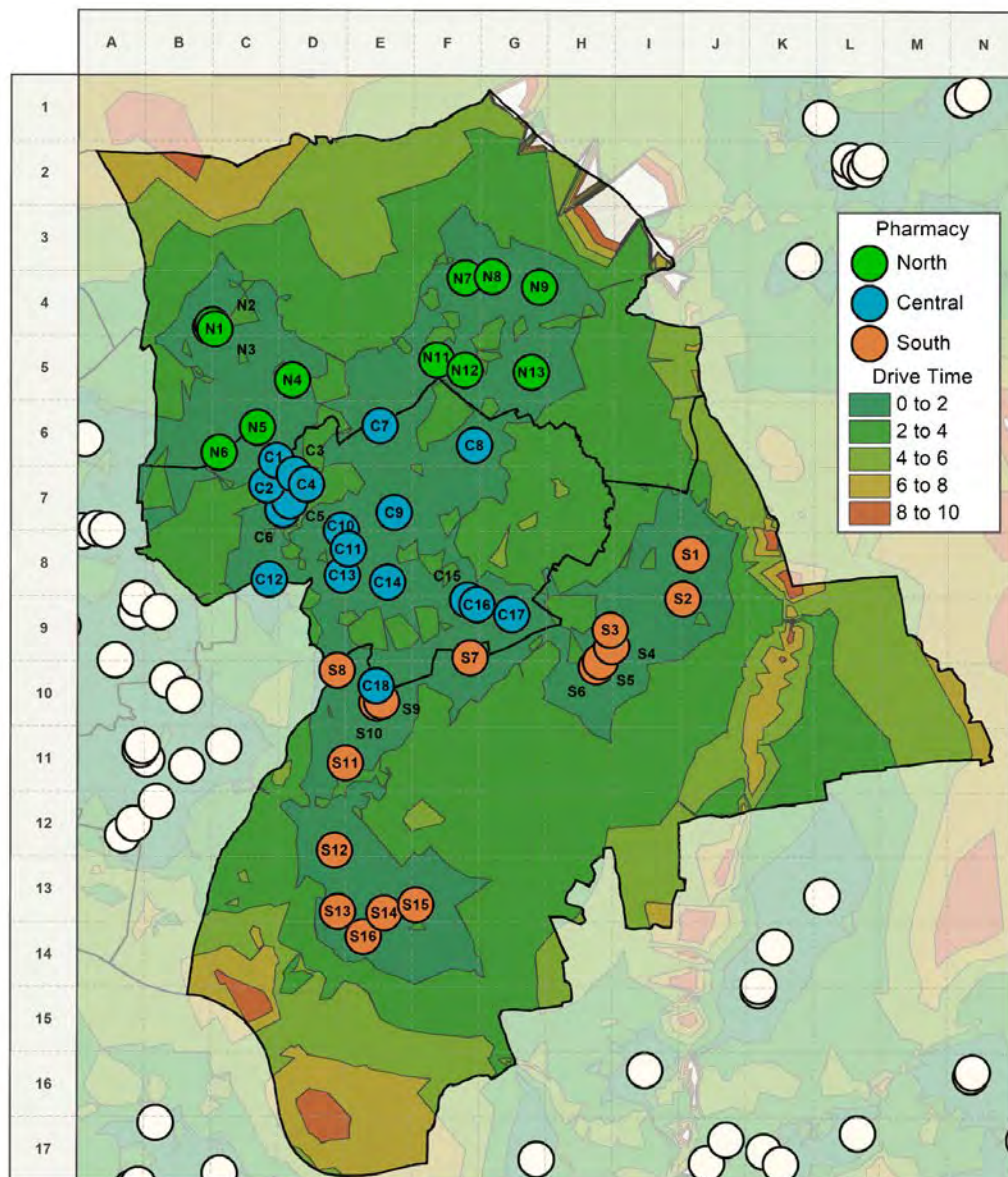
This maps shows the drive time to reach all pharmacies inside the borough when traveling by car at average speed on any roads.



Travel Time Minutes	Population	
	Number	Percent
0 to 2	171300	68.8%
2 to 4	72600	29.1%
4 to 6	4000	1.6%
6 to 8	800	0.3%
8 to 10	300	0.1%

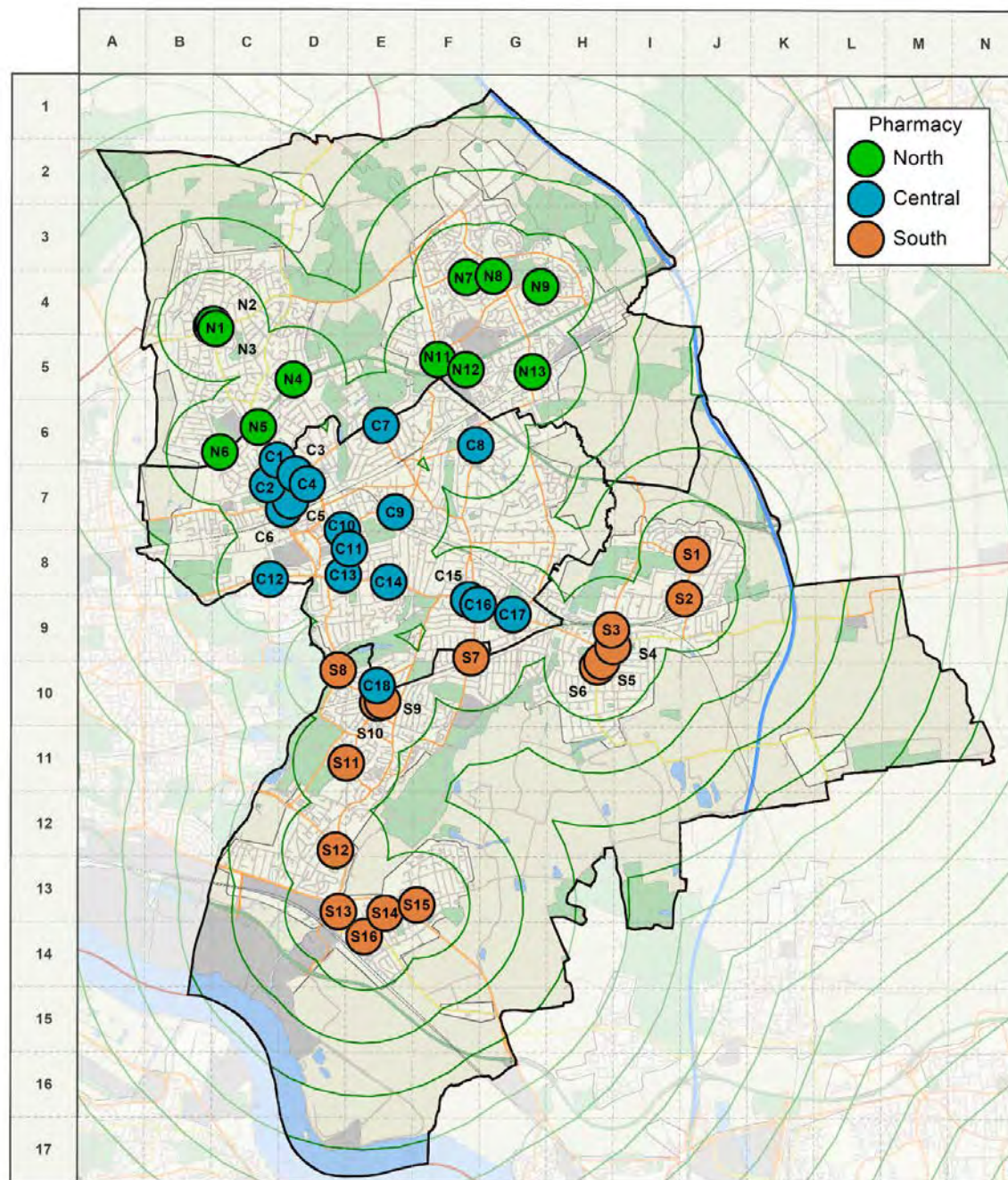
Figure 40 Drive time to nearest pharmacy in Havering and surrounding area (minutes)

This maps shows the drive time to reach all pharmacies inside the borough and in surrounding areas when traveling by car at average speed on any roads.



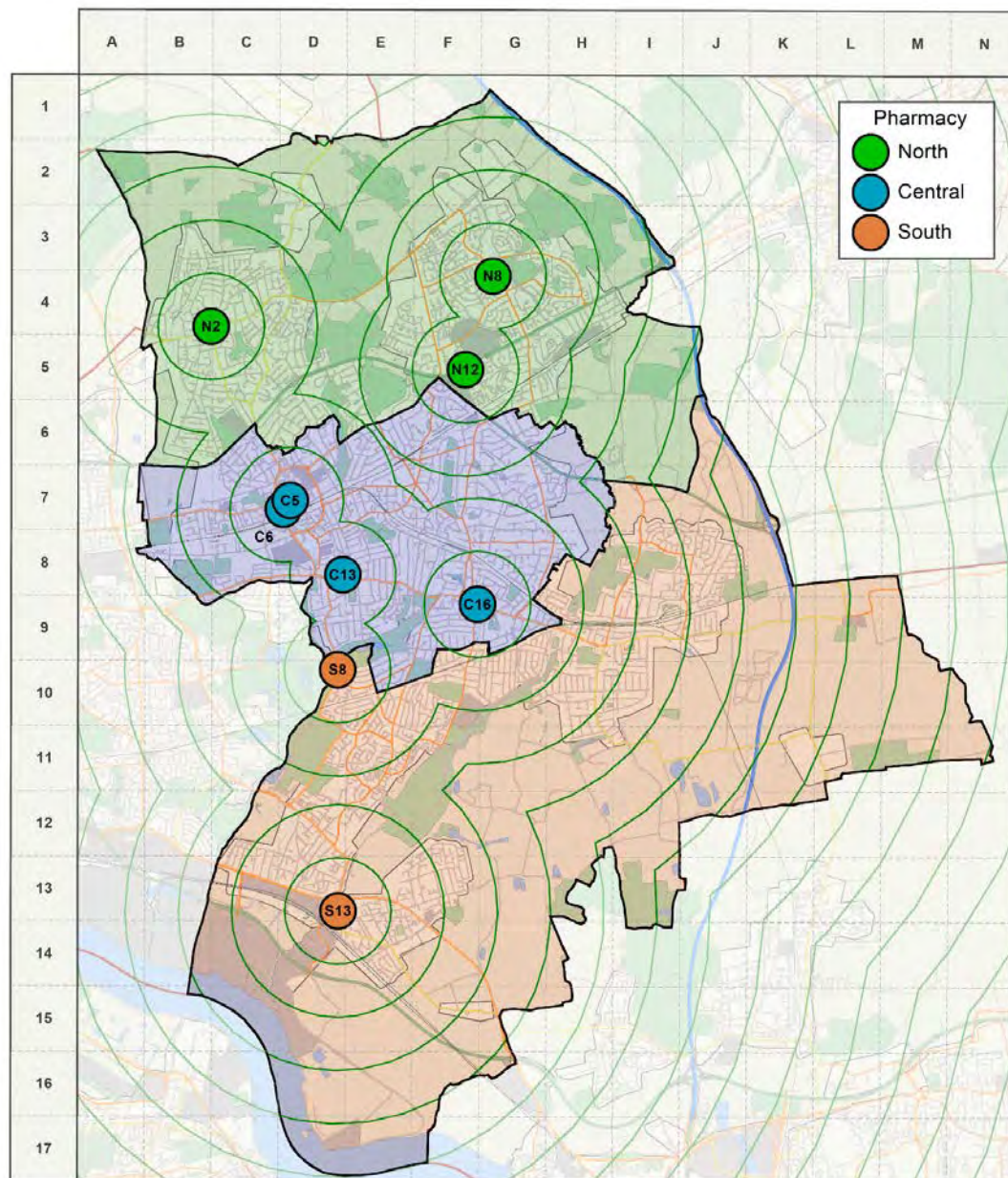
Travel Time Minutes	Population	
	Number	Percent
0 to 2	171900	69.0%
2 to 4	73400	29.5%
4 to 6	2700	1.1%
6 to 8	800	0.3%
8 to 10	200	0.1%

**Figure 41 Radiant travel distance to nearest pharmacy Havering (0.5 mile increments)
(Excludes distance selling)**



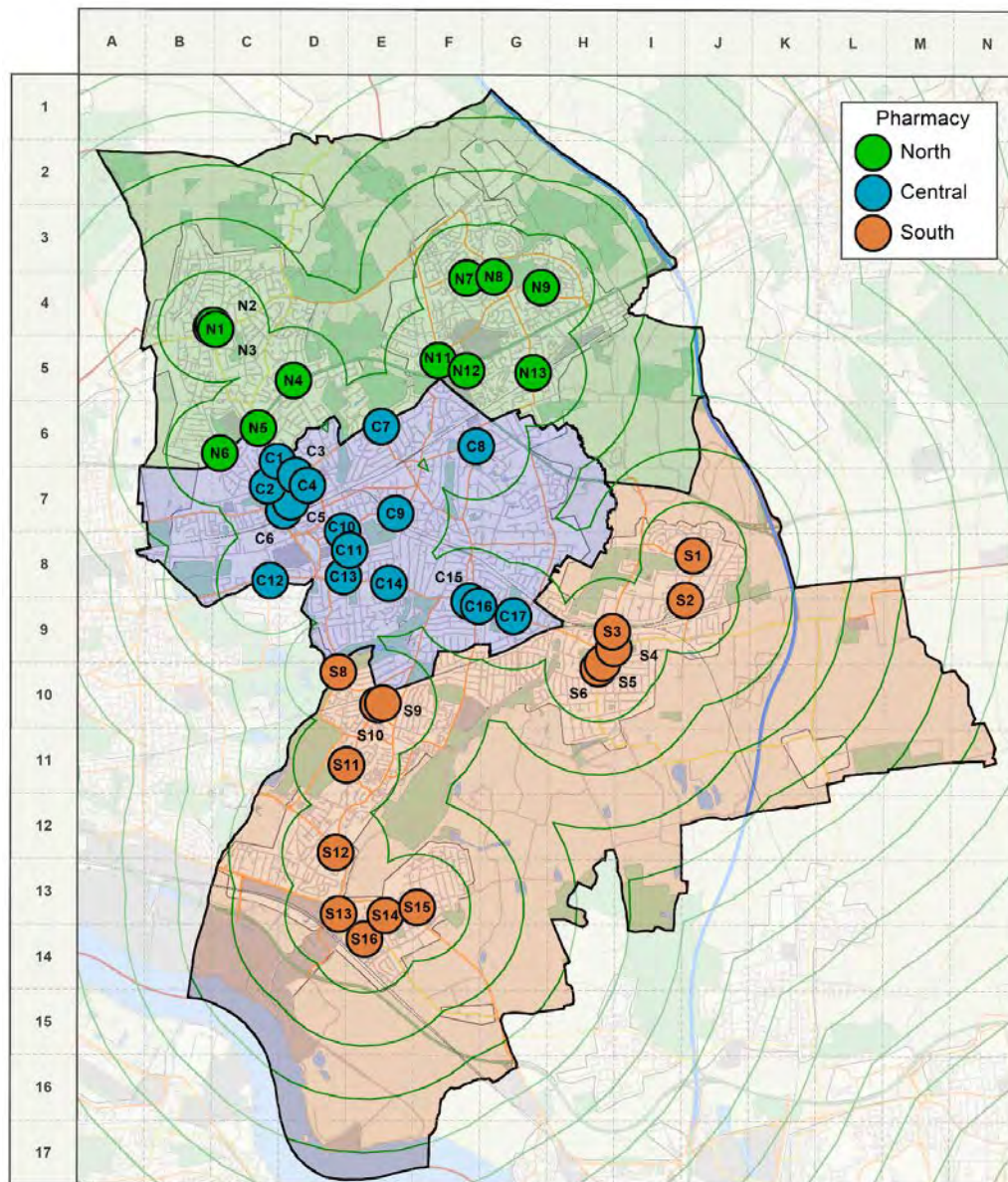
Distance Miles	Population	
	Number	Percent
0.5	202100	81.1%
1	42800	17.2%
1.5	3400	1.4%
2	600	0.2%
2.5	100	0.1%

Figure 42 Location of pharmacies by locality in Havering open on weekday evenings



Distance Miles	Population	
	Number	Percent
0.5	78700	31.6%
1	118700	47.7%
1.5	33400	13.4%
2	9700	3.9%
2.5	7100	2.8%
3	1100	0.4%
3.5	200	0.1%
4	100	0.1%
4.5	100	0.0%

Figure 43 Location of pharmacies by locality in Havering open on Saturdays (total hours)



Distance Miles	Population	
	Number	Percent
0.5	196900	79.0%
1	48000	19.3%
1.5	3400	1.4%
2	600	0.2%
2.5	100	0.1%
3	100	0.0%

Figure 44 Location of pharmacies by locality in Havering open on Saturday evenings (total hours)

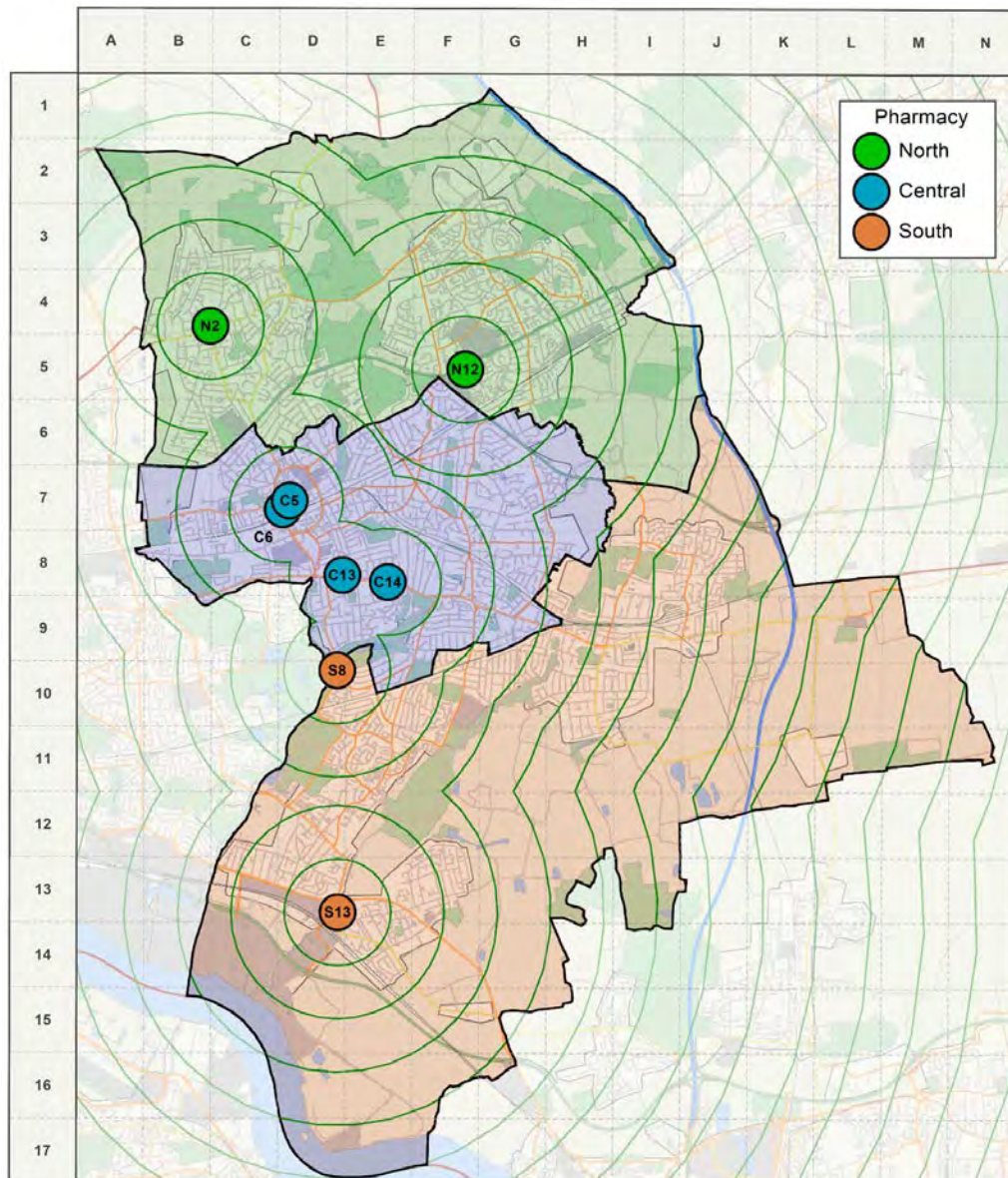
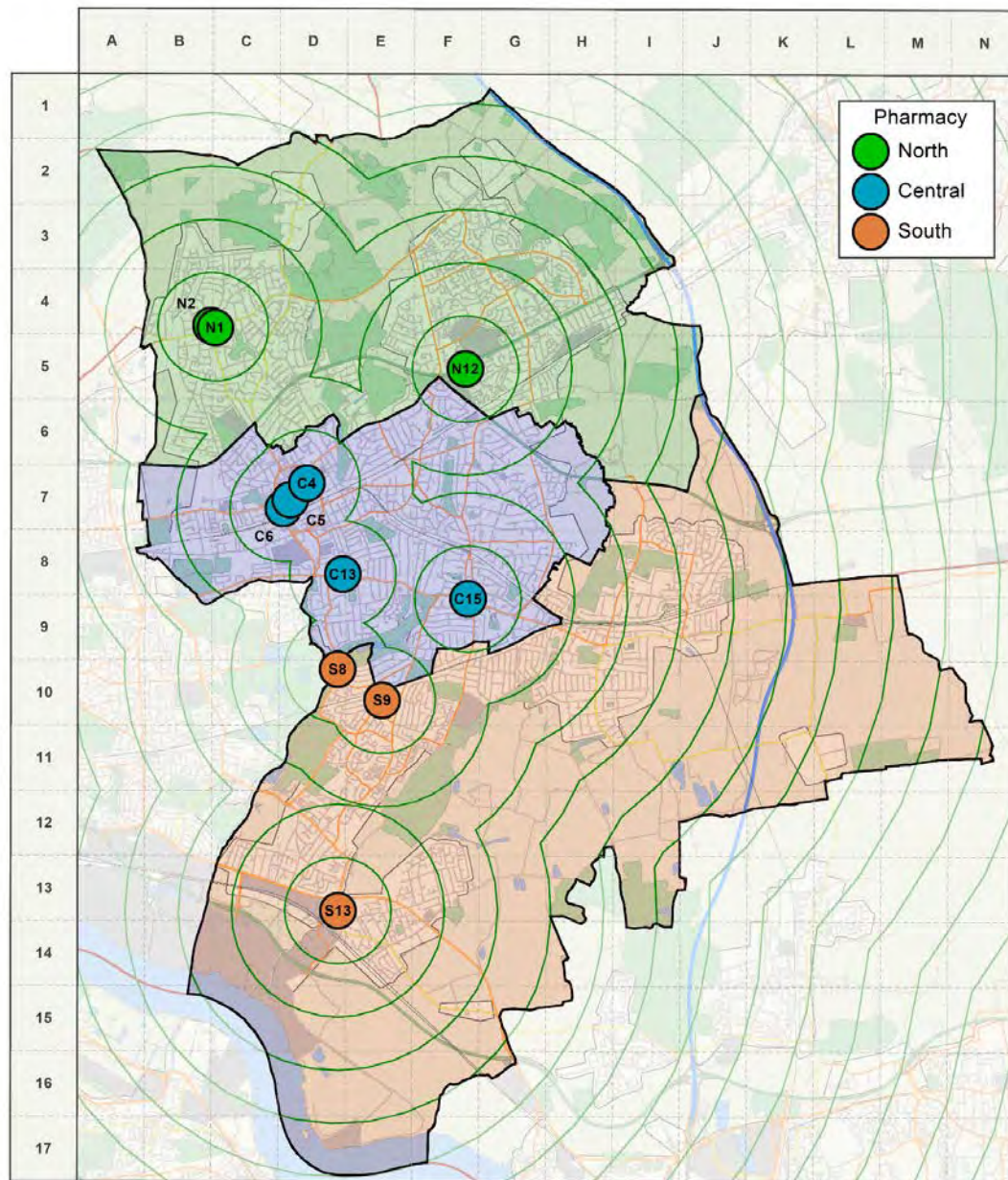
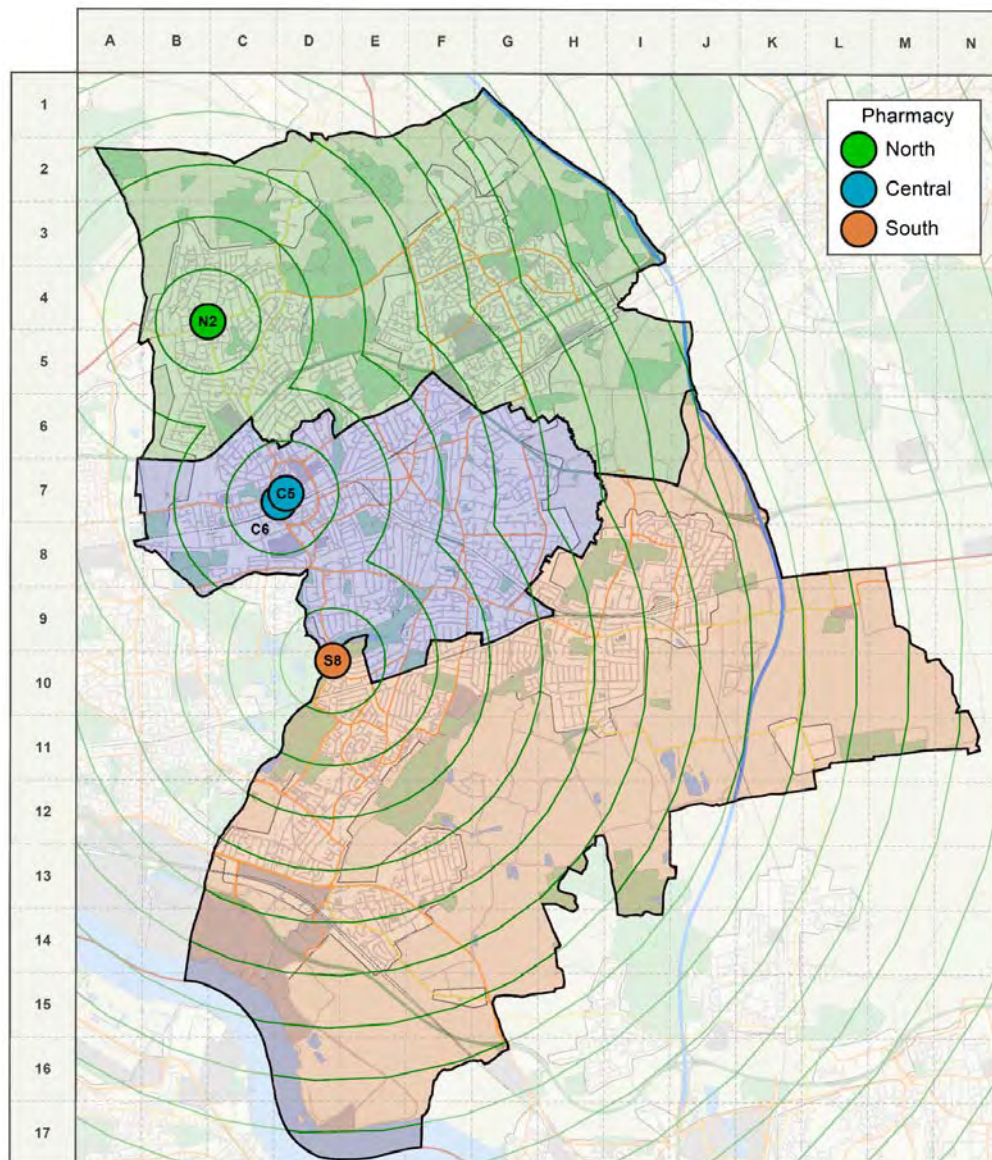


Figure 45 Location of pharmacies by locality in Havering open on Sunday at any point (total hours)



Distance Miles	Population	
	Number	Percent
0.5	79300	31.8%
1	110700	44.5%
1.5	37300	15.0%
2	11600	4.6%
2.5	8300	3.3%
3	1500	0.6%
3.5	200	0.1%
4	100	0.1%
4.5	100	0.0%

Figure 46 Location of pharmacies by locality in Havering listed as 100 hours



Distance Miles	Population	
	Number	Percent
0.5	31400	12.6%
1	65100	26.1%
1.5	35900	14.4%
2	31000	12.4%
2.5	38600	15.5%
3	25500	10.2%
3.5	14100	5.6%
4	6200	2.5%
4.5	1000	0.4%
5	100	0.1%
5.5	100	0.0%
6	100	0.0%

Figure 47 Location of 100 hour pharmacies by locality in Havering and surrounding areas

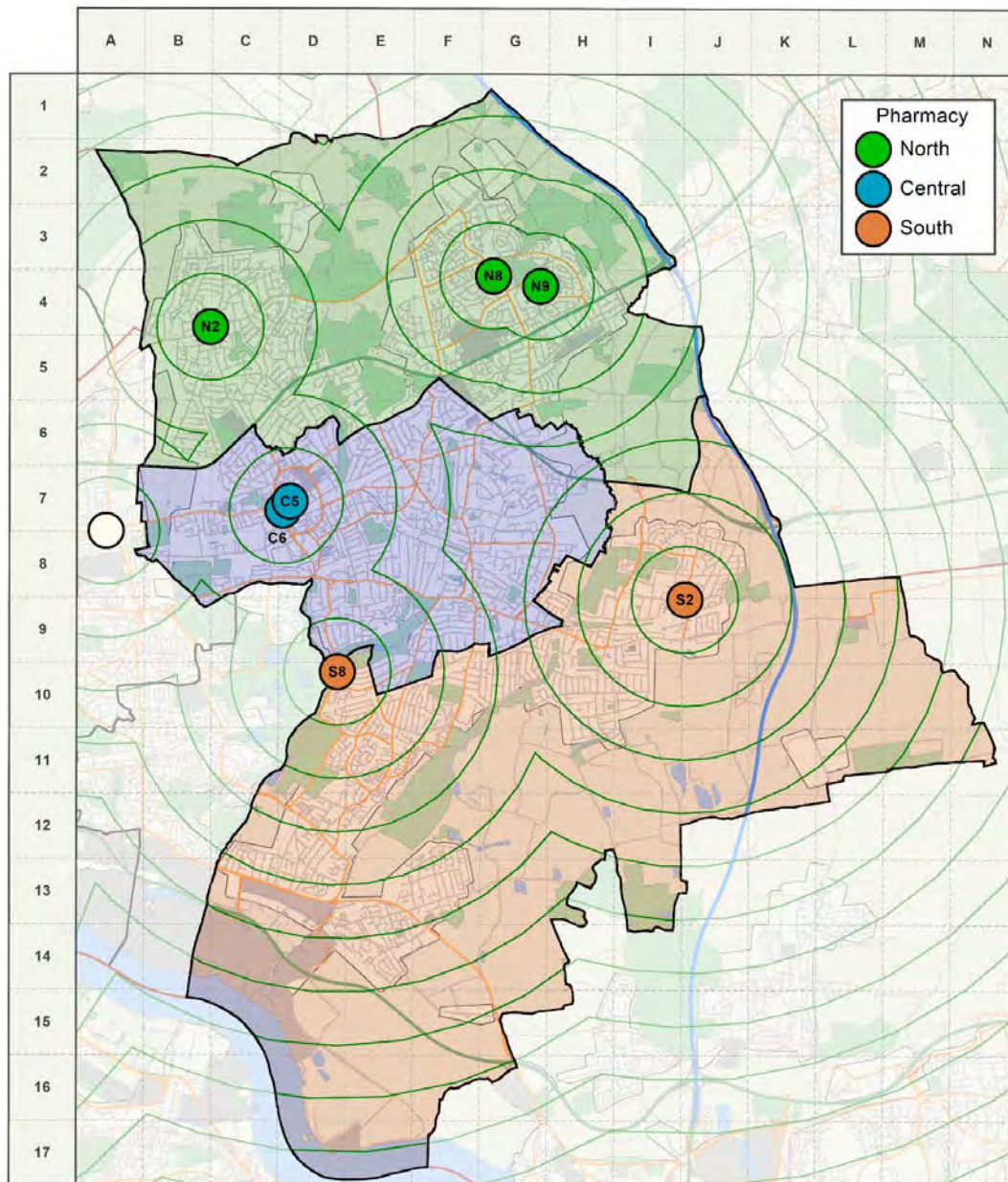


Figure 48 Location of pharmacies and other health services in Havering

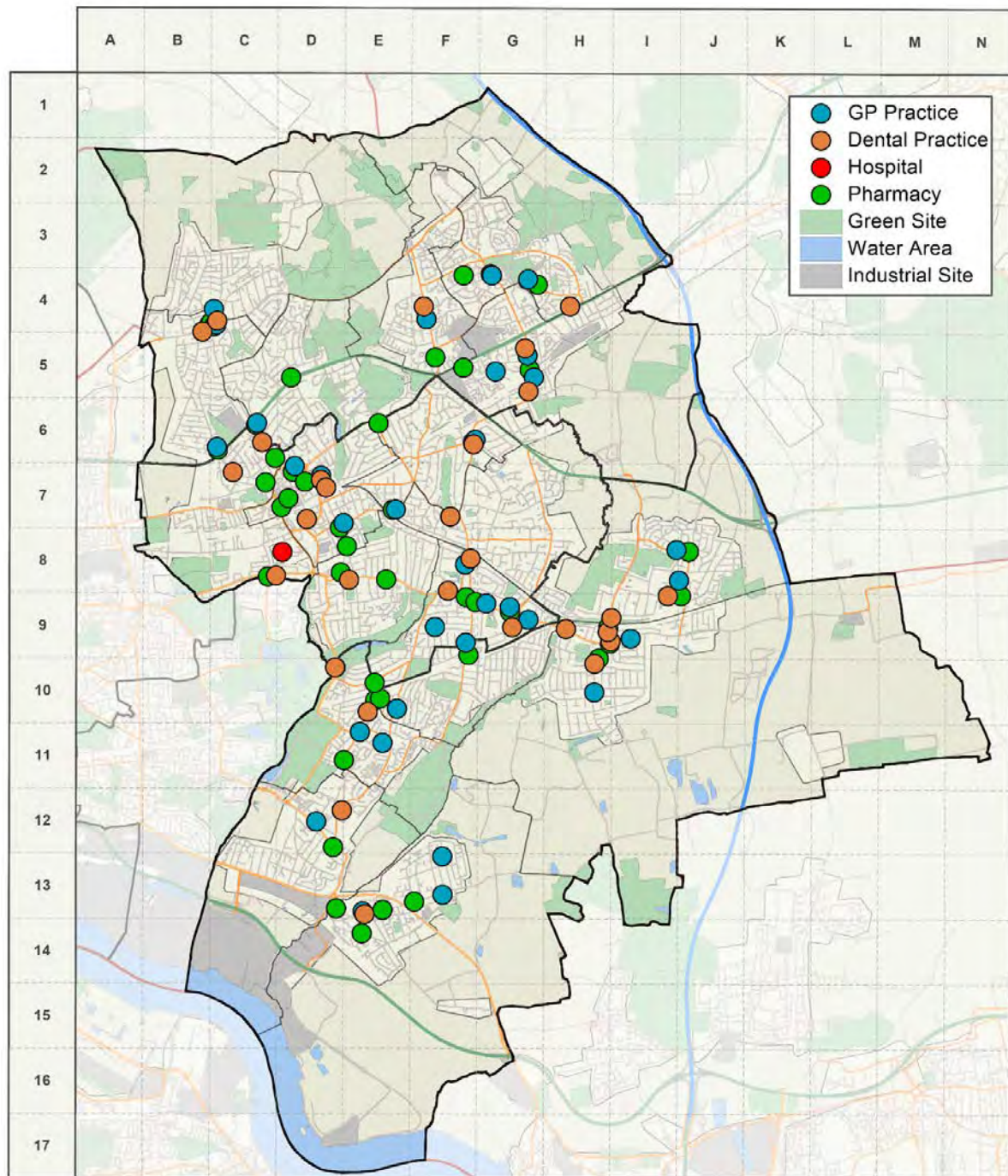


Figure 49 Location of pharmacies and other health services by locality in Havering

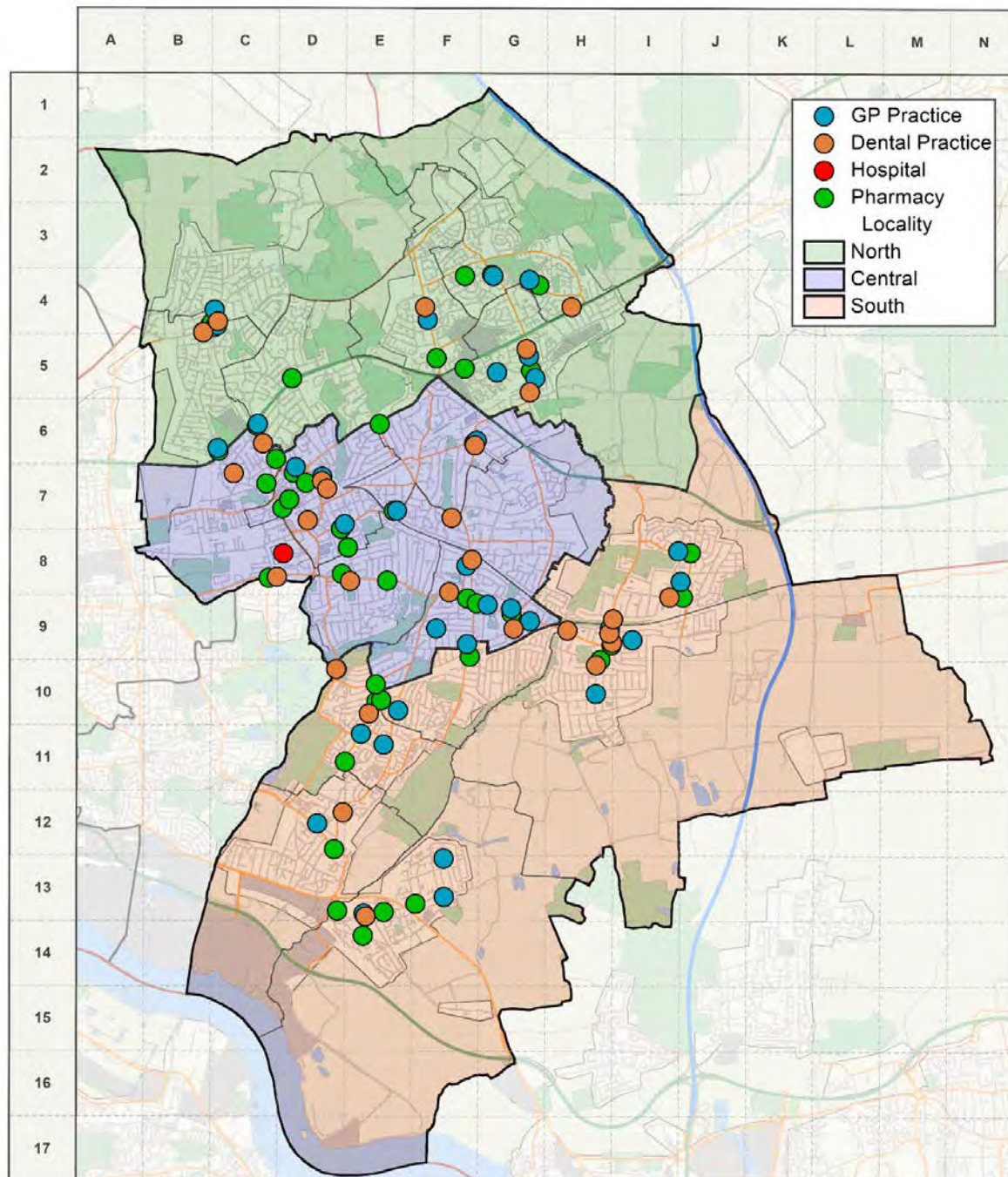


Figure 50 Location of pharmacies and other health services with Mid-2015 Population Density for LSOA

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

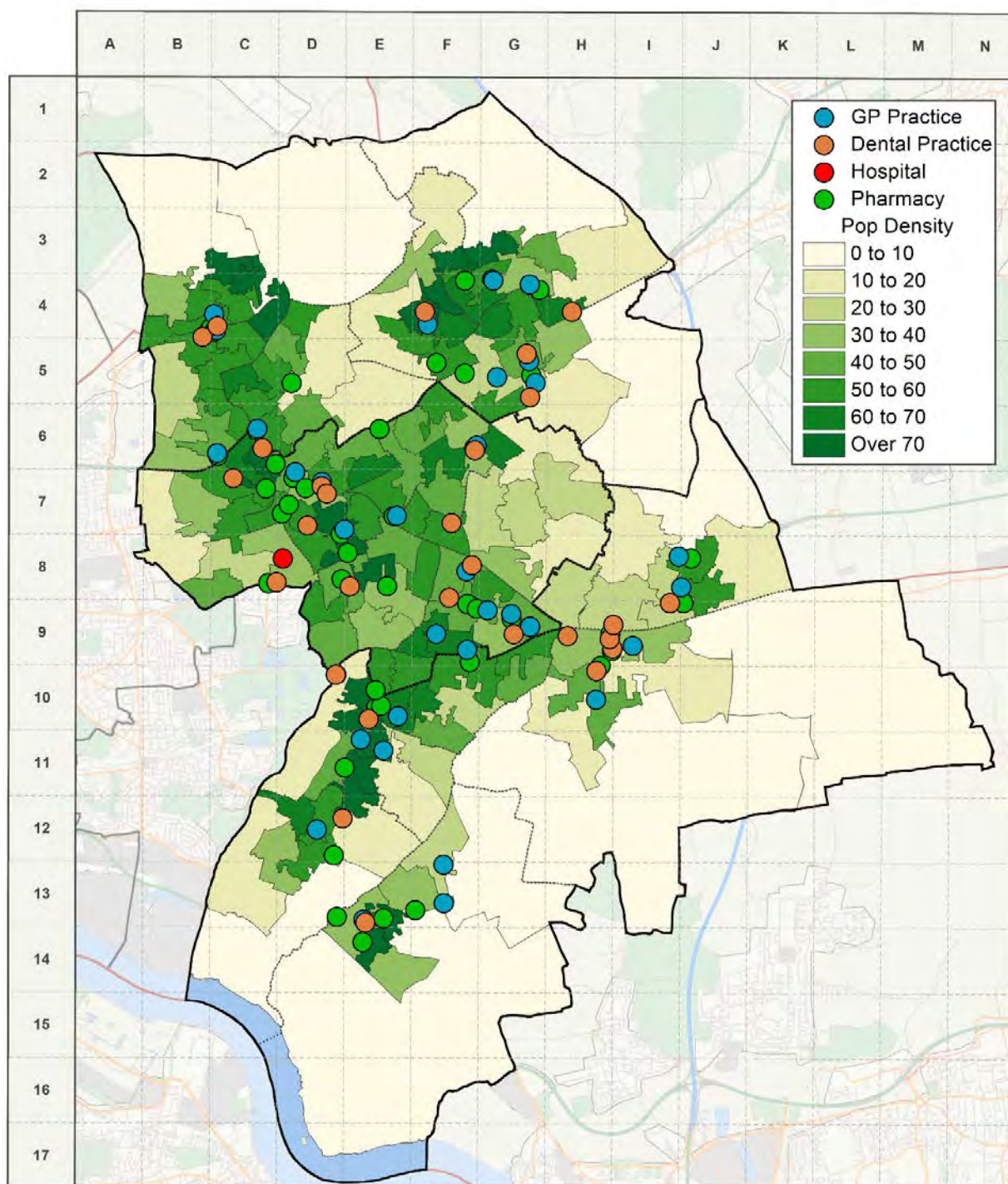


Figure 51 Location of pharmacies and other health services in Havering with Mid-2015 Pop Est for LSOA (dot density)

Dot density is another way of presenting the population distribution with every person in an area signified by a dot. This presentation makes it easier to display geographical features as well, such as roads, green sites, industrial areas etc

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareamidyearpopulationestimates>

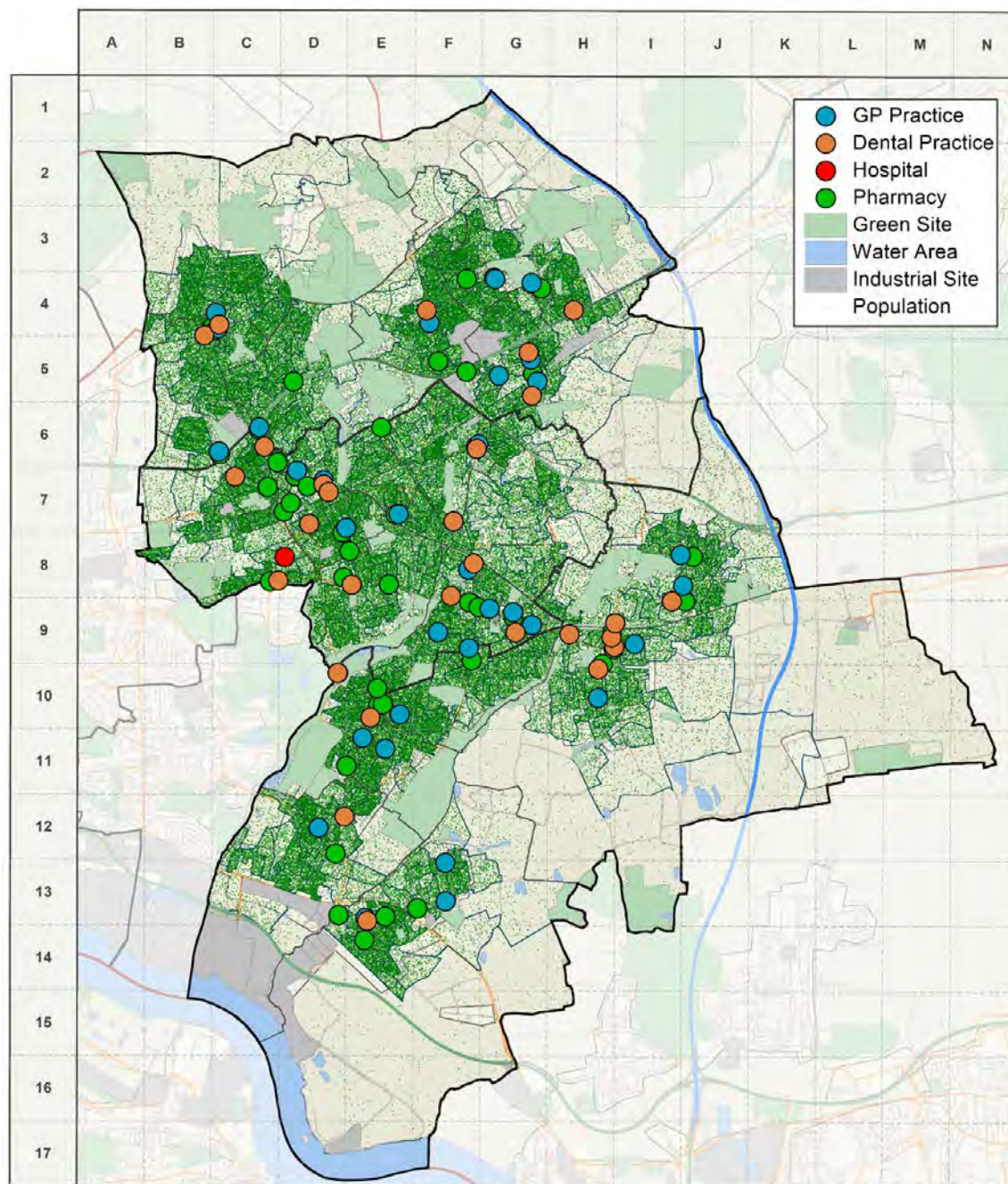
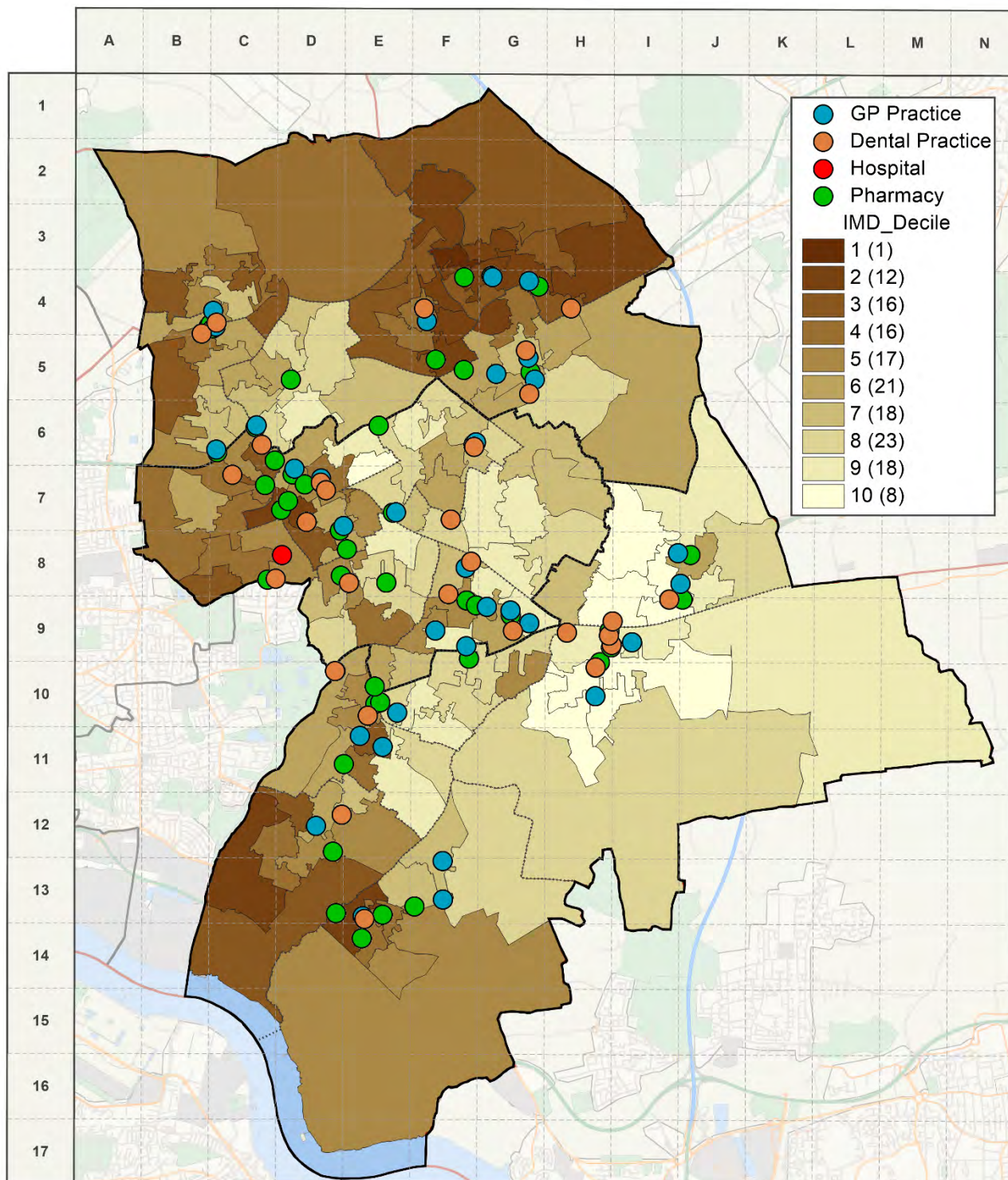


Figure 52 Location of pharmacies and other health services with 2015 LSOA Deprivation Decile

www.gov.uk/government/statistics/english-indices-of-deprivation-2015



Appendix G – Draft statutory PNA consultation process

The Pharmaceutical Regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making:

- a) any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- b) any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);
- c) any persons on the pharmaceutical lists and any dispensing doctors list for its area;
- d) any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- e) any Local Healthwatch organisation for its area, and any other patient, consumer, or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area;
- f) any NHS trust or NHS foundation trust in its area;
- g) the NHSCB; and
- h) any neighbouring HWB.

What is the statutory time requirements for the consultation?

The consultation must be for a minimum of 60 days. This consultation will start on XX and end on XX.

How are we consulting?

The survey for consultation is being conducted using a structured questionnaire using SurveyMonkey (Figure 24).

The survey is advertised through:

- The Havering local authority consultation channels
- The CCG consultation channels, including all GP practices
- The LPC to all pharmacists and the public pharmacy groups
- The HealthWatch to local groups
- Direct email to neighbouring CCG and Health and Wellbeing Boards
- Direct email to Chief Pharmacist of acute and mental health trust.

Wider engagement

The PNA advisory group and a follow-on meeting with the local authority communications lead and HealthWatch agreed the following groups and engagement method for the wider group.

Audience

The audience for the wider engagement will be

- HealthWatch identified current forums and groups
- Residents through local authority communications channels with voluntary sector/community groups, housing associations and residents.

Process

The questionnaire for the engagement is provided in Figure 24.

A PowerPoint slide deck explaining:

1. What is the PNA?
2. Why are we engaging with the local communities?
3. How will the data be used?
4. How will the communities receive feedback on the outcomes of the engagement process?
5. Questionnaire and link to SurveyMonkey

Similarly, the SurveyMonkey should have the descriptions (a-d) above in the introduction. It was also agreed to supply the focus groups with paper copies so that their responses can be collected immediately. An easy read pdf version will be made available.

Data analyses

Responses will be collected and analysed using quantitative and qualitative methods. Findings will be used to update the draft PNA.

Appendix H – Terms of Reference

Barking and Dagenham, Redbridge and Havering (BHR) - PNA - Stakeholder Advisory Group (SAG) Terms of Reference

Background

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

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

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

Barking and Dagenham, Havering and Redbridge published the PNA in 2015 under these regulations. The Health and Wellbeing Board has now initiated the process to refresh the PNA; this is in accordance with the Regulations which require a new document to be published every 3 years.

Objective / Purpose

To support and advise the production of a Pharmaceutical Needs Assessment and to ensure that it satisfies the relevant regulations including consultation requirements and meets the needs of all communities.

Membership - The Stakeholder Advisory Reference Group membership is as follows:
 Additional members may be co-opted on to the group for particular roles.

Name	Role
Heema Shukla (Chair)	Lead PNA Stakeholder Engagement, PHAST
Sue Lloyd	Consultant in Public Health London Borough of Barking and Dagenham
Andrew Rixom	Consultant in Public Health London Borough of Havering
Duduzile Sher Arami	Consultant in Public Health London Borough of Redbridge
Cecilia Pyper	PNA lead, PHAST
Monica Imbert	Health Improvement Advanced Practitioner - Healthcare
Richard Williams	Public health data and analyses lead, PHAST
Mohamed Kanji	CCG Medicines Management Lead
Hemant Patel	LPC representative
Dr Jagan John	LMC representative
Manisha Modavadia	HealthWatch Barking and Dagenham
Ian Buckmaster	HealthWatch Havering
Cathy Turland	HealthWatch Redbridge
Sonia Drozd	Drug and Alcohol service
Jill Williams	Shared Care Coordinator, London Borough of Barking and Dagenham

Frequency of meetings

There will be meetings in 2017/18 – July, Sept, Nov, Dec 2017 and January 2018

Role and Responsibilities - The Stakeholder Advisory Reference Group is established to:

- Advise on all aspects of stakeholder engagement including surveys
- To comment on the PNA process and documents from a stakeholder perspective in order to meet the requirements of the PNA
- To provide advice on the process of public consultation and how to deal with comments
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health & Wellbeing Strategy, CCG Commissioning Strategy Plan and other relevant strategies including the Sustainability and Transformation Plan
- Champion the work to develop the PNA with internal and external stakeholders, including patients, service users and the public

Key tasks of the Stakeholder Advisory Reference Group include to:

- Provide local support to the PHAST team by providing local intelligence – stakeholders
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- Ensure the PNA that is presented to the HWB is fully representative of the borough's needs.
- Oversee the consultation ensuring that this meets the requirements set out in the Regulations Regulation 8 of The NHS Regulations 2013
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the 'Pharmaceutical Lists' and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - NHS England
 - Any neighbouring HWB
 - Ensure that due process is followed
- Determine the impact of changes which have occurred since the current PNA was written, including: changes to the application process which allow consolidation of contracts; the new remuneration arrangements for community pharmacy (which apply from 1 December 2016) and the Pharmacy Access Scheme
- Approve the framework for the PNA
- Develop and approve a draft PNA for formal consultation with stakeholders
- Consider and act upon formal responses received during the formal consultation process, making appropriate amendments to the PNA
- Develop and approve a consultation report as required by the Regulations and ensure that this is included within the final PNA

Quorum

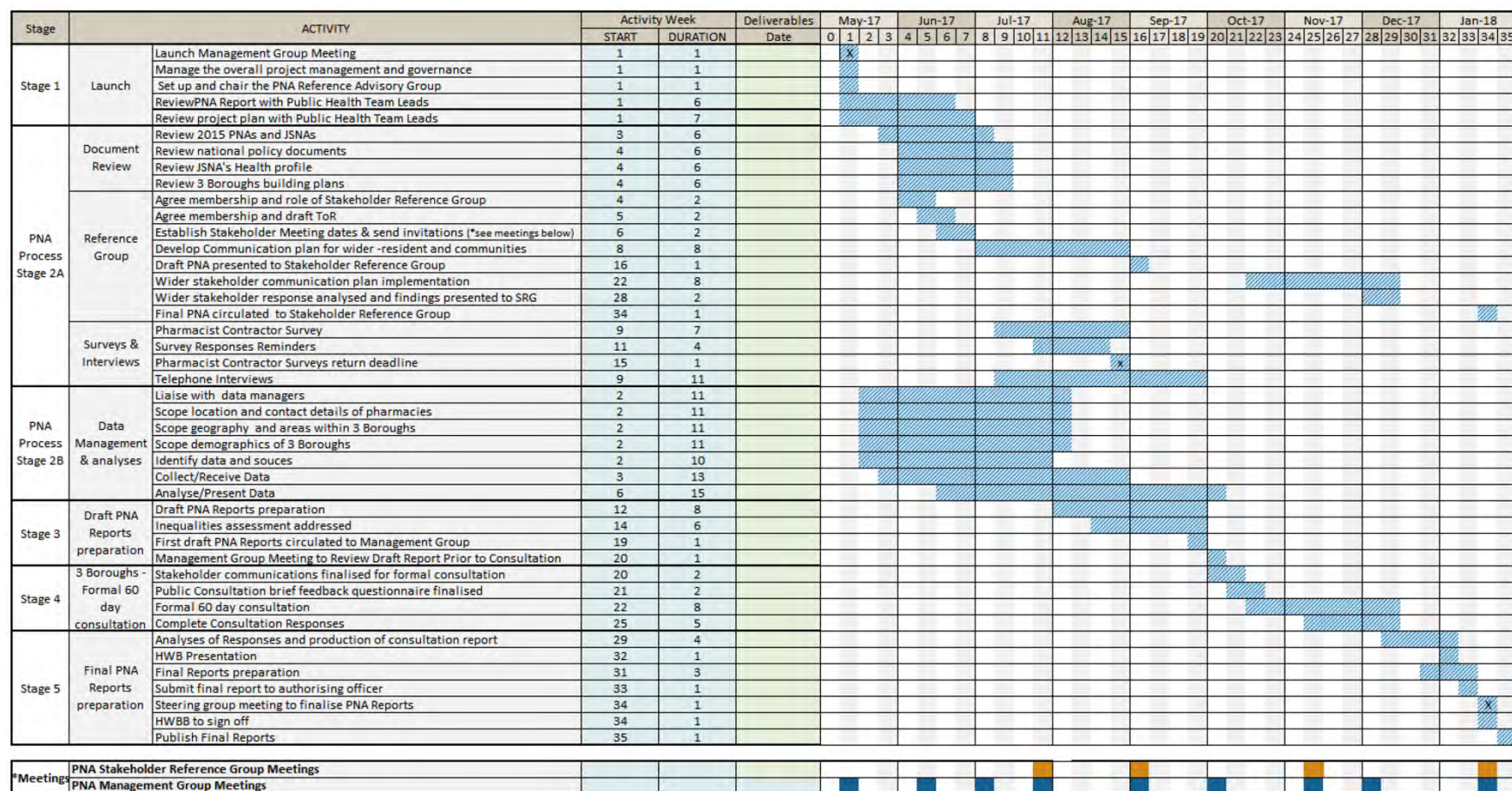
Chair (or nominated deputy)

Community Pharmacist (LPC, Pharmacy Local Professional Network or local contractor)

Three other members

Appendix I – Gantt chart

Table 30 Gantt chart



Appendix J – Pharmacy survey

Table 31 Total BHR response rates

The overall response rate for BHR was excellent – 139 out of 139 pharmacies responded to the survey.

Borough	Responded	Not responded
Barking and Dagenham	38	0
Havering	46	0
Redbridge	55	0
TOTAL	139	0

Table 32 Pharmacy response rates

There are 46 pharmacies in Havering (18 pharmacies from the Central locality, 12 pharmacies from the North locality and 16 pharmacies from the South locality). All 46 pharmacies completed the survey, giving the overall response rate of 100%.

Locality	Number of pharmacies	Number of responses to PNA	Response rate (%)
Central	18	18	100
North	12	12	100
South	16	16	100
TOTAL	46	46	100

Table 33 Is there a bus stop within walking distance of your pharmacy?

The majority of pharmacists have a bus stop within a two-minute walking distance of their pharmacy.

Locality	No	Yes, less than a 2-minute walk	Yes, 2-5 minute walk	Yes, more than a 5-minute walk
Central	0	15	3	0
North	0	11	1	0
South	0	14	2	0
TOTAL	0	40	6	0

Table 34 Is there disabled parking and wheelchair access?

The majority of pharmacies have disabled parking available within ten metres of the pharmacy (39/46), have unaided wheelchair access at the entrance (44/46) and have all areas of the pharmacy floor wheelchair accessible (44/46).

Locality	Disabled parking available within 10 metres	Entrance has wheelchair access (unaided)	All areas of pharmacy floor are wheelchair accessible
Central	14	17	17
North	10	11	11
South	15	16	16
TOTAL	39	44	44

Table 35 Are there facilities aimed at helping disabled customers?

Almost half of the pharmacies have automatic door assistance for disabled customers (19/46) and/or a hearing loop (20/46) and over half have large print labels and leaflets (28/46) to support customers with sensory problems. A minority of pharmacies have additional facilities to help disabled customers such as bell at the front door, disabled toilet access, wheelchair ramp, handrails and internet pharmacy.

Locality	None	Automatic door assistance	Bell at front door	Disabled toilet access	Hearing loop	Large print labels/ leaflets	Wheelchair ramp access	Hand rails	Door chime at front door	Removable ramp	Internet pharmacy
Central	1	5	3	1	8	10	5	1	2	1	1
North	1	7	2	3	6	7	5	3	2	2	3
South	1	7	1	2	6	11	5	1	3	1	0
TOTAL	3	19	6	6	20	28	15	5	7	4	4

Table 36 Are the premises subject to any of the following development constraints?

Some of the pharmacies have constraints on developing their premises. About a third have limited room for expansion (16/46), two have listed building status and almost half are rented buildings (18/46).

Locality	None	Listed building status	Within a conservation area	Limited or no room for expansion	Temporary structure	Rented building	Other
Central	0	0	1	5	0	8	6
North	0	0	0	4	0	3	5
South	0	2	0	7	0	7	2
TOTAL	0	2	1	16	0	18	13

Table 37 Does the premises have toilets that patients can access for screening?

Just under a third of the pharmacies have toilets that patients can access for screening (14/46).

Locality	Yes	No
Central	3	15
North	4	8
South	7	9
TOTAL	14	32

Table 38 Which of the following statements best describes your access to consultation facilities?

The majority of pharmacies have a consultation room on-site with wheelchair access (40/46).

Locality	I have a consultation room on-site with wheelchair access	I have a consultation room on-site without wheelchair access	I have access to an off-site consultation facility	I have plans to establish a consultation room within the next 12 months	I do not have access to a consultation room and have no plans to establish this within 12 months
Central	16	2	0	0	0
North	11	1	0	0	0
South	13	2	1	0	0
TOTAL	40	5	1	0	0

Table 39 Which of the following facilities do you have in your consultation area?

The majority of pharmacies have good facilities within their consultation areas including seating for three or more people (26/46), a bench and table (40/46) and a computer terminal (38/46); over half have a sink within the consultation area (37/46); and half have a separate area/room for advanced services for consultations with customers (23/46).

Locality	Seating for three or more people	A bench and/or a table	A computer terminal	A sink within the consultation area	A separate area/room suitable for advanced services for consultations with customers	None of the above	I do not have a consultation area
Central	11	15	15	14	7	0	0
North	8	11	11	11	5	0	0
South	7	14	12	12	11	0	0
TOTAL	26	40	38	37	23	0	0

Table 40 Does the pharmacy normally have two or more pharmacists on duty at any time during the week?

Less than half of the pharmacies have two or more pharmacists on duty at any time during the week.

Locality	No	Yes, 0-4 hours	Yes, 5-9 hours	Yes, 10-14 hours	Yes, 15-19 hours	Yes, 20-24 hours	Yes, 25-29 hours	Yes, 30+ hours
Central	5	3	2	3	0	1	1	3
North	5	3	3	0	0	1	0	0
South	7	4	1	0	3	0	0	0
TOTAL	17	10	6	3	3	2	1	4

Table 41 If you have a second pharmacist, is the pharmacist there for a specific reason?

Around a half of the pharmacies involve a second pharmacist to support medication reviews (21/46); about a quarter of pharmacies involve the second pharmacist for additional dispensary support, relieving pharmacists for administration work, and covering shift handovers/lunch breaks.

Locality	N/A	No	Yes, to give additional support to dispensary in busy periods	Yes, to relieve pharmacist for administration work	Yes, to provide support for additional services such as medication review	Yes, for handover during shifts	Yes, to cover lunch breaks	Yes, other
Central	5	1	6	6	10	0	2	2
North	5	0	3	4	5	4	1	0
South	5	1	3	4	6	1	2	2
TOTAL	15	2	12	14	21	5	5	4

Table 42 Do any of your pharmacists have special interests?

A large number of pharmacies had pharmacists who have special interests in specific health areas such as flu vaccinations (41/46), healthy living pharmacies (25/46), diabetes (19/46), asthma (23/46), dermatology (13/46) and mobility aids (15/46).

Special Interest	Central	North	South	TOTAL
No	1	1	1	3
Flu vaccinations	18	11	12	41
To liaise with area team regarding services	5	6	4	15
Healthy Living Pharmacists, including goal setting and health coaching	10	8	7	25
Diabetes	8	8	3	19
Nutrition	5	5	2	12
Asthma	9	6	8	23
Eczema	4	5	3	12
Macmillan Cancer	4	4	1	9
Continence	2	4	3	9
Dermatology	3	6	4	13
Mobility aids	4	4	7	15
Other	1	1	4	6

Table 43 Besides English, which of the following languages do any of your regular pharmacists speak?

A large number of pharmacies have regular pharmacists who speak more than one language. The most common additional languages spoken are Asian languages such as Punjabi, Urdu, Gujarati and Hindi. Only seven pharmacies did not have a regular pharmacist who spoke more than one language.

Languages spoken	Central	North	South	TOTAL
None	3	1	3	7
Arabic	0	1	1	2
Bengali	2	3	0	5
Cantonese	0	0	1	1
Chinese	0	0	1	1
Czech	0	0	0	0
Farsi	3	1	0	4
French	0	1	1	2
Georgian	0	0	0	0
Gujarati	3	4	4	11
Hebrew	0	0	0	0
Hindi	7	7	7	21
Hungarian	0	0	0	0
Italian	2	1	0	3
Japanese	0	0	0	0
Kurdish	0	0	0	0
Mandarin	0	0	1	1
Polish	1	1	0	2
Punjabi	6	3	5	14
Romanian	0	0	0	0
Russian	0	0	0	0
Somali	0	1	0	1

Spanish	0	0	0	0
Swahili	0	0	2	2
Urdu	10	5	4	19
Other	3	3	4	10

Table 44 Does the pharmacy dispense appliances?

In terms of dispensing appliances, more than a half of pharmacies dispense all types of appliances (29/46). Only three pharmacists do not dispense any appliances.

Locality	No	Yes, all types	Yes, excluding stoma appliances	Yes, excluding incontinence appliances	Yes, excluding stoma and incontinence appliances	Yes, just dressings
Central	0	13	0	1	0	3
North	2	5	0	0	0	2
South	1	11	0	0	0	2
TOTAL	3	29	0	1	0	7

Table 45 Which of these ADVANCED services do you CURRENTLY provide?

In terms of offering advanced services, all but one of the pharmacies provide the New Medicines Service and all pharmacies provide Medicines Use Review.

Locality	Stoma customisation	Appliance use review	New medicines service	Medicines use review
Central	2	0	18	18
North	0	0	12	12
South	0	0	15	15
TOTAL	2	0	45	45

Table 46 Which of these ENHANCED services do you CURRENTLY provide?

In terms of providing enhanced services, the majority of pharmacists provide home delivery service (36/46), medication review service (37/46), flu vaccination service (34/46); about a third provide supervised administration service (15/46) and anticoagulant monitoring service (17/46); about a quarter provide emergency hormonal contraception (EHC) (12/46).

Service	Central	North	South	TOTAL
Anti-coagulant monitoring service	7	3	7	17
EHC	4	3	5	12
Home Delivery Service (not appliances)	15	10	11	36
Medication Review Service	14	8	15	37
Medicines Assessment and Compliance Support	1	1	2	4
Minor Ailment Scheme	0	0	0	0
NHS Health Check programme	0	1	1	2
Oral contraceptive service	1	1	2	4
Out of hours service	0	0	2	2
Prescriber support service	0	0	2	2
Schools service	0	0	0	0
Flu vaccines	17	9	8	34
Childhood vaccination	2	0	0	2
HPV	2	0	0	2
Sharps disposal service	2	2	2	6
Stop smoking service	2	0	1	3
Supervised administration service	7	5	3	15

Table 47 Which of these ENHANCED services do you WILLING to provide?

Pharmacists were asked whether they would be willing to provide some of the enhanced services in the future. Although currently no pharmacists provide Minor Ailments Scheme the vast majority would be willing to provide it in the future (39/46). Likewise, although only two pharmacies provide the NHS Health Check at present, however 40 would be willing to provide it in the future. Currently only three pharmacies offer a stop smoking service but 36 pharmacies would be willing to provide stop smoking services in the future. Although only 12 pharmacies currently provide EHC, a further 32 pharmacists would be willing to provide this in future. Other services that a large number of pharmacists indicated they would be willing to provide include medicines assessment and compliance support, prescriber support service, out of hours service, childhood vaccinations, HPV screening and sharps disposal service.

Service	Central	North	South	TOTAL
Anti-coagulant monitoring service	9	8	7	24
EHC	14	8	10	32
Home Delivery Service (not appliances)	1	1	1	3
Medication Review Service	3	2	1	6
Medicines Assessment and Compliance Support	12	10	8	30
Minor Ailment Scheme	16	10	13	39
NHS Health Check programme	16	10	14	40
Oral contraceptive service	15	10	12	37
Out of hours service	10	8	4	22
Prescriber support service	13	11	9	33
Schools service	10	10	11	31
Flu vaccines	1	1	1	3
Childhood vaccination	12	10	9	31
HPV	13	10	9	32
Sharps disposal service	8	9	7	24
Stop smoking service	15	10	11	36
Supervised administration service	4	3	4	11

Table 48 Which of these LOCALLY COMMISSIONED services do you CURRENTLY provide?

In terms of locally commissioned services that pharmacists currently provide, less than a quarter of pharmacies provide supervised administration of opioid substitution treatment (14/46).

Service	Central	North	South	TOTAL
None	8	4	11	23
Chlamydia screening	1	1	0	2
Chlamydia treatment	0	1	0	1
Minor Ailment Scheme	0	0	0	0
Head lice eradication	0	0	1	1
Body weight assessment	1	0	0	1
Vascular screening assessment	0	0	0	0
Emergency hormonal contraception	2	4	0	6
Out of hours service	0	1	2	3
Palliative care	0	1	1	2
Needle exchange	2	3	0	5
Stop smoking service	1	1	0	2
Supervised administration of opioid substitution treatment	5	6	3	14
Other	2	0	0	2

Table 49 Does your pharmacy provide any of these non-NHS funded services?

Additional non-NHS funded services provided by pharmacies included all but one pharmacy providing collection of prescriptions from surgeries (45/46) and delivery of dispensed medicines free of charge on request (38/46).

Special Interest	Central	North	South	TOTAL
None	0	0	1	1
Collection of prescriptions from surgeries	18	12	15	45
Delivery of dispensed medicines (free of charge on request)	15	11	12	38
Delivery of dispensed medicines (charged for service)	0	1	1	2
Other	1	1	0	2

Table 50 Does your pharmacy provide any diagnostic services?

The majority of pharmacies provide blood pressure diagnostic services (30/46) and about half provide weight recording (20/46). Around a third of the pharmacies provide blood glucose testing (14/46) and body mass index (BMI) calculation (12/46). A small number of pharmacies offer other services such as carbon monoxide readings (8/46) and cholesterol readings (6/46).

Service	Central	North	South	TOTAL
Blood pressure	12	9	9	30
Blood glucose	6	4	4	14
Random glucose	3	1	1	5
Fasting glucose	2	2	1	5
HbA1c	0	0	0	0
BMI	5	3	4	12
Weight	8	5	7	20
Height	6	4	4	14
Waist	5	1	2	8
ECG	1	0	1	2
Blood lipids	0	0	0	0
Total Cholesterol	4	2	0	6
HDL Cholesterol	3	0	0	3
LDL Cholesterol	2	0	0	2
Triglycerides	2	1	0	3
CO reading	2	2	4	8
Temperature	0	2	0	2
Peak flow	0	2	3	5
Urine test	0	1	0	1
Pregnancy test	1	1	0	2
Sexual health test	0	1	0	1
Throat test	0	0	0	0
Other	0	0	0	0

Table 51 Which services would you want to provide if commissioned to do so?

The majority of pharmacies are prepared to provide additional services if they were commissioned to do so. These include brief interventions such as health coaching, disease specific medicines, independent prescribing service, medicines assessment, supplementary prescribing, vascular risk assessment and weight management. About half the pharmacies are willing to provide alcohol screening, expanded incontinence service, gluten free food supply service, phlebotomy service and structured self-care support service.

Service	Central	North	South	TOTAL
None	1	1	0	2
Alcohol screening and brief intervention	8	8	6	22
Brief intervention such as health coaching, motivational interviewing, etc	11	9	6	26
Disease specific medicines	11	9	9	29
Expanded incontinence service	7	7	6	20
Gluten free food supply service	10	6	8	24
Independent prescribing service	14	9	6	29
Medicines assessment	13	7	9	29
Phlebotomy service	7	5	6	18
Structured self-care support	8	6	4	18
Supplementary prescribing	9	9	5	23
Vascular risk assessment	12	8	9	29
Weight management	11	10	13	34
Other (please specify)	1	0	1	2

Table 52 Which of the following statements apply to your pharmacy?

Almost all the pharmacies in Havering have good quality computer equipment that includes internet access, NHS Summary Care Records and printing facilities. Software includes dispensary software, electronic prescription service and all are Release 2 enabled.

Service	Central	North	South	TOTAL
All of the computers in our pharmacy access our dispensary software	17	12	13	42
We have a computer that can access the internet	18	12	14	44
The internet can be accessed whilst the PMR system is running	18	11	15	44
We have access to NHS Summary Care Records	18	12	16	46
We have a printer that can print A4	17	12	15	44
We currently provide Electronic Prescription Service (EPS)	18	12	16	46
We are Release 2 enabled	18	12	16	46

Appendix K – The Role of Community Pharmacy in Cancer Care in London

Introduction

Many London pharmacists and their counter staff have participated in training to improve their awareness of cancer (for example Cancer Research UK “Talk Cancer”) and there is now substantial knowledge and experience about cancer amongst community pharmacy teams. This summary recommends a series of interventions for community pharmacies across the cancer pathway, from prevention to end of life care. These are good practice rather than contractual activities and are therefore acknowledge to be aspirational.

Transforming cancer services

Why is this important?

Every year more than 47,000 Londoners learn they have cancer, and there are more than 220,000 people living with and beyond cancer. Half of all people born after 1960 will be diagnosed with cancer in their lifetime. Cancer is the leading cause of early death in London. More needs to be done to prevent cancer, to spot cancer sooner and to offer optimal treatment and care in every part of the capital.

Local cancer statistics help to understand the particular needs of each borough. These can be accessed through

- PHE Cancer Profile <https://fingertips.phe.org.uk/profile/cancerservices>
- Public Health Outcomes Framework <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>
- Macmillan local cancer statistics <https://lci.macmillan.org.uk/England/>

Community pharmacies are ideally placed to play an important role in prevention, earlier diagnosis and support for people living with and beyond a diagnosis of cancer, due to their accessibility, opening hours and familiarity with the local population. In England, 89% of the population can walk to a community pharmacy within 20 minutes, rising to 98% in urban areas and 99% in areas of high deprivation.

In 2016, the Transforming Cancer Services Team for London undertook a survey of community pharmacists in London using the Professional Cancer Awareness Measure. The survey aimed to identify learning needs and is using the findings to support the development of a bespoke training portal for community pharmacy teams.

The role of community pharmacy in cancer care

Prevention of cancer

The NHS community pharmacy contract in England defines promotion of healthy lifestyles (public health) as an essential pharmacy service, and community pharmacies are required to participate in six local campaigns a year, which often include Stop Smoking. Other ‘unhealthy behaviours’ particularly sedentary lifestyles, obesity and excess alcohol increase the risk of cancer – yet there is low awareness by the general public that these increase the risk of cancer.

Appendix L– Acknowledgements

Name	Job title	Organisation
BHR Management Group		
Sue Lloyd	Consultant in Public Health London Borough of Barking & Dagenham	LBBD
Andrew Rixom	Consultant in Public Health London Borough of Havering	LBH
Duduzile Sher Arami	Consultant in Public Health London Borough of Redbridge	LBR
Rosanna Fforde	Intelligence and Analysis Officer	LBBD
Monica Imbert	Health Improvement Advanced Practitioner - Healthcare	LBBD
Anthony Wakhisi	Intelligence and Analysis Officer	LBH
Cecilia Pyper	PNA LEAD	PHAST
Richard Willmer	PNA Data coordinator	PHAST
Heema Shukla	Stakeholder engagement (Chair SAG)	PHAST
Sue Lloyd	Consultant in Public Health London Borough of Barking & Dagenham	LBBD
Andrew Rixom	Consultant in Public Health London Borough of Havering	LBH
Duduzile Sher Arami	Consultant in Public Health London Borough of Redbridge	LBR
PHAST TEAM		
Dr Cecilia Pyper	PNA Lead	PHAST
Richard Willmer	Director of Information and Intelligence	PHAST
Dr Heema Shukla	Stakeholder engagement	PHAST
Dr Torquil Pyper	PNA Analyst	PHAST
Tasmin Harrison	PNA Review	PHAST
Cheryl Westmacott	PNA Report Coordinator	PHAST
BHR PNA Stakeholder Advisory Group (SAG)		
The Management Group were also members of the stakeholder group		
Richard Willmer	Public health data and analyses lead, PHAST	PH
Mohamed Kanji	CCG Medicines Management Lead	CCG
Hemant Patel	LPC representative	LPC
Dr Jagan John	LMC representative	LMC
Manisha Modavadia	HealthWatch Barking and Dagenham	Healthwatch

Ian Buckmaster	HealthWatch Havering	Healthwatch
Cathy Turland	HealthWatch Redbridge	Healthwatch
Sonia Drozd	Drug and Alcohol service	Drug & Alc
Jill Williams	Shared Care Coordinator, London Borough of Barking and Dagenham	Shared Care
Other Individuals who supported the PNA Process		
Rebecca Dew	BHR PNA Survey Coordinator	LPC
Suzanne Wright	Communications and Equalities, Redbridge	
Wilson Ricahard	Communications, Barking and Dagenham	

Appendix M – Glossary of abbreviations and terms

AUR	Appliance Use Review
BHR	BHRUT Barking, Havering and Redbridge University Hospitals
CHP	Community Health Partnerships
CCG	Clinical Commissioning Group
CPCF	Community Pharmacy Contractual Framework
DAC	Dispensing Appliance contractor
EHC	Emergency hormonal contraception
GP	General Practitioner (family doctor)
EPS	Electronic Prescribing System
HUDU	Healthy Urban Development Unit
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LBH	London Borough of Havering
LBR	London Borough of Redbridge
LCS	Locally Commissioned Services
LIFT	Local Improvement Finance Trust
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
LPS	Local Pharmaceutical Services
LSOA	Lower Super Output Area
LTC	Long term conditions
MUR	Medicines Use Review and prescription intervention services
NEL	North East London
NELFT	North East London Foundation Trust Barking & Dagenham, Havering & Redbridge
NHS	National Health Service
NHSE	National Health Service England
NMS	New Medicines Service
PHE	Public Health England
PHAST	Public Health Action Support Team
PNA	Pharmaceutical needs assessment
SAC	Stoma Appliance Customisation Service (SAC)

Glossary of terms and phrases defined in regulation 2 of the 2013 Regulations

Term or phrase	Definition as per regulation 2 of the 2012 Regulations	Explanation
Controlled localities/controlled locality	Means an area that is a controlled locality by virtue of regulation 36(1) or is determined to be so in accordance with regulation 36(2).	A controlled locality is an area which has been determined, either by NHS England, a primary care trust a predecessor organisation or on appeal by the NHS Litigation Authority (whose appeal unit handles appeals for pharmaceutical market entry and performance sanctions matters), to be “rural in character”. It should be noted that areas that have not been formally determined as rural in character and therefore <i>controlled localities</i> , are not <i>controlled localities</i> unless and until NHS England determines them to be. Such areas may be considered as rural because they consist open fields with few houses but they are not a <i>controlled locality</i> until they have been subject to a formal determination.
Core opening hours	Is to be construed, as the context requires, in accordance with paragraph 23(2) of Schedule 4 or paragraph 13(2) of Schedule 5, or both.	Pharmacies are required to be open for 40 hours per week, unless they were approved under Regulation 13(1)(b) of the 2005 Regulations in which case they are required to open for 100 hours per week. Dispensing appliance contractors (DACs) are required to be open for not less than 30 hours per week.
Directed services	Means additional pharmaceutical services provided in accordance with directions under section 127 of the 2006 Act.	These are advanced and enhanced services as set out in Directions.
Dispensing doctor(s)	Is to be construed in accordance with regulation 46(1).	These are providers of primary medical services who provide pharmaceutical services from medical practice premises in the area of NHS England; and general practitioners who are not providers of primary medical services but who provide pharmaceutical services from medical practice premises in the area of the HWB.
Distance selling premises	Listed chemist premises, or potential pharmacy premises, at which essential services	These premises could have been approved under the 2005 Regulations in which case they could be pharmacies or DACs. Under the 2012 and 2013

	are or are to be provided but the means of providing those services are such that all persons receiving those services do so otherwise than at those premises.	Regulations only pharmacy contractors may apply to provide services from distance selling premises. Distance-selling contractors are in the main internet and some mail-order, but they all cannot provide “essential services” to persons face to face at their premises and must provide a service across England to anyone who requests it.
Enhanced services	Means the additional pharmaceutical services that are referred to in direction 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.	These are pharmaceutical services commissioned by NHS England, such as services to Care Homes, language access and patient group directions.
Essential services	Except in the context of the definition of “distance selling premises”, is to be construed in accordance with paragraph 3 of Schedule 4.	These are services which every community pharmacy providing NHS pharmaceutical services must provide and is set out in their terms of service – these include the dispensing of medicines, promotion of healthy styles and support for self-care. Distance- selling pharmacy contractors cannot provide essential services face to face at their premises.
Neighbouring HWB	In relation to a HWB (HWB1), means the HWB of an area that borders any part of HWB1.	Used when, for example, an HWB is consulting on their draft PNA and needs to inform the HWBs which border their HWB area.
NHS chemist	Means an NHS appliance contractor or an NHS pharmacist.	

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197634/Pharmaceutical_Needs_Assessment_Information_Pack.pdf