

# Pharmaceutical Needs Assessment 2022

Camden Health and  
Wellbeing Board

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

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## Executive summary

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

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

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

This PNA has been produced through the PNA Steering Group on behalf of Camden HWB by London Borough of Camden (LBC) with authoring support from Soar Beyond Ltd.

### NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'pharmaceutical list' held by NHS England and NHS Improvement (NHSE&I).<sup>1</sup> Types of providers are:

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

### Pharmaceutical service providers in Camden

Camden has 63 community pharmacies including one DSP (as of 23 March 2022 from NHSE&I) for a population of around 276,041 (ONS 2020). Camden has an average of 22.8 community pharmacies per 100,000 population compared with 20.5 per 100,000 in England.

### Conclusions

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

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

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<sup>1</sup> Since the time of writing this has now changed to NHS England (NHSE).

## **Current provision of Necessary Services**

### **Necessary Services – gaps in provision**

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

- **Necessary Services – normal working hours**

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

- **Necessary Services – outside normal working hours**

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

- **Future provision of Necessary Services**

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

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

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

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

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Camden, and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than NHSE&I.

- **Current and future access to Advanced Services**

**Based on current information no current gaps have been identified either now or in the future (in the next three years) that would secure improvements or better access to Advanced Services in Camden.**

- **Current and future access to Enhanced Services**

**Based on current information no current gaps have been identified either now or in the future (in the next three years) that would secure improvements or better access to Enhanced Services across Camden.**

- **Current and future access to Locally Commissioned Services**

**Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future (in the next three years) circumstances across Camden to meet the needs of the population.**

## Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring

AF – Atrial Fibrillation

AUR – Appliance Use Review

BSA – Business Services Authority

C-19 – COVID-19

CCG – Clinical Commissioning Group

CHD – Coronary Heart Disease

COA – Census Output Area

COPD – Chronic Obstructive Pulmonary Disease

CPCF – Community Pharmacy Contractual Framework

CPCS – Community Pharmacist Consultation Service

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

DMFT – Decayed, Missing or Filled Teeth

DMIRS – Digital Minor Illness Referral Service

DMS – Discharge Medicines Service

DSP – Distance-Selling Pharmacy

EHC – Emergency Hormonal Contraception

EoL – End of Life

EoLC – End of Life Care

EPS – Electronic Prescription Service

ES – Essential Services

GLA – Greater London Authority

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HLE – Healthy Life Expectancy

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care Systems

JHWS – Joint Health and Wellbeing Strategy

JSNA – Joint Strategic Needs Assessment  
LA – Local Authority  
LBC – London Borough of Camden  
LCS – Locally Commissioned Services  
LE – Life Expectancy  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee  
LPS – Local Pharmaceutical Service  
LSOA – Lower Layer Super Output Areas  
LTP – Long Term Plan  
MRD – Medicine Reminder Device  
MUR – Medicines Use Review  
NCL – North Central London  
NCMP – National Child Measurement Programme  
NEX – Needle and Syringe Exchange  
NHS – National Health Service  
NHSE – NHS England  
NHSE&I – NHS England and NHS Improvement  
NMS – New Medicine Service  
NRT – Nicotine Replacement Therapy  
NUMSAS – NHS Urgent Medicine Supply Advanced Service  
OHID – Office for Health Improvement and Disparities  
ONS – Office for National Statistics  
OST – Opiate Substitute Treatment  
OW – Overweight  
PCN – Primary Care Network  
PGD – Patient Group Direction  
PhAS – Pharmacy Access Scheme  
PNA – Pharmaceutical Needs Assessment  
POCT – Point of Care Testing  
PQS – Pharmacy Quality Scheme  
PSNC – Pharmaceutical Services Negotiating Committee

PWID – People Who Inject Drugs  
SAC – Stoma Appliance Customisation  
SLA – Service-Level Agreement  
STI – Sexually Transmitted Infection  
UASC – Unaccompanied Asylum-Seeking Children  
VOW – Very Overweight



## Section 1: Introduction

### 1.1 Background

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

Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022. This PNA for Camden fulfils this regulatory requirement.

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

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring primary care trusts to prepare and publish PNAs	PNAs to be published by 1 February 2011	The Pharmaceutical Regulations 2013 outlines PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the C-19 pandemic

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

### 1.2 National changes since the last PNA

- **NHS Long Term Plan (LTP):**<sup>2</sup> The NHS LTP was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. A more detailed description is available in [Section 2.1](#).
- All pharmacies were required to become Level 1 **Healthy Living Pharmacies** by April 2020.

<sup>1</sup> The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

[www.legislation.gov.uk/uksi/2013/349/contents/made](http://www.legislation.gov.uk/uksi/2013/349/contents/made)

<sup>2</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

- **Coronavirus pandemic:** The C-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.<sup>3</sup> During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>4</sup> In response to the pandemic, two Advanced Services were also created: pandemic delivery service and C-19 Lateral Flow Device (LFD) provision. The C-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHS England and NHS Improvement (NHSE&I). Due to the easing of C-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.<sup>5</sup>
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.<sup>6</sup> This requirement ensures that all pharmacies provide services remotely to patients, bricks-and-mortar and Distance-Selling Pharmacies (DSPs) facilitate remote access to the full range of NHS pharmacy services provided by a pharmacy. Providing pharmacy services remotely thus increased during the C-19 pandemic.
- **Community Pharmacist Consultation Service (CPCS):**<sup>7</sup> An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist on referral from NHS 111, integrated urgent clinical assessment services and, in some cases, 999. From 1 November 2020; General Practitioner (GP) CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS LTP.

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

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

<sup>5</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

<sup>6</sup> PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

<sup>7</sup> Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>8</sup>
- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme that forms part of the CPCF.<sup>9</sup> It supports delivery of the NHS LTP and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022-23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the DHSC and NHSE&I.

### 1.3 Purpose of the PNA

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

The PNA should be read alongside other Joint Strategic Need Assessment (JSNA) products.<sup>10</sup> Information and JSNA products will be updated on the Camden Council Website, which is kept live as a rolling programme of documents and informs the Joint Health and Wellbeing Strategy (JHWS), which takes into account the findings of JSNA products.

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<sup>8</sup> Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

<sup>9</sup> NHSE&I. Pharmacy Quality Scheme: Guidance 2021/22. September 2021. [www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf)

<sup>10</sup> LBC. Joint Strategic Needs Assessment. 2019. [www.camden.gov.uk/joint-strategic-needs-assessment](http://www.camden.gov.uk/joint-strategic-needs-assessment)

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

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICSs). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Due to the C-19 pandemic, there is a delay in ICSs becoming legal entities with decision-making authority, with some not due to go live until April 2023. Current plans are for North Central London (NCL) ICS to be in place by July 2022. It is anticipated that ICSs will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered 'pharmaceutical services'.<sup>11</sup>

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

#### **1.4 Scope of the PNA**

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

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

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

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

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

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<sup>11</sup> Since the time of writing, CCGs have been replaced by ICBs/ICSs. The ICB is currently reviewing local services and may look to develop and commission services that meet the needs of the population.

## **What are Necessary Services?**

The Pharmaceutical Regulations 2013 require the HWB to include a statement of those pharmaceutical services that it identified as being necessary to meet the need for pharmaceutical services within the PNA. There is no definition of Necessary Services within the regulations and the HWB therefore has complete freedom in the matter.

The HWB has decided that all Essential Services are Necessary Services in Camden.

## **What is classed as relevant?**

These are services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services but their provision has secured improvements or better access to pharmaceutical services. Once the HWB has decided which services are necessary then the remaining services will be other relevant services.<sup>12</sup>

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

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

### **1.4.1 Community pharmacy contractors**

Pharmacy contractors comprise both those located within the Camden HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as DSPs.

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services must be offered throughout England. It is therefore likely that patients within Camden HWB area will be receiving pharmaceutical services from a DSP outside Camden HWB area.

NHSE&I is responsible for administering opening hours for pharmacies, which is handled locally by its regional offices. A pharmacy normally has 40 core contractual hours (or 100 for those that opened under the former exemption from the control of entry test), which cannot be amended without the consent of NHSE&I, together with supplementary hours, which are all the additional opening hours, and which can be amended by the pharmacy subject to giving three months' notice (or less if NHSE&I consents). A pharmacy may also have more than 40 core hours if it has made an application based on that higher number and NHSE&I has agreed that application: in this case, the pharmacy cannot amend these hours without the consent of NHSE&I.<sup>13</sup>

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<sup>12</sup> DHSC. Pharmaceutical needs assessments: information pack for local authority health and wellbeing boards. 2021. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

<sup>13</sup> PSNC. Opening hours. <https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/>

The CPCF, last agreed in 2019,<sup>14</sup> is made up of three types of service:

- Essential Services
- Advanced Services
- Enhanced Services

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises, therefore provision is by mail order and/or wholly internet.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

#### 1.4.1.1 Essential Services

Camden has designated that all Essential Services are to be regarded as Necessary Services.

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

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

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

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

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

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers

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<sup>14</sup> Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019.  
[www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

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

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

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

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

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

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

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

#### **1.4.1.2 Advanced Services**

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

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

There are several Advanced Services within the NHS CPCF. Advanced Services are not mandatory for providers to provide and therefore community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions. The Advanced Services are listed below and the number of pharmacy participants for each service in Camden can be seen in [Section 3.2.4](#) and in [Section 6.2](#) by locality.

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

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



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

### **A.1 Appliance Use Review (AUR)**

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

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

### **A.2 Stoma Appliance Customisation (SAC)**

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

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

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

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

Since 24 February 2022, the government has eased C-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. Since 1 April 2022, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>15</sup>

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<sup>15</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 6 May 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

## **A.5 Community Pharmacist Consultation Service (CPCS)**

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from general practice, CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and the service has been available since 29 October 2019.

## **A.6 Flu vaccination**

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

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

## **A.7 Hepatitis C testing service**

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

In May 2016, the UK signed up to the WHO Global Health Sector Strategy on Viral Hepatitis, committing to meet targets of an 80% reduction in incidence of HCV infection and a 65% reduction in mortality from HCV by 2030 from a 2015 baseline.

The collective vision for Hep C in England developed by the National Strategic Group for Viral Hepatitis<sup>16</sup> is that: ‘All people at risk of HCV infection should have access to testing. If positive, they should be advised on prevention of onward transmission and placed on a treatment pathway; if negative, action should be taken to reduce subsequent risk of infection.’

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<sup>16</sup> UK Health Security Agency. Hepatitis C in England 2022: short report. 2022. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1057262/HCV-in-England-2022-short-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057262/HCV-in-England-2022-short-report.pdf)

## **A.8 Hypertension case-finding service**

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

The hypertension service was delayed due to delays in delivery of the ABPM machines required to operate the service. This was especially acute in the London region where demand was particularly high. Three of the contracts outside of London received their ABPM machines before London-based pharmacies.

## **A.9 New Medicine Service (NMS)**

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

The service is split into three stages: 1. Patient engagement, 2. Intervention, and 3. Follow-up.

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

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

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

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.<sup>18</sup>

## **A.10 Smoking cessation**

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

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<sup>18</sup> NHS BSA. New Medicine Service (NMS) – Drug Lists. [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)

### **1.4.1.3 Enhanced Services**

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in Camden:

- London Vaccination Service - This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18. There is also provision for pneumococcal vaccination to eligible cohorts.
- C-19 vaccination - This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing C-19 vaccination under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.
- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

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

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

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

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

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

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

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

#### **1.4.4 Pharmacy Access Scheme (PhAS) providers<sup>19</sup>**

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

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

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

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

#### **1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas**

There are six other HWB areas that border the Camden HWB area:

- Barnet HWB
- Brent HWB
- City of London HWB
- Haringey HWB
- Islington HWB
- Westminster HWB

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

#### **1.4.6 Dispensing GP practices**

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

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

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

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<sup>19</sup> DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance)

### 1.4.7 Other services and providers in Camden

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

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

## 1.5 Process for developing the PNA

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

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

A paper was presented to Camden HWB on 16 March 2022 to update them on the process so far and to seek delegation to the chair of the HWB and Director of Public Health for the final sign off for the PNA.

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

- **Step 1: Steering group**

On 13 January 2022 Camden's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

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

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

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>20</sup> and JSNA.

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

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group, which was circulated to residents via various channels. Further details and analysis is provided in [Section 5](#).

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<sup>20</sup> LBC. PNA and subsequent supplementary statements. 2018. <https://opendata.camden.gov.uk/Health/Camden-Pharmaceutical-Needs-Assessment-PNA-2018-Fi/bdnn-34xa>

A total of 81 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.

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

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

A total of 26 responses were received. A copy of the pharmacy questionnaire can be found in Appendix E with detailed responses.

- **Step 4c: Commissioner questionnaire**

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

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

- **Step 5: Mapping of services**

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

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

The Steering Group reviewed and revised the content and detail of the existing PNA. The draft PNA was signed off by the Associate Director in Public Health of London Borough of Camden (LBC) and the Steering Group before consultation. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly.

The Steering Group supported the cascade and engagement exercise for the draft PNA to extend the reach during the consultation.

The Steering Group was fully aware of the potential changes brought about with the easing of restrictions that had been introduced due to the C-19 pandemic. However, as the PNA is an assessment taken at defined moment in time, it was agreed the pragmatic way forward would be to monitor such changes and if necessary, update the PNA before finalising or publish with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the group were fully aware of the need to reassess.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 8 June and 7 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on LBC's website.

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

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

- **Step 9: Production of final PNA – future stage**

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

The final PNA was approved by the Director of Public Health, under delegated powers from the Health and Wellbeing Board, and publication before 1 October 2022.

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

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

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

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

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

The localities and the wards that make up the localities are listed in Table 2.



**Table 2: Localities and wards in Camden**

<b>Locality name</b>	<b>Wards in locality</b>
North	Belsize
North	Camden Town with Primrose Hill
North	Cantelowes
North	Frognal and Fitzjohns
North	Gospel Oak
North	Hampstead Town
North	Haverstock
North	Highgate
North	Kentish Town
South	Bloomsbury
South	Holborn and Covent Garden
South	King's Cross
South	Regent's Park
South	St Pancras and Somers Town
West	Fortune Green
West	Kilburn
West	Swiss Cottage
West	West Hampstead

## Section 2: Context for the PNA

### 2.1 NHS Long Term Plan (LTP)<sup>21</sup>

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

Priority clinical areas in the LTP include:

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

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

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

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<sup>21</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

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

## 2.2 Joint Strategic Needs Assessment (JSNA)<sup>22</sup>

The purpose of the JSNA is to provide insight and intelligence on the current picture of the use of services by and needs of the local population, highlighting where there might be unmet need that allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing and reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the context of current and future health, care and wellbeing needs of the local community, to inform local decision-making as defined by Camden JSNA.

For Camden, these include the following:

- Being concerned with wider social factors that have an impact on people's health and wellbeing, such as housing, poverty and employment
- Looking at the health of the population, with a focus on behaviours that affect health, such as smoking, diet and exercise
- Providing a common view of health and care needs for the local community
- Identifying health inequalities
- Providing evidence of effectiveness for different health and care interventions
- Documenting current service provision
- Identifying gaps in health and care services, documenting unmet needs

The purpose of the JSNA is to accurately assess the current and future health and wellbeing needs of the local population and identify future priorities. The JSNA is a statutory responsibility of the Director of Public Health, Director of Children's services and Director of Adult Social Services.

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<sup>22</sup> LBC. JSNA. 2019. [www.camden.gov.uk/joint-strategic-needs-assessment](http://www.camden.gov.uk/joint-strategic-needs-assessment)

The latest Camden JSNA executive summary was drawn up in November 2019 and updated in March 2020.

## 2.3 Joint Health and Wellbeing Strategy (JHWS)

LBC's JHWS is a call to action to all residents, community groups and local organisations to make Camden the very best place to start well, live well and age well.

LBC's JHWS 2022-2030 sets out the shared principles, long-term ambitions and short-term priorities of the HWB for improving health and wellbeing and reducing health inequalities in Camden. It is the HWB that provides strategic leadership for an Integrated Care Partnership by bringing together the council, the NHS, voluntary and community sectors to provide the following:

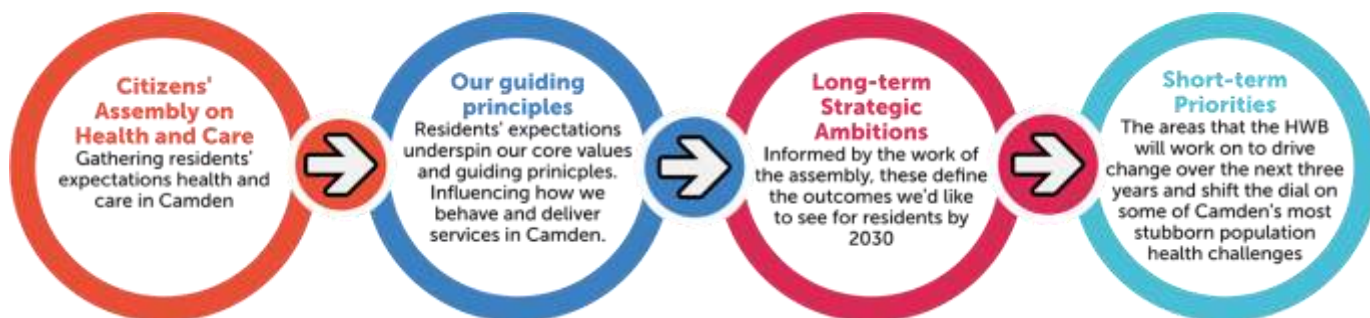
- Tackling inequalities
- Supporting the integration of health and care services
- Improving health and wellbeing of local people

The pathway below highlights the strategy: the first step on the road to the new strategy was the launch of the Camden Health and Care Citizen's Assembly in 2020, with the purpose of putting residents' voices and lived experience at the heart of all it does. The next stage in the strategy pathway unifies LBC's partnership, using the guiding principles below:

- 1) Prioritising prevention
- 2) Tackling inequalities and disproportionality
- 3) Empowering communities
- 4) Integrating and communicating
- 5) Sharing responsibility

The short-term priorities of good work and employment, community connectedness and friendships, healthy and ready for school, contribute to the overall attainment of long-term strategic ambitions of starting well, living well and ageing well together.

**Figure 1: Citizens' Assembly on Health and Care Strategy to 2030<sup>23</sup>**



<sup>23</sup> LBC. Camden Health and Wellbeing Strategy 2022-30. [www.camden.gov.uk/documents/20142/0/Camden+HWB+Strategy+%28Feb+22%29+v6.pdf/6084f08a-9dde-db2b-6f37-fa5c766cd4e8?t=1647945138445](http://www.camden.gov.uk/documents/20142/0/Camden+HWB+Strategy+%28Feb+22%29+v6.pdf/6084f08a-9dde-db2b-6f37-fa5c766cd4e8?t=1647945138445)

## **2.4 Camden and Islington Pharmacy Insight Report<sup>24</sup>**

A project was carried out in community pharmacies in Camden and Islington in 2021 to understand what enables a pharmacy to be able to carry out public health interventions, with a specific focus on local community services delivered within a pharmacy setting.

The main findings are below:

### **2.4.1 Factors affecting local commissioned services and implementation**

#### **Practicality of intervention:**

- Short and simple interventions such as vaccinations were much easier to deliver in a pharmacy space. Long or complicated interventions took up a lot of the already busy pharmacist's time and residents often did not want to wait.

#### **Patient–pharmacy interaction:**

- Positive, trusting relationships with residents provided much more opportunity to effectively promote and deliver services, in particular around sensitive health issues such as substance dependence and sexual health.

#### **Promotion of Services:**

- Many residents were not aware of the range of services offered by pharmacies. Good service promotion improved resident familiarity with services and made delivery easier (for example with the flu jab). Some sensitive services (e.g. weight management) were hard to raise in person due to concerns about offending.

### **2.4.2 Relationships**

#### **GPs:**

- Miscommunication between pharmacies and GPs over prescriptions takes up a lot of pharmacy time. Tension over flu jab delivery can impact this relationship.

#### **Other local pharmacies and services:**

- Competition over residents, sales and funding may impede collaboration between pharmacies, and can restrict time and resources available for service delivery.

#### **Health and statutory services:**

- Perceived lack of involvement and under-appreciation of pharmacies by local authorities and Public Health affects incentive to take-on and deliver services.

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<sup>24</sup> Camden and Islington. Serving the local community 2021. Pharmacy Perspectives on Effective Uptake, Implementation & Delivery of Population Health Interventions.

## 2.5 The impact of COVID-19 (C-19) in Camden

The C-19 pandemic has amplified health inequalities and shown how deep-rooted injustices continue to blight our society. The most significant disruption and loss of life have been felt by those at a socioeconomic disadvantage, who are also more likely to suffer from complex or long-term health conditions. C-19 has transformed the way we live our lives and access support, with more delivered online or through local networks and groups. It has highlighted what our services are doing well and must be improved. The short-term priorities identified in this strategy respond to long-standing issues in Camden but are specifically tailored to address the disproportionate impact of the pandemic.

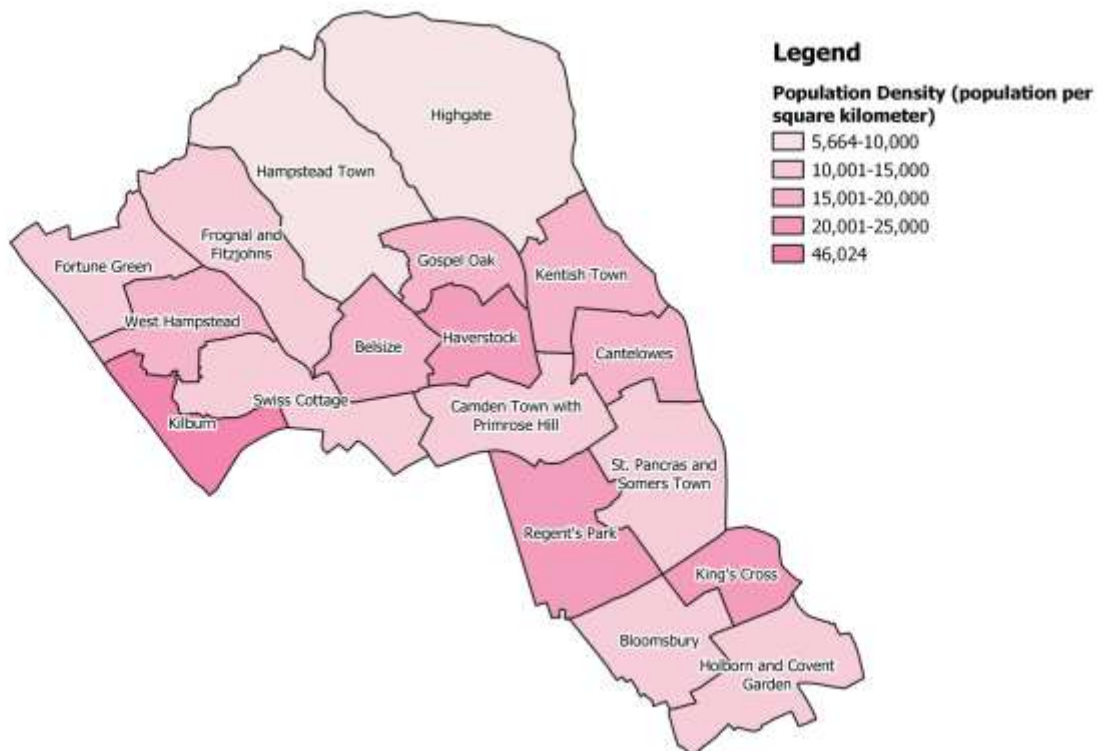
## 2.6 Population characteristics

### 2.6.1 Overview

The Greater London Authority (GLA) 2020-based housing-led projections estimate that in 2022 Camden has a total population of 276,041, comprising 141,035 males (51.1%) and 135,006 females (48.9%). The population is spread over three localities: North, South and West.

North locality has the largest number of residents by population, accounting for 132,985 (48%), while South locality has the second largest population, accounting for 80,407 (29%), and West locality has the smallest population, accounting for 64,292 (23%). Despite West having the smallest population, Kilburn ward within that locality has the densest population of around 46,000 per km<sup>2</sup>. This can be compared with Highgate and Hampstead Town wards with a population of only 5,000–10,000 per km<sup>2</sup>.

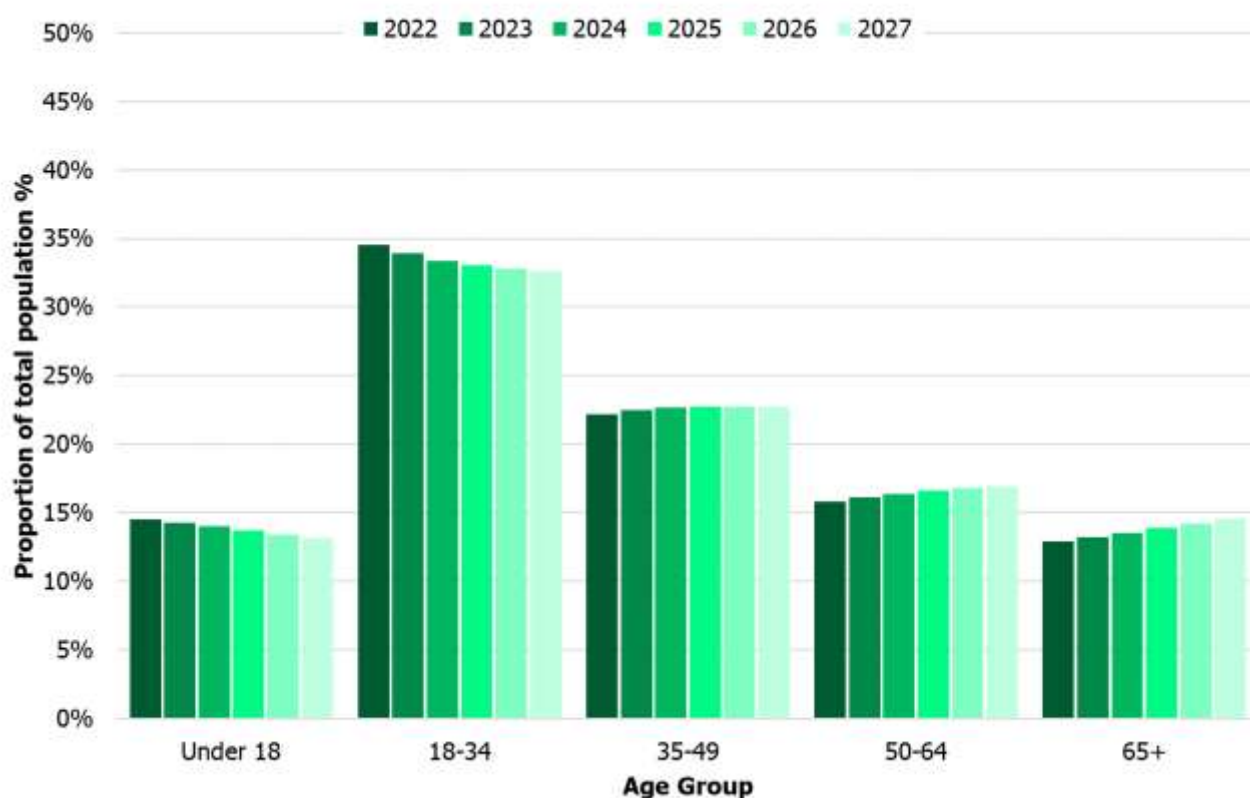
**Figure 2: Population density (residents per km<sup>2</sup>), by ward, 2022**



Source: GLA 2020-based housing-led population projections, Ordnance Survey

Over the next five years, the population of Camden is expected to rise by 3% and by around 9,500 individuals. Generally, the population is projected to age, with the proportion of those aged 35+ increasing. This follows the pattern seen across London as a whole.

**Figure 3: Projected change in population structure 2022-2027**



Source: GLA 2020-based housing-led population projections

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

While West locality has the smallest population in Camden, it is expected to see the largest increase in population size, increasing by around 5,000 over the next five years.

**Table 3: Population projections of North locality (2022-27)**

	Under 18 number	Under 18 %	18-64 number	18-64 %	65+ number	65+ %	Total population
2022	21,187	16%	92,335	69%	19,463	15%	132,985
2023	20,909	16%	92,764	69%	20,093	15%	133,766
2024	20,681	15%	93,067	69%	20,685	15%	134,433
2025	20,308	15%	93,325	69%	21,312	16%	134,945
2026	19,842	15%	93,613	69%	21,878	16%	135,332
2027	19,441	14%	93,717	69%	22,543	17%	135,701

Source: GLA 2020-based housing-led population projections

**Table 4: Population projections of South locality (2022-27)**

	<b>Under 18 number</b>	<b>Under 18 %</b>	<b>18–64 number</b>	<b>18–64 %</b>	<b>65+ number</b>	<b>65+ %</b>	<b>Total population</b>
2022	9,491	12%	62,416	78%	8,499	11%	80,407
2023	9,403	12%	63,401	78%	8,865	11%	81,669
2024	9,357	11%	64,355	78%	9,208	11%	82,920
2025	9,285	11%	65,063	78%	9,548	11%	83,896
2026	9,220	11%	65,497	77%	9,924	12%	84,640
2027	9,137	11%	65,823	77%	10,336	12%	85,295

Source: GLA 2020-based housing-led population projections

**Table 5: Population projections of West locality (2022-27)**

	<b>Under 18 number</b>	<b>Under 18 %</b>	<b>18–64 number</b>	<b>18–64 %</b>	<b>65+ number</b>	<b>65+ %</b>	<b>Total population</b>
2022	9,469	15%	45,539	73%	7,640	12%	62,649
2023	9,385	15%	45,679	73%	7,902	13%	62,967
2024	9,321	15%	45,752	72%	8,136	13%	63,209
2025	9,182	14%	46,114	72%	8,343	13%	63,639
2026	9,046	14%	46,510	73%	8,587	13%	64,143
2027	8,939	14%	46,888	73%	8,813	14%	64,640

Source: GLA 2020-based housing-led population projections

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

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

Source: GLA 2020-based housing-led population projections

## 2.6.2 Age and predicted population growth

The greatest proportion of the population in Camden falls within the working-age categories 25–29 and 30–34, as shown in Figure 4 and Table 7. These proportions are greater than the NCL and London averages. Individuals aged 20 and under make up only 17% of the population, which is significantly less than the NCL and London averages (22% and 23% respectively).

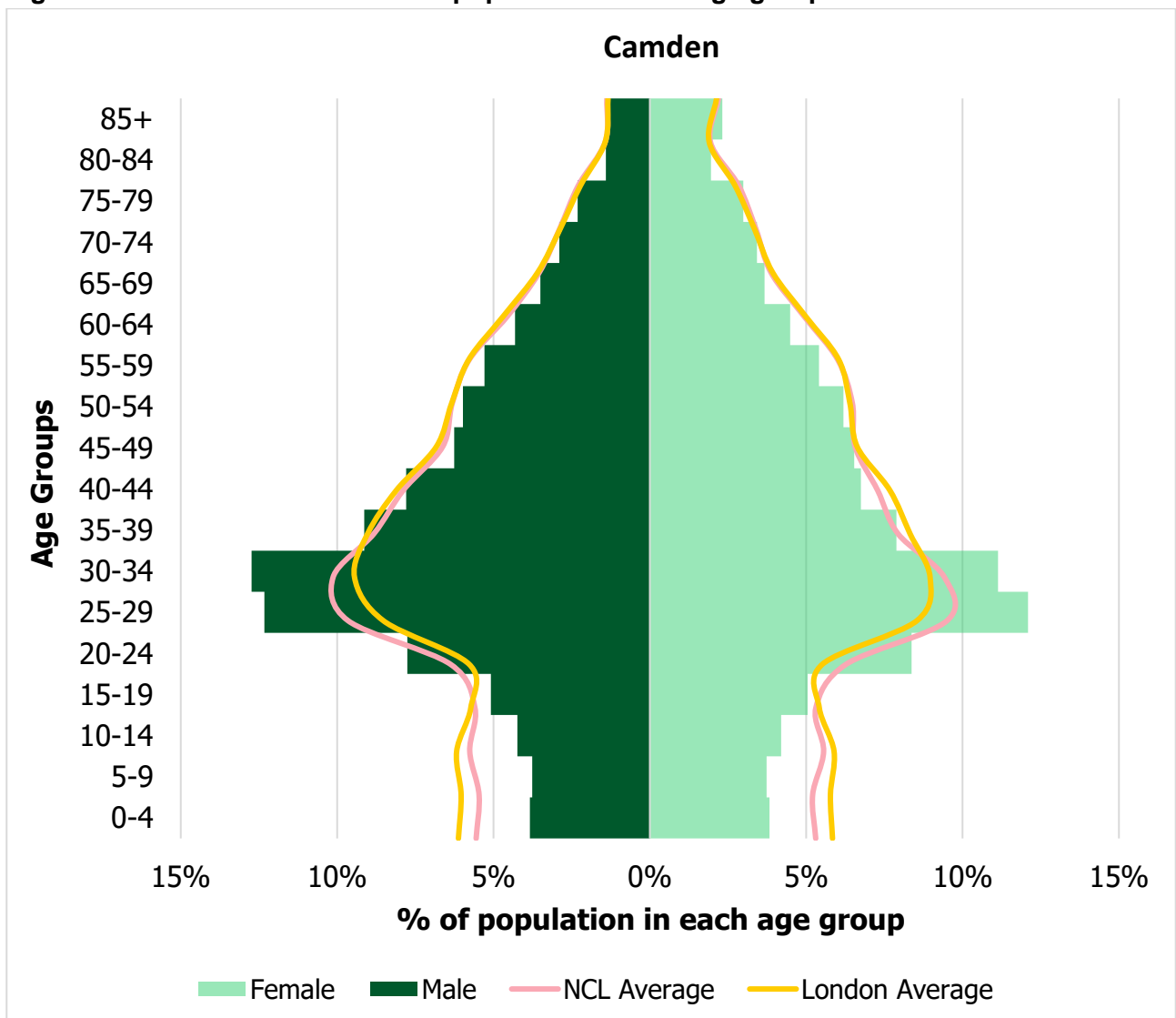


The smallest proportion of the population in Camden falls within the 80+ age category, as shown by Table 7, and is similar to the NCL and London averages. North locality is projected to see the largest increase in the proportion of residents aged 65+ between 2022 and 2027, rising from 15% to 17% as shown in Table 3.

South locality is projected to see an increase of around 5,000 individuals between 2022 and 2027. It is also projected to see a decrease in the under 18 population and working-age population as shown in Table 4. The population of residents aged 65+ is predicted to rise from 11% to 12% in that locality.

West locality is projected to see a decrease in the proportion of under-18s from 15% to 14% over the next five years, whereas the proportion of residents aged 65+ is projected to increase from 12% to 13%, as shown in Table 5.

**Figure 4: % of the male and female population in each age group 2022**



Source: GLA 2020-based housing-led projections

**Table 7: Number and % of age groups in Camden, 2022**

Age groups	Number	%
0–4	10,573	4%
5–9	10,349	4%
10–14	11,643	4%
15–19	13,974	5%
20–24	22,232	8%
25–29	33,707	12%
30–34	33,000	12%
35–39	23,525	9%
40–44	20,103	7%
45–49	17,645	6%
50–54	16,796	6%
55–59	14,753	5%
60–64	12,139	4%
65–69	9,881	4%
70–74	8,711	3%
75–79	7,291	3%
80–84	4,625	2%
85+	5,095	2%
<b>Total</b>	<b>276,041</b>	

Source: GLA 2020 based housing-led population projections

### 2.6.3 Housing

New developments will contribute to the projected increases in population. The London Plan 2021 sets a housing target for Camden of 10,380 additional homes from 2019 to 2029, which is likely to be met. Camden’s Planning Service estimated in 2022 that there will be approximately 5,800 additional homes built in the borough by 2027, with a further 5,700 added by 2032 and another 5,000 by 2037. According to the 2011 Census, the average household size in Camden in 2011 was 2.17 people.

In the next five years, the focus of new developments in the borough is expected to be King’s Cross (as the final phases of housing, office and leisure development at King’s Cross Central are completed), Camden Town (with housing-led development of the Morrison’s site) and West Hampstead (including housing at 156 West End Lane and a mix of housing and commercial space on the former Liddell Road industrial estate). Other significant areas of development include Haverstock (notably housing development of the former Charlie Ratchford Centre), and at Holborn and Covent Garden (with the Mount Pleasant development reaching completion).

In subsequent years, major development is expected to happen in Regent’s Park (notably redevelopment of Euston Station and areas nearby in association with HS2), Kentish Town (with potential for development at the Murphy’s Yard and Regis Road Industrial Estate) and West Hampstead (in the area from the O2 Centre to West End Lane). Other significant areas of development are expected to be in Gospel Oak (housing estates at Bacton Low Rise and Wendling), Haverstock (West Kentish Town Estate) and King’s Cross/St Pancras and Somers Town (around Camley Street and St Pancras Way). The opening of the Elizabeth Line (Crossrail) is likely to increase development pressures in Holborn and Covent Garden, but the extent to which this will deliver housing is not yet clear.

#### 2.6.4 GP-registered population

According to data published by NHS Digital and set out in Table 8, 303,151 people were recorded as being registered with a GP in Camden, of which the largest number and proportion of GP-registered people live in Kilburn ward (n=22,652) and the smallest number and proportion live in Highgate ward (n=12,884).

North locality has the largest number of patients registered to a GP practice, at 104,796, compared with South locality (92,408) and West locality (42,047).

**Table 8: People registered at a GP practice**

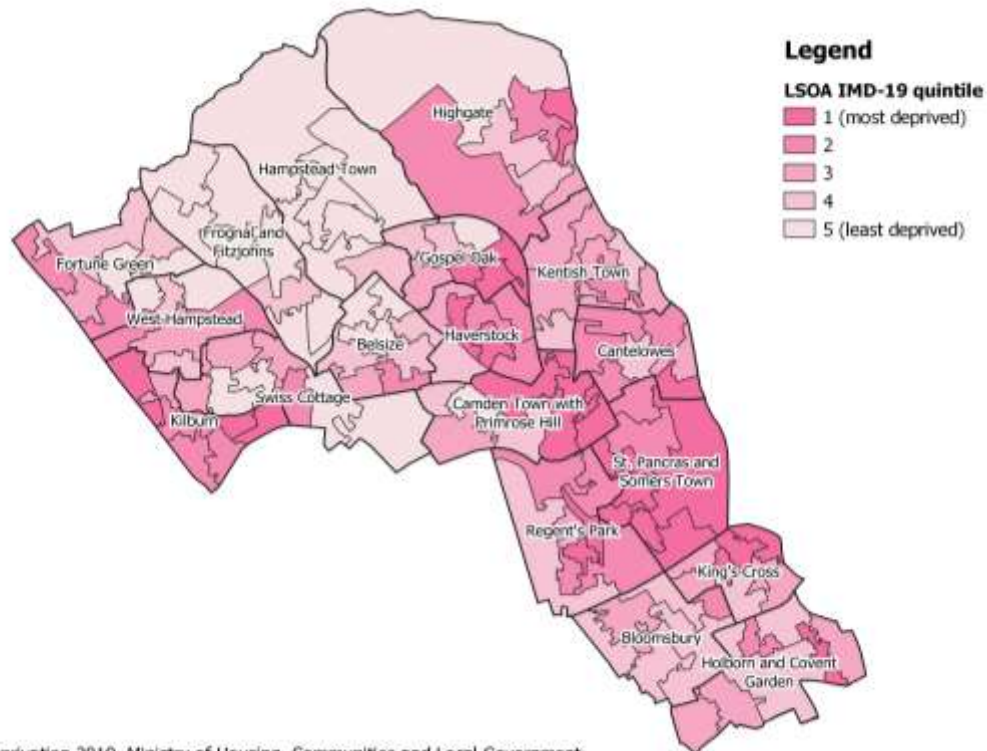
Ward	Locality	Number registered to a GP practice	Proportion of total population registered
Kilburn	West	22,652	7%
St Pancras and Somers Town	South	21,563	7%
Swiss Cottage	West	19,395	6%
King’s Cross	South	19,346	6%
Holborn and Covent Garden	South	18,735	6%
Kentish Town	North	17,155	6%
Bloomsbury	South	16,600	5%
Frognal and Fitzjohns	North	16,413	5%
Regent’s Park	South	16,164	5%
Camden Town with Primrose Hill	North	16,072	5%
West Hampstead	West	16,010	5%
Belsize	North	15,840	5%
Haverstock	North	15,547	5%
Cantelowes	North	15,532	5%
Fortune Green	West	15,405	5%
Hampstead Town	North	14,102	5%
Gospel Oak	North	13,736	5%
Highgate	North	12,884	4%
<b>Total</b>		<b>303,151</b>	

Source: NHS Digital, Jan 2022

## 2.6.5 Deprivation

The 2019 English Indices of Multiple Deprivation (IMD) ranked Camden as the 14th least deprived borough in London and among the less deprived local authorities in England. However, deprivation varies considerably across the borough, with areas such as Kilburn, St Pancras and Somers Town, Canteloves, and parts of Camden Town with Primrose Hill housing the most deprived residents.

**Figure 5: Local Indices of Multiple Deprivation quintiles, by LSOA, 2019**



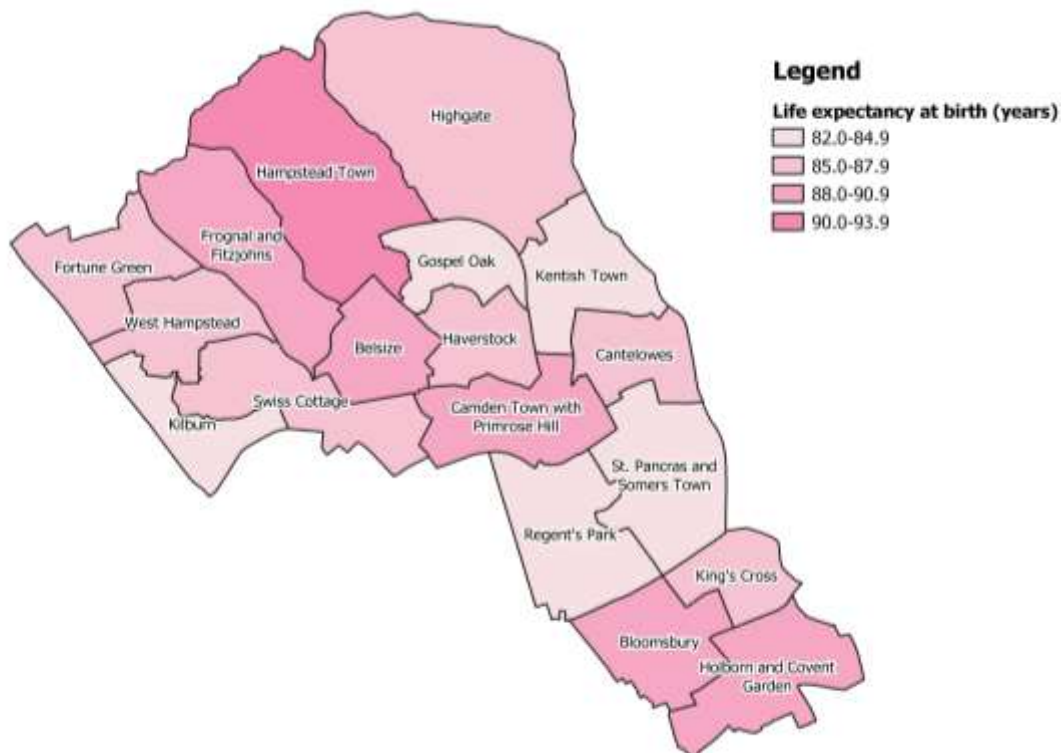
English Indices of Deprivation 2019, Ministry of Housing, Communities and Local Government

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

## 2.6.6 Life Expectancy (LE)

Overall, Life Expectancy (LE) in Camden is significantly higher than the London and England averages for men (83.1 years in Camden) and women (87.7 years in Camden). However, the gap in LE across the borough can be seen in Figures 6 and 7, with people in the most deprived areas having a lower LE than in the least deprived areas. These differences in health outcomes can be masked by good LE overall.

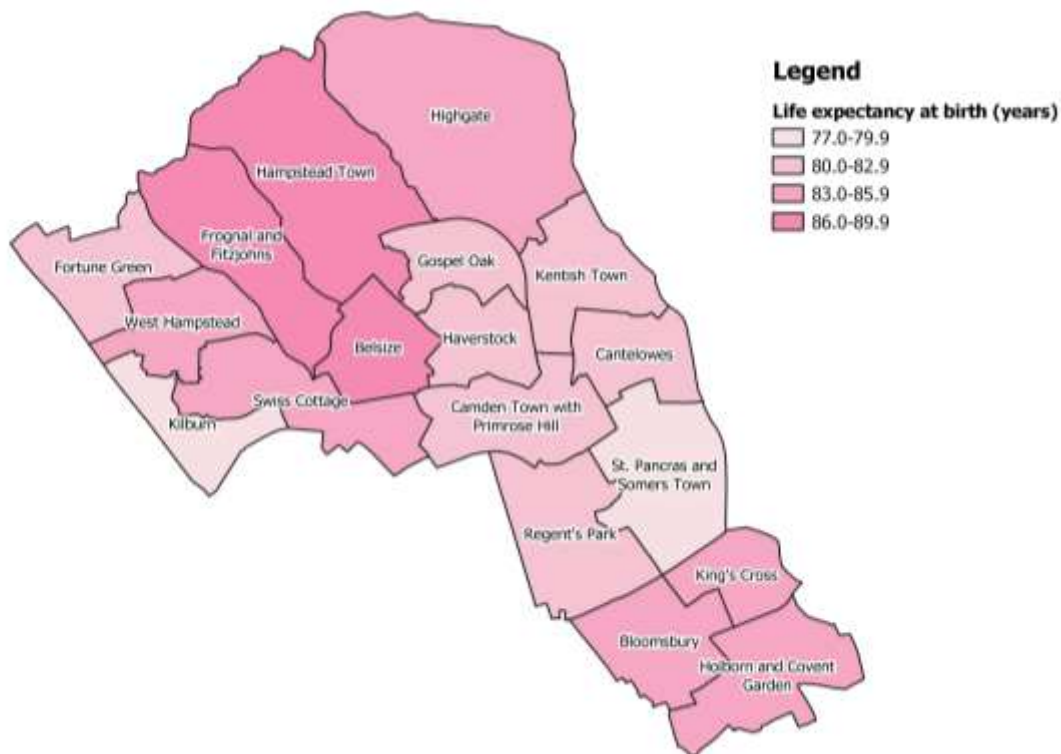
**Figure 6: Female life expectancy by ward, 2015-19**



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



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Source: OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

Healthy Life Expectancy (HLE) is a measure of the number of years a person would be expected to live in good health. In Camden, the HLE for males is 64.6 and the HLE for females is 66.8, both of which do not differ significantly from the London and England averages.

**Table 9: Life Expectancy (LE) and Healthy Life Expectancy (HLE) for Camden, London and England, 2018-20**

Indicators	Camden	London	England	Significant difference to London	Significant difference to England
LE: male (years)	83.1	79.4	79.4	Higher	Higher
LE: female (years)	87.7	83.1	83.1	Higher	Higher
HLE at birth: male (years)	64.6	63.8	63.1	No significant difference	No significant difference
HLE at birth: female (years)	66.8	65.0	63.9	No significant difference	No significant difference

### 2.6.7 Religion

According to 2011 census data and set out in Table 10, the most practised religion is Christianity (34% of the population); this is significantly lower than the NCL and England averages.

The second most practised is Islam (12%), which is significantly higher than the England average. A quarter of the population identifies any having no religion, which is significantly higher than the NCL and England averages.

**Table 10: Population size by religion**

Religion	Camden number	Camden %	NCL %	England %	Significant difference to NCL	Significant difference to England
Christian	74,821	34%	43%	59%	Lower	Lower
No religion	56,113	25%	21%	25%	Higher	Higher
Muslim (Islam)	26,643	12%	13%	5%	Lower	Higher
Jewish	9,823	4%	6%	<1%	Lower	Higher
Hindu	3,141	1%	3%	2%	Lower	Lower
Buddhist	2,789	1%	1%	<1%	Higher	Higher
Other religion	1,267	1%	1%	<1%	Lower	Higher
Sikh	465	<1%	<1%	1%	Lower	Lower
Religion not stated	45,276	21%	12%	7%	Higher	Higher

## 2.6.8 Ethnicity

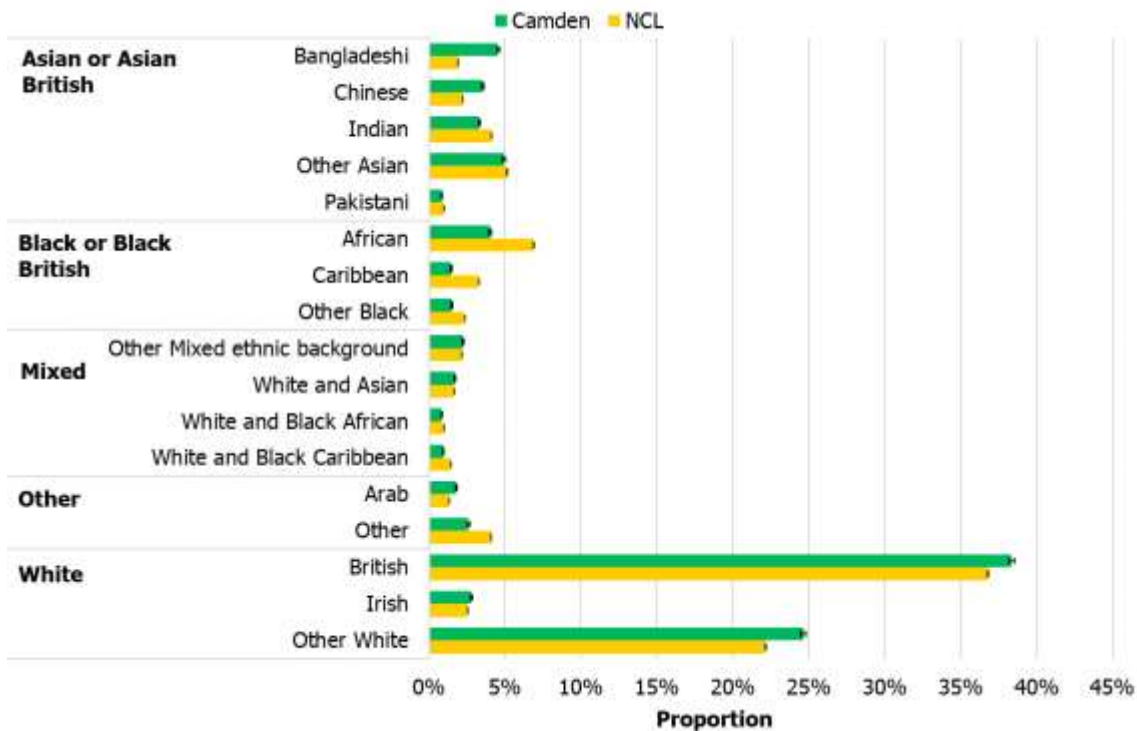
The GLA 2016-based housing-led ethnic group projections in Table 11 and Figure 8 show that the largest ethnic group is the White British (n=100,162) followed by the 'Any Other White' ethnic group (n=64,352). Both ethnic groups have a significantly higher proportion compared with the NCL average. Both ethnic groups comprise a significantly higher proportion of the population than the NCL average. The smallest ethnic groups are White and Black African, the latter being significantly lower compared to the NCL average.

In Camden, there also live a large number of people from Black African, Asian – Bangladeshi and 'Other Asian' ethnic groups.

**Table 11: Population size by ethnicity**

<b>Ethnic grouping</b>	<b>Ethnicity</b>	<b>Camden number</b>	<b>Camden %</b>	<b>NCL %</b>	<b>Significant difference to NCL</b>
Asian or Asian British	Bangladeshi	11,860	5%	2%	Higher
Asian or Asian British	Chinese	9,216	4%	2%	Higher
Asian or Asian British	Indian	8,635	3%	4%	Lower
Asian or Asian British	Other Asian	12,883	5%	5%	Lower
Asian or Asian British	Pakistani	2,201	1%	1%	Lower
Black or Black British	African	10,541	4%	7%	Lower
Black or Black British	Caribbean	3,740	1%	3%	Lower
Black or Black British	Other Black	3,926	2%	2%	Lower
Mixed	Other mixed ethnic background	5,821	2%	2%	No significant difference
Mixed	White and Asian	4,371	2%	2%	No significant difference
Mixed	White and Black African	2,164	1%	1%	Lower
Mixed	White and Black Caribbean	2,446	1%	1%	Lower
Other	Arab	4,712	2%	1%	Higher
Other	Other	6,775	3%	4%	Lower
White	British	100,162	38%	37%	Higher
White	Irish	7,276	3%	3%	Higher
White	Other White	64,352	25%	22%	Higher

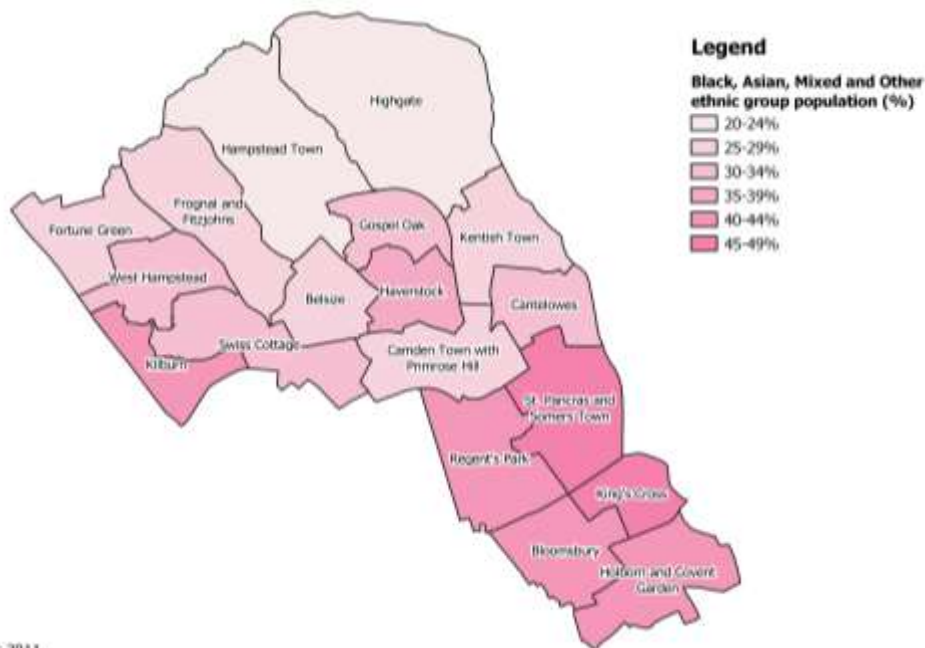
**Figure 8: Population projections by ethnic group, 2022**



Source: GLA 2016-based housing-led population projections

Camden is very ethnically diverse, with around one-third of the population with a recorded ethnicity from a Black, Asian, Mixed or Other ethnic group. However, this varies across the borough, with the proportion of individuals from a Black, Asian, Mixed or Other ethnic group ranging from 27% in North locality to 46% in South locality. Figure 9 shows these proportions by ward, with St Pancras and Somer’s Town and King’s Cross wards having the highest proportion of individuals from a Black, Asian, Mixed or Other ethnic group.

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



Source: ONS, Census 2011  
 Source: Census 2011



## 2.6.9 Daytime population

Table 12 shows that the total daily population (2014) is 495,332, of which 61,053 are tourists. Please note: the figures given in Table 12 are an average day during school term-time. No account has been made for seasonal peaks and troughs.

**Table 12: Estimated number of people in Camden in daytime during an average day**

	<b>Total daytime population (inc tourists)</b>	<b>Workday population (exc tourists)</b>
Camden	495,332	434,279

Source: GLA Daytime population, 2014

## 2.6.10 Vulnerable population

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

### 2.6.10.1 Care home residents

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

**Table 13: Number of care homes in each locality**

<b>Locality</b>	<b>Number of care home residents</b>
North	282
South	0
West	72

Source: NHS capacity tracker app, Feb 2022

### 2.6.10.2 Looked-after children and care-leavers

According to data from the Camden Children Safeguarding and Social Work monthly performance review in January 2022, 205 children were being looked after in Camden, with a rate of 38 per 10,000 under-18 population. There were also 394 people aged 18+ allocated to the Looked-After Children and Care-Leavers service in the same period.

### 2.6.10.3 Children with special educational, physical and sensory needs

According to data from the Camden Children Safeguarding and Social Work monthly performance review in January 2022, 205 children were being looked after in Camden, with a rate of 38 per 10,000 under-18 population. There were also 394 people aged 18+ allocated to Looked-After Children and Care-Leavers service in the same period.

### 2.6.10.4 People experiencing homelessness

According to data from the Department of Levelling Up, Housing and Communities, from April–June 2021 there were 517 households in temporary accommodation in Camden.

### 2.6.10.5 Population of Unaccompanied Asylum-Seeking Children (UASC) and Afghan refugees

Table 14 shows that there were 63 Unaccompanied Asylum-Seeking Children (UASC) and 440 Afghan refugee children in Camden in January 2022.

**Table 14: Population of UASC and Afghan refugee children in Camden**

	<b>Number of UASC, January 2022</b>	<b>Number of Afghan refugee children residing in bridging hotels, February 2022</b>
Camden	63	440

Source: Table LAA4 in SFR34; submitted to DfE via Children Looked After by Local Authorities in England (including adoption and care leavers) collection; sourced via LGInform: latest count in Afghan Bridging Hotels, Camden

### 2.6.11 Obesity in children

In 2018-19, 21% of Reception age and 36% of Year 6 age children were overweight or very overweight. By locality, North had the highest proportion of overweight or very overweight Reception-age children (15%): this did not differ significantly from the other localities (Table 15) but was significantly lower than the London (22%) and England (23%) averages.

By locality, South locality had the highest proportion of overweight or very overweight Year 6-age children (32%): this did not differ significantly from the other localities (Table 15) but was significantly lower than the London (38%) average.

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

**Table 15: Rate of Overweight (OW) and Very Overweight (VOW) children by locality 2018-19**

<b>Locality</b>	<b>Reception OW/VOW</b>	<b>Reception %</b>	<b>Year 6 OW/VOW</b>	<b>Year 6 %</b>
North	82	13%	175	27%
West	39	15%	71	27%
South	43	14%	115	32%

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

Source: NCMP 2018-19

### 2.6.12 Student population

There are 60,355 students attending universities based in Camden or which have a campus in Camden (Table 16). Due to the C-19 pandemic, students may be enrolled at a university but attending remotely which will not be captured in this data.

**Table 16: Higher education student population and higher education providers**

Higher education providers	Students in England
University College London	21,625
The University of Law	11,900
Birkbeck College	10,435
University of the Arts, London	9,515
SOAS University of London	3,625
The Royal Veterinary College	1,770
The Royal Central School of Speech and Drama	715
London School of Hygiene and Tropical Medicine	545
Royal Academy of Dramatic Art	135
AA School of Architecture	90
<b>Total</b>	<b>60,355</b>

Source: Higher Education Statistics Agency 2020-21

### 2.6.13 Employment rate

According to Table 17, 138,700 of people aged 16+ are in employment and, of these, 71.5% are economically active in employment.

**Table 17: Number of people 16+ in employment and as a proportion of economically active people**

	Number of people aged 16+ who are in employment	Proportion of economically active people in employment
Camden	138,700	71.50%

Source: Office for National Statistics (ONS). Annual Population Survey (October 2020–September 2021)

### 2.6.14 Mortality

Table 18 shows that the overall all-cause all-age mortality rate in 2020 was 697 per 100,000. In the under-75 population, the all-cause mortality rate was 292 per 100,000. Both rates were significantly lower than the London and England averages.

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

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

**Table 18: Mortality rates and causes 2020**

Mortality rates (per 100,000)	Camden	London	England	Significant difference to London	Significant difference to England
All-age all-cause mortality	697	975	1,042	Lower	Lower
U75 all-cause mortality	292	353	359	Lower	Lower
Excess deaths (preventable mortality U75)	128	123	141	No significant difference	No significant difference
Cancer mortality (U75)	87	111	125	Lower	Lower
CVD mortality (U75)	60	72	74	No significant difference	Lower
Respiratory mortality (U75)	26	27	29	No significant difference	No significant difference

Source: OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

### 2.6.15 Smoking

In Camden, it is estimated that between 12% (Annual Population Survey) and 18% (GP Patient Survey) of the population are active smokers. But it is known that smoking levels are higher in more deprived and socially marginalised populations, and among certain ethnic groups, which in turn fuels the inequality gap. Levels are also higher in people with long-term mental health conditions, with the GP Patient Survey in 2020-21 reporting that 25% of adults in Camden with a long-term mental health condition smoke. This was significantly higher than the average smoking rate within the borough.

Smoking in early pregnancy and smoking at delivery were 4% and 5%, respectively. These were significantly lower than the England average, and in the case of smoking in early pregnancy were significantly lower than the London average.

### 2.6.16 Vaccination

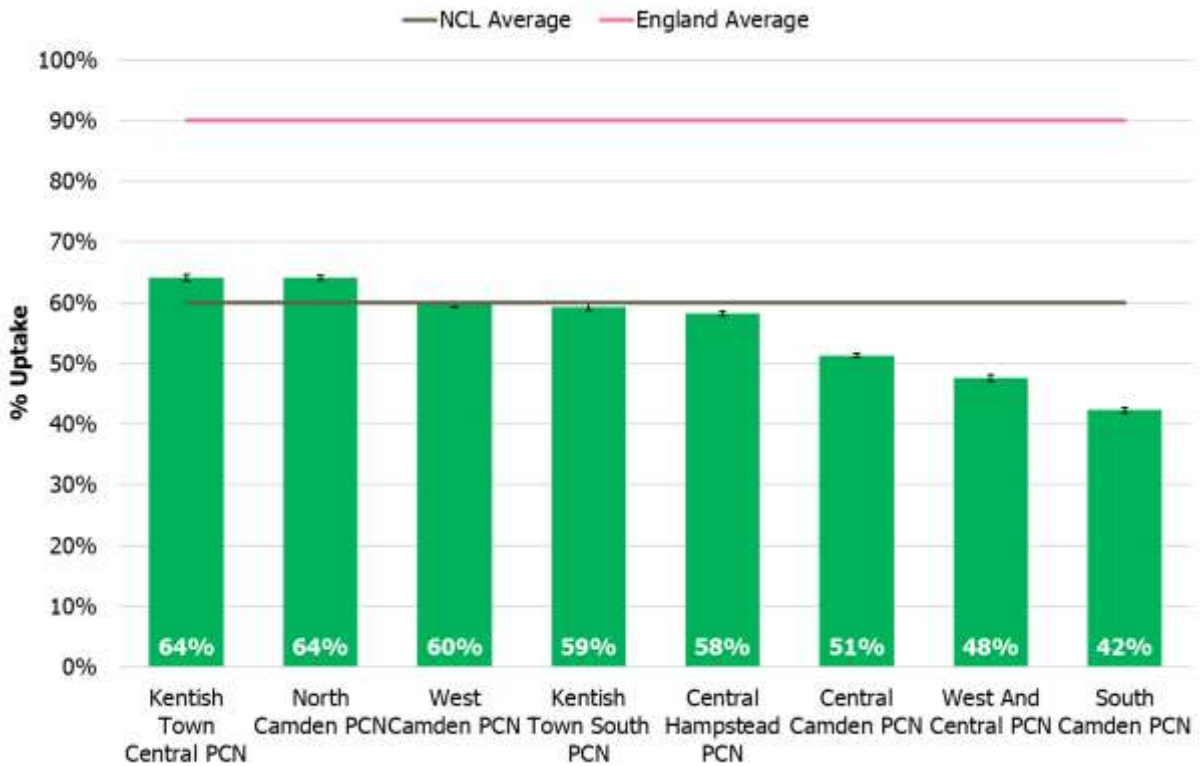
In 2019-20 uptake of the DTaP/IPV/HiB vaccination and MMR vaccination at age 2 was 90% and 81%, respectively, which were significantly lower than the England average but did not differ significantly from the NCL average.

Overall uptake of childhood vaccinations at age 2 was lowest in Central Camden Primary Care Network (PCN) which covers Regent's Park, St Pancras and Somers Town, King's Cross, and Bloomsbury wards.

The uptake of the first-dose C-19 vaccination and the flu vaccination were 56% and 41% respectively (as of 17 January 2022), which were significantly lower than the NCL averages.

Figure 10 shows that the uptake of the first-dose C-19 vaccination was lowest in the south of the borough, with South Camden and Central Camden PCNs having the lowest uptake (42% and 51%). Uptake in Kentish Town Central and North Camden PCNs was higher than the NCL average.

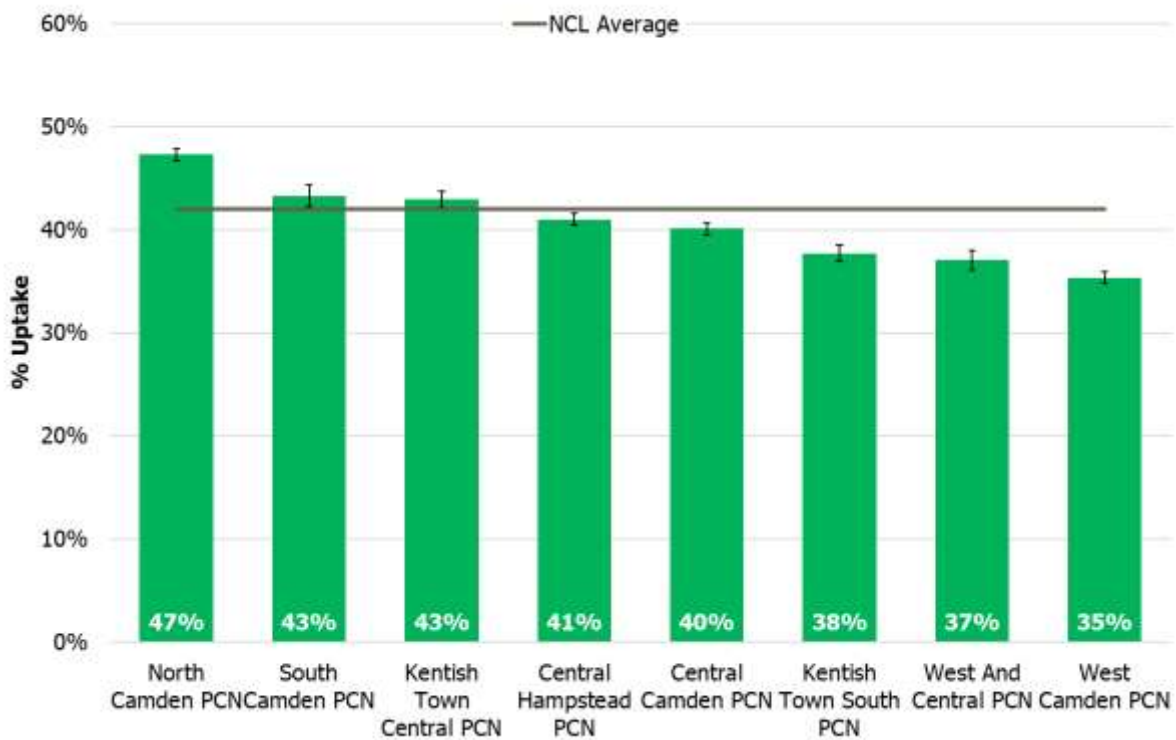
**Figure 10: First-dose C-19 vaccine uptake by PCN, January 2022**



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

Figure 11 shows that, on 17 January 2022, uptake of flu vaccine was lowest in West Camden PCN (35%), followed by Kentish Town PCN (38%). These were significantly lower than the NCL average.

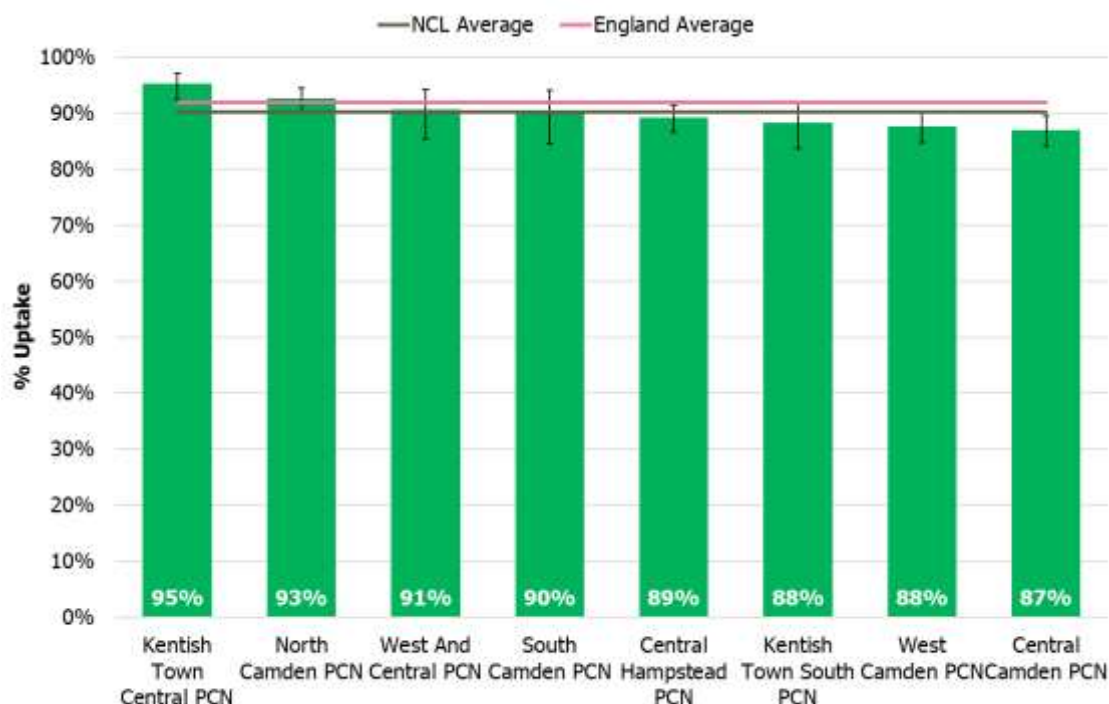
**Figure 11: Flu vaccination uptake by PCN, January 2022**



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

Figure 12 shows that in 2019-20 uptake of the DTaP/IPV/HiB vaccination at age 2 was lowest in Central Camden PCN (87%). This was significantly lower than the NCL and England averages.

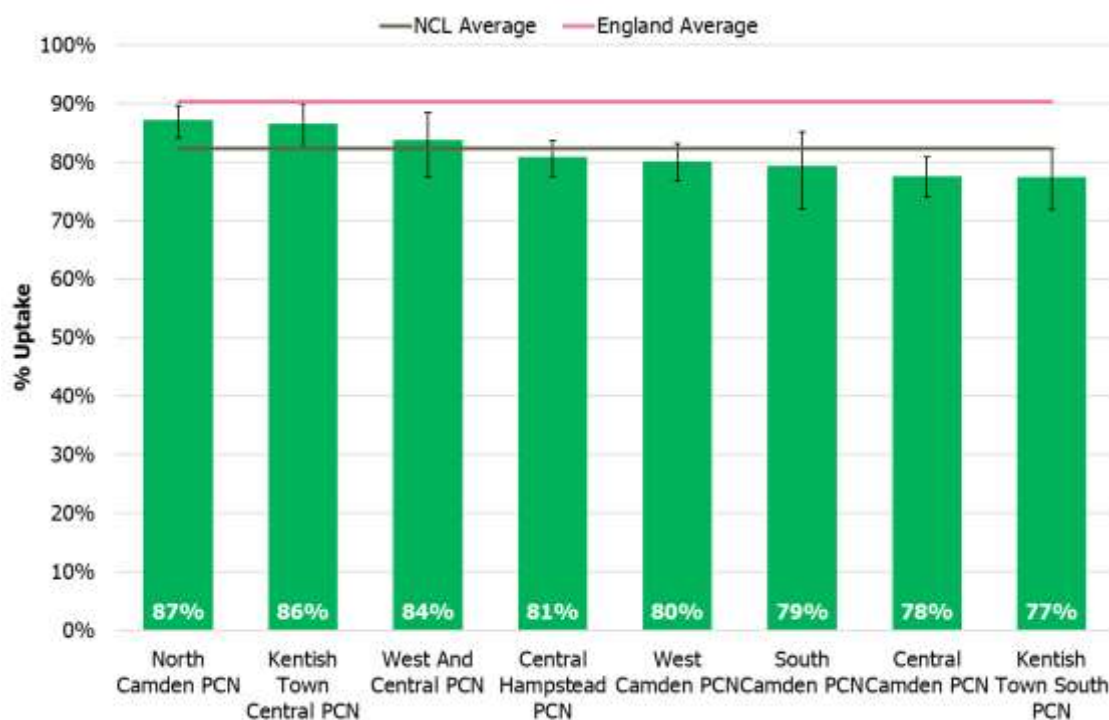
**Figure 12: DTaP/IPV/Hib vaccination (2 years) uptake by PCN, 2019-20**



Source: OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

Figure 13 shows that in 2019-20 the uptake of the MMR vaccine at age 2 was significantly lower than the NCL and England averages in Central Camden PCN.

**Figure 13: MMR vaccination one dose (2 years) uptake by PCN, 2019-20**

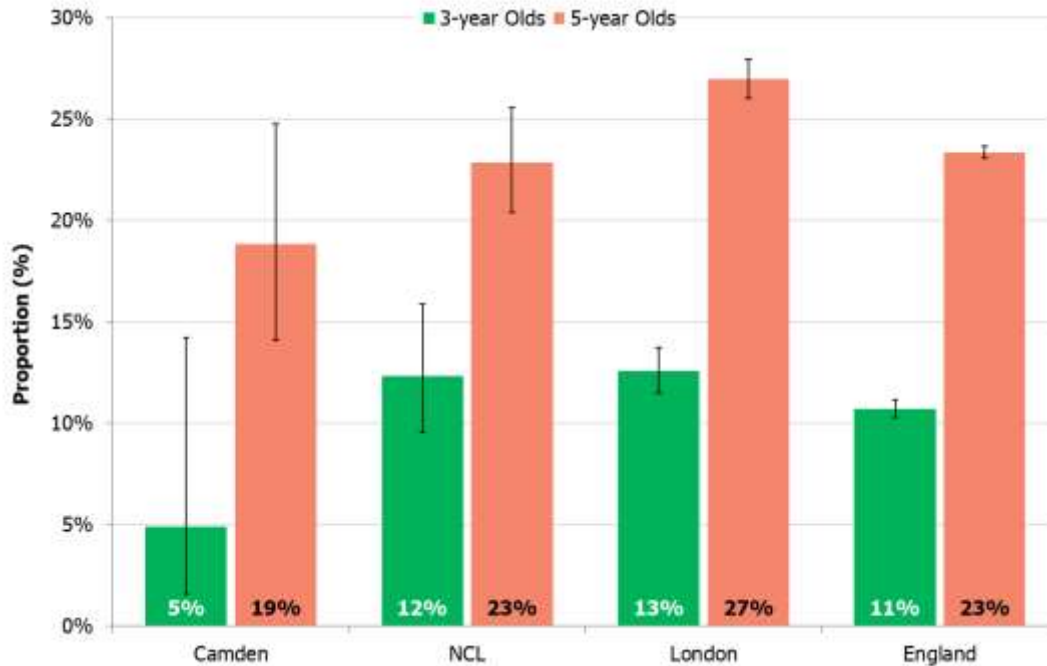


Source: OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

### 2.6.17 Oral health

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

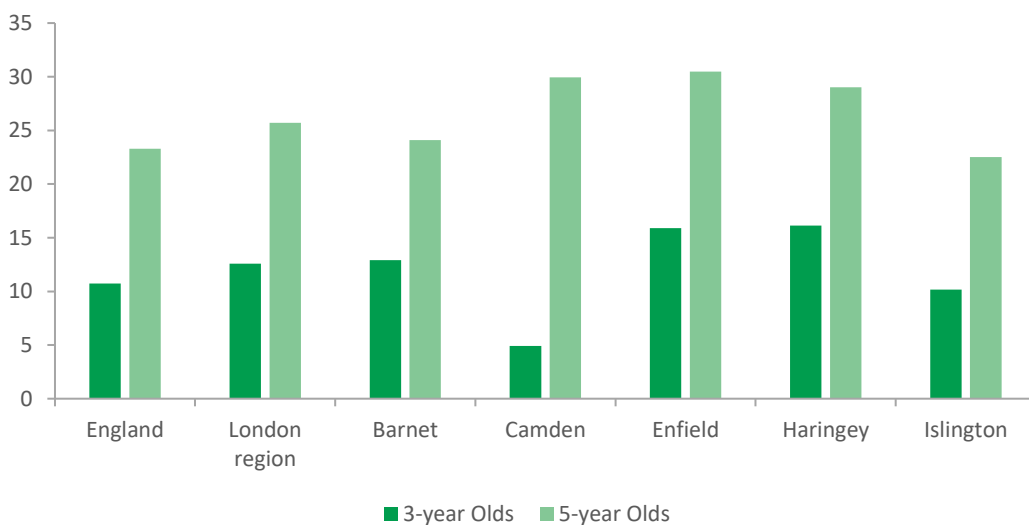
**Figure 14: Children with experience of visually obvious dental decay (%), 2018-19 (5 year olds) and 2019-20 (3 year olds)**



Source: OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

Camden has the lowest percentage of 3-year-old children with Decayed, Missing or Filled Teeth (DMFT) in NCL, which is lower than the London and England averages for 3-year-olds. Camden has a higher than the average percentage of 5-years olds with DMFT.

**Figure 15: Percentage of children with DMFT by borough**

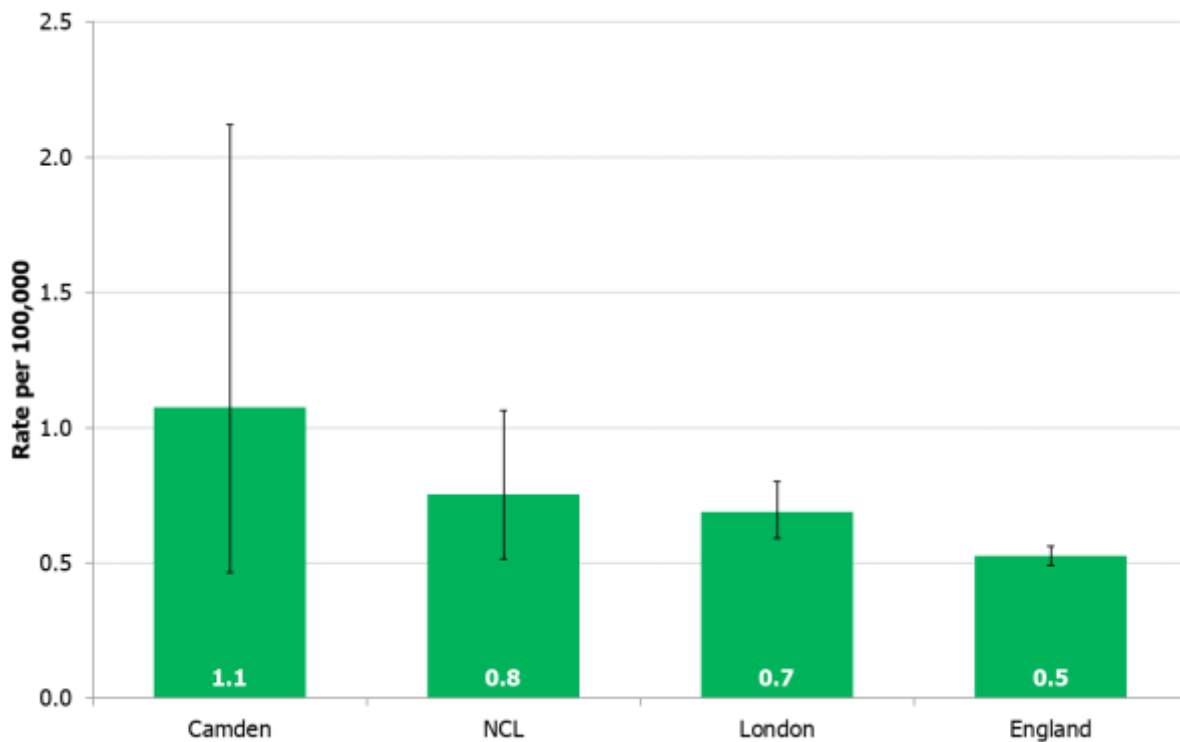


Source: Child & Maternal Health Profile from OHID (Child and Maternal Health – OHID (phe.org.uk)), January 2022

## 2.6.18 Hepatitis C

In 2017, Camden had the highest hepatitis C detection rate in NCL (88 per 100,000). This was significantly higher than the other NCL boroughs and was significantly higher than the England average. However, the rate of premature mortality from hepatitis C–related liver disease or hepatocellular carcinoma did not differ significantly in Camden when compared with the other NCL boroughs or the England average.

**Figure 16: Under-75 hepatitis C mortality rate per 100,000**



Source: OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

## 2.6.19 Sexual health

In 2020, the chlamydia detection rate in individuals aged 15–24 was 1,225 per 100,000, which was lower than the London and England averages. The overall rate of all new Sexually Transmitted Infection (STI) diagnoses in all ages was 1,209 per 100,000, which was significantly higher than the England average.

In 2019, the under-18 conception rate was 9 per 1,000, which was significantly lower than the London and England averages.



**Table 19: Sexual health data for Camden<sup>25</sup>**

Indicator	Age	Time period	Rate	Significant difference to London	Significant difference to England
Chlamydia detection rate/100,000	15–24	2020	1,225	Worse	Worse
All new STI diagnosis rate/100,000	All ages	2020	1,209	No significant difference	Better
Under 18s conception rate/1,000	Under-18	2019	9	Worse	Worse

### 2.6.20 Alcohol and drug use

The directly age-standardised rate of hospital admissions where the primary or secondary diagnosis was an alcohol-specific (wholly attributable) condition was 513 per 100,000 in 2020-21. This was lower than the England average but did not differ significantly from the London average.

- In 2018-19 it was estimated that 3,303 adults in Camden were dependent drinkers
- In 2016-17 it was estimated that 2,147 individuals aged 15–64 were opiate or crack cocaine users

<sup>25</sup> OHID. Public Health Profiles. [07/02/2022] <https://fingertips.phe.org.uk> © Crown copyright [2022]

## Section 3: NHS pharmaceutical services provision in Camden

### 3.1 Overview

There are a total of 63 contractors in Camden.

Type of contractor	Number
40-hour community pharmacies	58
100-hour community pharmacies	4
LPS	0
DSP	1
DAC	0
Dispensing GP practices	0
PhAS	0

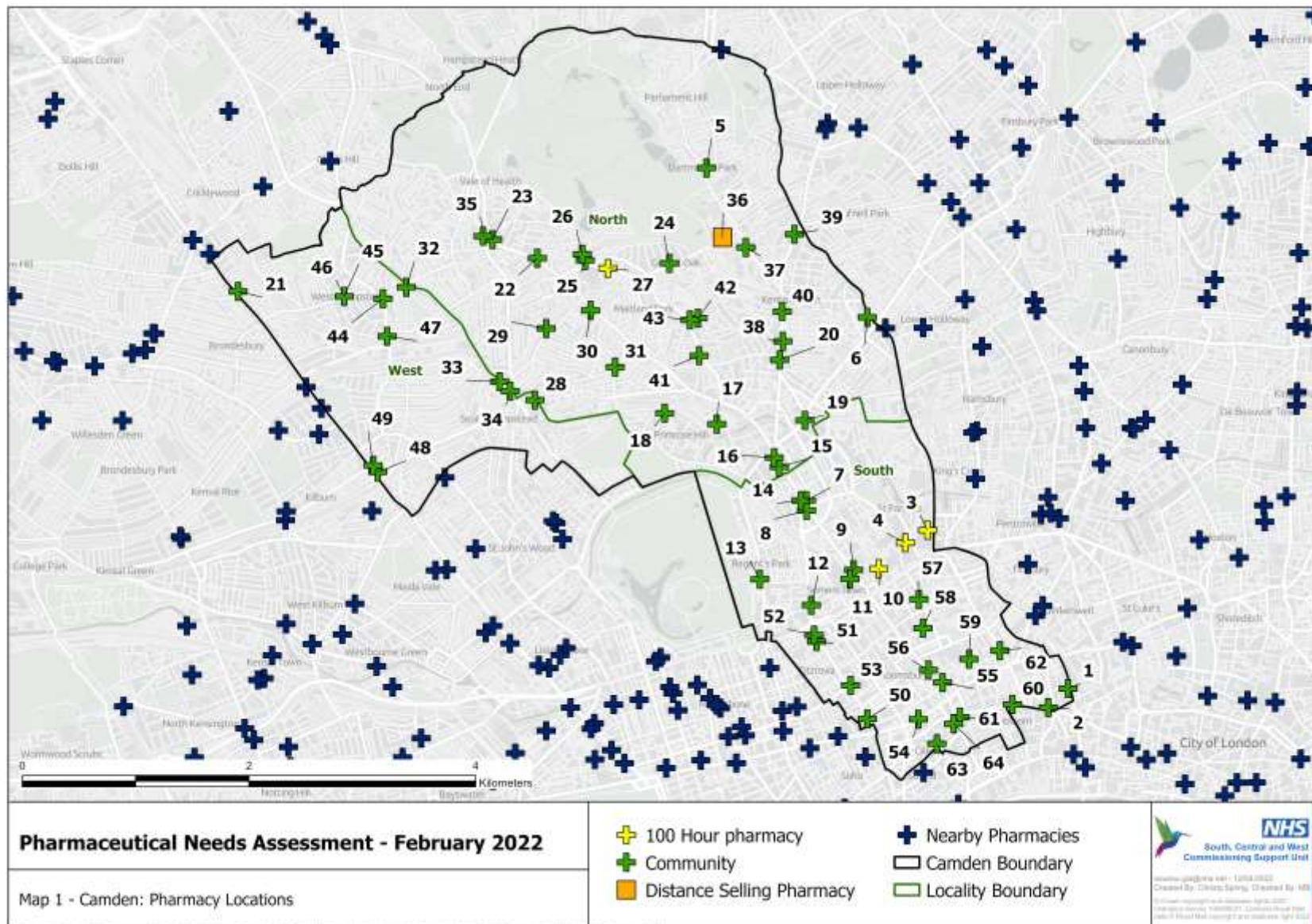
Where discussed, the total number of community pharmacies includes DSPs, i.e. 63 community pharmacies. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate to exclude the DSP from the analysis as they cannot or do not provide the service being discussed. This information will be annotated in the tables and made clear in the discussion.

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



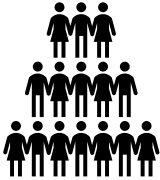
Figure 17 shows all contractor locations within Camden.

There have been no planned changes identified in providers of primary medical services, or the appointment of additional providers of primary medical services in Camden.

Figure 17: All contractors in Camden



### 3.2 Community pharmacies

<p>63 community pharmacies in Camden which includes one DSP</p> 	<p>276,041 population of Camden</p> 	<p>22.8 pharmacies per 100,000 population</p> 
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Correct as of March 2022

There are 63 community pharmacies in Camden. Since the previous PNA published in 2018, there has been a decrease in the number of community pharmacies in Camden from 67 to 63, and there has been the addition of a DSP.

There are now 22.8 community pharmacies (including DSPs) per 100,000 population in Camden, slightly higher than the England average of 20.5 community pharmacies per 100,000 population, and which has decreased slightly from 21.1 in 2018.

It should be noted NHS community pharmacy funding has been cut by 17% with five-year flat funding, i.e. not accounting for inflationary pressures. As a result, community pharmacies in Camden have closed and others are in acute financial distress.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas: Islington (18.1), City of London (136.7), Westminster (31.1), Brent (24.4), Barnet (17.1) and Haringey (21.0).

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

**Table 20: Number of community pharmacies per 100,000 population<sup>26</sup>**

	England	London	Camden
2020-21	20.5	20.9	22.8
2019-20	21.0	20.2	25.3
2018-19	21.2	20.7	27.0

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

<sup>26</sup> ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)

**Table 21: Breakdown of average community pharmacies per 100,000 population**

Locality	No of pharmacies (Dec 2021)	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population
North*	26*	132,985	18.8 (19.6 with DSP)
South	26	80,407	32.3
West	11	62,649	17.6
<b>Camden (2021)</b>	<b>63</b>	<b>276,041</b>	<b>22.8</b>
<b>London (2021)</b>	<b>1,873</b>	<b>8,965,488</b>	<b>20.9</b>
<b>England (2021)</b>	<b>11,636</b>	<b>56,760,975</b>	<b>20.5</b>

\* Data includes one DSP, which does not provide face-to-face services

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

### 3.2.1 Choice of community pharmacies

Table 22 shows the breakdown of community pharmacy ownership in Camden. The data shows that pharmacy ownership is at similar levels to those seen in the rest of London; Camden has a higher percentage of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Camden have a choice for the type of pharmacy provider they wish to use.

**Table 22: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Camden (2021)	32%	68%

### 3.2.2 Weekend and evening provision

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

Table 23 shows the percentage of Camden pharmacies open for 100 hours or more compared with regionally and nationally. Most 100-hour pharmacies are open late and at the weekends.

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

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
London	104 (5.5%)
Camden	4 (6%)
North	1 (4%)
South	3 (12%)
West	0

### 3.2.3 Access to community pharmacies

Community pharmacies in Camden are particularly located around areas with a higher density of population. A previously published article<sup>27</sup> suggests:

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

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

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

It should be noted that Camden's community pharmacies remained open to the public throughout the pandemic when other NHS services were unable to do so.

#### 3.2.3.1 Routine daytime access to community pharmacies

[Maps 2–6](#) show travel times to community pharmacies using a variety of options. How the travel time has been analysed can be found in Appendix J.

In summary:

- Walking: 99.7% of the population are within 15 minutes of a pharmacy (100% within 20 minutes)
- Driving off-peak: 99.4% of the population are within 5 minutes' drive of a pharmacy (100% within 10 minutes)
- Driving at peak: 98.3% are within 5 minutes' drive of a pharmacy (100% within 10 minutes)
- Public transport: approximately 98% can reach a community pharmacy within 10 minutes (afternoon is faster than morning). Up to 100% of people can reach a pharmacy within 15 minutes.

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<sup>27</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

### 3.2.3.2 Routine weekday evening access to community pharmacies

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

**Table 24: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, and on Saturday and Sunday**

Locality	Percentage of pharmacies open beyond 6.30 pm	Percentage of pharmacies open on Saturday	Percentage of pharmacies open on Sunday
Camden	37%	84%	26%
North	28%	84%	28%
South	46%	77%	27%
West	36%	100%	18%

### 3.2.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Camden, 84% are open on Saturdays, the majority of which are open into the late afternoon. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

### 3.2.3.4 Routine Sunday daytime access to community pharmacies

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

### 3.2.3.5 Routine bank holiday access to community pharmacies

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

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days so patients can easily access medication if required. The current Service-Level Agreements (SLAs) expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Camden there is the following coverage:

Pharmacy Republic, 100 Fleet Road, London NW3 2QX	Christmas Day and Easter Sunday: 08:00–23:00
	All other bank holidays 08:00–23:00
	Christmas Day and Easter Sunday: 10:00–18:00

Grafton Pharmacy, 132/132A Tottenham Court Road, London W1T 5AZ	All other bank holidays 10:00–14:00
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### 3.2.4 Advanced Service provision from community pharmacies

The information in Table 25, provided by NHSE&I, has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Please note, this is snapshot at a moment in time and therefore is likely to change as more providers sign up to provide services listed below.

Note: Community pharmacy C-19 LFD distribution service stopped on 1 April 2022, and the C-19 medicine delivery service stopped on 5 March 2022, at 23:59. These have therefore not been included in Table 25.

**Table 25: Providers of Advanced Services in Camden (2021-22) (number of pharmacies)**

Advanced Service	North (26)	South (26)	West (11)
NMS	65%	89%	91%
Community pharmacy seasonal influenza vaccination	62%	65%	82%
CPCS*	62%	81%	91%
Hypertension case-finding service	27%	15%	9%
Smoking cessation Advanced Service	4%	4%	0%

\*This includes CPCS and GP CPCS consultations

Based on the information provided, none of the community pharmacies in Camden have signed up to provide AUR, SAC or community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023). The hepatitis service has had a very low uptake nationally. However, it should be noted that for some of these services, such as AUR, pharmacies may still provide it without signing up to the service.

The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally (1%) and ten community pharmacies or DAC providers in London as of October 2021.

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

**Table 26: Advanced Service provision (percentage of providers currently providing)**

Advanced Service	England	London	Camden
NMS*	85%	81.5%	79%
Community pharmacy seasonal influenza vaccination	63.5%	67%	68%
CPCS and GP CPCS*	77%	71%	76%
Hypertension case-finding service**	5%	3%	3%
Community pharmacy hepatitis C antibody testing service*	0.1%	0.3%	0%
AUR*	0.3%	0.2%	0%
SAC*	8%	2.1%	0%



Source: NHS BSA Dispensing Data

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

\*\* Data taken from NHS BSA Nov–Dec 2021 dispensing data

The information in Table 26 provides details of the recorded activity of Advanced Service delivery in Camden in 2021-22 (over a seven-month period). It must be stressed that the impact of the C-19 pandemic will have affected this activity data in several ways:

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

New services such as CPCS are in place, but data shows low uptake nationally, which is based on referrals into the service.<sup>28</sup> A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>29</sup> This is improving, in particular for GP CPCS.

The new hypertension case-finding service started in October 2021. Activity data is still low nationally, regionally and in Camden. The hypertension service was delayed due to delays in delivery of the ABPM machines required to operate the service. This was especially acute in the London region where demand was particularly high. Three contracts outside of London received their ABPM machines before London-based pharmacies, which would explain a more delayed start.

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

To date, there has been no data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally). There was a delay in introducing these services due to the C-19 pandemic.

### **3.2.5 Enhanced Service provision**

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I ([Section 1.3](#)). Therefore, any Locally Commissioned Services (LCS) commissioned by CCGs or the local authority are not considered here. They are outside the scope of the PNA but are considered in [Section 4](#).

There are currently four Enhanced Services commissioned in Camden.

- Delivery of the C-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic.

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<sup>28</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

<sup>29</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

- NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in Camden. This Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts.
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days so patients can easily access medication if required.
- Coverage on all other remaining bank holidays to ensure that there are pharmacies open on these days so patients can easily access medication if required.

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

There are no DACs in Camden, however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 21 responses to this question, and 13 of them reported that they provide all appliances. It is difficult to extrapolate this data over the 62 community pharmacies in Camden.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Camden. There were 112 DACs in England in 2020-21.

There are currently no identified plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or DACs.

### **3.4 Distance-Selling Pharmacies (DSPs)**

There is one DSP in Camden (in North locality) that has opened since the 2018 PNA.

- Hasscon Pharmacy, Room 34, Spectrum House, 32-34 Gordon House Road, London NW5 1LP

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, average items dispensed per month from DSPs nationally has increased by 16%. Of items prescribed in Camden, 2.33% are dispensed by DSPs.

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

There are no LPS pharmacies in Camden.

### **3.6 Dispensing GP practices**

There are no dispensing GP practices in Camden.

### **3.7 PhAS pharmacies**

There are no PhAS pharmacies in Camden.

### 3.8 Pharmaceutical service provision provided from outside Camden HWB area

Camden is bordered by six other HWB areas: Islington, City of London, Westminster, Brent, Barnet and Haringey. As previously mentioned, like the rest of London, Camden has good transport links. As a result, it is anticipated that many residents in Camden will have adequate access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Camden by which Camden residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Camden boundaries and are marked in Figure 17. Further analysis of cross-border provision is undertaken in [Section 6](#).

A list of top ten community pharmacies within easy access of Camden locality borders providing services are listed in Table 27.

**Table 27: Community pharmacies providing services to Camden residents**

Community pharmacy*	Address	Postcode
Hodgetts Chemist	79 Abbey Road, St John's Wood, London	NW8 0AE
Day Lewis	271-273 Kilburn High Road, Kilburn, London	NW6 7JR
Kings Pharmacy	343 Kilburn High Road, Kilburn, London	NW6 7QB
Arkle Pharmacy	39 Junction Road, London	N19 5QU
Bliss	50-56 Willesden Lane, Kilburn, London	NW6 7SX
Pharmacy2u	Unit 4b, Victoria Road, Leeds	LS14 2LA
York Pharmacy	York House, Unit 4, 400-404 York Way, London	N7 9LW
Hyperchem Limited	146 Willesden Lane, Willesden, London	NW6 7TH
Pitchkins and Currans	Unit 2, 45-47 Elgin Avenue, Maida Vale, London	W9 3PP
Well	11/13 Junction Road, London	N19 5QT

\* including DSPs

## Section 4: Other services that may affect pharmaceutical services provision

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

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

There were three responses from the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned or willingness to commission them. From the responses received there was a willingness to consider commissioning the following examples of services:

- Contraceptive service
- Emergency supply service
- Independent prescribing service
- Screening services for:
  - Hepatitis
  - Gonorrhoea

The services commissioned from community pharmacy contractors in Camden by the Local Authority (LA) and CCG are listed in Table 28. Privately funded services are not listed and are out of scope of the PNA.

**Table 28: Commissioned services from community pharmacies in Camden**

Commissioned service	CCG-commissioned service	LA-commissioned service
Emergency Hormonal Contraception (EHC)		x
Come Correct Condom Distribution (C-Card) service		x
Needle exchange		x
Camden and Islington Stop Smoking Service		x
Supervised self-administration		x
Nasal naloxone distribution (pilot)		x
Supply of End of Life (EoL) medicines	x	
Self-Care Pharmacy First	x	
Medicine Reminder Device (MRD)	x	

### 4.1 Local authority-commissioned services provided by community pharmacies in Camden

LBC commissions six services from community pharmacies.

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

#### **4.1.1 Emergency Hormonal Contraception (EHC)**

The service can be provided to female clients aged 13–24 (inclusive) requesting EHC following an incident of unprotected sexual intercourse or failure of a contraceptive method, with the aim of preventing unplanned pregnancy. This service must be provided in line with the criteria specified by the Patient Group Direction (PGD) for the provision of EHC.

The service provides EHC under a PGD for Levonorgestrel and Ulipristal.

In Camden, 21 pharmacies (33%) provide the EHC service.

#### **4.1.2 Come Correct Condom Distribution (C-Card) service**

The C-Card is delivered by 13 pharmacies (21%) in Camden in conjunction with the EHC service for young people in all boroughs. The C-Card scheme is a pan-London scheme for 13–24-year-olds who can collect condoms and lube as well as seeking sexual advice and guidance. There are hundreds of sites across London, including pharmacies, youth centres, sexual health clinics and student centres that young people can go to for the C-Card service. It is completely free in Camden and for young people to participate in, from the training to the supply of condom packs. The service runs training for staff, support workers and community leaders regularly, and can run more if the demand arises.

Additionally, the newly commissioned Young People Sexual Health service provider will assume their responsibilities from 1 July 2022 and plans to make contact with all sites and engage with new sites to offer support, training and supplies. Wider communications will be sent to young people with information on how they can access support and condoms.

#### **4.1.3 Needle and Syringe Exchange (NEX) service**

The provision of NEX services alongside Opiate Substitution Treatment (OST) is the most effective way of reducing the transmission of blood-borne viruses including hepatitis C, and other infections caused by sharing injecting equipment.

The most recently available statistics (2017-18) estimate there are around 1,737 opiate drug users in Camden (56% of all estimated opiate and/or crack users in Camden).

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

Community-based NEX will provide access to sterile needles and syringes, and sharps containers for return of used equipment. Where agreed locally, associated materials, for example condoms, citric acid and swabs, to promote safe injecting practice and reduce transmission of infections by substance misusers, will be provided.

In Camden, 22 pharmacies (35%) provide the NEX service.

#### **4.1.4 Supervised self-administration**

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

The aim of the service is to ensure individual client compliance with the agreed treatment plan for opiate dependence by:

- Dispensing of OST in specified instalments and when appropriate as takeaway doses. **NB:** Doses may be dispensed for the patient to take away to cover days when the pharmacy is closed and in agreement with the OST provider.
- Ensuring each supervised dose is correctly consumed on site by the patient for whom it was intended.

In Camden, supervised self-administration service is provided by 41 pharmacies (65%).

#### **4.1.5 Nasal naloxone distribution (pilot)**

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

This service is provided from two pharmacies in Camden, both in South locality.

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

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

In Camden, two community pharmacies (3%) provide the pilot nasal naloxone distribution service.

#### **4.1.6 Camden and Islington Stop Smoking Service**

Smoking remains the leading cause of preventable premature death, disease, disability and health inequalities in this country. It is increasingly concentrated in more disadvantaged and socially marginalised groups and is the main contributor to health inequality in England and locally.

Quality and Outcomes Framework data indicates that there are 35,903 people smokers in Camden aged 15 and over, a prevalence of 15% of the adult population in Camden (GP dataset, 2022). Recent estimates from the national Annual Population Survey 2019 suggest a prevalence of 12% in Camden (18 or over) and from the GP Patient Survey, 18% are active smokers.

The Camden and Islington Stop Smoking Service ('Breathe') offers people who would like to stop smoking the opportunity to access three tiers of support according to their lifestyle and individual preferences. The service is e-cigarette friendly and offers support to people wishing to stop smoking with the help of self-purchased e-cigarettes. The individual smoker can access the level of service they believe they need in a variety of ways that suit their lifestyle or personality. Smokers are able to move between different tiers of the service until they find the level of support that enables them to stop smoking for good.

The three tiers are:

- Tier 1: Self-support through online or app-based information and printed media, to those who want to quit without face-to-face professional help
- Tier 2: Brief support: a clinical service with appropriate medication provided by trained professionals in community settings
- Tier 3: Specialist support: a clinical service of intensive face-to-face behavioural support alongside optimum medication, for smokers who are highly dependent on nicotine and who are likely to have had multiple failed quit attempts and/or multiple/complex needs.

The Tier 3 specialist service is delivered solely by Breathe Stop Smoking Service.

Community pharmacies provide a Tier 2 LCS. Providers may offer a Tier 2 service to any eligible smoker, that is any smoker motivated to quit who is aged 13 years or over and lives, works or studies in Camden, and/or is registered with a Camden GP. The Tier 2 service consists of evidence-based stop smoking behavioural support and pharmacotherapy (Nicotine Replacement Therapy, NRT), with the client's smoking status recorded at 4 weeks (25–42 days) after their set quit date.

In Camden, 43 community pharmacies (68%) provide the locally commissioned stop smoking service.

## **4.2 CCG-commissioned services**

NCL CCG commissions three services from community pharmacies in Camden. There are no plans for the introduction of other services commissioned by the CCG. This may change once CCGs dissolve and ICBs are established.

### **4.2.1 Supply of End of Life (EoL) medicines**

NCL CCG commissions this service.

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

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

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

In Camden, three community pharmacies (5%) provide the EoL medicines service.

#### **4.2.2 Self-Care Pharmacy First**

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

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

- Currently, the pilot scheme is available for socially vulnerable patients in Camden, who are unable to purchase over-the-counter medicines due to low income and so may not be able to afford to self-care. The aim of the scheme is to provide timely access to supply of medicines for the management of minor health conditions.
- The scheme will support GPs with the implementation of the NHSE&I guidance and make better use of community pharmacies, whilst ensuring that the most deprived sections of the population receive the advice and treatment they need.
- The scheme helps to address inequalities and supports vulnerable populations given the worsening cost of living crisis.
- The scheme is provided by 22 community pharmacies (35%) in Camden. Patients who usually make an appointment to see their GP for minor conditions can instead visit their pharmacy to receive advice and treatment.

#### **4.2.3 Medicine Reminder Device (MRD)**

NCL CCG commissions this service.

The pharmacy will assess the person's knowledge and use of their medicines and the appropriate level or kind of support, if any, required by the person to help them take their medicines as intended. If support is necessary, the pharmacist will agree with the person or carer the appropriate level or kind of support.



The pharmacy may provide advice, support and assistance to the person with a view to improving the patient's knowledge and use of their drugs and their compliance or may need to refer them to another health or social care professional. Pharmacy support could include compliance charts, screw-top closures, Medication Administration Record (MAR) charts, labelling medicines in large fonts and multi-compartment compliance aids.

CCGs are to be replaced by ICBs as part of ICSs. It is anticipated for Camden that NCL ICS will take on the delegated responsibility for pharmaceutical services from July 2022 from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall under the definition of Enhanced Services.

In Camden, 17 community pharmacies (27%) provide the MRD service.

### **4.3 Collection and delivery services**

Collection and delivery services are non-commissioned services

Many pharmacies offer collection of prescriptions from the resident's GP practice and delivery of dispensed medicines to the resident's home.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Camden, and there 372 throughout England. Free delivery of appliances is also offered by DACs.

[Section 5](#) discusses findings from the contractor questionnaire about collection and delivery services.

### **4.4 Services for disabled people or people with mobility conditions**

Under the Equality Act 2010,<sup>30</sup> community pharmacies are required to make reasonable adjustments to their services to ensure they are accessible by all groups, including less-abled persons. [Section 5](#) discusses findings from contractor questionnaire about accessibility.

### **4.5 GP practices providing extended hours**

There are a number of GP practices in Camden that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The most common late opening evening is a Monday, and usually the latest opening time is 8 pm. Details may be found in Appendix A.

Extended access hubs are located at:

- Somers Town Medical Centre, 77-83 Chalton Street, London NW1 1HY
- Caversham Group Practice, 4 Peckwater Street, London NW5 2UP
- Brondesbury Medical Centre, 279 Kilburn High Road, London NW6 7JQ
- Swiss Cottage, 2-4 Winchester Road, London NW3 3NT

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<sup>30</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

## 4.6 Other providers

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

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

- University College London Hospital, 235 Euston Road, London NW1 2BU
- Royal Free London, Pond Street, London NW3 2QG

**Urgent Care Centres:**

- University College London Hospital, 235 Euston Road, London NW1 2BU
- Royal Free London, Pond Street, London NW3 2QG

**Walk in Centres** – residents of Camden have no access to a walk-in centre, but there is a minor injuries unit:

- University College London Hospital, 235 Euston Road, London NW1 2BU

**Mental health units** – residents of Camden can access mental health services:

- Camden and Islington Mental Health Trust, 4 St Pancras Way, London NW1 0PE

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

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

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

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

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

## Section 5: Findings from the questionnaires

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

- Residents via all pharmacy contractors in Camden
- Camden & Islington newsletters
- LBC staff
- Residents via social media, websites, e-newsletters
- Camden website (Accessing local health services – Camden Council)
- Libraries in Camden
- Charity, voluntary sector and local groups, for onward distribution to their members

There were only 81 responses from a population of over 275,000, so the findings should be interpreted with some care regarding the representation of the community as a whole.

### 5.1 Demographics of respondents:

Table 29 provides some demographic analysis of respondents.

**Table 29: Demographic analysis of the community pharmacy user questionnaire respondents**  
**Sex:**

Male	Female
35%	65%

#### Age:

Under 16	16–24	25–44	45–64	65+	Prefer not to say
0%	0%	10%	41%	46%	3%

#### Illness or disability:

Yes	No
66%	23%

- Only 35% of respondents were male, although Camden population is 51.1% male.
- The ethnicity of the Camden population is outlined in [Section 2.6.8](#). When the questionnaire responses are compared with the population demographics:
  - The majority (74%) of the responses were from respondents describing themselves as being 'White': the Camden population is 66% 'White'
  - There was only one response from a respondent reporting that they were in the group of Black or Black British, although this group makes up 7% of the Camden population
  - 18% of the Camden population is in the group Asian or Asian British, but only 8% of the responses were from that group
- Only 10% of the responses were from people aged 44 or under, although they make up over 60% of the Camden population.
- 68% of respondents considered themselves as suffering from an illness or have a disability.

## 5.2 Visiting a pharmacy

- 91% have a regular or preferred pharmacy; 5% use a combination of traditional and internet pharmacy; none prefer to use internet/online only
- 73% have been in contact with their pharmacy once a month or more frequently for themselves in the past six months
- 85% found it very easy/fairly easy to speak to their pharmacy team during the 18 months of the C-19 pandemic
- 65% of residents rated 9 out 10 or 10 or 10 on community pharmacies meeting resident's need (1 = Poorly and 10 = Extremely well)

## 5.3 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (very/extremely Important)
Quality of service	91%
Convenience	90%
Accessibility	39%
Availability of medication	96%

## 5.4 Mode of transport to a community pharmacy

The main way respondents access a pharmacy is:

- Walking – 78%
- Public transport – 6%
- Car – 5%
- Use a delivery service – 2%
- Bicycle – 1%

## 5.5 Time to get to a pharmacy

≤30 mins	≤15 mins
100%	86%

- 86% (60 of 70 replies) report no difficulty in travelling to a pharmacy
- Of the ten respondents reporting any difficulty, four report difficulty in travelling to a pharmacy due to parking; and one suggests that the distance to or the location of the pharmacy was a problem. Five respondents stated other reasons for difficulty, such as mobility issues and lack of wheelchair access.

## 5.6 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Of note: over 96% of respondents suggest that the pharmacy is open on a convenient day and 99% at a time convenient to them

## 5.7 Service provision from community pharmacies

There was generally good awareness of Essential Services provided from community pharmacies (many over 90%), with the exception of the DMS (33%). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware due to the lack of need or perceived need.

Table 30 shows the **awareness** of respondents for a selection of services and a second column that identifies the percentage that would **wish to see** the service provided.

**Table 30: Awareness of services**

Advanced Service	% of respondents who were aware	% of respondent who would wish to see provided
C-19 LFD distribution	89%	85%
Flu vaccination	86%	94%
Stop smoking	57%	67%
C-19 vaccination	56%	85%
NMS	46%	66%
Condom distribution, emergency contraception	44%	70%
Supervised consumption	40%	56%
DMS*	33%	83%
Needle exchange	32%	53%
CPCS	27%	76%
Chlamydia testing/treatment (STIs)	19%	55%
Access to palliative care medicines	18%	70%
Hepatitis C testing	5%	48%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination. This was also demonstrated by the Pharmacy Insights Report as described in [Section 2.4](#). Respondents indicated that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a NEX service).

As part of the community pharmacy contractor questionnaire, found in Appendix E, the 26 respondents were asked to indicate which from a range of services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they would be willing to provide services if they were commissioned, such as an inhaler recycling service, to support the wider NHS agenda on reducing carbon footprint.

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

## **5.8 Collection and delivery services**

From the pharmacy contractor questionnaire, up to 66% of community pharmacies provided free home delivery services on request. Both groups often noted restrictions on areas and/or to which specific patient groups they offered free delivery. It should be noted that 21 (of 63) community pharmacies responded to this question.

Of pharmacies who responded, 84% (16) offer to collect prescriptions from GP surgeries on behalf of their patients.

From the public questionnaire, 70% of respondents were aware that their community pharmacy offered home delivery and prescription collection service.

## **5.9 Provision of services to nursing and residential care homes**

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire indicate that currently no one provides a service to care homes commissioned via the CCG or local authority, but 50% (9) indicate they would be willing to provide one if commissioned.

## **5.10 Language services**

There were 20 responses to this question in the contractor questionnaire. The most common responses were Gujarati (13), Hindi (12), Bengali (7) and Swahali (6).

If commissioned, 59% (10) would be willing to provide a language service.

## **5.11 Services for disabled people or people with mobility conditions**

From those who responded to the contractor questionnaire, 79% (19) provide wheelchair access to the consultation room. Of respondents to the public questionnaire, 36% (29) were aware that there is a consultation room that is fully accessible.

## **5.12 Electronic Prescription Service (EPS)**

All practices are enabled to provide the EPS. Of respondents to the public questionnaire, 58% reported that their GP can send prescriptions to their chosen pharmacy via an EPS.

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

### 6.1 Pharmaceutical services and health needs

[Section 2](#) discusses the Camden JSNA, the JHWS, Camden and Islington Pharmacy Insights Report and other local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

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

To note: there have been temporary changes to the service requirements within the NHS CPCF that were introduced during the C-19 pandemic. The changes were agreed by PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched. These services are temporary, with the Advanced Services now stopped, but it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the C-19 pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>31</sup>

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

#### 6.1.1 Camden health needs

Causes of ill health in Camden are discussed in [Section 2](#) of this document and more information can be found on the JSNA website.

Some of the key areas are as follows:

- HLE is 64.6 for males, which is not significantly different from the London and England averages. HLE for females is 66.8, which does not differ significantly from the London and England averages.
- Overall all-cause, all-age mortality in 2020 was 697 per 100,000. This was significantly lower than the London and England averages.
- Under-75 all-cause mortality was 292 per 100,000, which was significantly lower than the London and England averages.
  - Excess deaths did not differ significantly from the London and England averages
  - Under-75 cancer mortality was lower than the London and England averages

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<sup>31</sup> PSNC. PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- Under-75 CVD mortality was lower than the England average
- Under-75 respiratory mortality did not differ significantly from the London and England averages
- Smoking prevalence in adults according to the GP Patient Survey ([Section 2.6.15](#)) was 18%, which was significantly higher than the London and England averages.
- Flu (and C-19) vaccination uptake in Camden was lower than the NCL average and lower than the average seen in England.
- Camden has a higher Hep C detection rate than England average. Within NCL it is the highest in Camden.
  - Premature mortality from Hep C-related liver disease in Camden is also substantially higher than the England average.

### **6.1.2 Camden Joint Health and Wellbeing Strategy (JHWS)**

Camden's JHWS 2021-2030 sets out the shared principles, long-term ambitions and short-term priorities of the HWB for improving health and wellbeing and reducing health inequalities in Camden.

It is the HWB that provides strategic leadership for the Integrated Care Partnership by bringing together the council, the NHS, voluntary and community sectors to do the following:

- Tackle inequalities
- Support the integration of health and care services
- Improve health and wellbeing of local people

### **6.1.3 Priorities from the NHS Long Term Plan (LTP)**

[Section 2.1](#) details the priorities from the NHS LTP.

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

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



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

Community pharmacy also has an important role in optimising the use of medicines, and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

## **6.2 PNA localities**

There are 63 community pharmacies in Camden. Individual pharmacy opening times are listed in Appendix A.

This includes one DSP in North locality, but it is not open on weekends and there are no additional services provided, and therefore it has a limited impact on service provision in Camden, which is reflected in the narrative. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet.

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

- North
- South
- West

Limited health needs data is presented at locality level and the impact on community pharmacy services is therefore discussed in [Section 6.4](#) covering the whole of the Camden population.

Just under half (37%) of community pharmacies in Camden are open weekday evenings (after 6.30 pm) and a majority on Saturdays (84%). A number are also open on Sundays (26%). There is a much higher than national ratio of independent providers to multiples, providing a good choice of providers to local residents (national average is 40% independent providers versus 64% in Camden based on 2021-22 figures).

**Table 31: Number and type of contractor per locality**

Opening times	North (25)^	South (26)	West (11)
100-hour pharmacy	1 (4%)	3 (12%)	0
After 18:30 weekday	7 (28%)	12 (46%)	4 (36%)
Saturday	21 (84%)	20 (77%)	11 (100%)
Sunday	7 (28%)	7 (27%)	2 (18%)
DSP^	1	0	0
<b>Total dispensaries</b>	<b>26</b>	<b>26</b>	<b>11</b>

^ The DSP is not open in the evening or weekends

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

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

NHSE Advanced or Enhanced Service	North (25)^	South (26)	West (11)
NMS	17 (68%)	23 (89%)	10 (91%)
CPCS	16 (64%)	22 (85%)	10 (91%)
Flu vaccination	16 (64%)	17 (65%)	9 (82%)
SAC	None	None	None
AUR	None	None	None
Hypertension case-finding service	7 (28%)	4 (15%)	1 (9%)
Smoking cessation Advanced Service	1 (4%)	1 (4%)	0
Hep C testing	None	None	None
C-19 vaccination*	3 (12%)	2 (8%)	3 (27%)
London Vaccination*	Service delivered, but no provider information	Service delivered, but no provider information	Service delivered, but no provider information

\* Enhanced

^ The DSP does not provide any of these services and is not included in the discussion

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

**Table 33: Provision of Locally Commissioned Services (CCG and LA), (number of pharmacies)**

LCS	North (25)^	South (26)	West (11)
CCG – Supply of EoL medicines	2 (8%)	1 (4%)	0
CCG – Self-Care Pharmacy First	10 (40%)	9 (35%)	3 (27%)
CCG – MRD	7 (28%)	6 (23%)	4 (36%)
LA – EHC	11 (44%)	7 (27%)	3 (27%)
LA – C-Card service	7 (28%)	4 (15%)	2 (18%)
LA – NEX	10 (40%)	7 (27%)	5 (46%)
LA – Camden and Islington Stop Smoking Service	15 (60%)	21 (81%)	7 (64%)
LA – Supervised self-administration	17 (68%)	16 (62%)	8 (73%)
LA – Nasal naloxone distribution (pilot)	0	2 (8%)	0

^ The DSP does not provide any of these services and is not included in the discussion

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

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

For the purposes of the PNA Necessary Services for Camden are:

#### All **Essential** Services

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

- CPCS
- NMS
- Flu vaccination
- AUR
- SAC
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking Cessation Advanced Service

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

#### **Enhanced** Services in Camden:

- C-19 vaccination
- London Vaccination Service
- Bank holiday service
- Christmas Day and Easter Sunday services

## 6.2.1 Population

The latest 2020 estimates for Camden population is 276,041. Between 2022 and 2027, North locality is projected to see the largest increase in the proportion of residents aged 65+. South locality is projected to see an increase of around 5,000 individuals between 2022 and 2027. West locality is projected to see a decrease in the proportion of under-18s from 15% to 14% over the next five years, whereas the proportion of residents aged 65+ is projected to increase from 12% to 13%. The life-span of this PNA is three years to 2025; an assumption of linear growth of the population by approximately 6,400 people has been applied.

There is a planned growth of just over 16,000 new households between 2022 and 2032. An assumption has been made that there will be approximately 10,000 new households in the lifespan of the PNA.

## 6.2.2 North

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

### 6.2.2.1 Necessary Services: current provision

North locality has a population of 132,985.

There are 26 community pharmacies in this locality (including one new DSP since the last PNA) and the estimated average number of community pharmacies per 100,000 population is 18.8, lower than the Camden (22.8) and England (20.5) averages ([Section 3.2](#), Table 21). Of the 25 pharmacies, 24 hold a standard 40-core hour contract while one holds a 100-core hour contract.

The DSP is not open on evenings or weekends and there are no additional services provided: therefore has a limited impact on service provision in the locality of the wider borough; this is reflected in the discussion.

Of the 25 pharmacies:

- 7 pharmacies (28%) are open after 6.30 pm on weekdays
- 21 pharmacies (84%) are open on Saturdays
- 7 pharmacies (28%) are open on Sundays

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

### 6.2.2.2 Necessary Services: gaps in provision

There is a projected growth in population in the locality over the lifetime of the PNA, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would only drop by a very small margin to 18.5 with this population growth.

Projected population changes:

Locality	2022	2025	Change
North	132,985	134,945	1,960 (1.5%)

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

Generally, there is good provision of Necessary Services across the whole locality to ensure the continuity of provision to any potential new developments.

Camden HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

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

#### 6.2.2.3 Other relevant services: current provision

Table 32 shows the pharmacies providing Advanced and Enhanced Services in North – it can be seen that there is generally good availability of NMS, CPCS and flu vaccination in the locality, with over two-thirds of the pharmacies providing these services. Hypertension case-finding, hepatitis C testing and stop smoking provision is lower, however at the time of writing these services are just being introduced and more pharmacies may sign up.

Regarding access to **Enhanced Services**:

- 3 pharmacies (12%) provide the C-19 vaccination service
- Pharmacies have signed up to provide the London Vaccination Service, however the number and location was unavailable at the time of writing

Regarding access to **Locally Commissioned Services** within the 26 pharmacies:

- 2 pharmacies (8%) provide supply of EoL medicines service
- 10 pharmacies (40%) provide the Self-Care Pharmacy First service
- 7 pharmacies (28%) provide MRD
- 11 pharmacies (44%) provide the EHC service
- 7 pharmacies (28%) provide the C-Card service
- 10 pharmacies (40%) provide needle exchange
- 15 pharmacies (60%) provide the smoking cessation Advanced Service
- 17 pharmacies (68%) provide supervised self-administration

#### 6.2.2.4 Improvements and better access: gaps in provision

There is provision of all of the LCS from community pharmacies within North locality (with the exception of the nasal naloxone pilot).

Health information provided in [Section 2](#) is not broken down by locality; [Section 6.4](#) discusses improvements and better access across the whole of Camden.

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

**No gaps have been identified that if provided either now or in the future, would secure improvements or better access to Advanced Services across the North locality.**

### 6.2.3 South

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

#### 6.2.3.1 Necessary Services: current provision

South locality has a population of 80,457.

There are 26 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 32.2, which is significantly higher than the Camden (22.8) and England (20.5) averages ([Section 3.2](#), Table 21). Of these pharmacies, 23 hold a standard 40-core hour contract while three hold a 100-core hour contract.

Of the 26 pharmacies:

- 12 pharmacies (46%) are open after 6.30 pm on weekdays
- 20 pharmacies (77%) are open on Saturdays
- 7 pharmacies (27%) are open on Sundays

#### 6.2.3.2 Necessary Services: gaps in provision

There is projected growth in population in the South locality over the lifetime of the PNA (the highest growth in Camden), although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would only drop by a small margin to 31.0 with this population growth, which would still be considered a high ratio.

Projected population changes:

Locality	2022	2025	Change
South	80,407	83,896	3,489 (4.3%)

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

Generally, there is very good provision of Necessary Services across the whole locality to ensure the continuity of provision to any potential new developments.

Camden HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.

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

### **6.2.3.3 Other relevant services: current provision**

Table 32 shows the pharmacies providing Advanced and Enhanced Services in South locality – there is good availability of NMS, CPCS, and flu vaccination in the locality. The number of hypertension case-finding, hepatitis-C testing and stop smoking providers is low, however, at the time of writing, these services are just being implemented and more pharmacies may sign up.

Regarding access to **Enhanced Services**:

- 2 pharmacies (8%) provide the C-19 vaccination service
- Pharmacies have signed up to provide the London Vaccination Service however the number and location was unavailable at the time of writing

Regarding access to **Locally Commissioned Services** within the 26 pharmacies:

- 1 pharmacy (4%) provides supply of EoL medicines service
- 9 pharmacies (35%) provide the Self-Care Pharmacy First service
- 6 pharmacies (23%) provide MRD
- 7 pharmacies (27%) provide the EHC service
- 4 pharmacies (15%) provide the C-Card service
- 7 pharmacies (27%) provide needle exchange
- 21 pharmacies (81%) provide the smoking cessation Advanced Service
- 16 pharmacies (62%) provide supervised self-administration
- 2 pharmacies are participating in the nasal naloxone distribution pilot

### **6.2.3.4 Improvements and better access: gaps in provision**

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

Health information provided in [Section 2](#) is not broken down by locality; [Section 6.4](#) discusses improvements and better access across the whole of Camden.

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

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across South locality.**

#### 6.2.4 West

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

##### 6.2.4.1 Necessary Services: current provision

West locality has a population of 62,649.

There are 11 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 17.6, which is lower than the Camden (22.8) and England (20.5) averages ([Section 3.2](#), Table 21). Of these pharmacies, all 11 hold a standard 40-core hour contract.

Of the 11 pharmacies:

- 4 pharmacies (36%) are open after 6.30 pm on weekdays
- All pharmacies are open on Saturdays
- 2 pharmacies (18%) are open on Sundays

##### 6.2.4.2 Necessary Services: gaps in provision

There is a small projected growth in population in the South locality over the lifetime of the PNA and as such it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would only drop by a small margin to 17.3 with this population growth.

Projected population changes:

Locality	2022	2025	Change
West	62,649	63,639	990 (1.6%)

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

Generally, there is good provision of Necessary Services across the whole locality to ensure the continuity of provision to any potential new developments and expected population growth.

Camden HWB will continue to monitor pharmaceutical service provision to ensure there is capacity to meet potential increases in service demand.



**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across West locality.**

#### **6.2.4.3 Other relevant services: current provision**

Table 32 shows the pharmacies providing Advanced and Enhanced Services in West – there is excellent availability of NMS, CPCS and flu vaccination in the locality. The hypertension case-finding, hepatitis-C testing and stop smoking services have been recently implemented and, while numbers are low, more pharmacies may sign up.

Regarding access to **Enhanced Services**:

- 3 pharmacies (27%) provide the C-19 vaccination service
- Pharmacies have signed up to provide the London Vaccination Service however the number and location was unavailable at the time of writing

Regarding access to **Locally Commissioned Services** within the 11 pharmacies:

- 3 pharmacies (27%) provide the Self-Care Pharmacy First service
- 4 pharmacies (36%) provide MRD
- 3 pharmacies (27%) provide the EHC service
- 2 pharmacies (15%) provide the C-Card service
- 5 pharmacies (46%) provide needle exchange
- 7 pharmacies (64%) provide the smoking cessation Advanced Service
- 8 pharmacies (73%) provide supervised self-administration

#### **6.2.4.4 Improvements and better access: gaps in provision**

There is provision of all of the LCS from community pharmacies within West locality (excluding EoL medicines and the nasal naloxone pilot). The EoL medicines supply service is generally commissioned to provide the service on a borough-wide basis.

Health information provided in [Section 2](#) is not broken down by locality; [Section 6.4](#) discusses improvements and better access across the whole of Camden.

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

**No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across West locality.**

### 6.3 Necessary Services: gaps in provision

For the purposes of the PNA **Necessary** Services for Camden are:

- All **Essential** Services

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

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

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

- The health needs of the population of Camden from the JSNA, Camden JHWS and nationally from the NHS LTP
- The map showing the location of pharmacies within Camden ([Section 3.1](#), Figure 17)
- Population information ([Section 2.6](#)) including specific populations
- Access to community pharmacies via various types of transport ([Section 3.1](#)). From the maps provided, the travel times to community pharmacies were:
  - Driving: 99.4% of the population can drive to a pharmacy within 5 minutes off-peak and 98.3% within 5 minutes during peak times (100% within 10 minutes peak or off-peak)
  - Public transport: 98% of the population can reach a pharmacy within 10 minutes morning or afternoon (100% within 15 minutes)
  - Walking: 99.7% of the population can walk to a pharmacy within 15 minutes (100% within 20 minutes)
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of Camden (Appendix A)
- Service provision from community pharmacies and DSPs (Appendix A)
- The choice of pharmacies covering each of the three PNA localities and the whole of Camden (Appendix A)
- Results of the public questionnaire (Appendix D and [Section 5](#))
  - 91% have a regular or preferred pharmacy
  - 73% have visited a pharmacy once a month or more for themselves in the previous six months
  - The main ways reported that patients access a pharmacy are:
    - Walking – 78%
    - Public transport – 6%

- Driving – 5%
  - 86% report no difficulty in travelling to a pharmacy
    - Of the 10 respondents reporting difficulty travelling, 4 identified a lack of parking
  - 96% of respondents suggest that the pharmacy is open on the most convenient day and 99% state it is open at the most convenient time
- Results of the contractor questionnaire (Appendix E)
- Projected population growth and housing development ([Section 2.6.3](#))
  - GLA 2020-based housing-led projections indicate that Camden has a total population of 276,041
  - Over the next five years the population of Camden is expected to rise by 3% and by around 9,500 individuals
  - 60,355 students attend universities that are based in or have a campus in Camden

**Table 34: Expected population growth 2022 to 2025 (PNA lifespan)**

Locality	Population 2022	Population 2025	Difference
North	132,985	134,945	1,960 (1.5%)
South	80,407	83,896	3,489 (4.3%)
West	62,649	63,639	990 (1.6%)

[Section 6.2](#) discusses the impact of the population growth by locality.

There are 62 community pharmacies and one DSP in Camden. There are 22.8 community pharmacies per 100,000 population in Camden, compared with 20.5 per 100,000 in England.

There are four 100-hour pharmacies in Camden and there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (84%) are open on Saturdays and 27% of pharmacies are open on Sundays, with 40% of community pharmacies open after 6.30 pm on weekdays. Opening hours do vary by locality and this is discussed in [Section 6.2](#).

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service across Camden.

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

The information provided demonstrates excellent access to community pharmacies within Camden.

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

#### **6.4 Improvements and better access: gaps in provision**

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

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

Camden HWB has identified Locally Commissioned Services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Camden.

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

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

- LE at birth is 83.1 for males and 87.7 for females. This is significantly higher than the London and England averages.
- HLE is 67.9 for males, which is significantly higher than the London and England averages. HLE for females is 63.9, which does not differ significantly from the London and England averages.
- Overall all-cause all-age mortality in 2020 was 697 per 100,000. This was significantly lower than the London and England averages.
- Under-75 all-cause mortality was 292 per 100,000, which was significantly lower than the London and England averages.
  - Excess deaths did not differ significantly from the London and England averages
  - Under-75 cancer mortality was lower than the London and England averages
  - Under-75 CVD mortality was lower than the England average
  - Under-75 respiratory mortality did not differ significantly from the London and England averages
- Smoking prevalence in adults according to the GP Patient Survey was 18%, which was significantly higher than the London and England averages.
- Flu vaccination (and C-19) uptake in Camden was lower than the NCL average and lower than the England average.
- Camden has a higher Hep C detection rate than England average. Within NCL, Camden has the highest rate.
- Premature mortality from Hep C-related liver disease in Camden is also substantially higher than the England average.

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

- Delivery of the recently introduced Advanced Service – hypertension case-finding service
- Stop Smoking Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and CVD

- Delivery of the hepatitis C testing service, which has been extended to March 2023, would seem a relevant service for Camden
- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes
- The Essential Services include signposting patients and carers to local and national sources of information and reinforcing those sources already promoted. Signposting for cancers may help in earlier detection and thereby help to reduce the mortality rates described above.

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

The majority of community pharmacies offer a free delivery service, and many have extended opening hours on weekday evenings and Saturdays. There were 26 respondents to the contractor questionnaire (Appendix E). Over 80% of respondents indicated that they would be willing to provide a number of disease-specific medicines management services (non-Essential Services) if commissioned (e.g. diabetes 95%, CHD 88%, COPD 88%).

There were three responses from the Commissioner questionnaire (Appendix F) however not all questions were completed so it is not possible to ascertain if there is a willingness to commission new services.

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

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

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

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

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

## Section 7: Conclusions

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

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

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

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

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

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Camden, and are commissioned by the CCG or Local Authority, rather than NHSE&I.

### 7.1 Current provision of Necessary Services

#### Necessary Services – gaps in provision

Necessary Services are Essential Services that are described in [Section 1.4.1.1](#). Access to Necessary Service provision in Camden is provided by locality in [Section 6.2](#).

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

#### 7.1.1 Necessary Services – normal working hours

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

#### 7.1.2 Necessary Services – outside normal working hours

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

## 7.2 Future provision of Necessary Services

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

**No gaps have been identified in the need for pharmaceutical services in specified future circumstances across Camden**

## 7.3 Improvements and better access – gaps in provision

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

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

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

### 7.3.1 Current and future access to Advanced Services

Details of the Advanced Services are outlined in [Section 1.4.1.2](#) and the provision in each locality discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Camden.

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

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

**Based on current information no current gaps have been identified either now or in the future (in the next three years) which would secure improvements or better access to Advanced Services in Camden.**

### 7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4.1.3](#) and the provision in each locality is discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to services in relation to the health needs of Camden.

**Based on current information no current gaps have been identified either now or in the future (in the next three years) which would secure improvements or better access to Enhanced Services across Camden.**

### **7.3.3 Current and future access to Locally Commissioned Services (LCS)**

With regard to LCS, the PNA is mindful that only those services commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 6.1](#) and their provision by locality discussed in [Section 6.2](#).

[Section 6.4](#) discusses improvements and better access to LCS in relation to the health needs of Camden.

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

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

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

**Based on current information no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future (in the next three years) circumstances across Camden to meet the needs of the population.**



## Appendix A: List of pharmaceutical service providers in Camden HWB area

### North locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PHAS	NHSE&I Advanced								NHSE&I Enhanced		CCG			LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-Card
Day Lewis	FA151	Community	126 Kentish Town Road, London	NW1 9QB	09:00-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	Y	Y	-	Y
Boots	FA632	Community	191 Haverstock Hill, London	NW3 4QG	09:00-19:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	-
M Simmonds	FAD04	Community	4 Swains Lane, Highgate, London	N6 6QS	09:00-18:00	09:00-16:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	-	
Primrose Chemist	FAG17	Community	95 Regents Park Road, London	NW1 8UR	09:15-13:00, 14:00-18:15	09:15-13:00, 14:00-18:15	Closed	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	
D H Roberts Chemists	FC161	Community	165 Fortess Road, Tufnell Park, London	NW5 2HR	09:00-19:00 (Thu 09:00-13:00)	09:00-16:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	
Ritz Pharmacy	FDE31	Community	43 Heath Street, London	NW3 6UA	09:00-19:00	09:00-19:00	10:00-18:00	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Morrisons Pharmacy	FEN40	Community	66 Chalk Farm Road, Camden, London	NW1 8AN	09:00-20:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	-	Y	
Village Pharmacy	FF092	Community	8/9 Belsize Terrace, Hampstead, London	NW3 4AX	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	
JP Pharmacy	FFT74	Community	139 Camden High Street, London	NW1 7JR	09:00-18:30	09:00-18:00	10:00-16:00	-	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	
Macey Chemists	FG052	Community	68 Mansfield Road, London	NW3 2HU	09:00-18:00	10:00-14:00	Closed	-	-	-	-	-	Y	-	Y	-	Y	-	Y	-	-	Y	-	Y	Y	-	-	
Rowlands Pharmacy	FGJ23	Community	21-23 Malden Road, London	NW5 3HY	09:00-13:00, 13:20-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	Y	-	Y	Y	Y	-	Y	
Fine Chemists	FGQ34	Community	86 Queens Crescent, London	NW5 4EB	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	-	
Eico Pharmacy	FJ395	Community	97 Highgate Road, London	NW5 1TR	09:00-18:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	Y	-	Y	Y	-	
Boots	FJ482	Community	173/175 Camden High Street, Camden Town, London	NW1 7JY	08:30-19:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	
Sandylight Pharmacy	FK977	Community	131 Queens Crescent, London	NW5 4EG	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	Y	Y	-	Y	Y	Y	Y	-	Y	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG			LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-Card
Allchins & Co Chemist	FL532	Community	28 Englands Lane, London	NW3 4UE	09:00-18:00	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	Y	-	Y
Pharmacy Republic	FLJ85	Community	100 Fleet Road, Hampstead, London	NW3 2QX	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	-	-	-	Y	-	Y	Y	-	-	Y	Y	-	Y	Y	-	Y	Y	-	-
Hasscon Pharmacy	FMC51	DSP	Room 34, Spectrum House, 32-34 Gordon House Road, London	NW5 1LP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FMV02	Community	40 Hampstead High Street, London	NW3 1QE	09:00-18:30	10:00-18:00	10:30-18:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-
Day Lewis Pharmacy	FN002	Community	321 Kentish Town Road, London	NW5 2TJ	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-	-	-
Biotech Pharmacy	FPR95	Community	96 Camden Road, London	NW1 9EA	09:00-13:30, 14:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
House of Mistry Ltd	FQL22	Community	15-17 South End Road, London	NW3 2PT	09:30-18:30	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FR691	Community	196 Kentish Town Road, London	NW5 2EA	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	Y	-	-
Hampstead Heath Pharmacy	FRM43	Community	35 South End Road, London	NW3 2PY	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Keats Pharmacy	FTN92	Community	30 Rosslyn Hill, Hampstead, London	NW3 1NH	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	-	Y	-	-
Aura Pharmacy	FYN77	Community	21 Brecknock Road, London	N7 0BL	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-

## South locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG			LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution
Evergreen Pharmacy	FA614	Community	64 Eversholt Street, London	NW1 1DA	09:00-19:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y
Boots	FCL17	Community	122 Tottenham Court Road, London	W1T 5AP	09:00-18:00	10:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-
Grafton Pharmacy	FCQ11	Community	132/132A Tottenham Court Road, London	W1T 5AZ	08:00-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	-	Y	Y	Y	Y	-	Y	
Medicine Box	FDC25	Community	21 Camden High Street, London	NW1 7JE	09:00-18:30	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	Y	-	-	Y	-	Y	Y	Y	-
Boots	FDX66	Community	8-10 Camden High Road, Mornington Crescent, London	NW1 0JH	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FDY54	Community	16-17 Tottenham Court Road, London	W1T 1BE	09:00-19:00	10:00-19:00	12:00-18:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-
Boots	FE513	Community	Unit 19, St Pancras Station, London	N1C 4QL	07:00-22:00	08:00-22:00	09:00-20:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	Y	-	-
Kings Pharmacy	FEC18	Community	6 Chester Court, Albany Street, London	NW1 4BU	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-
Greenlight Pharmacy	FFD81	Community	62-64 Hampstead Road, London	NW1 2NU	09:00-19:00	10:00-15:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Boots	FFE92	Community	Unit 12 Western Concourse, Kings Cross Station, Euston Road	N1C 4AP	07:00-22:00	07:00-22:00	09:00-21:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-
Boots	FH432	Community	122 Holborn London, London	EC1N 2TD	07:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-
John Walker Chemists	FHK32	Community	2-3 Medway Court, Leigh Street, London	WC1H 9QX	09:00-18:30	09:30-14:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	-	Y	-	Y
Boots	FJT00	Community	211-212 Tottenham Court Road, London	W1T 7PP	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	-	-
Boots	FJT53	Community	24-26 High Holborn, London	WC1V 6AZ	07:30-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	Y	-	-
Superdrug Pharmacy	FKD52	Community	232 High Holborn, London	WC1V 7EG	07:30-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG			LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-Card
Green Light Pharmacy	FKT86	Community	275 Eversholt Street, London	NW1 1BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-	-
Zen Healthcare	FMK19	Community	150 Southampton Row, London	WC1B 5AN	09:00-19:00	09:00-19:00	12:00-19:00	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FN299	Community	129-133 Aviation House, Kingsway, London	WC2B 6NH	07:30-20:00	10:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	-	-	-
Holborn Pharmacy	FNK76	Community	88 Southampton Row, London	WC1B 4BB	09:00-18:15	09:00-17:15	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-
Starr Pharmacy	FNV83	Community	81 Grays Inn Road, London	WC1X 8TP	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	-	Y	Y	-	-	-
Niemans Chemist Ltd	FQ038	Community	60 Lambs Conduit Street, London	WC1N 3LW	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	-	-	-	-	-	-
Boots	FQ977	Community	40-42 Brunswick Shopping Centre, Marchmont Street, London	WC1N 1AE	08:30-18:30	09:00-17:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	-	-	-
Essentials Pharmacy	FV174	Community	169 Drury Lane, Covent Garden, London	WC2B 5QA	09:00-17:00	10:30-17:30	Closed	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FWL66	Community	25-27 Farringdon Road, Smithfield, London	EC1M 3HA	07:30-19:30	10:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	Y	-	-	-
Baban Pharmacy	FWX99	Community	34 Chalton Street, London	NW1 1JB	07:00-24:00	00:00-15:00	Closed	Y	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-
Kerrs Chemist	FX460	Community	41 Bloomsbury Way, London	WC1A 2SA	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-

In addition, there is a Boots pharmacy (FM035) in Main Concourse, Euston Station, London NW1 2DU, that is temporarily closed at the moment due to the refurbishment of the station. The closure may be permanent but at the time of writing the contract is still in place.

## West locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-card
Superdrug Pharmacy	FET01	Community	82-84 High Road, London	NW6 4HS	09:00-14:00, 14:30-18:30	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	Y	-	-
HV Thomas	FFQ54	Community	81 Mill Lane, London	NW6 1NB	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	-	Y
Ramco Dispensing Chemist	FG643	Community	270 West End Lane, Hampstead, London	NW6 1LJ	09:00-19:00	09:00-17:10	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	
Dales Pharmacy	FH085	Community	463 Finchley Road, London	NW3 6HN	09:00-18:00	09:30-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	-	Y	-	Y	-	-	Y	-	-	
Boots	FJ398	Community	14 Harben Parade, Finchley Road, London	NW3 6JP	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	-	-	
Aqua Pharmacy	FK827	Community	59 Mill Lane, West Hampstead, London	NW6 1NB	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	Y	Y	-	Y	-	-	Y	-	-	
Boots	FQ521	Community	60/62 Kilburn High Road, Kilburn, London	NW6 4HJ	09:00-19:00	10:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	Y	Y	Y	-	-	
Greenlight Pharmacy	FQ664	Community	6 Cricklewood Broadway, London	NW2 3HD	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	
Central Pharmacy	FR188	Community	225 West End Lane, London	NW6 1XJ	08:30-18:00	09:30-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Greenlight Pharmacy	FR693	Community	Inside Sugar Cane, 27-29 Winchester Road, London	NW3 3NR	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-	
Superdrug Pharmacy	FT034	Community	3/5 Harben Parade, Finchley Road, London	NW3 6JP	09:00-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	

## Appendix B: PNA Steering Group terms of reference

### Objective/purpose

To support the production of the Pharmaceutical Needs Assessment (PNA) on behalf of the Camden Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

### Delegated responsibility

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

### Accountability

The Steering Group is to report to the Director of Public Health.

### Membership

Core members:

- Consultant for Public Health / nominated PH lead
- NHS England representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Healthwatch representative (lay member)

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

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists
- Local medical committee representative

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by Camden Council to support the development of the PNA. Other additional members may be co-opted if required.

### Frequency of meetings

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

### Responsibilities

- Soar Beyond will provide a clear and concise PNA process that is recommended by the Department of Health and Social Care Pharmaceutical Needs Assessment Information pack for Local Authority HWBs published in October 2021.

- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any LPC for its area
  - Any Local Medical Committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any local Healthwatch organisation for its area
  - NHSE&I
  - Any neighbouring HWB
- Ensure that due process is followed
- Report to the HWB on both the draft and final PNA
- Publish the final PNA by 1 October 2022

## Appendix C: PNA project plan

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








## Appendix D: Public questionnaire

Total responses received:<sup>1</sup> 81

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









Answered – 80; skipped – 1

Yes		91%	73
No		4%	3
I prefer to use an internet/online pharmacy*		0%	0
I use a combination of traditional and internet pharmacy		5%	4

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

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

Answered – 80; skipped – 1

1		3%	2
2		0%	0
3		0%	0
4		1%	1
5		5%	4
6		3%	2
7		8%	6
8		16%	13
9		21%	17
10		44%	35

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

For yourself: Answered – 80; skipped – 1

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

Once a week or more		5%	4
A few times a month		30%	24
Once a month		38%	30
Once every few months		21%	17
Once in six months		4%	3
I haven't visited/contacted a pharmacy in the last six months		3%	2

For someone else: Answered – 47; skipped – 34

Once a week or more		9%	4
A few times a month		17%	8
Once a month		17%	8
Once every few months		28%	13
Once in six months		4%	2
I haven't visited/contacted a pharmacy in the last six months		26%	12

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

Answered – 13; skipped – 68

I have used an internet/online pharmacy		0%	0
Someone has done it on my behalf		8%	1
I have had no need for any pharmacy service during this period		31%	4
Other (please specify below)		62%	8

Other, please specify:

No/N/A	5	I personally collect	1
My prescription is sent directly to the pharmacy	1	I have used a pharmacy	1

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

Answered – 81; skipped – 0

Very easy		49%	40
Fairly easy		36%	29
Neither easy nor difficult		10%	8

Fairly difficult		5%	4
Very difficult		0%	0

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

Answered – 80; skipped – 1

Yourself		91%	73
A family member		30%	24
A neighbour/friend		4%	3
Someone you are a carer for		8%	6
All of the above		3%	2
Other (please specify below)		1%	1

Other, please specify:

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

Answered – 38; skipped – 43


















For a child/dependant		29%	11
The person is too unwell		26%	10
Opening hours of the pharmacy are not suitable for the person requiring the service		11%	4
The person can't access the pharmacy (e.g. due to disability/lack of transport)		18%	7
The person can't use the delivery service		0%	0
The person can't access online services		11%	4
All of the above		5%	2
Other (please specify below)		26%	10

Other, please specify:

Convenience	6	Person is elderly/frail/infirm	2
Person is in Ireland	1	N/A	1

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

Answered – 81; skipped – 0

<b>Quality of service (friendly staff, expertise)</b>			
Extremely important		55%	43
Very important		36%	28
Moderately important		8%	6
Fairly important		1%	1
Not at all important		0%	0
<b>Convenience (location, opening times)</b>			
Extremely important		56%	45
Very important		34%	27
Moderately important		9%	7
Fairly important		1%	1
Not at all important		0%	0
<b>Accessibility (languages including British sign language, parking, clear signage, wheelchair/buggy access)</b>			
Extremely important		15%	11
Very important		24%	18
Moderately important		21%	16
Fairly important		13%	10
Not at all important		27%	20
<b>Availability of medication/services (stocks, specific services)</b>			
Extremely important		66%	51
Very important		30%	23
Moderately important		3%	2
Fairly important		1%	1
Not at all important		0%	0

Other, please specify:

Home delivery is very important	2	Staff offering good advice	2
Space for distancing	1	Location is very important	1

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

Answered – 81; skipped – 0

Yes, there is a fully accessible consultation room		36%	29
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/ buggies		25%	20
No		9%	7
I don't know		30%	24

Other:

Yes, there is a consultation room. Not sure whether fully accessible. I would not like to go in there because it appears to be a very cramped cubicle and so does not appear very COVID safe.	1
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**10) How would you usually travel to the pharmacy? (Please select one answer)**

Answered – 81; skipped – 0

Bicycle		1%	1
Car		5%	4
Public Transport		6%	5
Taxi		0%	0
Walk		78%	63
Wheelchair/mobility scooter		4%	3
I don't, someone goes for me		0%	0
I don't, I use an online pharmacy		0%	0
I don't, I use a delivery service		2%	2
Other (please specify)		4%	3

Other, please specify:

The pharmacy delivers	2	Walk or public transport	1
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*If you have answered that you don't travel to a pharmacy, please go to question 14.*

**11) If you travel to a pharmacy, where do you travel from? (Please select all that apply)**

Answered – 65; skipped – 16



Home		94%	61
Work		15%	10
Other (please specify below)		3%	2

Other, please specify:

Close enough to walk, no travel	1
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**12) On average, how long does it take you to travel to a pharmacy? (Please select one answer)**

Answered – 69; skipped – 12

0 to 15 minutes		86%	59
16 to 30 minutes		14%	10
Over 30 minutes		0%	0

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

Answered – 70; skipped – 11





Lack of parking		6%	4
Lack of suitable public transport		0%	0
It's too far away		1%	1
Lack of disabled access/facilities		3%	2
Lack of facilities for sight loss		0%	0
Lack of facilities for hearing loss		0%	0
No, I don't face any difficulties		86%	60
Other (please specify)		7%	5

Other, please specify:

Walking difficulties	1	Not to use bus during COVID	1
Pharmacy short of staff and supplies	1	Too narrow for wheelchair inside	1



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

Answered – 73; skipped – 8

Monday to Friday		42%	31
Saturday		3%	2
Sunday		0%	0
Varies		33%	24
I don't mind		22%	16







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

Answered – 73; skipped – 8

Yes		96%	70
No		4%	3



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

Answered – 73; skipped – 8

Morning (8 am–12 pm)		10%	7
Lunchtime (12 pm–2 pm)		4%	3
Afternoon (2 pm–6 pm)		29%	21
Early evening (6 pm–8 pm)		5%	4
Late evening (after 8 pm)		0%	0
Varies		41%	30
I don't mind/no preference		11%	8








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

Answered – 73; skipped – 8

Yes		99%	72
No		1%	1

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

Answered – 73; skipped – 8

Daily		0%	0
Weekly		4%	3
Fortnightly		5%	4
Monthly		19%	14
Every few months		40%	29
Yearly		3%	2
Rarely		27%	20
Never		1%	1



**19) Which of the following pharmacy services are you aware that a pharmacy may provide?**

(Please select Yes or No for each service – even if you do not use the service)

Service	Yes		No		Answered
	%	Count	%	Count	
Advice from your pharmacist	97%	70	3%	2	72
COVID-19 Lateral Flow Device (LFD) distribution service	89%	64	11%	8	72
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a Lateral Flow Device (LFD)	48%	31	52%	34	65
COVID-19 vaccination services	56%	38	44%	30	68
Flu vaccination services	86%	60	14%	10	70
Buying over-the-counter medicines	100%	70	0%	0	70
Dispensing prescription medicines	100%	71	0%	0	71
Dispensing appliances (items/ equipment to manage health conditions)	59%	37	41%	26	63
Repeat dispensing services	94%	66	6%	4	70
Home delivery and prescription collection services	70%	46	30%	20	66
Medication review	36%	23	64%	41	64
New Medicine Service	46%	29	54%	34	63
Discharge from hospital medicines service	33%	21	67%	43	64
Emergency supply of prescription medicines	54%	35	46%	30	65
Disposal of unwanted medicines	69%	45	31%	20	65
Appliance Use Review	20%	12	80%	49	61
Community Pharmacist Consultation Service (urgent care referral)	27%	17	73%	46	63
Hepatitis testing service	5%	3	95%	57	60
Stoma Appliance Customisation service (stoma/ostomy bag: pouch used to collect waste from the body)	12%	7	88%	53	60
Needle exchange (disposal of used needles and providing clean ones)	32%	19	68%	41	60
Stopping smoking/nicotine replacement therapy	57%	36	43%	27	63

Service	Yes		No		Answered
Chlamydia testing/treatment (sexually transmitted infections)	19%	11	81%	47	58
Condom distribution, emergency contraception	44%	27	56%	34	61
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	18%	11	82%	49	60
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	40%	25	60%	37	62
Travel immunisation	56%	34	44%	27	61

Other, please specify:

Smiles and friendly service	1	Answered 'no' when I don't know	1
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**20)** And which of the following pharmacy services would you like to see always provided by your pharmacy? (Please select a response for each service)

Service	Yes		No		No Opinion		Answered
Advice from your pharmacist	91%	63	0%	0	9%	6	69
COVID-19 lateral flow device (LFD) distribution service	85%	58	1%	1	13%	9	68
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	68%	44	5%	3	28%	18	65
COVID-19 vaccination services	85%	55	2%	1	14%	9	65
Flu vaccination services	94%	63	1%	1	4%	3	67
Buying over-the-counter medicines	94%	64	0%	0	6%	4	68
Dispensing prescription medicines	99%	67	0%	0	1%	1	68
Dispensing appliances (items/equipment to manage health conditions)	81%	52	0%	0	19%	12	64
Repeat dispensing services	100%	66	0%	0	0%	0	66
Home delivery and prescription collection services	88%	57	2%	1	11%	7	65
Medication review	63%	39	16%	10	21%	13	62






Service	Yes		No		No Opinion		Answered
	%	Count	%	Count	%	Count	
New Medicine Service	66%	41	6%	4	27%	17	62
Discharge from hospital medicines service	83%	52	3%	2	14%	9	63
Emergency supply of prescription medicines	97%	61	0%	0	3%	2	63
Disposal of unwanted medicines	87%	55	0%	0	13%	8	63
Appliance Use Review	50%	30	3%	2	47%	28	60
Community Pharmacist Consultation Service (urgent care referral)	76%	48	2%	1	22%	14	63
Hepatitis testing service	48%	30	0%	0	52%	32	62
Stoma Appliance Customisation service (stoma/ostomy bag: pouch used to collect waste from the body)	48%	30	0%	0	52%	33	63
Needle exchange (disposal of used needles and providing clean ones)	53%	34	2%	1	45%	29	64
Stopping smoking/nicotine replacement therapy	67%	42	0%	0	33%	21	63
Chlamydia testing/ treatment (sexually transmitted infections)	55%	34	2%	1	44%	27	62
Condom distribution, emergency contraception	70%	43	2%	1	28%	17	61
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	70%	44	0%	0	30%	19	63
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	56%	35	2%	1	43%	27	63
Travel immunisation	78%	50	0%	0	22%	14	64

Other, please specify:

Offer alternative medicine	1	COVID vaccination	1
Questionnaire is too long	1	No opinion	1





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

Answered – 72; skipped – 9

Yes		40%	29
No – it normally takes one day		25%	18
No – it normally takes two or three days		22%	16
No – it normally takes more than three days		4%	3
I don't know		8%	6










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

Answered – 72; skipped – 9

Yes – using my preferred method		49%	35
Yes – by using a method that is not convenient to me		0%	0
No – but I would like to be alerted		29%	21
No – and I wouldn't use an alert service		3%	2
I don't know		19%	14

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

Answered – 69; skipped – 12




Paper request form to my GP practice		4%	3
Paper request form through my pharmacy		6%	4
By email to my GP practice		19%	13
Online request to my GP practice		39%	27
My pharmacy orders on my behalf		19%	13
Electronic Repeat Dispensing (eRD)		10%	7
NHS app		12%	8
Varies		10%	7
Other (please specify below)		13%	9

Other, please specify:

Telephone	6	Face to face with GP	1
Sometimes it appears, others I ask	1	My GP App	1

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

Answered – 72; skipped – 9

Yes		33%	24
No		29%	21
I don't know/I have never heard of it		38%	27

Any other comments you would like to make about Electronic Repeat Dispensing?

Sounds like a good idea	3	I have heard of it not to available	1
As a patient I don't know	1	Not IT enthusiast	1

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

Answered – 36; skipped – 45

Minor ailments service	9	General health advice	7
Not sure/N/A	3	It already is my first point of call	3
Eye inspections/problems	2	Pain relief	1
Shingles service	1	Cold & flu service	1
Urine test	1	Medicines advice	1
All services they are trained to provide	1	Quick service	1
Have had incorrect advice in the past	1	Prefer a GP appointment	1
Self-limiting conditions	1	Liaising with GP	1
Private consultation area	1		

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

Answered – 37; skipped – 44



Provides a good/important service	18	N/A/Not sure	4
Staff are very rude and unprofessional	1	Not very private	1
Would like delivery service notification	1	Waste medicines disposal service	1
More options for over-the-counter medications (blister packs etc)	1	Staff need to be more flexible to customers' needs and requirements	1
Be easier to contact on the phone	1	Can sometimes be very busy	1

Can't bring my two repeat prescriptions in line	1	Need a wider range of services	1
Closer link between GP and pharmacy	1	Need to retain staff	1
Consultation room needs better ventilation	1	Previous pharmacy was short staffed	1
Could be open on weekends	1	Needed more LFTs	1

## A bit about you



### 27) How would you describe your gender?

Answered – 71; skipped – 10

Female		65%	46
Male		35%	25
Non-binary		0%	0
Prefer not to say		0%	0
Prefer to identify in another way		0%	0




### 28) Do you consider yourself to be trans or to have a trans history?

Answered – 70; skipped – 11

Yes		0%	0
No		97%	68
Prefer not to say		3%	2



### 29) Are you married or in a civil partnership?

Answered – 71; skipped – 10

Yes		48%	34
No		48%	34
Prefer not to say		4%	3






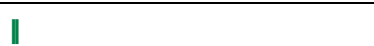
### 30) Are you pregnant, on maternity leave, or returning from maternity leave?

Answered – 68; skipped – 13

Yes		0%	0
No		96%	65
Prefer not to say		4%	3



**31) What is your age?**

Answered – 71; skipped – 10

Under 16		0%	0
16–24		0%	0
25–44		10%	7
45–64		41%	29
65+		46%	33
Prefer not to say		3%	2


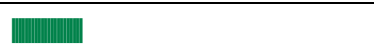
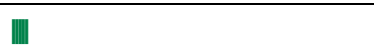
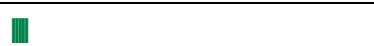
**32) Do you have dependent(s) aged 16 and under?**

Answered – 71; skipped – 10

Yes		10%	7
No		90%	64


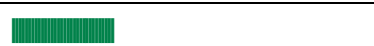
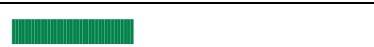
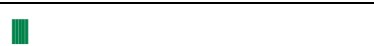
**33) Do you have any physical or mental health conditions, impairments or illnesses lasting or expected to last for 12 months or more?**

Answered – 71; skipped – 10

Yes		66%	47
No		23%	16
Don't know		6%	4
Prefer not to say		6%	4


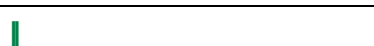
**34) If you have answered yes to the previous question, are your day-to-day activities limited because of this?**

Answered – 59; skipped – 22

Yes, a lot		24%	14
Yes, a little		32%	19
No		39%	23
Prefer not to say		5%	3

**35) If you have answered yes to the previous question, please select all that apply:**

Answered – 44; skipped – 37

Physical impairment		36%	16
Learning disability or difficulty		2%	1

Sensory impairment		7%	3
Long-standing illness (>12 months)		34%	15
Mental health condition		32%	14
Neurodiversity, e.g. autism, ADD		2%	1
Prefer not to say		20%	9
Other (please specify below)		9%	4

Other, please specify:

Fibromyalgia, neuralgia, osteoarthritis	1	Mobility issues	1
Thyroxine – causes minor problems	1	Osteoporosis	1

### 36) What is your religion or belief?

Answered – 69; skipped – 12

Buddhist		1%	1
Christian		29%	20
Hindu		4%	3
Jewish		6%	4
Muslim		0%	0
No religion		41%	28
Rastafarian		0%	0
Sikh		1%	1
Prefer not to say		13%	9
Other (please specify below)		4%	3

Other, please specify:

Humanist	1	Jainism	1
Atheism	1		

### 37) How would you describe your sexual orientation?











Answered – 71; skipped – 10

Bisexual		0%	0
Gay/lesbian		6%	4
Heterosexual/straight		83%	59
Prefer not to say		11%	8
Prefer to identify in another way		0%	0



**38) How would you describe your ethnic background?**

Answered – 68; skipped – 13

Asian/Asian British: Bangladeshi		1%	1
Asian/Asian British: Chinese		1%	1
Asian/Asian British: Indian		6%	4
Asian/Asian British: Pakistani		0%	0
Any other Asian background		1%	1
Black/Black British: African		0%	0
Black/Black British: Caribbean		1%	1
Any other Black/African/Caribbean background		0%	0
Mixed/Multiple: White & Asian		0%	0
Mixed/Multiple: White & Black African		3%	2
Mixed/Multiple: White & Black Caribbean		0%	0
Any other Mixed/Multiple ethnic group		3%	2
White: English/Welsh/Scottish/Irish/British		68%	46
White: Gypsy or Irish Traveller		0%	0
Any other White background		6%	4
Prefer not to say		9%	6

Other ethnic background, please specify:

European	3	East European	1
Brazil/Black African/Iran (Persian)	1	Jewish European	1
Non-EU parentage	1	South American	1

**Thank you for taking part in our questionnaire**

## Appendix E: Pharmacy contractor questionnaire

Total responses received:<sup>1</sup> **26**




### 1) Premises and contact details

Answered – 26; skipped – 0

- Provided contractor code (ODS Code) – 26
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 25
- Provided trading name – 20
- Provided address of contractor pharmacy – 25
- Provided premises shared NHS mail account – 22
- Provided pharmacy telephone – 25
- Provided pharmacy fax – 12
- Provided pharmacy website address – 10



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

Answered – 26; skipped – 0

Yes		8%	2
No		73%	19
Possibly		19%	5



### 3) Is this pharmacy a 100-hour pharmacy?

Answered – 26; skipped – 0

Yes		4%	1
No		96%	25

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

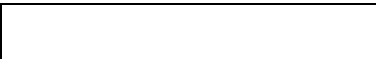

Answered – 26; skipped – 0

Yes		15%	4
No		85%	22

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



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

Answered – 24; skipped – 2

Yes		0%	0
No		100%	24

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

Answered – 25; skipped – 1

Yes		92%	23
No		8%	2

**7) Core contractual hours of opening:**

Provided hours – 24; skipped – 2

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

Provided hours – 3; skipped – 23

**9) Total hours of opening:**


Provided hours – 20; skipped – 6



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

Provided hours – 1; skipped – 25

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


Answered – 24; skipped – 2

None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room		4%	1
None, NHSE&I has approved my request that the premises are too small for a consultation room		0%	0
None (Distance-Selling Pharmacy)		0%	0

Available (including wheelchair access)		79%	19
Available (without wheelchair access) or		17%	4
Planned before 1 April 2023		0%	0
Other (please specify below)		0%	0




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

Answered – 23; skipped – 3

Yes		100%	23
No		0%	0



**13) During consultation are there hand-washing facilities?**

Answered – 23; skipped – 3

In the consultation area		70%	16
Close to the consultation area		22%	5
None		9%	2

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

Answered – 23; skipped – 3

Yes		22%	5
No		78%	18






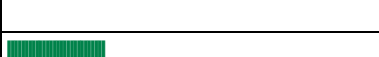
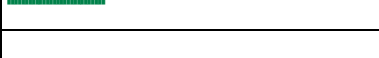
**15) Languages spoken (in addition to English)**

Answered – 20; skipped – 6

Gujarati	13	Hindi	12	Bengali	7
Swahili	6	Tamil	4	French	3
Arabic	3	Romanian	3	Italian	3
Portuguese	3	Urdu	3	Bangladeshi	3
Cantonese	2	Farsi	2	Punjabi	2
Spanish	1	Malaysian	1	Greek	1
German	1	Chinese	1	Belgian	1
Mirpuri	1	Afghani	1	Sinhalese	1

**16) Does the pharmacy dispense appliances?**

Answered – 21; skipped – 5

None		5%	1
Yes – All types		62%	13
Yes, excluding stoma appliances, or		0%	0
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		5%	1
Yes, just dressings, or		29%	6
Other (please specify below)		0%	0

**17) Does the pharmacy provide the following services?**

Service	Yes		Intending to begin within next 12 months		No – not intending to provide		Answered
	%	Count	%	Count	%	Count	
Appliance Use Review service	0%	0	17%	3	83%	15	18
Community Pharmacist Consultation Service (CPCS)	86%	18	10%	2	5%	1	21
C-19 LFD distribution	100%	21	0%	0	0%	0	21
Flu vaccination service	95%	20	5%	1	0%	0	21
Hepatitis C testing service (until 31 March 2022)	11%	2	6%	1	83%	15	18
Hypertension case finding	32%	6	53%	10	16%	3	19
New Medicine Service	95%	20	5%	1	0%	0	21
Pandemic delivery service (until 31 March 2022)	71%	15	5%	1	24%	5	21
Stoma appliance customisation service	0%	0	15%	3	85%	17	20

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

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Anticoagulant Monitoring Service	0%	0	0%	0	0%	0	84%	16	11%	2	5%	1	19
Antiviral Distribution Service (1)	0%	0	0%	0	0%	0	84%	16	5%	1	11%	2	19
Care Home Service	0%	0	0%	0	0%	0	50%	9	44%	8	6%	1	18

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	0%	0	0%	0	0%	0	79%	15	16%	3	5%	1	
Chlamydia Testing Service (1)	0%	0	0%	0	0%	0	79%	15	16%	3	5%	1	19
Chlamydia Treatment Service (1)	0%	0	0%	0	0%	0	79%	15	16%	3	5%	1	19
Contraceptive service (not EC) (1)	0%	0	0%	0	0%	0	84%	16	0%	0	16%	3	19

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	0%	0	0%	0	0%	0	89%	17	11%	2	0%	0	
DSMMS – Allergies	0%	0	0%	0	0%	0	89%	17	11%	2	0%	0	56
DSMMS – Alzheimer's/Dementia	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	53
DSMMS – Asthma	0%	0	0%	0	0%	0	95%	18	5%	1	0%	0	56
DSMMS – CHD	0%	0	0%	0	0%	0	88%	14	13%	2	0%	0	55
DSMMS – COPD	0%	0	0%	0	0%	0	88%	14	13%	2	0%	0	56
DSMMS – Depression	0%	0	0%	0	0%	0	81%	13	19%	3	0%	0	52
DSMMS – Diabetes type I	0%	0	0%	0	0%	0	95%	18	5%	1	0%	0	56
DSMMS – Diabetes type II	0%	0	0%	0	0%	0	95%	18	5%	1	0%	0	55
DSMMS – Epilepsy	0%	0	0%	0	0%	0	81%	13	19%	3	0%	0	53

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	0%	0	0%	0	0%	0	88%	14	13%	2	0%	0	
DSMMS – Heart Failure	0%	0	0%	0	0%	0	88%	14	13%	2	0%	0	55
DSMMS – Hypertension	0%	0	0%	0	0%	0	89%	17	11%	2	0%	0	55
DSMMS – Parkinson’s disease	0%	0	0%	0	0%	0	81%	13	19%	3	0%	0	53
DSMMS – Other (please state below)	0%	0	0%	0	0%	0	77%	10	23%	3	0%	0	37

Other:

Palliative care	1
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**20) Which of the following other services does the pharmacy provide, or would be willing to provide?**

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Emergency Contraception Service (1)	15%	3	20%	4	0%	0	50%	10	5%	1	10%	2	20
Emergency Supply Service	22%	4	6%	1	0%	0	56%	10	11%	2	6%	1	18
Gluten-Free Food Supply Service (i.e. not via FP10)	5%	1	0%	0	0%	0	68%	13	26%	5	0%	0	19
Home Delivery Service (not appliances) (1)	11%	2	5%	1	0%	0	47%	9	26%	5	11%	2	19
Independent Prescribing Service	0%	0	0%	0	0%	0	65%	11	24%	4	12%	2	17

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

We have one independent prescribing pharmacist, and another in training	1
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**21) Which of the following other services does the pharmacy provide, or would be willing to provide?**

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Language Access Service	6%	1	0%	0	6%	1	59%	10	29%	5	0%	0	17
Medication Review Service	16%	3	0%	0	11%	2	68%	13	5%	1	0%	0	19
Medicines Assessment and Compliance Support Service	6%	1	0%	0	6%	1	83%	15	6%	1	0%	0	18
Minor Ailment Scheme	11%	2	11%	2	11%	2	58%	11	5%	1	5%	1	19
Medicines Optimisation Service (1)	0%	0	5%	1	5%	1	85%	17	5%	1	0%	0	20

If currently providing a Medicines Optimisation Services, what therapeutic areas are covered?

All	1
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**22) Which of the following other services does the pharmacy provide, or would be willing to provide?**

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Needle and Syringe Exchange Service	0%	0	11%	2	21%	4	21%	4	47%	9	0%	0	19
Obesity Management (adults and children) (1)	0%	0	0%	0	0%	0	68%	13	26%	5	5%	1	19
Not-Dispensed Scheme	0%	0	0%	0	0%	0	65%	11	35%	6	0%	0	17
On-Demand Availability of Specialist Drugs Service	0%	0	0%	0	0%	0	72%	13	28%	5	0%	0	18
Out-of-Hours Services	0%	0	0%	0	0%	0	32%	6	68%	13	0%	0	19
Patient Group Direction Service (please name the medicines below)	0%	0	6%	1	0%	0	44%	8	22%	4	28%	5	18
Phlebotomy Service (1)	0%	0	0%	0	5%	1	47%	9	32%	6	16%	3	19
Prescriber Support Service	0%	0	0%	0	0%	0	71%	12	29%	5	0%	0	17
Schools Service	0%	0	0%	0	0%	0	44%	8	50%	9	6%	1	18

Please name the medicines for your Patient Group Direction Service:

Vaccinations	1	Flu, pneumonia	1
Tadalafil, Sildenafil, Otomize , Sumatriptan, Noresterone, Dymista, Finasteride			1

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	0%	0	0%	0	0%	0	74%	14	26%	5	0%	0	
Screening Service – Alcohol	0%	0	0%	0	0%	0	74%	14	26%	5	0%	0	19
Screening Service – Cholesterol	0%	0	0%	0	0%	0	95%	18	5%	1	0%	0	19
Screening Service – Diabetes	0%	0	0%	0	0%	0	95%	18	5%	1	0%	0	19
Screening Service – Gonorrhoea	0%	0	0%	0	0%	0	74%	14	26%	5	0%	0	19
Screening Service – H. pylori	0%	0	0%	0	0%	0	84%	16	16%	3	0%	0	19
Screening Service – HbA1C	0%	0	0%	0	0%	0	89%	17	11%	2	0%	0	19
Screening Service – Hepatitis	0%	0	0%	0	0%	0	72%	13	28%	5	0%	0	18
Screening Service – HIV	0%	0	0%	0	0%	0	74%	14	26%	5	0%	0	19
Screening Service – Other	0%	0	0%	0	0%	0	50%	5	50%	5	0%	0	10

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

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Seasonal Influenza Vaccination Service (1)	75%	15	10%	2	0%	0	10%	2	5%	1	0%	0	20
Childhood vaccinations (1)	0%	0	0%	0	0%	0	74%	14	16%	3	11%	2	19
COVID-19 vaccinations	6%	1	0%	0	0%	0	61%	11	33%	6	0%	0	18
Hepatitis (at-risk workers or patients) vaccinations (1)	0%	0	0%	0	0%	0	63%	12	21%	4	16%	3	19
HPV vaccinations (1)	0%	0	0%	0	0%	0	58%	11	21%	4	21%	4	19
Meningococcal vaccinations	0%	0	0%	0	0%	0	63%	12	21%	4	16%	3	19
Pneumococcal vaccinations	0%	0	5%	1	0%	0	58%	11	16%	3	21%	4	19
Travel vaccinations (1)	0%	0	0%	0	0%	0	53%	10	16%	3	32%	6	19
Other vaccinations (please state below)	0%	0	0%	0	0%	0	55%	6	27%	3	18%	2	11

Other:

We already provide some of these privately, such as occupational health, travel and some children's vaccinations (chicken pox)	1	Chicken pox	1
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**25) Which of the following other services does the pharmacy provide, or would be willing to provide?**

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Currently providing under contract with local authority		Willing to provide if commissioned		Not able or willing to provide		Willing to provide privately		Answered
	0%	0	0%	0	24%	4	41%	7	35%	6	0%	0	
Sharps Disposal Service (1)	0%	0	0%	0	24%	4	41%	7	35%	6	0%	0	17
Stop Smoking Service	0%	0	11%	2	11%	2	37%	7	37%	7	5%	1	19
Supervised Administration Service	5%	1	21%	4	32%	6	11%	2	32%	6	0%	0	19
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	0%	0	38%	6	63%	10	0%	0	16
Vascular Risk Assessment Service (NHS Health Check) (1)	0%	0	0%	0	0%	0	63%	12	37%	7	0%	0	19

**26) Non-commissioned services: Does the pharmacy provide any of the following?**



Service	Yes		No		Answered
	%	n	%	n	
Collection of prescriptions from GP practices	84%	16	16%	3	19
Delivery of dispensed medicines – Selected patient groups (Please list patient groups below)	63%	12	37%	7	19
Delivery of dispensed medicines – Selected areas (please list areas below)	63%	12	37%	7	19
Delivery of dispensed medicines – Free of charge on request	65%	13	35%	7	20
Delivery of dispensed medicines – With charge	37%	7	63%	12	19
Monitored Dosage Systems – Free of charge on request	75%	15	25%	5	20
Monitored Dosage Systems – With charge	32%	6	68%	13	19

Please list your criteria for selected patient groups or areas:

Local area	3	Elderly/frail/housebound	4
1-mile radius	1	Study solutions to suit needs	1

**27) Is there a particular need for a locally commissioned service in your area?**

Answered – 16; skipped – 10



Yes		44%	7
No		56%	9

If so, what is the service requirement and why?

EHC	2	Recycling of inhalers	1
Diabetes management – high demand	1	Delivery service	1
Blood pressure check	1		

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

Answered – 21; skipped – 5

Yes		86%	18
No		14%	3

**29) Details of the person completing this form:**

- Provided contact name – 21
- Provided contact telephone number – 21

## Appendix F: Commissioner questionnaire

Total responses received:<sup>1</sup> 3

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

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	0%	0	0%	0	0%	0	
Anticoagulant Monitoring Service	0%	0	0%	0	0%	0	0
Antiviral Influenza Distribution Service (1)	0%	0	0%	0	0%	0	0
Care Home Service*	0%	0	0%	0	0%	0	0
Chlamydia Testing Service (1)	0%	0	0%	0	100%	1	1
Chlamydia Treatment Service (1)	0%	0	0%	0	100%	1	1
Contraceptive Service (not EC) (1)	0%	0	100%	1	0%	0	1

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

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	0%	0	0%	0	0%	0	
DSMMS – Allergies	0%	0	0%	0	0%	0	0
DSMMS – Alzheimer's/dementia	0%	0	0%	0	0%	0	0
DSMMS – Asthma	0%	0	0%	0	0%	0	0
DSMMS – CHD	0%	0	0%	0	0%	0	0
DSMMS – COPD	0%	0	0%	0	0%	0	0
DSMMS – Depression	0%	0	0%	0	0%	0	0

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



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

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

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	100%	1	0%	0	0%	0	
Emergency Contraception Service (1)	100%	1	0%	0	0%	0	1
Emergency Supply Service	0%	0	100%	1	0%	0	1
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0	0%	0	0%	0	0
Home Delivery Service (not appliances) (1)	0%	0	0%	0	0%	0	0
Independent Prescribing Service	0%	0	100%	1	0%	0	1

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

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	0%	0	0%	0	0%	0	
Language Access Service	0%	0	0%	0	0%	0	0
Medication Review Service	0%	0	0%	0	0%	0	0
Medicines Assessment and Compliance Support Service	0%	0	0%	0	0%	0	0
Minor Ailment Scheme	0%	0	0%	0	0%	0	0
Medicines Optimisation Service (1)	0%	0	0%	0	0%	0	0

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

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	100%	1	0%	0	0%	0	
Needle and Syringe Exchange Service	100%	1	0%	0	0%	0	1
Obesity Management (adults and children) (1)	0%	0	0%	0	0%	0	0
Not-Dispensed Scheme	0%	0	0%	0	0%	0	0
On-Demand Availability of Specialist Drugs Service	0%	0	0%	0	0%	0	0
Out-of-Hours Services	0%	0	0%	0	0%	0	0
Patient Group Direction Service (please name the medicines below)	100%	1	0%	0	0%	0	1
Phlebotomy Service (1)	0%	0	0%	0	0%	0	0
Prescriber Support Service	0%	0	0%	0	0%	0	0
Schools Service	0%	0	0%	0	0%	0	0

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

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

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

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	0%	0	0%	0	0%	0	
Seasonal Influenza Vaccination Service (1)	0%	0	0%	0	0%	0	0
Childhood Vaccinations	0%	0	0%	0	0%	0	0
COVID-19 Vaccinations	0%	0	0%	0	0%	0	0
Hepatitis (at-risk workers or patients) Vaccinations	0%	0	0%	0	0%	0	0
HPV Vaccinations	0%	0	0%	0	0%	0	0
Meningococcal Vaccinations	0%	0	0%	0	0%	0	0
Pneumococcal Vaccinations	0%	0	0%	0	0%	0	0

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	0%	0	0%	0	0%	0	
Travel Vaccinations	0%	0	0%	0	0%	0	0
Other Vaccinations (please state below)	0%	0	0%	0	0%	0	0

**8) Which of the following other services do you commission or may be considering commissioning from local community pharmacies?**

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

Service	Already commissioning		Willing to commission		Not able or willing to commission		Answered
	100%	1	0%	0	0%	0	
Sharps Disposal Service (1)	100%	1	0%	0	0%	0	1
Stop Smoking Service	100%	1	0%	0	0%	0	1
Supervised Administration Service	100%	1	0%	0	0%	0	1
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	0%	0	0
Vascular Risk Assessment Service (NHS Health Check) (1)	0%	0	0%	0	0%	0	0

**9) Details of the person completing this questionnaire – if questions arise:**

- Provided contact name – 3
- Provided job role – 0
- Provided address – 0
- Provided email address – 0
- Provided contact telephone number – 3

## Appendix G: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
LPC Camden & Islington	Y	All	Y
LMC Camden	Y	All	Y
Any person on pharmaceutical list (community pharmacies)	-	Contractor	Y
Healthwatch Camden	Y	All	Y
UCL Hospital – Chief Pharmacist	-	-	Y
Royal Free Hospital – Chief Pharmacist	-	-	Y
Great Ormond Street – Interim Chief Pharmacist	-	-	Y
Camden & Islington Foundation Trust: Chief Pharmacist	-	-	Y
Central North West London NHS Trust: Chief Pharmacist	-	-	Y
NHSE&I	Y	All	Y
Barnet HWB	-	-	Y
Brent HWB	-	-	Y
City of London HWB	-	-	Y
Haringey HWB	-	-	Y
Islington HWB	-	-	Y
Westminster HWB	-	-	Y

## Other consultees

Stakeholder role	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
CCG	Y	All	Y
Barnet LMC	-	-	Y
Brent LMC	-	-	Y
City of London LMC	-	-	Y
Haringey LMC	-	-	Y
Islington LMC	-	-	Y
Westminster LMC	-	-	Y
Barnet LPC	-	-	Y
Brent LPC	-	-	Y
City of London LPC	-	-	Y
Haringey LPC	-	-	Y
Islington LPC	-	-	Y
Westminster LPC	-	-	Y
Lead Consultant, Camden & Islington	Y	All	Y
Public Health Strategist, Camden & Islington	Y	All	Y
Comms & Engagement, Camden & Islington	Y	All	Y
Head of Health and Care Intelligence, Camden & Islington	Y	All	Y
Principal Public Health Intelligence Specialist, Camden & Islington	Y	All	Y

<b>Stakeholder role</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)</b>	<b>Draft PNA link sent</b>
Assistant Public Health Strategist, Camden & Islington	Y	All	Y
PH Analyst, Camden & Islington	Y	All	Y
Assistant Public Health Strategist, Camden & Islington	-	Public	Y
British Dental Association	-	-	Y

### **Methods of engagement**

- Hosted on council website
- Social media via council platforms
- Posted in e-bulletins – Residents, community leaders and champions, Carers Hub (via Age UK), Adult Social Care, pharmacy, GP surgeries & HCP networks
- Advertised to social & healthcare professionals, schools' e-bulletin, parent advisory groups.
- Posters sent to Voluntary Action Camden
- Promoted via HealthWatch Camden,
- Targeted communication to faith, disability, refugee and ethnic inclusion groups.
- Sent to internal staff via Yammer/e-bulletins

## Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,<sup>1</sup> Camden HWB held a 60-day consultation on the draft PNA from 8 June to 7 August 2022.

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

There were in total 7 responses, all of them from the internet survey. Responses received:

- 4 (57%) from the public
- 1 (14%) from a pharmacist
- 1 (14%) from a voluntary or community sector organisation
- 1 (14%) who identified as other

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

- Information provided in the PNA
- Availability of services currently and not currently provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 24 August for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. These are included in Appendix I.

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

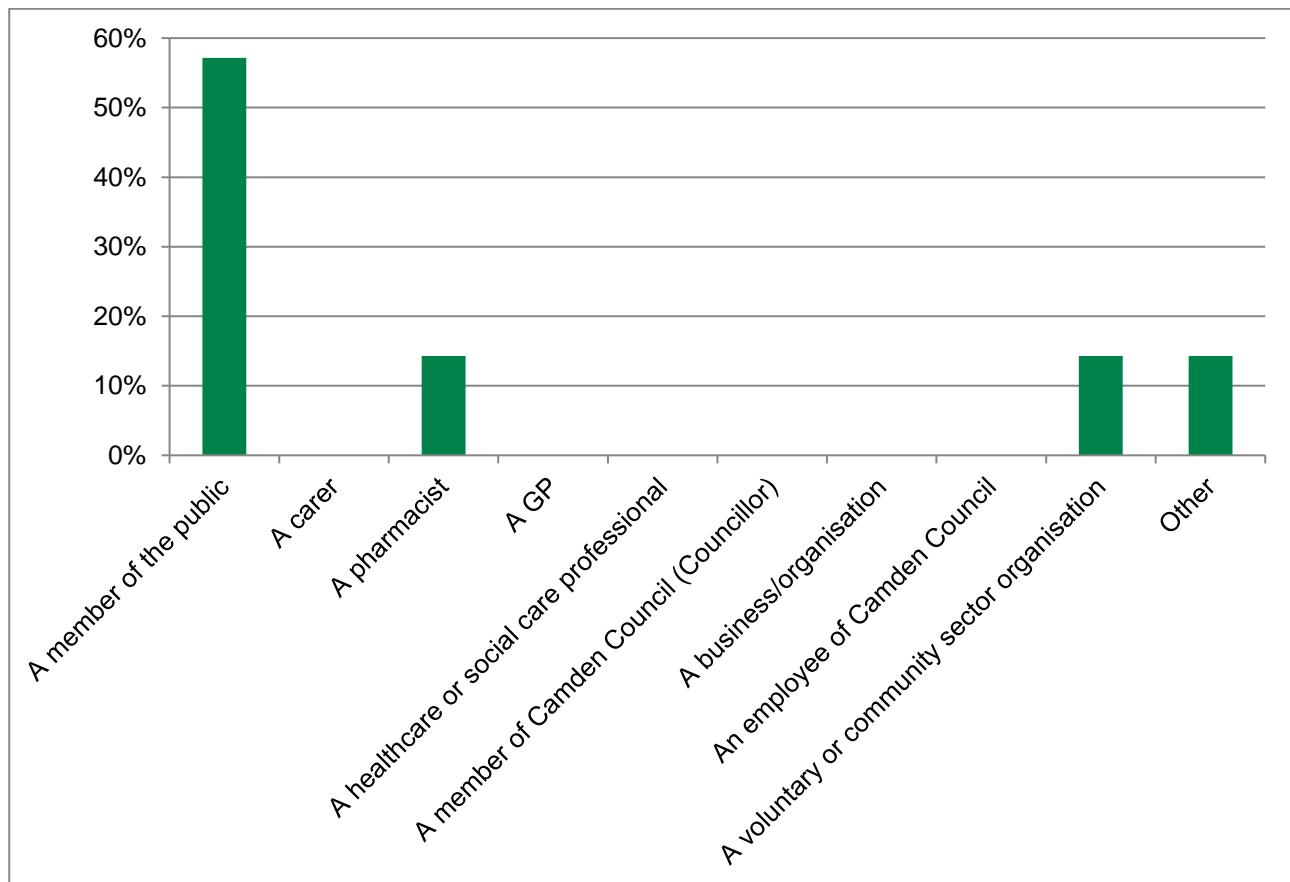
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<sup>1</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>



## Consultation questions and responses:

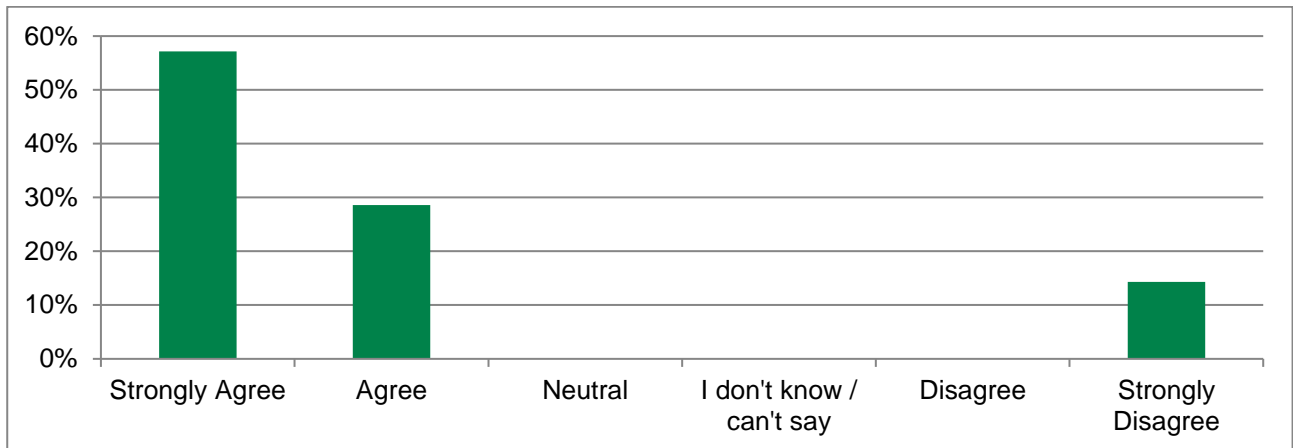
**Q1. Are you mainly responding as? (Please select one option)**



Answer choices	Percentage	Responses
A member of the public	57%	4
A carer	0%	0
A pharmacist	14%	1
A GP	0%	0
A healthcare or social care professional	0%	0
A member of Camden Council (a Councillor)	0%	0
A business/organisation	0%	0
An employee of Camden Council	0%	0
A voluntary or community sector organisation	14%	1
Other	14%	1

Answered – 7; skipped – 0

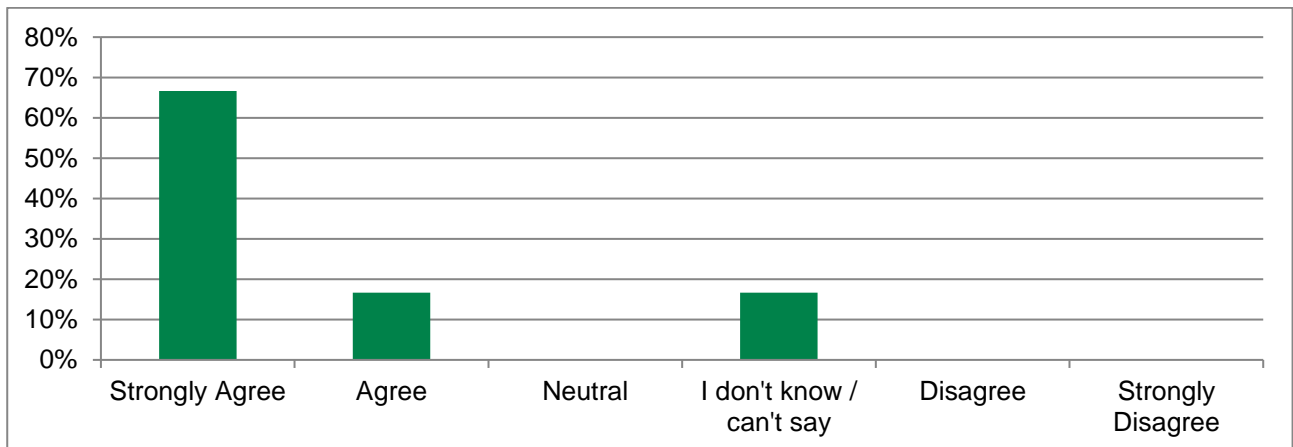
**Q2. The Draft Camden PNA reflects the current provision (supply) of pharmaceutical services within Camden. (See Sections 3, 4 & 6 of the Draft PNA)**



Answer choices	Percentage	Responses
Strongly agree	57%	4
Agree	29%	2
Neutral	0%	0
I don't know / can't say	0%	0
Disagree	0%	0
Strongly disagree	14%	1

Answered – 7; skipped – 0

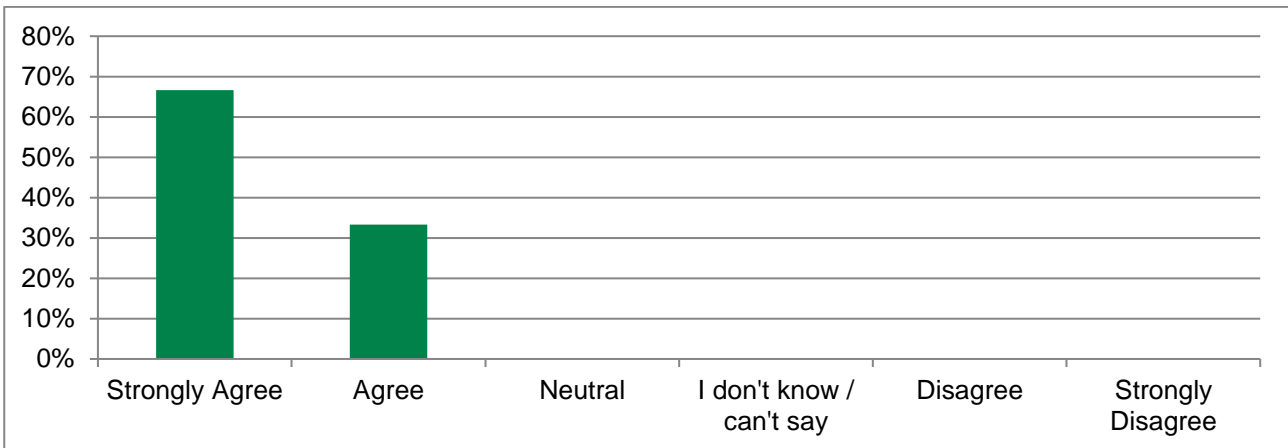
**Q3. The Draft Camden PNA reflects the current pharmaceutical needs of Camden residents. (See Section 7 of the Draft PNA)**



Answer choices	Percentage	Responses
Strongly agree	67%	4
Agree	17%	1
Neutral	0%	0
I don't know / can't say	17%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

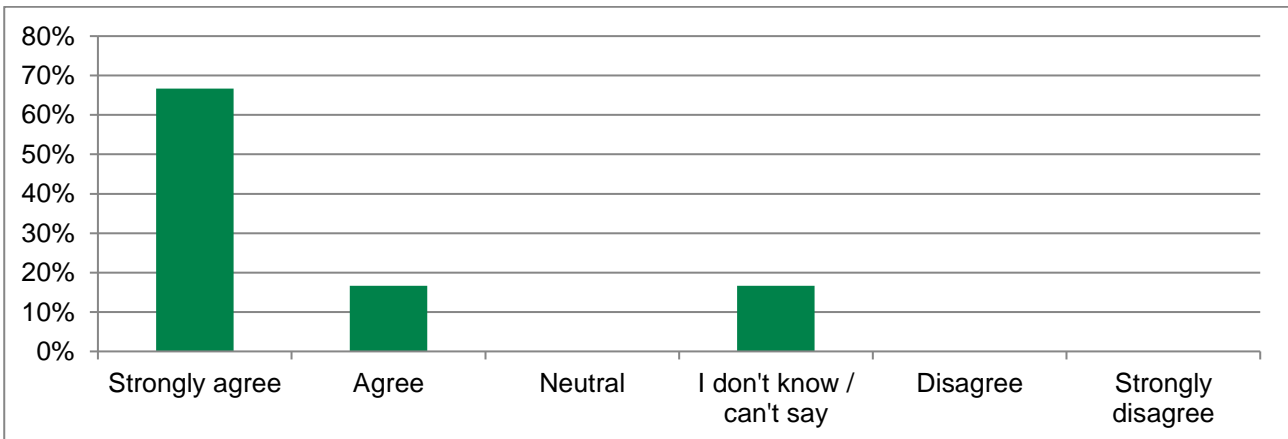
**Q4. The Draft Camden PNA has not identified any gaps in the provision of pharmaceutical services.**



Answer choices	Percentage	Responses
Strongly agree	67%	4
Agree	33%	2
Neutral	0%	0
I don't know / can't say	0%	0
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

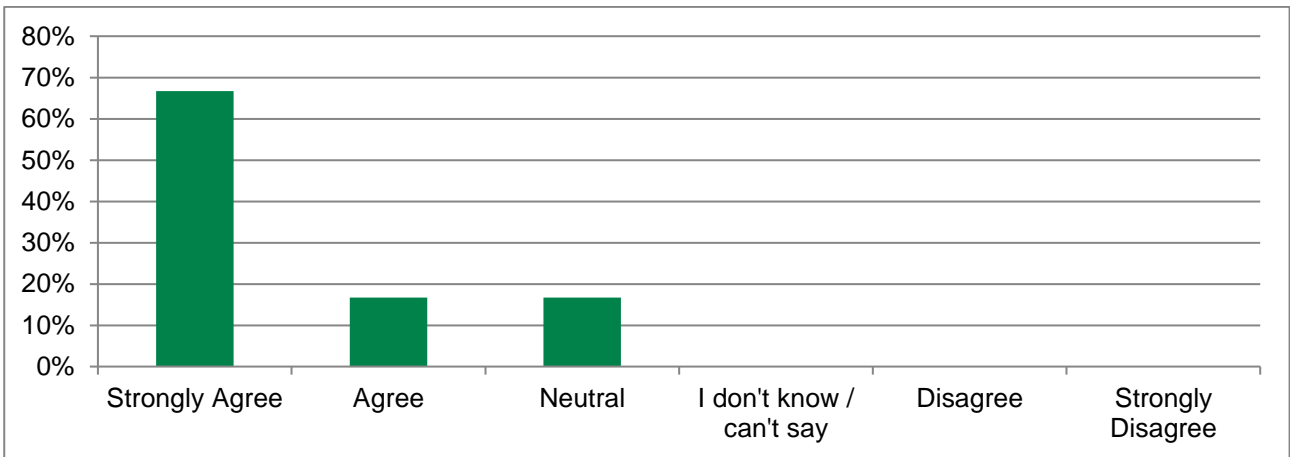
**Q5. The Draft Camden PNA reflects the future (over the next three years) pharmaceutical needs of Camden residents. (See Section 7 of the Draft PNA)**



Answer choices	Percentage	Responses
Strongly agree	67%	4
Agree	17%	1
Neutral	0%	0
I don't know / can't say	17%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

**Q6. What is your opinion on the conclusions within the Draft Camden PNA? (See the Executive Summary and Section 7 of the Draft PNA)**



<b>Answer choices</b>	<b>Percentage</b>	<b>Responses</b>
Strongly agree	67%	4
Agree	17%	1
Neutral	17%	1
I don't know / can't say	0%	0
Disagree	0%	0
Strongly disagree	0%	0

Answered – 6; skipped – 1

## Appendix I: Consultation comments

### Comments to the consultation survey:

Comment number	Question	Responding as	Comment	Steering Group response
1	Any other comments	A member of the public	Good representation of pharmacy provision	Noted.

### Recommendations received from NHSE:

Recommendation	Steering Group response
The HWB to note the change to opening hours as above. There are a number relating to Boots UK Ltd. The HWB is asked to check if these amendments would have any material difference to the statements the HWB has made in the PNA regarding services.	Boots changes have been amended in the PNA or supplementary statement, it has been concluded these changes do not impact the conclusions of the PNA
It is also noted that one Boots pharmacy has closed in June 2022 and another whilst is not providing services the contract is currently still in place, although this may change. The pharmacy is currently closed due to the refurbishment of Euston Station.	A footnote has been added to the Appendix regarding this pharmacy.
There are a number of areas where no information has been identified, the HWB is asked to check if there is any additional information available in these areas (see points 1–7 below)	
1. Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	Section 2.2 discusses the JSNA and Section 2.3 discusses the Health and Wellbeing Strategy and outlines the strategic priorities and improvement plans. These have been considered as part of the PNA process
2. Are there known firm plans for changes in the number and/or sources of prescriptions, i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	No, not at the time of writing. A statement has been added to Section 3: There have been no planned changes identified in providers of primary medical services, or the appointment of additional providers of primary medical services in Camden.
3. Are there plans for the development of NHS services?	Once ICBs are in place, they may have the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. The following statement also added in Section 1.3 'The ICB is currently reviewing local services and may look to develop and commission services that meet the needs of the population.'

Recommendation	Steering Group response
4. Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?	No, not at the time of writing
5. Are there plans for introduction of special services commissioned by clinical commissioning groups?	No, not at the time of writing
6. Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?	No, not at the time of writing. Section 3.3 statement added: There are currently no identified plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or DACs.
<p><b>7. Schedule 1, paragraph 3 – other relevant services: current provision</b> A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided –</p> <p><b>c)</b> in or outside the area of the HWB and, whilst not being services of the types described in subparagraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.</p>	Section 3.8 mentions the pharmaceutical service provision provided from outside the HWB area. Section 4 discusses other services that may affect pharmaceutical services provision – locally commissioned services. Section 7 concludes there are no gaps in current provision of other relevant service across Camden
What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves?	The current service provision has been assessed against population growth, health needs, access, demographics and there has been no gaps identified in the current and future provision of pharmaceutical services
Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups?	There is no identified need for specialist services at the time of writing, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups.

**Other comments received by letter/email:**

Comment by	Comment	SG response
Neighbouring Director of Public Health	Please see below	Noted.



## Appendix J: How travel time has been mapped

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

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

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

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

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



## Appendix K: Alphabetical list of pharmaceutical service providers in Camden HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG			LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy	First MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-Card
Allchins & Co Chemist	FL532	Community	28 Englands Lane, London	NW3 4UE	09:00-18:00	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	Y	-	Y	
Aqua Pharmacy	FK827	Community	59 Mill Lane, West Hampstead, London	NW6 1NB	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	Y	-	-
Aura Pharmacy	FYN77	Community	21 Brecknock Road, London	N7 0BL	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-
Baban Pharmacy	FWX99	Community	34 Chalton Street, London	NW1 1JB	07:00-24:00	00:00-15:00	Closed	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-
Biotech Pharmacy	FPR95	Community	96 Camden Road, London	NW1 9EA	09:00-13:30, 14:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	Y	Y	-	-	-	Y
Boots	FWL66	Community	25-27 Farringdon Road, Smithfield, London	EC1M 3HA	07:30-19:30	10:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	-
Boots	FH432	Community	122 Holborn London, London	EC1N 2TD	07:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FFE92	Community	Unit 12 Western Concourse, Kings Cross Station, Euston Road	N1C 4AP	07:00-22:00	07:00-22:00	09:00-21:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	Y	-	-
Boots	FE513	Community	Unit 19, St Pancras Station, London	N1C 4QL	07:00-22:00	08:00-22:00	09:00-20:00	Y	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	-
Boots	FDX66	Community	8-10 Camden High Road, Mornington Crescent, London	NW1 0JH	08:30-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-
Boots	FJ482	Community	173/175 Camden High Street, Camden Town, London	NW1 7JY	08:30-19:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	-
Boots	FMV02	Community	40 Hampstead High Street, London	NW3 1QE	09:00-18:30	10:00-18:00	10:30-18:00	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NMS	NHSE&I Advanced							NHSE&I Enhanced		CCG			LA					
											AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-Card
Boots	FA632	Community	191 Haverstock Hill, London	NW3 4QG	09:00-19:00	09:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	-
Boots	FJ398	Community	14 Harben Parade, Finchley Road, London	NW3 6JP	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	Y	Y	-	-
Boots	FR691	Community	196 Kentish Town Road, London	NW5 2EA	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-	
Boots	FQ521	Community	60/62 Kilburn High Road, Kilburn, London	NW6 4HJ	09:00-19:00	10:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	-	-	
Boots	FDY54	Community	16-17 Tottenham Court Road, London	W1T 1BE	09:00-19:00	10:00-19:00	12:00-18:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	Y	Y	-	Y	-	-	
Boots	FCL17	Community	122 Tottenham Court Road, London	W1T 5AP	09:00-18:00	10:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	-	-	
Boots	FJT00	Community	211-212 Tottenham Court Road, London	W1T 7PP	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	-	-	
Boots	FQ977	Community	40-42 Brunswick Shopping Centre, Marchmont Street, London	WC1N 1AE	08:30-18:30	09:00-17:00	11:00-17:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	-	-	
Boots	FJT53	Community	24-26 High Holborn, London	WC1V 6AZ	07:30-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	Y	-	-	
Boots	FN299	Community	129-133 Aviation House, Kingsway, London	WC2B 6NH	07:30-20:00	10:00-18:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	Y	Y	-	-	
Central Pharmacy	FR188	Community	225 West End Lane, London	NW6 1XJ	08:30-18:00	09:30-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
D H Roberts Chemists	FC161	Community	165 Fortess Road, Tufnell Park, London	NW5 2HR	09:00-19:00 (Thu 09:00-13:00)	09:00-16:00	Closed	-	-	Y	-	-	-	-	-	-	Y	-	-	-	Y	-	-	-	-	-	-	
Dales Pharmacy	FH085	Community	463 Finchley Road, London	NW3 6HN	09:00-18:00	09:30-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	Y	-	-	Y	-	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NMS	NHSE&I Advanced							NHSE&I Enhanced		CCG			LA				
											AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution
Day Lewis	FA151	Community	126 Kentish Town Road, London	NW1 9QB	09:00-13:00, 14:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y	-	Y
Day Lewis Pharmacy	FN002	Community	321 Kentish Town Road, London	NW5 2TJ	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-
Eico Pharmacy	FJ395	Community	97 Highgate Road, London	NW5 1TR	09:00-18:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	Y	-	Y	Y	-	-
Essentials Pharmacy	FV174	Community	169 Drury Lane, Covent Garden, London	WC2B 5QA	09:00-17:00	10:30-17:30	Closed	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Evergreen Pharmacy	FA614	Community	64 Eversholt Street, London	NW1 1DA	09:00-19:00 (Thu 09:00-13:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y
Fine Chemists	FGQ34	Community	86 Queens Crescent, London	NW5 4EB	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	-	-
Grafton Pharmacy	FCQ11	Community	132/132A Tottenham Court Road, London	W1T 5AZ	08:00-19:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	-	-	-	Y	Y	Y	Y	-	Y
Green Light Pharmacy	FKT86	Community	275 Eversholt Street, London	NW1 1BA	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	-	-	-	-	-	-
Greenlight Pharmacy	FFD81	Community	62-64 Hampstead Road, London	NW1 2NU	09:00-19:00	10:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
Greenlight Pharmacy	FQ664	Community	6 Cricklewood Broadway, London	NW2 3HD	08:30-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y
Greenlight Pharmacy	FR693	Community	Inside Sugar Cane, 27-29 Winchester Road, London	NW3 3NR	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	Y	-	-	-	-	-	-	-	-
Hampstead Heath Pharmacy	FRM43	Community	35 South End Road, London	NW3 2PY	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Hasscon Pharmacy	FMC51	DSP	Room 34, Spectrum House, 32-34 Gordon House Road, London	NW5 1LP	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NMS	NHSE&I Advanced							NHSE&I Enhanced		CCG			LA								
											AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution	C-Card			
Holborn Pharmacy	FNK76	Community	88 Southampton Row, London	WC1B 4BB	09:00-18:15	09:00-17:15	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
House of Mistry Ltd	FQL22	Community	15-17 South End Road, London	NW3 2PT	09:30-18:30	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HV Thomas	FFQ54	Community	81 Mill Lane, London	NW6 1NB	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	Y	Y	Y	Y	-	Y	-	Y	
John Walker Chemists	FHK32	Community	2-3 Medway Court, Leigh Street, London	WC1H 9QX	09:00-18:30	09:30-14:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y	Y	-	Y	-	Y	-	Y	
JP Pharmacy	FFT74	Community	139 Camden High Street, London	NW1 7JR	09:00-18:30	09:00-18:00	10:00-16:00	-	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	-	Y	
Keats Pharmacy	FTN92	Community	30 Rossllyn Hill, Hampstead, London	NW3 1NH	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	Y	Y	-	Y	-	Y	-	-	
Kerrs Chemist	FX460	Community	41 Bloomsbury Way, London	WC1A 2SA	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-	Y	-	Y	-	-	
Kings Pharmacy	FEC18	Community	6 Chester Court, Albany Street, London	NW1 4BU	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-
M Simmonds	FAD04	Community	4 Swains Lane, Highgate, London	N6 6QS	09:00-18:00	09:00-16:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	Y	-	Y	-	-	
Macey Chemists	FG052	Community	68 Mansfield Road, London	NW3 2HU	09:00-18:00	10:00-14:00	Closed	-	-	-	-	-	Y	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	
Medicine Box	FDC25	Community	21 Camden High Street, London	NW1 7JE	09:00-18:30	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	
Morrison's Pharmacy	FEN40	Community	66 Chalk Farm Road, Camden, London	NW1 8AN	09:00-20:00	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y	-	Y	-	Y	
Niemans Chemist Ltd	FQ038	Community	60 Lambs Conduit Street, London	WC1N 3LW	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	Y	-	Y	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NMS	NHSE&I Advanced							NHSE&I Enhanced		CCG			LA				
											AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	COVID-19 vaccination	Bank holiday	Self-Care Pharmacy First	MRD	End of life care	Smoking cessation	EHC	Needle exchange	Supervised consumption	Naloxone distribution
Pharmacy Republic	FLJ85	Community	100 Fleet Road, Hampstead, London	NW3 2QX	08:00-23:00	08:00-23:00	10:00-20:00	Y	-	-	-	-	Y	-	Y	Y	-	Y	Y	-	Y	Y	-	Y	Y	-	-
Primrose Chemist	FAG17	Community	95 Regents Park Road, London	NW1 8UR	09:15-13:00, 14:00-18:15	09:15-13:00, 14:00-18:15	Closed	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-
Ramco Dispensing Chemist	FG643	Community	270 West End Lane, Hampstead, London	NW6 1LJ	09:00-19:00	09:00-17:10	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-
Ritz Pharmacy	FDE31	Community	43 Heath Street, London	NW3 6UA	09:00-19:00	09:00-19:00	10:00-18:00	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rowlands Pharmacy	FGJ23	Community	21-23 Malden Road, London	NW5 3HY	09:00-13:00, 13:20-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	-	Y	Y	Y	Y	-	Y
Sandylight Pharmacy	FK977	Community	131 Queens Crescent, London	NW5 4EG	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	
Starr Pharmacy	FNV83	Community	81 Grays Inn Road, London	WC1X 8TP	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	-	Y	Y	-	-
Superdrug Pharmacy	FT034	Community	3/5 Harben Parade, Finchley Road, London	NW3 6JP	09:00-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-
Superdrug Pharmacy	FET01	Community	82-84 High Road, London	NW6 4HS	09:00-14:00, 14:30-18:30	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	Y	-	-
Superdrug Pharmacy	FKD52	Community	232 High Holborn, London	WC1V 7EG	07:30-19:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	-	-	-	-	-
Village Pharmacy	FF092	Community	8/9 Belsize Terrace, Hampstead, London	NW3 4AX	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	Y	-	-	-	-	-	-
Zen Healthcare	FMK19	Community	150 Southampton Row, London	WC1B 5AN	09:00-19:00	09:00-19:00	12:00-19:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-

In addition, there is a Boots pharmacy (FM035) in Main Concourse, Euston Station, London NW1 2DU, that is temporarily closed at the moment due to the refurbishment of the station. The closure may be permanent but at the time of writing the contract is still in place.

# Appendix L: Future opportunities for possible community pharmacy services in Camden

## 1 Introduction

Any local commissioning of services for delivery by community pharmacy lies outside the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Camden as part of the PNA process it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

There were 26 respondents to the contractor questionnaire (Appendix E). Over 80% of respondents indicated that they would be willing to provide a number of Disease-Specific Medicines Management services (non-Essential Services) if commissioned (e.g. diabetes 95%, Coronary Heart Disease (CHD) 88%, Chronic Obstructive Pulmonary Disease (COPD) 88%).

One area identified in the contractor questionnaire responses was an inhaler recycling service provided by community pharmacies to support the wider NHS agenda on reducing the carbon footprint of inhalers. There is an example of such a service delivered in Kent called 'Complete the Cycle', which is a GSK inhaler recycling and recovery scheme aimed at disposing inhalers properly in an effort to help the environment. Further exploration of the possibility of delivering such a service in Camden should be considered.

It was not possible to make any conclusion regarding the possibility of commissioning future services from the responses provided in the commissioner questionnaire (Appendix F).

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

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

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

## 2 Health needs identified in the NHS Long Term Plan (LTP)

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

LTP priorities that can be supported from community pharmacy:

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

## 3 Health needs in Camden

The health needs of the population of Camden were outlined in [Section 2](#) and summarised in [Section 6.1](#) of the PNA.

Camden can be regarded as a healthy area with most major indicators of good health being better than both London and England averages.

Some of the key areas are as follows:

- Overall all-cause all-age mortality in 2020 was 697 per 100,000. This was significantly lower than the London and England averages.
- Under-75 all-cause mortality was 292 per 100,000, which was significantly lower than the London and England averages.
  - Excess deaths did not differ significantly from the London and England averages
  - Under-75 cancer mortality was lower than the London and England averages
  - Under-75 CVD mortality was lower than the England average

- Under-75 respiratory mortality did not differ significantly from the London and England averages
- Smoking prevalence in adults according to the GP Patient Survey was 18%, which was significantly higher than the London and England averages.
- Flu (and C-19) vaccination uptake in Camden was lower than the NCL average and lower than the average seen in England.
- Camden has a higher Hep C detection rate than England average. Within NCL, Camden has the highest rate.
  - Premature mortality from Hep C-related liver disease in Camden is also substantially higher than the England average

#### **4 Opportunities for further community pharmacy provision**

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on the priorities of the LTP and health needs in Camden, community pharmacy can be commissioned to provide services that can help manage and support in these areas.

##### **A. Existing services**

###### **Essential Services**

Signposting for issues such weight management and health checks.

###### **Advanced Services**

Some of the existing Advanced Services could be better used within Camden, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, CHD.

The flu vaccination uptake is below the national average in Camden. Highlighting the service availability in community pharmacies may help to reduce the deficit.

###### **Locally Commissioned Services**

Sexual health services are not commissioned in community pharmacies in Camden (except Emergency Hormonal Contraception, EHC). Of respondents to the public questionnaire, 55% indicated that they would wish to see such services available from community pharmacies.

Expansion of the EHC services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the Advanced Hepatitis C testing service could be advantageous based on the prevalence data (above).

There are over 60,000 students attending university in Camden; having these services available with the extended opening hours of a community pharmacy may be beneficial.



## **B. New services**

From the public questionnaire there is a wish that a variety of services are provided from community pharmacies. From the contractor questionnaire there is also a willingness to deliver some services if commissioned, albeit not in all pharmacies.

Based on the results of these questionnaires, it would seem appropriate to investigate the provision of some new services from the existing community pharmacy infrastructure in Camden.

### **Advanced Services**

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of Camden based on the identified health needs, including:

- **Hypertension case finding service**

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

The diagnosis gap for hypertension in Camden is greater than the London and England average.

- **Hepatitis C testing service**

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

Camden has a higher Hep C detection rate than England average. Within NCL it is the highest in Camden and premature mortality from Hep C-related liver disease in Camden is also substantially higher than the England average.

Linking the screening for Hep C to needle exchange or supervised consumption services currently provided from community pharmacies may be of benefit in Camden. 48% of respondents to the public questionnaire would wish to see such a service provided.

- **Stop Smoking**

There is a new Stop Smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service, as an **Advanced Service**.

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking have been decreasing in Camden as well as in London and England.

In Camden it is estimated that between 12 and 18% of the population are active smokers (dependant on the source), although it is known that smoking levels in more deprived populations are higher.

### **Locally Commissioned Services**

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

- The NHS Health Check is a national programme for people aged 40–74 years that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.
- As the diagnosis gap for diabetes and hypertension is greater than the national average in Camden, then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities in the NHS LTP (there was limited health needs information provided for Camden).

### **Possible Disease-Specific Services**

- **Diabetes**  
Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence, 6. Signposting.

- **STI and HIV Screening**

Chlamydia screening is a service that is commonly provided by many community pharmacies across England. This service may also include a treatment arm.

The Advanced Service for hepatitis C testing uses a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the existing **EHC** service.

While there was limited information from the commissioner questionnaire, screening for gonorrhoea and hepatitis C were two areas where there was a positive response to commissioning a service.

- **Cardiovascular**

Atrial Fibrillation (AF) screening service (multiple areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a stop smoking service or weight loss support service

- **Respiratory**

Asthma Inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

## 5 Recommendations

### A. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved utilisation
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided (Section 5)

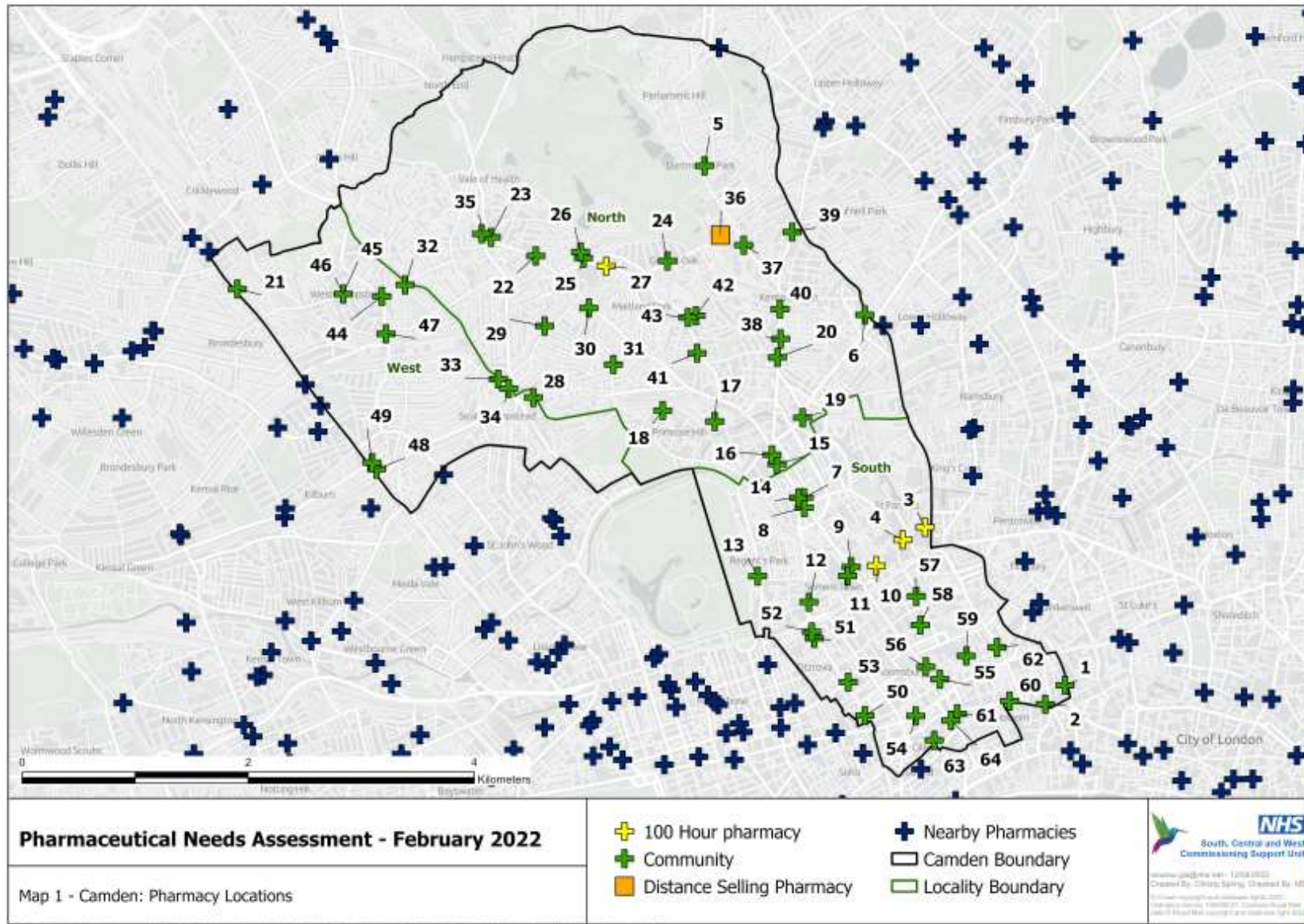
### B. Identify the best way to deliver the new Advanced Services

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Camden.

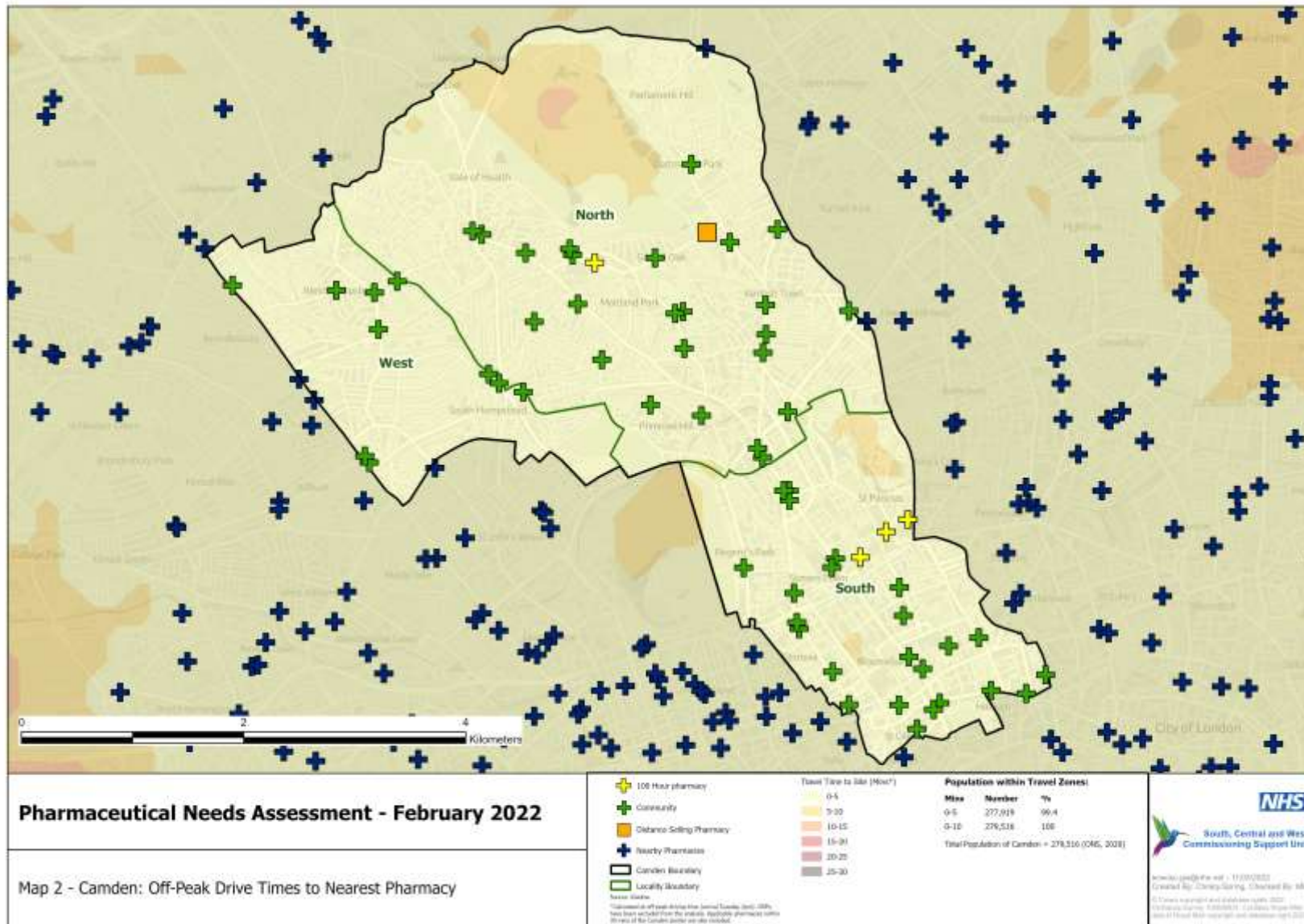
**C. Consider the provision of new Locally Commissioned Services**

To meet specific health needs in Camden, e.g. NHS Health Checks, diabetes, sexual health, or respiratory or cardiovascular conditions.

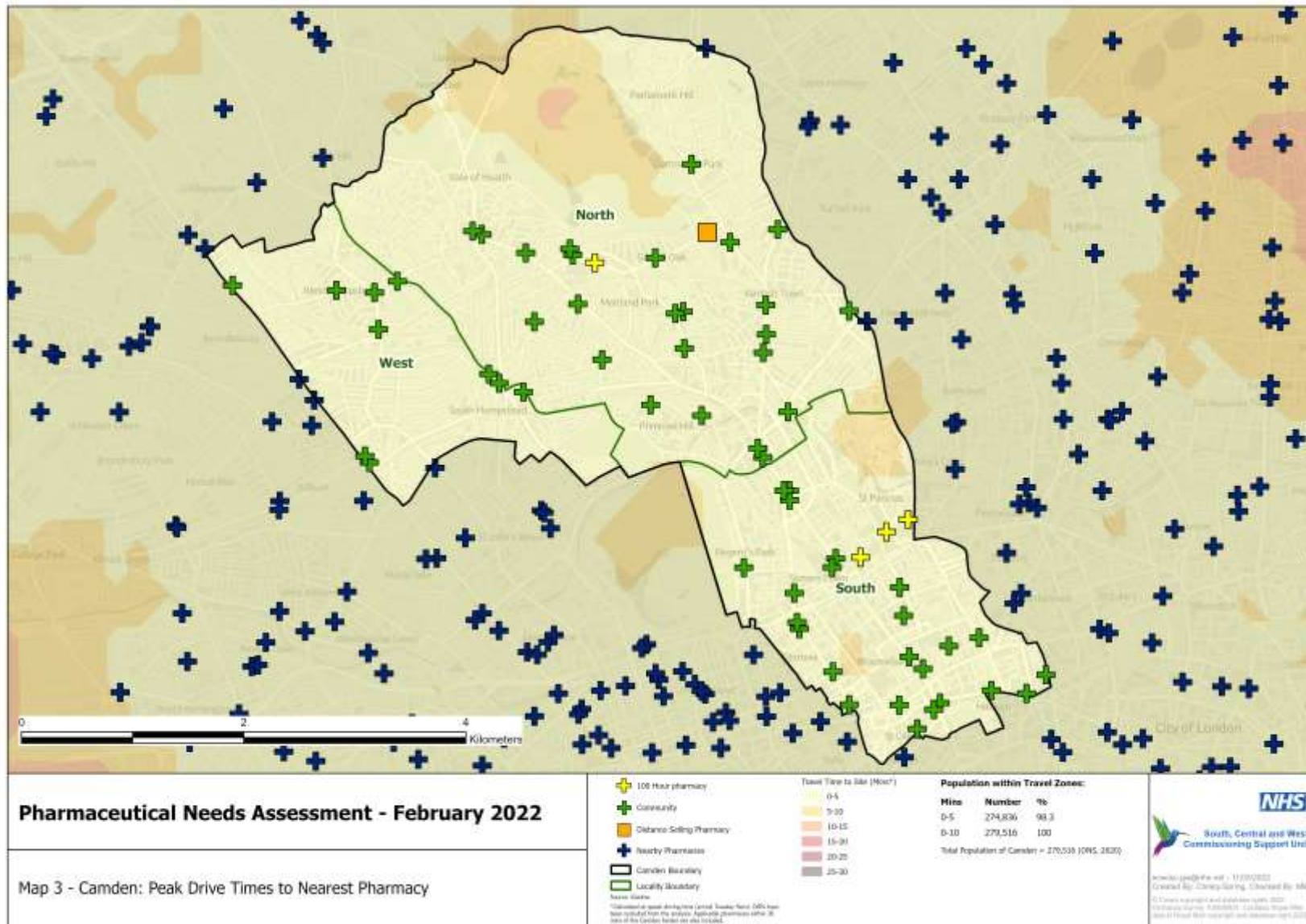
# Map 1: Pharmacy contractors in Camden



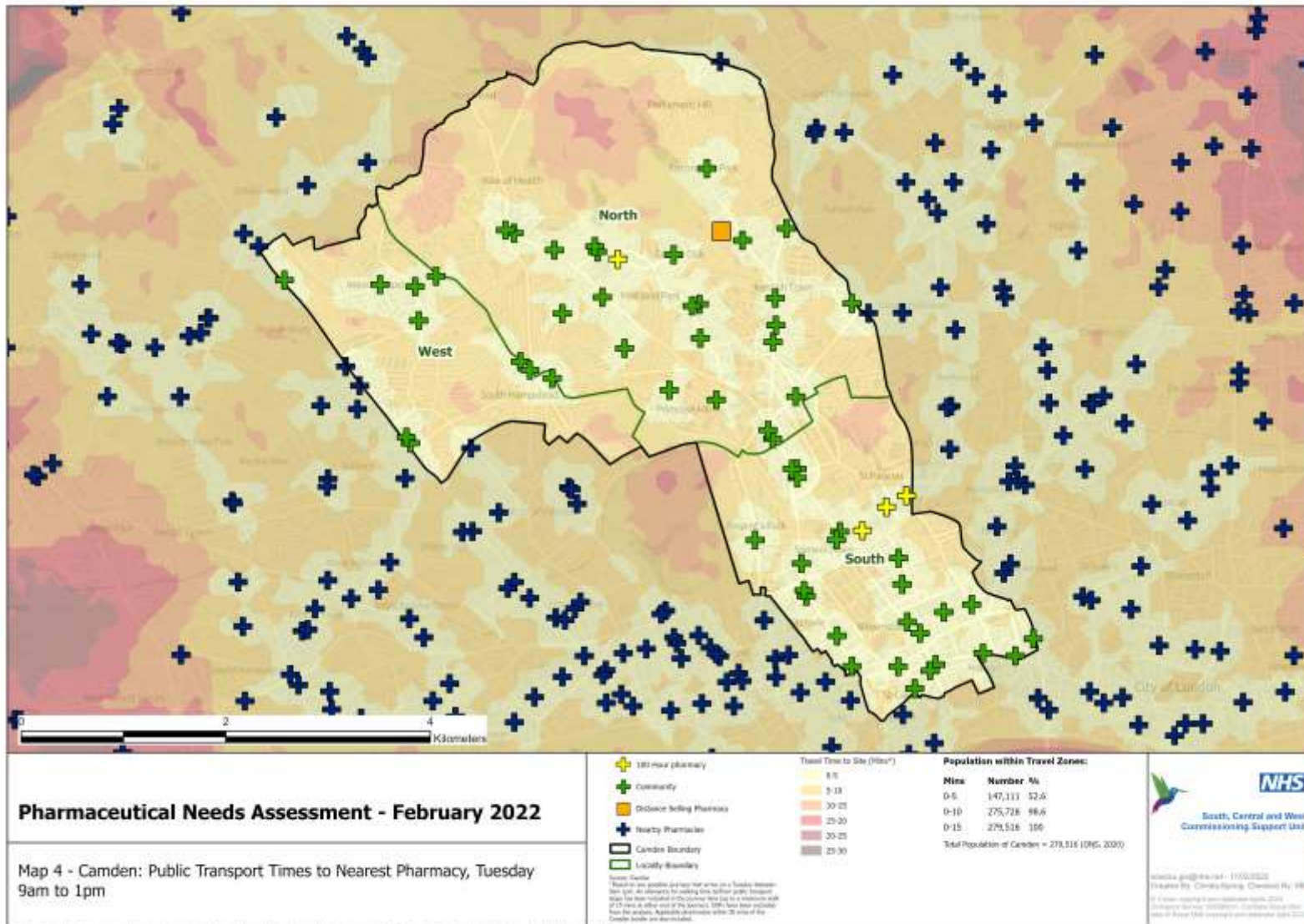
## Map 2: Off-peak drive times to the nearest pharmacies in Camden



### Map 3: Peak drive times to the nearest pharmacy in Camden



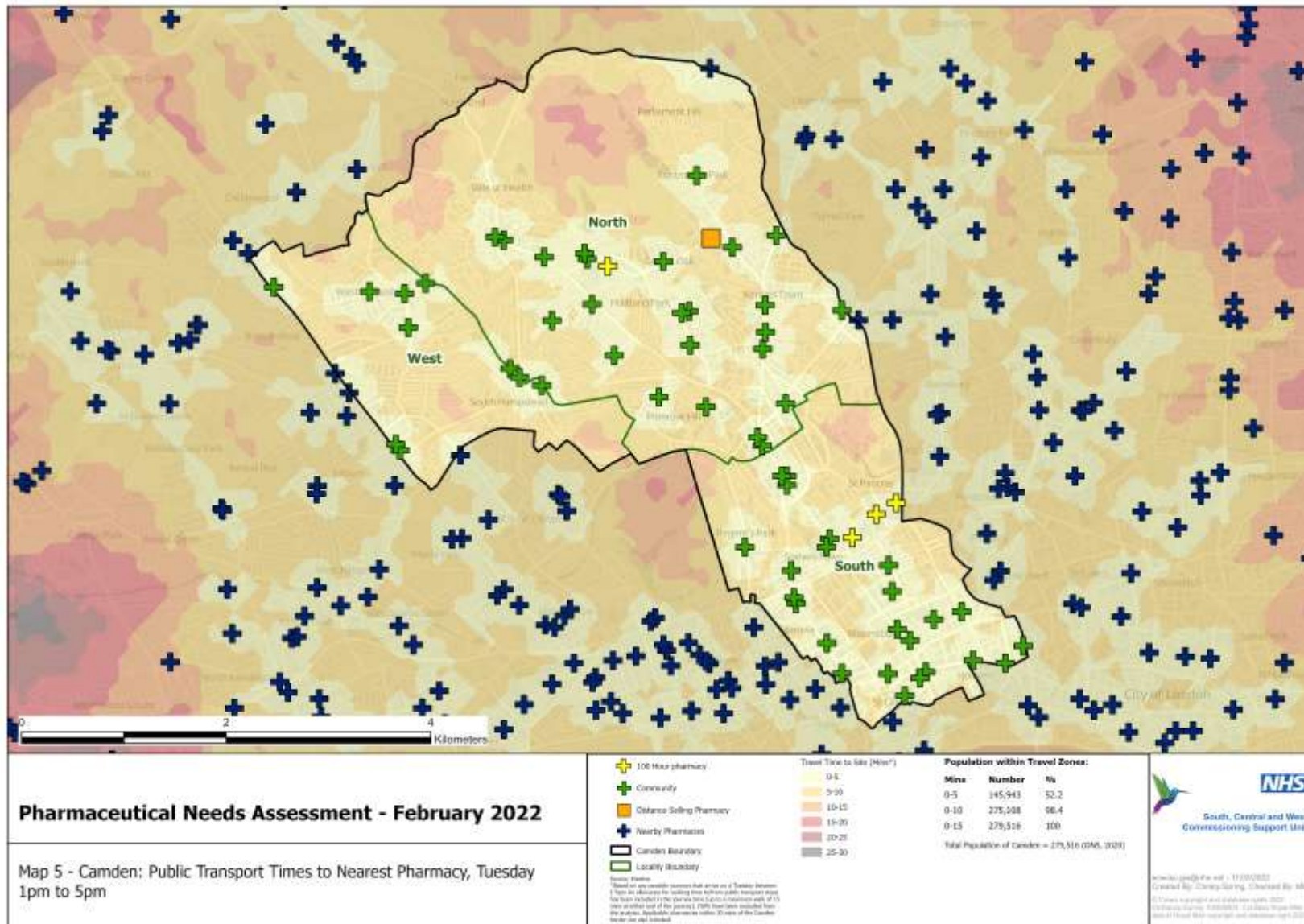
## Map 4: Public transport time to nearest pharmacy (morning) in Camden



Note: Tuesday was when travel analysis was run, which is a proxy for weekday driving times



## Map 5: Public transport time to nearest pharmacy (afternoon) in Camden



## Map 6: Walking time to the nearest pharmacy in Camden

