



Pharmaceutical Needs Assessment 2022

Islington Health and Wellbeing
Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by Islington Council. The production has been overseen by the PNA Steering Group for Islington 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 Islington HWB by Islington Council, with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the pharmaceutical list held by NHS England and NHS Improvement (NHSE&I).¹ 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 Islington

Islington has 46 community pharmacies, including one DSP (as of 23 March 2022) for a population of around 245,000 (ONS 2020). It also has three DACs. Islington has an average of 18.7 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

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.

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

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

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 Islington 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 of normal working hours across Islington 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 Islington.

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 Islington.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Islington, and are commissioned by the Clinical Commissioning Group 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 Islington.

- **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 Islington.

- **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 Islington to meet the needs of the population.

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring

AF – Atrial Fibrillation

APS – Annual Population Survey

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

CQC – Care Quality Commission

CVD – Cardiovascular Disease

DAC – Dispensing Appliance Contractor

DHSC – Department of Health and Social Care

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

GPPS – GP Patient Survey

HIV – Human Immunodeficiency Virus

HWB – Health and Wellbeing Board

ICB – Integrated Care Board

ICS – Integrated Care Systems

IMD – Index of Multiple Deprivation
JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Layer Super Output Area
LTP – Long Term Plan
MAR – Medicine Administration Record
MRD – Medicine Reminder Device
MUR – Medicines Use Review
NCL – North Central London
NCMP – National Child Measurement Programme
NEX – Needle Exchange
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
OST – Opioid 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

STI – Sexually Transmitted Infection

VOW – Very Overweight

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),² 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. The PNA is a critical document to secure the provision of NHS community pharmacy services to the residents of Islington. This document should be revised within three years of its previous publication. The last PNA for Islington was published in March 2018.

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 Islington fulfils this regulatory requirement.

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

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act introduces statutory framework requiring primary care trusts to prepare and publish PNA	PNAs to be published by 1 February 2011	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):**³ 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.

² The Pharmaceutical Regulations 2013. www.legislation.gov.uk/ukSI/2013/349/contents/made

³ NHS Long Term Plan. 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.⁴ 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 2015-16.⁵ In response to the pandemic, two Advanced Services were also created: pandemic delivery service and C-19 lateral flow test 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).⁶ 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.⁷
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁸ Providing pharmacy services remotely increased during the C-19 pandemic. This requirement ensures that all pharmacies provide services remotely to patients, bricks-and-mortar pharmacies and Distance-Selling Pharmacies (DSPs) facilitate remote access to the full range of NHS pharmacy services.
- **Community Pharmacist Consultation Service (CPCS):**⁹ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Scheme (NUMSAS) and local pilots of the 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, from 999. From 1 November 2020; GP CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aim to relieve pressure on the wider NHS by connecting patients with community pharmacies that are integrated with primary care-level services, as part of the NHS LTP.

⁴ 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>

⁵ 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>

⁶ Since the time of writing this has changed to NHS England (NHSE).

⁷ 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

⁸ 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/>

⁹ 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.¹⁰
- **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.¹¹ 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.¹² Information and JSNA products will be updated on the Islington Council website. This is kept live as a rolling programme of documents and informs the Joint Health and Wellbeing Strategy (JHWS), which will take into account the findings of JSNA products.

¹⁰ Discharge Medicines Service. <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

¹¹ 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

¹² Islington Council. JSNA. www.islington.gov.uk/about-the-council/islington-evidence-and-statistics/joint-strategic-needs-assessments

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 (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the population they serve. Due to the 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'.¹³

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 that are/may be commissioned under the provider's contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

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

¹³ 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 Islington.

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

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 Islington 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 offered must be offered throughout England. It is therefore likely that patients within Islington HWB area will be receiving pharmaceutical services from a DSP outside Islington 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 have 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 where it has made an application to do so and NHSE&I has agreed that application, in such a case, the pharmacy cannot amend these hours without the consent of NHSE&I.¹⁴

¹⁴ PSNC. Opening Hours. <https://psnc.org.uk/contract-it/pharmacy-regulation/opening-hours/>

The CPCF, last agreed in 2019,¹⁵ is made up of three types of services:

- 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.

The ICB is currently reviewing local NHS services and may look to develop and commission services that meet the needs of the population.

1.4.1.1 Essential Services

Islington 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.

¹⁵ Community Pharmacy Contractual Framework: 2019 to 2024. 22 July 2019.

www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

ES4 provides the ability to:

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

Community 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 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 Islington JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

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

ES7: 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 to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

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

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

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

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

1.4.1.2 Advanced Services

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

There are several Advanced Services within the 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 Islington can be seen in [Section 3.2.4](#) and in [Section 6](#) by locality.

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

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

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

A.1 Appliance Use Review (AUR)

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

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of 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 C-19 pandemic

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

The **C-19 LFD distribution service** was a service that pharmacy contractors could choose to provide, as long as they met the necessary requirements, and it 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.

From 24 February 2022, the government eased C-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. Since 1 April, the government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.¹⁶

¹⁶ 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

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, general practices 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 practices, the CPCS takes referrals from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, the 999 service, and it has been available since 29 October 2019.

A.6 Flu vaccination

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

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.

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 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 the London-based pharmacies.

A.9 New Medicine Service

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 ischaemic 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.¹⁷

A.10 Smoking cessation

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

1.4.1.3 Enhanced Services

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

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.

¹⁷ 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

C-19 vaccination

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

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

There are currently four (9%) community pharmacies providing this service in Islington. The pharmacies providing the service are listed in Appendix A and highlighted by locality in [Section 6.2](#).

Bank holiday, Easter Sunday and Christmas Day coverage

For the last two years, NHSE&I has had an two Enhanced Services for coverage over bank holidays and another to cover Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days so patients can easily access medication if required.

This service is provided by two pharmacies to cover the whole of Islington.

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 AURs 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) providers¹⁸

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 four other HWB areas that border the Islington HWB area:

- Camden HWB
- Haringey HWB
- Hackney HWB
- City of London HWB

In determining the needs of, and pharmaceutical service provision to, the population of the Islington, 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.

¹⁸ DHSC. 2022 Pharmacy Access Scheme: guidance. 4 July 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

1.4.7 Other services and providers in Islington

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](#) of this document outlines services provided by NHS pharmaceutical providers in Islington commissioned by organisations other than NHSE&I or provided privately and which are 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 Islington 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 Islington HWB on 22 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.

Islington 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, Islington'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 PNA¹⁹ 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

A total of 108 responses were received. A copy of the public questionnaire can be found in Appendix D with detailed responses.

¹⁹ Islington Council. PNA. 2018. [20180322islingtonpna2018final.pdf](#)

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

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

A total of 24 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 Islington to inform the PNA.

Only one response was 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 which the assessment was based was the most robust and accurate. NHSE&I, as the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to their 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 Islington 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 brought in 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 were issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on London Borough of Islington'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 in Appendix I.

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

The collation and analysis of consultation responses were 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 Islington geography would be defined.

The majority of health and social care data is available at Primary Care Network (PCN) and local authority level, and at this level provides reasonable statistical rigour. It was agreed that new localities based on PCN boundaries would be used to define the localities of the Islington geography.

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

Table 2: Localities, PCNs and wards in Islington

Locality	PCN	Ward
North	Islington North 1	Finsbury Park
North	Islington North 1	Holloway
North	Islington North 1	St George's
North	Islington North 2	Hillrise
North	Islington North 2	Junction
North	Islington North 2	Tollington
Central	Central 1	Highbury East
Central	Central 1	Highbury West
Central	Central 1	St Mary's
Central	Central 2	Canonbury
Central	Central 2	Mildmay
Central	Central 2	St Peter's
South	South	Barnsbury
South	South	Bunhill
South	South	Caledonian
South	South	Clerkenwell

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), Islington Council and NCL CCG. The Steering Group agreed that providers previously included in the Islington 2018 PNA would continue to be included in the 2022 PNA.

Section 2: Context for the PNA

2.1 NHS Long Term Plan²⁰

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
 - CVD
 - Stroke care
 - Diabetes
 - Respiratory disease
 - Adult mental health services

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

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

²⁰ NHS Long Term Plan. www.longtermplan.nhs.uk/

- **Section 3.68** identifies **community pharmacists** as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- **Section 3.86** states: ‘We will do more to support those with respiratory disease to receive and use the right medication.’ Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The NMS is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- **Section 6.17** identifies 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)²¹

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 to 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 that it is not just about health and personal social care services – it is also about the wider aspects of health and wellbeing including poverty, employment, education, housing and the environment.

The JSNA is a way in which local authorities, the NHS and other public sector partners work together to understand 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.

The JSNA for Islington takes in to account the population, children and young people, physical and mental wellbeing, lifestyle risk factors and wider determinants such as good housing, education and employment.

2.3 Joint Health and Wellbeing Strategy (JHWS)²²

Islington’s JHWS sets out Islington’s overarching plan for improving the health and wellbeing of people living in Islington for 2017-20.

²¹ Islington Council. JSNA. www.islington.gov.uk/about-the-council/islington-evidence-and-statistics/joint-strategic-needs-assessments

²² Islington. JWHS 2017–2020. www.islington.gov.uk/~media/sharepoint-lists/public-records/publichealth/information/adviceandinformation/20162017/20170131islingtonjointthealthandwellbeingstrategy201720201.pdf?la=en

Over the last three years, there has been a focus on the following priorities:

- Ensuring every child has a best start in life
- Preventing and managing long-term conditions to enhance both length and quality of life and reduce health inequalities
- Improving mental health and wellbeing

The strategy aims to achieve a stronger focus on health and wellbeing within the context of family and/or household. It is the statutory duty of the HWB to produce a high-level plan for improving the health and wellbeing of people in Islington, defined as the JHWS.

In April 2016, Islington HWB agreed to maintain a focus on the three priorities from previous strategies.

Islington's guiding principles are defined below:

- To put themselves in the shoes of residents, ensuring they are at the heart of what they do, and co-design responses to challenges with residents, around their needs
- To focus on the assets and strengths of the population, and to build the resilience of individuals and communities to promote independence and reduce dependency
- To focus on prevention and early intervention to improve outcomes and reduce escalation of need and demand
- To work across professional, service and organisational boundaries to ensure a coordinated, collective approach to delivering ambitions and plans, recognising and valuing the contribution of all parts of the system
- To focus on those areas and issues that require them to act in partnership and as system leaders to make the biggest difference
- To make Islington fairer and focus on reducing inequalities in all that they do
- To make every penny count by ensuring that they take an outcome- and evidence-based approach

2.4 Camden and Islington Pharmacy Insight Report²³

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:

1. Factors affecting Locally 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.

²³ Camden and Islington. Serving the local community 2021. Pharmacy Perspectives on Effective Uptake, Implementation & Delivery of Population Health Interventions. 2021.

- **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. 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.

2.5 Population characteristics

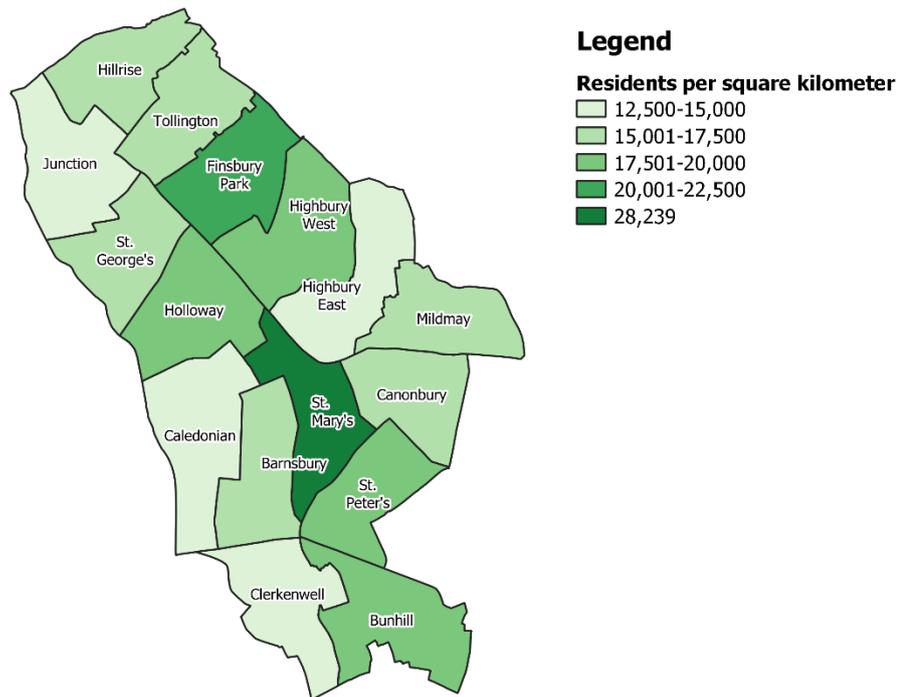
2.5.1 Population overview and projections

The Greater London Authority (GLA) 2020-based housing-led population projections estimate that in 2022 Islington has a total population of 245,632, comprising 124,529 (50.7%) males and 121,103 (49.3%) females. The population is spread over three localities: North, Central and South.

North locality has the largest number of residents by population, accounting for 92,410 (38%), while Central locality has the second largest population, accounting for 88,164 (36%), and South locality has the smallest, accounting for 65,058 (26%).

Within Islington, St Mary's ward has the densest population of around 28,000 per km². This can be compared with wards such as Caledonian, Clerkenwell, Highbury East and Junction, which have population densities of between 12,500 and 15,000 per km².

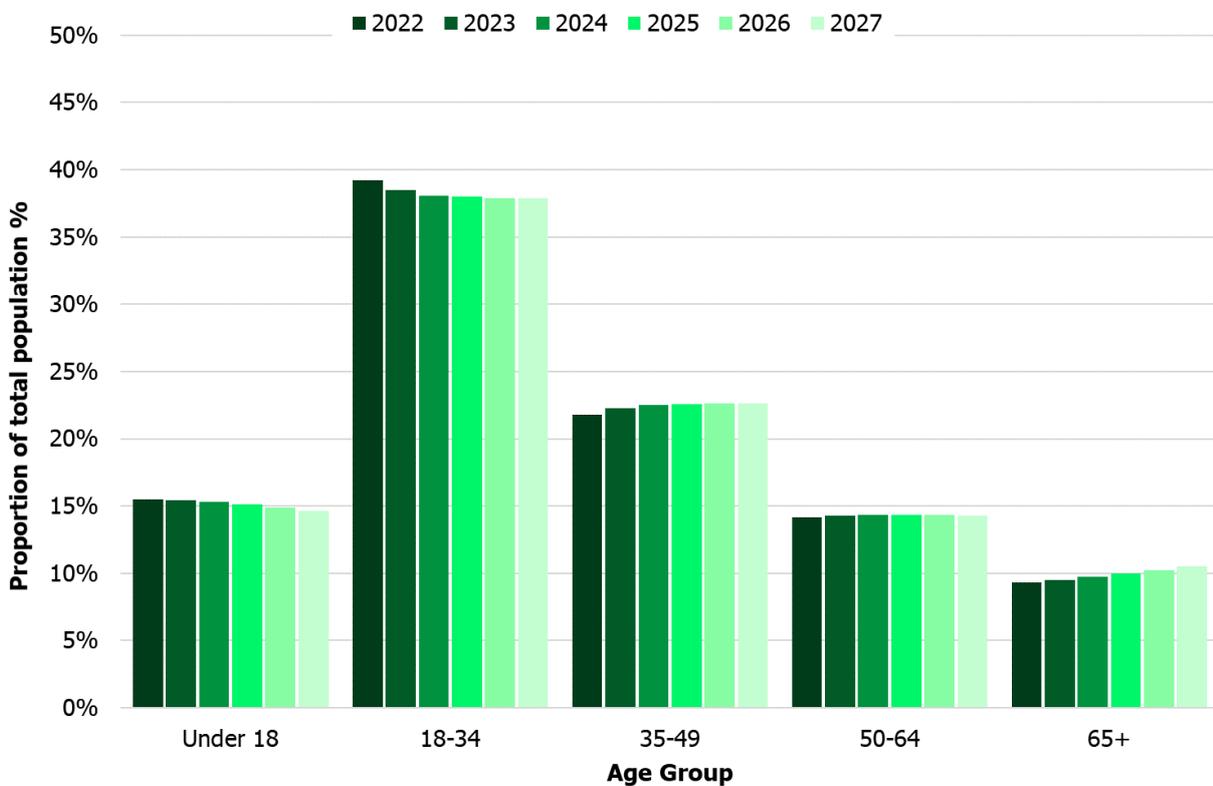
Figure 1: Population density (residents per km²), by ward, 2022



Source: GLA 2020-based housing-led population projections

Over the next five years, the population of Islington is projected to increase by 3% and by around 7,000 individuals. Generally, the population is projected to age, with the proportion of 35+ increasing. This follows the pattern seen across London as a whole.

Figure 2: Projected change in population structure 2022-27



Source: GLA 2020-based housing-led population projections

Tables 3, 4 and 5 show the predicted population change in the three localities over the next five years. Each locality is expected to have an ageing population, with the Central locality expected to see the largest increase in the proportion aged 65+.

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

Year	Under 18		18–64		65+		Total population
	Number	%	Number	%	Number	%	
2022	15,015	16%	68,564	74%	8,831	10%	410
2023	15,077	16%	68,923	74%	9,112	10%	112
2024	15,054	16%	69,222	74%	9,425	10%	700
2025	14,974	16%	69,903	74%	9,741	10%	618
2026	14,874	16%	70,748	74%	9,999	10%	621
2027	14,759	15%	71,544	74%	10,326	11%	629

Source: GLA 2020-based housing-led population projections

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

Year	Under 18		18–64		65+		Total population
	Number	%	Number	%	Number	%	
2022	14,257	16%	65,321	74%	8,585	10%	88,164
2023	14,203	16%	65,254	74%	8,753	10%	88,210
2024	14,094	16%	65,062	74%	9,003	10%	88,159
2025	13,940	16%	65,077	74%	9,208	10%	88,225
2026	13,734	16%	65,042	74%	9,497	11%	88,272
2027	13,499	15%	65,009	74%	9,804	11%	88,311

Source: GLA 2020-based housing-led population projections

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

Year	Under 18		18–64		65+		Total population
	Number	%	Number	%	Number	%	
2022	8,744	13%	50,782	78%	5,532	9%	65,058
2023	8,859	13%	51,510	78%	5,676	9%	66,045
2024	8,948	13%	52,226	78%	5,843	9%	67,017
2025	8,917	13%	52,441	78%	6,025	9%	67,383
2026	8,861	13%	52,472	78%	6,217	9%	67,549
2027	8,819	13%	52,462	77%	6,464	10%	67,745

Source: GLA 2020-based housing-led population projections

Table 6: Population projections of NCL (2022-27)

Year	Under 18		18–64		65+		Total population
	Number	%	Number	%	Number	%	
2022	305,017	20%	1,029,722	67%	196,100	13%	1,530,840
2023	303,362	20%	1,035,864	67%	201,660	13%	1,540,886
2024	300,720	19%	1,040,355	67%	207,302	13%	1,548,376
2025	296,836	19%	1,044,601	67%	213,098	14%	1,554,534
2026	292,433	19%	1,049,472	67%	219,154	14%	1,561,059
2027	288,299	18%	1,054,312	67%	225,541	14%	1,568,152

Source: GLA 2020-based housing-led population projections

2.5.2 Age-predicted population growth

The greatest proportion of the Islington population falls within the working-age categories 25–29 and 30–34, as shown in Figure 3. 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 Islington falls within the age categories of 80+, as shown in Table 7, and is similar to the NCL and London averages.

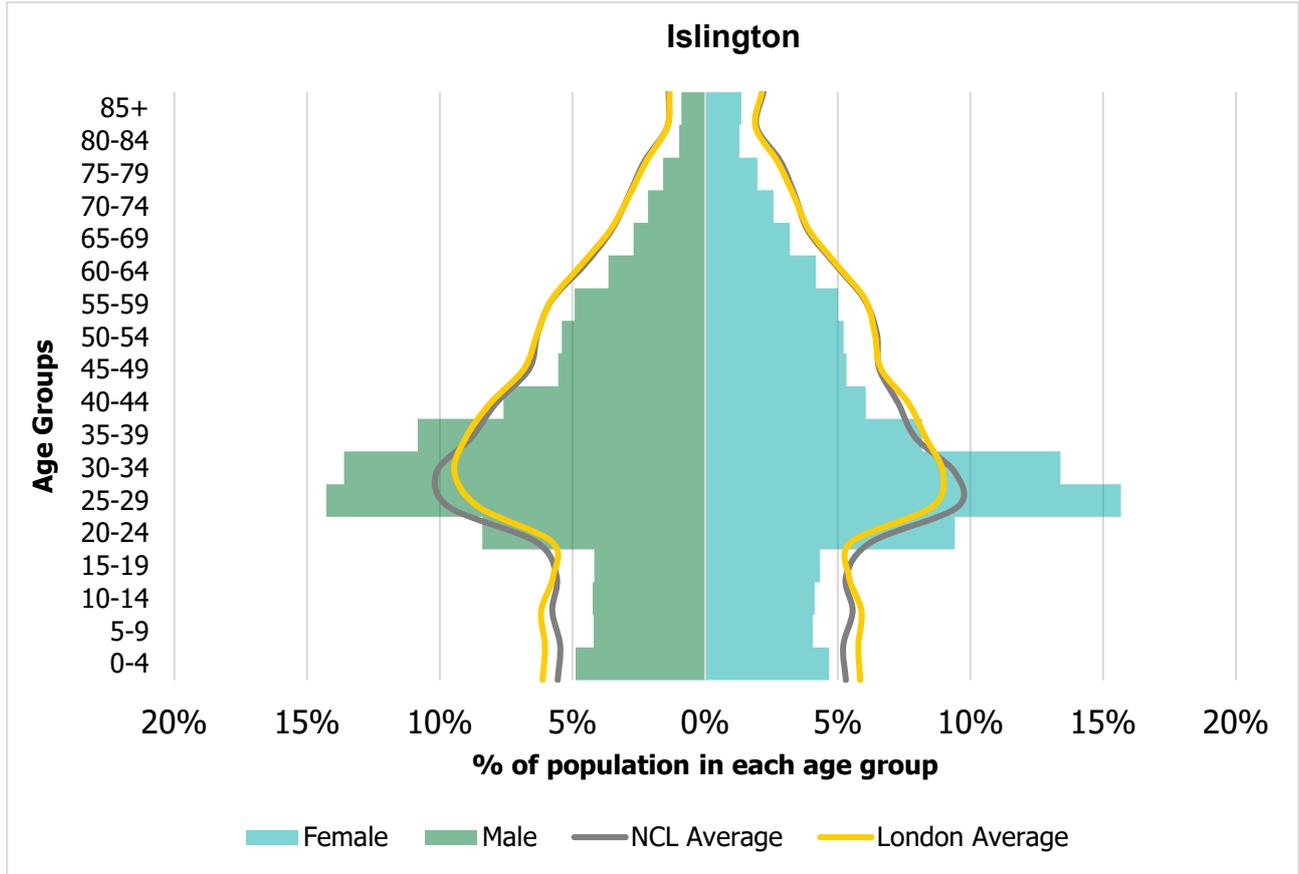
North locality, with the largest current population, is expected to see the largest increase in population size over the next five years of around 4,000 individuals. South locality is expecting a rise of around 2,500, while Central locality is expected to only see an increase of around 150 individuals.

The North locality is projected to see an increase of around 4,000 individuals between 2022 and 2027. It is also projected to see a decrease in the under-18 population. It is also expected to see the largest increase in the proportion of residents aged 65+, rising from 10% to 11%, as seen in Table 3.

Central locality is projected to see the largest increase in the proportion of residents aged 65+, rising from 10 to 11%. However, the size of the population is only expected to increase by around 150 individuals over the next five years. Furthermore, the proportion of people aged 18 and under is expected to decrease.

South locality is projected to see a rise in the population aged 65+, from 9% to 10%, as shown in Table 5. It is also expected to see an increase of around 2,700 individuals over the next five years.

Figure 3: Male and female population in each age group



Source: GLA 2020-based housing-led projections

Table 7: Age groups

Age Group	Number	%
0-4	11,730	5%
5-9	10,145	4%
10-14	10,273	4%
15-19	10,432	4%
20-24	21,848	9%
25-29	36,751	15%
30-34	33,161	14%
35-39	23,387	10%
40-44	16,790	7%
45-49	13,347	5%
50-54	13,036	5%
55-59	12,196	5%
60-64	9,589	4%
65-69	7,235	3%
70-74	5,797	2%

Age	Number	%
75–79	4,361	2%
80–84	2,793	1%
85+	2,762	1%
Total	245,632	

Source: GLA 2020-based housing-led population projection

2.5.3 Housing

Islington's local plan set out the council's planning policies. New developments will contribute to the projected increases in population. Islington's planning department estimated in April 2022 that there will be approximately 5,100 additional homes built in the borough by 2025-26.

New developments are taking place in Bunhill, which, with the completion of work on City Road, will deliver a large component of the new homes expected over the next three years, and in St George's, particularly by the redevelopment of the old Holloway Prison. It should be noted that further alterations to the London Plan (July 2021) require Islington to deliver a minimum of 775 homes per year, which Islington is meeting in its housing projections and is planning to accommodate in its emerging new local plan.

2.5.4 GP-registered population

According to data published by NHS Digital and set out in Table 8, 303,151 people were recorded as being registered with a GP in Islington, of which the largest number and proportion of GP-registered people live in Bunhill ward (n=22,530), and the smallest number and proportion live in St George's ward (n=6,054). Central locality has the largest number of patients registered to a GP practice at 101,181 compared with North locality (95,567) and West locality (74,655).

Table 8: People registered at a GP practice

Ward	Locality	Number registered to a GP practice	Proportion of total population registered
Barnsbury	South	16,967	6%
Bunhill	South	22,530	8%
Caledonian	South	18,245	7%
Canonbury	Central	14,867	5%
Clerkenwell	South	16,913	6%
Finsbury Park	North	20,574	8%
Highbury East	Central	14,911	5%
Highbury West	Central	20,664	8%
Hillrise	North	14,446	5%
Holloway	North	22,471	8%
Junction	North	15,312	6%

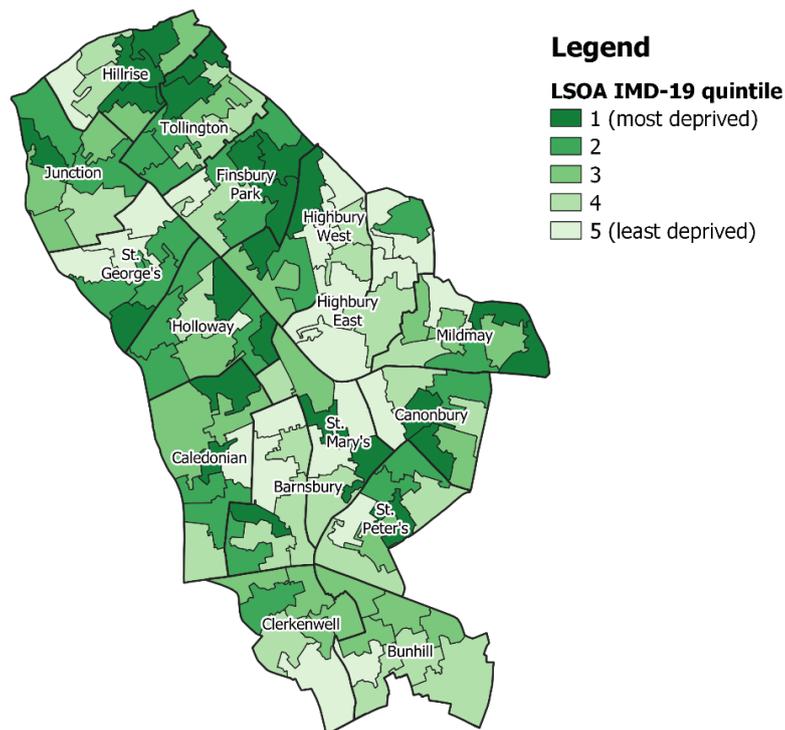
Ward	Locality	Number registered to a GP practice	Proportion of total population registered
Mildmay	Central	16,406	6%
St George's	North	6,054	2%
St Mary's	Central	16,517	6%
St Peter's	Central	17,816	7%
Tollington	North	16,710	6%
Total		271,403	

Source: NHS Digital 2022

2.5.5 Deprivation

The 2019 English Indices of Multiple Deprivation (IMD) ranked Islington as the sixth most deprived borough in London and among the 45 most deprived in the country. However, deprivation varies considerably across the borough and often across wards. Wards such as Hillrise, Tollington and Holloway house the most deprived residents.

Figure 4: Local IMD quintiles, by Lower Layer Super Output Area (LSOA), 2019



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

2.5.6 Life expectancy

Overall, Life expectancy in Islington does not differ significantly from the London and England averages for men (79.5 in Islington) and women (83.2 in Islington). However, the gap in life expectancy across the borough can be seen in Figure 5, with people in the most deprived areas having a lower life expectancy than in the least deprived areas. These differences in health outcomes can be masked by a good life expectancy overall.

Figure 5: Female life expectancy by ward, 2015-19²⁴

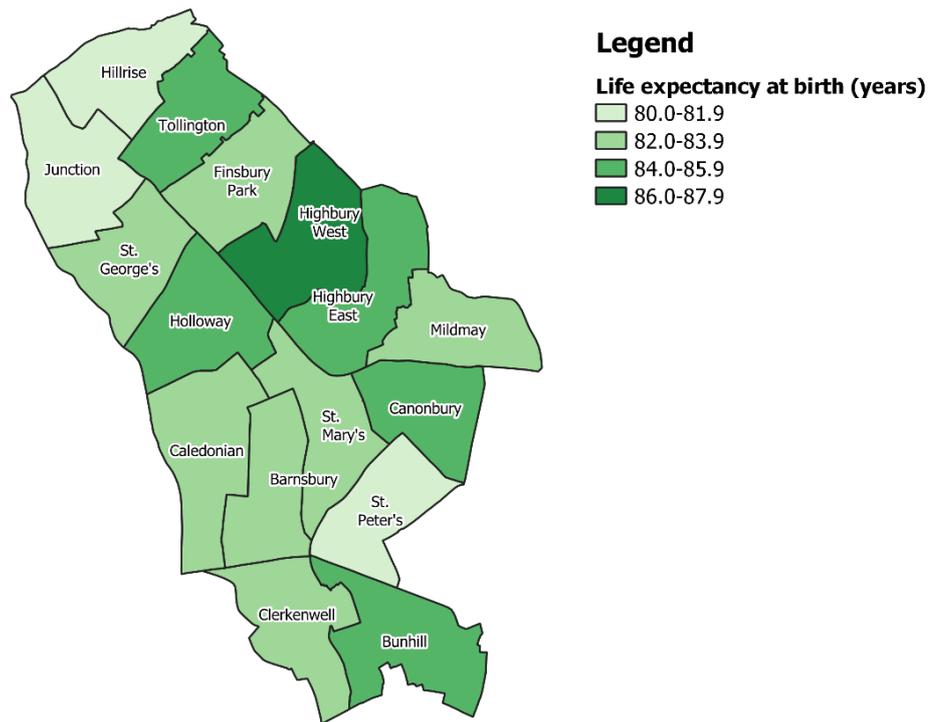
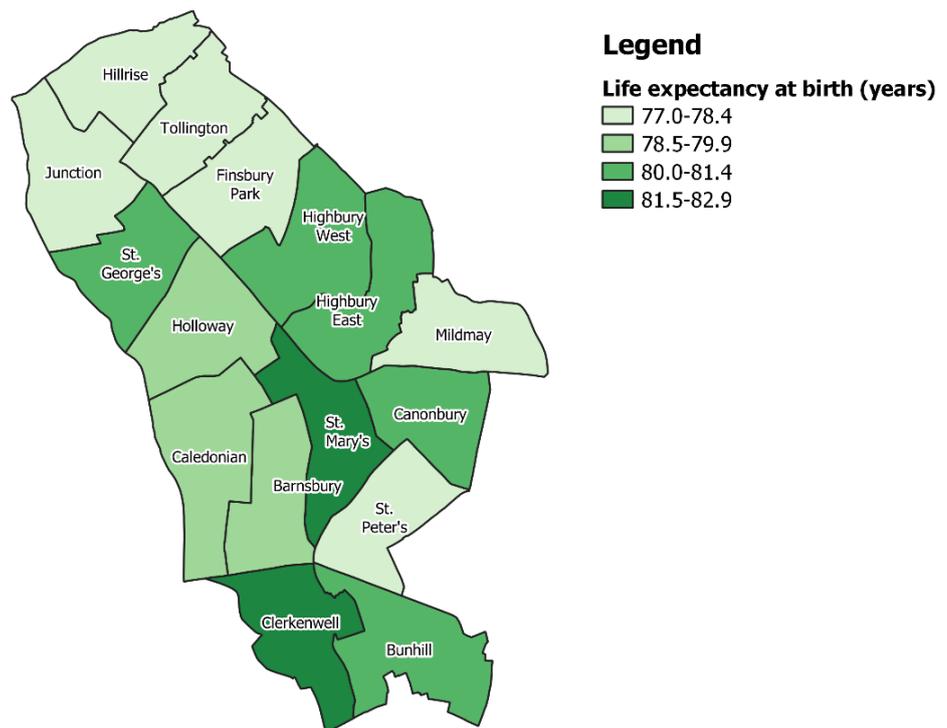


Figure 6: Male life expectancy by ward, 2015-19²⁵



Healthy life expectancy is a measure of the number of years a person would be expected to live in good health. In Islington, the healthy life expectancy for males is 63.0 and for females is 63.8, which does not differ significantly from the London or England averages.

²⁴ OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022.

²⁵ OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022.

Table 9: Life expectancy and healthy life expectancy for Islington, London, England, 2018-20

	Sex	Islington	London	England	Significant difference to London	Significant difference to England
Life expectancy (years)	Male	79.5	80.3	79.4	Lower	No significant difference
	Female	83.2	84.3	83.1	Lower	No significant difference
Healthy life expectancy (years)	Male	63.0	63.8	63.1	No significant difference	No significant difference
	Female	63.8	65.0	63.9	No significant difference	No significant difference

Source: Office for Health Improvement and Disparities (OHID). Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

2.5.7 Religion

According to the 2011 census data as shown in Table 10, the most practiced religion in Islington is Christianity (40% of the population); this is significantly lower than the NCL and England averages.

The second most practiced religion is Islam (9%), which is significantly higher than the England average. Of the Islington population, 30% identify as having no religion, which is significantly higher than the NCL and England averages.

Table 10: Population size by religion group from 2011 census

	Islington number	Islington %	NCL %	England %	Significant difference to London	Significant difference to England
Christian	82,879	40%	43%	59%	Lower	Lower
No religion	61,911	30%	21%	25%	Higher	Higher
Muslim (Islam)	19,521	9%	13%	5%	Lower	Higher
Buddhist	2,117	1%	1%	<1%	No significant difference	Higher
Hindu	2,108	1%	3%	2%	Lower	Lower
Jewish	1,915	1%	6%	<1%	Lower	Higher
Other religion	967	<1%	1%	<1%	Lower	Higher
Sikh	569	<1%	<1%	1%	Lower	Lower
Religion not stated	34,138	17%	12%	7%	Higher	Higher

Source: Census 2011

2.5.8 Ethnicity

The GLA 2016-based housing-led ethnic group projections in Table 11 and Figure 7 show that the largest ethnic group is the White British (n=108,512) followed by the ‘Any Other White’ ethnic group (n=49,667). Both ethnic groups comprise a significantly higher proportion of the population than the NCL average.

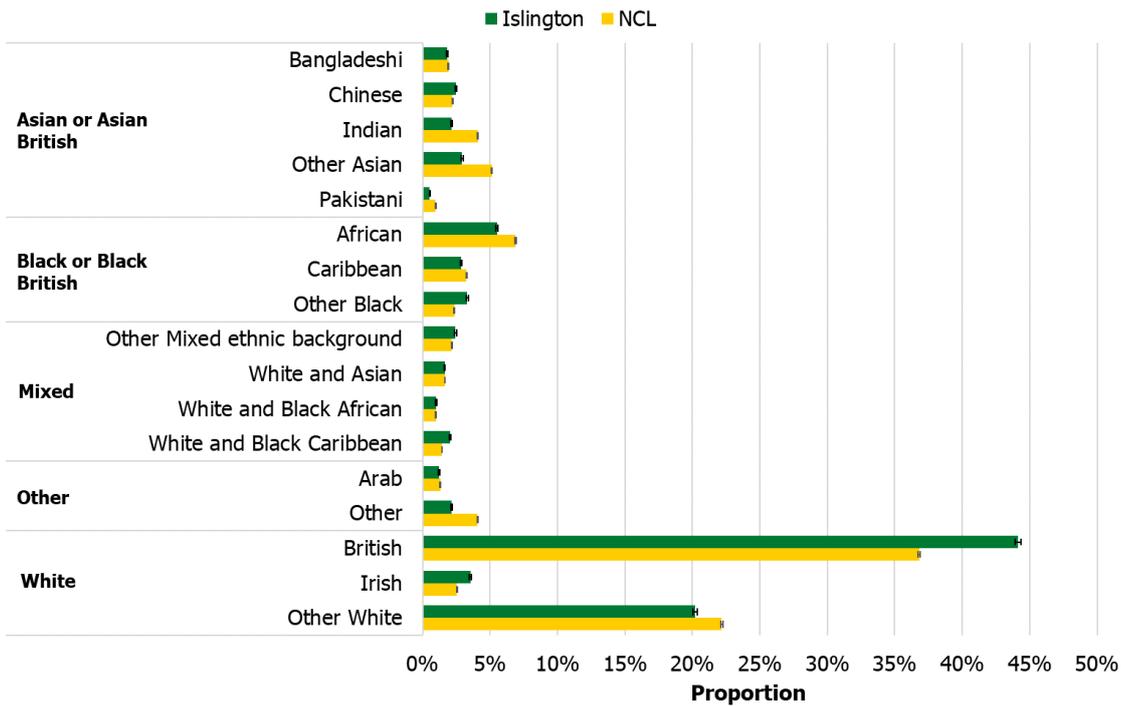
In Islington, there is also a large number of people from the ‘Black – African’ ethnic group.

Table 11: Population size by ethnicity thnic grouping

		Ethnicity		Islington Number	Islington %
White	British	108,512	44	576,288	37
	Irish	8,737	4	39,697	3
	Other White	49,667	20	347,184	22
Black or Black British	Caribbean	7,051	3	51,073	3
	African	13,545	6	108,014	7
	Other Black	8,154	3	36,649	2
Asian or Asian British	Indian	5,328	2	64,291	4
	Pakistani	1,327	1	15,258	1
	Bangladeshi	4,422	2	29,989	2%
	Chinese	6,058	2	34,647	2%
	Other Asian	7,227	3	80,275	5%
Mixed	White and Black Caribbean	5,033	2	22,484	1%
	White and Black African	2,469	1	15,398	1%
	White and Asian	4,010	2%	25,854	2%
	Other mixed ethnic background	6,020	2%	33,984	2%
Other	Arab	2,964	1%	20,660	1%
	Other	5,314	2%	63,709	4%

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

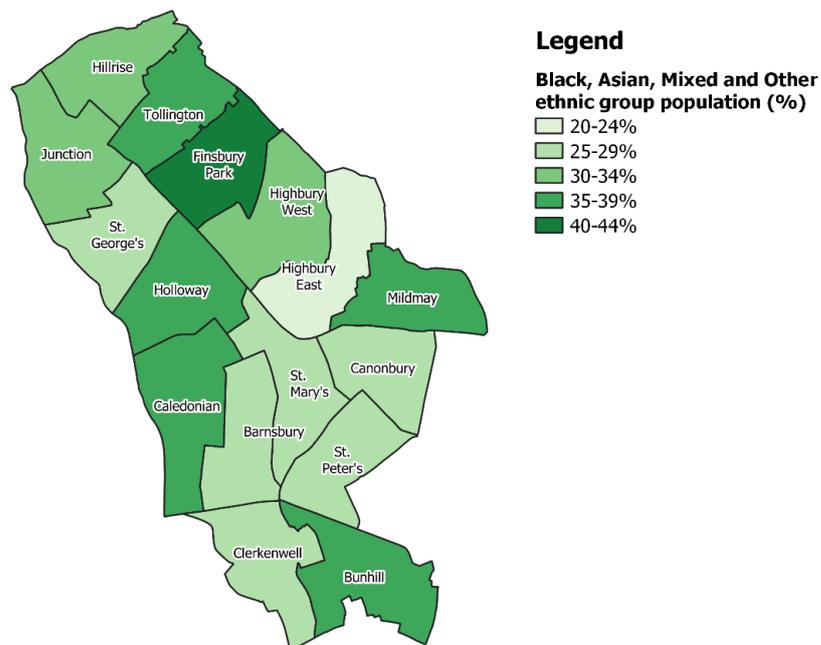
Figure 7: Population projections by ethnic group 2022



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

Islington is a very ethnically diverse borough, with around one-third of the population having a recorded ethnicity from a Black, Asian, Mixed or Other ethnic group. However, this varies across the borough, with the proportion of individuals from a Black, Asian, Mixed or Other ethnic group ranging from 28% in Central locality to 35% in North locality. Figure 8 shows these proportions by ward, with Finsbury Park having the highest proportion of individuals from a Black, Asian, Mixed or Other ethnic group (43%).

Figure 8: Proportion of individuals from a Black, Asian, Mixed or Other ethnic group, by ward, 2011



Source: Census 2011

2.5.9 Daytime population

Table 12 shows that the total daily population (2014) is 328,050, of which 30,590 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 Islington, daytime during an average day orough

Islington	328,050	297,460

Source: GLA Daytime population, 2014

2.5.10 Vulnerable populations

This section highlights some of the vulnerable populations in Islington. 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.

2.5.10.1 Care home residents

Table 13 shows that the largest number of care home residents is in North locality, whereas the smallest number is in South locality. **Table 13: Number of care homes in each locality**

Locality	Number of care home residents
North	136
Central	58
South	35

Source: CQC, January 2022

2.5.10.2 Looked-after children and care-leavers

According to data from the Care Quality Commission (CQC) in January 2022, 387 children were being looked after in the borough. There were also 535 adult independent leavers in the same period.

Table 14: Children and adults in care orough Number of looked after children Adult independent

Islington	387	535

Source: CQC, January 2022

2.5.10.3 Children with special education needs, physical and sensory

In March 2022, 1,596 children in Islington had an Education, Health and Care Plan. These are broken down into the following (rounded to the nearest 10):

- 250 with moderate learning difficulties
- 60 with a physical disability
- 50 with a severe learning difficulty
- 40 with profound and multiple learning difficulties
- 40 with hearing impairments
- 20 with a specific learning difficulty
- 10 with vision impairments
- 5 with multi-sensory impairments

2.5.10.4 People experiencing homelessness

According to data from the Department of Levelling Up, Housing and Communities, from April to June 2021 there were 764 households in temporary accommodation in Islington.

2.5.10.5 Prison population

In December 2021, data from the Ministry of Justice show that there were 1,027 inmates in HMP Pentonville, which is located in Barnsbury ward.

2.5.10.6 Gypsy, Roma and Traveller population

Data from the autumn 2021 School Census shows that 16 resident pupils in Islington schools are from the Gypsy, Roma and Traveller population.

2.5.10.7 Population of unaccompanied asylum-seeking children

According to data submitted by Islington to the Department of Education, there were 65 unaccompanied asylum-seeking children living in Islington in January 2022.

2.5.11 Obesity in children

In 2018-19, 21% of Reception age and 38% 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 (24%) but this did not differ significantly from the other localities (Table 15) or from the London (22%) and England (23%) averages.

By locality, North and South localities had the highest proportion of overweight or very overweight Year 6 age children (40% each) but this did not differ significantly from Central locality (38%) and was significantly higher than the England average (34%).

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 that the rate of overweight and very overweight children increased in 2020-21.

Table 15: Overweight (OW) and very overweight (VOW) children by locality in 2018-19

Locality	Reception OW/VOW	Reception %	Year 6 OW/VOW	Year 6 %
North	142	24%	225	40%
Central	116	20%	216	38%
South	69	21%	144	40%

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

Source: NCMP 2018-19

2.5.12 Student population

There are 25,550 students attending universities that are based or have a campus in Islington (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 student providers

Higher education provider	Students in England
City, University of London	14,430
London Metropolitan University	11,120

Source: Higher Education Statistics Agency 2021-22

2.5.13 Employment rate

According to the ONS Annual Population Survey (October 2020–September 2021), 139,300 people aged 16+ are in employment. Of the economically active population, 74% are in employment and, of these, 74.30% are economically active in employment.

2.5.14 Mortality

Table 17 shows that the overall all-cause all-age mortality rate in 2020 was 1,014 per 100,000. In the under-75 population, all-cause mortality rate was 389 per 100,000. Both rates did not differ significantly from the London and England averages. The excess deaths rate was significantly higher than the London average.

The under-75 cancer mortality rate in 2020 was 139 per 100,000, which was significantly higher than the London average. The under-75 CVD mortality rate was 74 per 100,000 and did not differ significantly from the London and England averages. The under-75 respiratory mortality rate was 29 per 100,000, which did not differ significantly from the London and England averages.

Table 17: Mortality rates and causes, 2020

Mortality rates (per 100,000)	Islington	London	England	Significant difference to London	Significant difference to England
All-age all-cause mortality	1014	975	1,042	No significant difference	No significant difference
U75 all-cause mortality	389	353	359	No significant difference	No significant difference
Excess deaths (preventable mortality U75)	162	123	140.5	Higher	No significant difference
Cancer mortality (U)	139	111	125.1	Higher	No significant difference
CVD mortality (U75)	74	72	73.8	No significant difference	No significant difference
Respiratory mortality (U75)	29	27	29.4	No significant difference	No significant difference

Source: OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

2.6 Lifestyle

2.6.1 Smoking

In Islington, it is estimated that between 12% (Annual Population Survey, APS) and 18% (GP Patient Survey, GPPS) are active smokers (depending on the source). 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 GPPS in 2020-21 reporting that 31% of adults in Islington 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 each 5%. These rates were significantly lower than the England average.

Table 18: Smoking prevalence

Smoking prevalence	Year	Islington	London	England	Significant difference to London	Significant difference to England
Smoking prevalence in adults (GPPS)	2019-20	18%	15%	14%	Higher	Higher
Smoking prevalence in adults (APS)	2019	12%	13%	14%	No significant difference	No significant difference
Smoking at delivery	2020-21	5%	5%	10%	No significant difference	Lower
Smoking in early pregnancy	2018-19	5%	6%	13%	Lower	Lower
Smoking prevalence in adults with a long-term mental health condition	2020-21	31%	26%	26%	No significant difference	No significant difference

Source: OHID Fingertips 2022

2.6.2 Vaccination

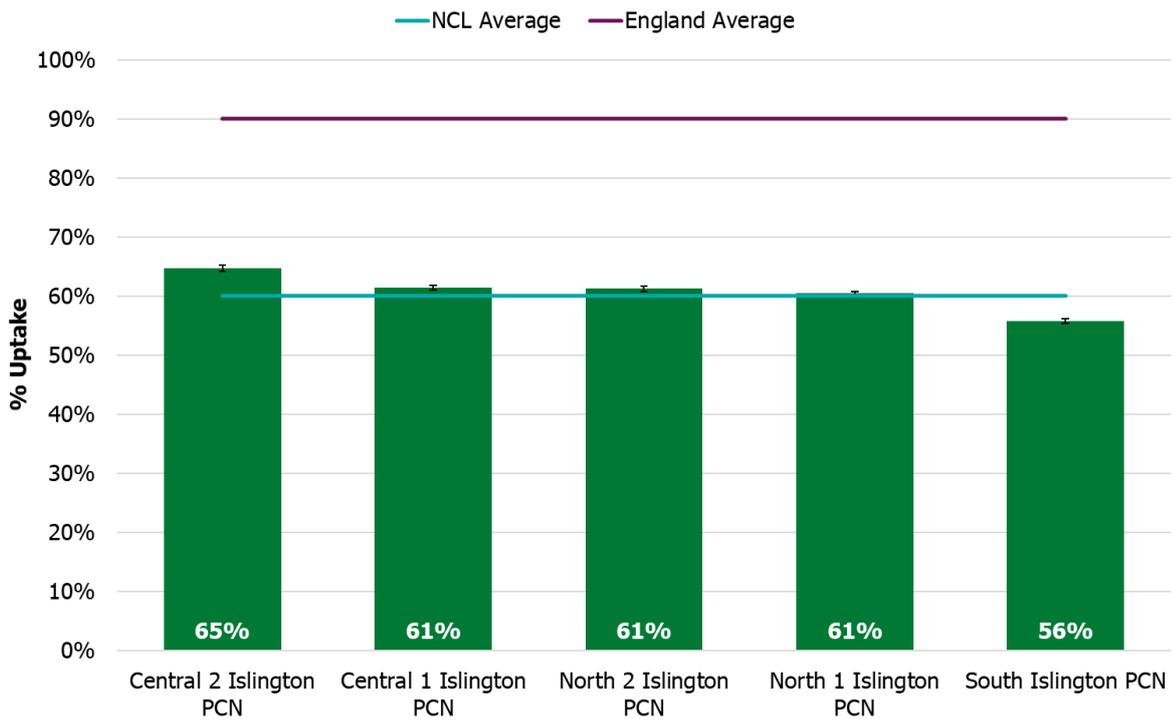
In 2019-20, uptake of the DTaP/IPV/HiB vaccination and MMR vaccinations at 2 years were 90% and 81% respectively, which were significantly lower rates than the England averages but not significantly different from the NCL averages.

Overall uptake of childhood vaccinations at age 2 was lowest in Central 1 PCN, which covers Highbury East, Highbury West and St Mary's wards.

The uptake of the first-dose C-19 vaccination was 60% as of 17 January 2022, which was significantly higher than the NCL average but lower than the England average. The flu vaccination uptake was 42% (as of 17 January 2022), which did not differ significantly from the NCL average.

Figure 9 shows that on 17 January 2022, uptake of first-dose C-19 vaccination was highest in Central 2 PCN (65%) and lowest in South Islington PCN (56%).

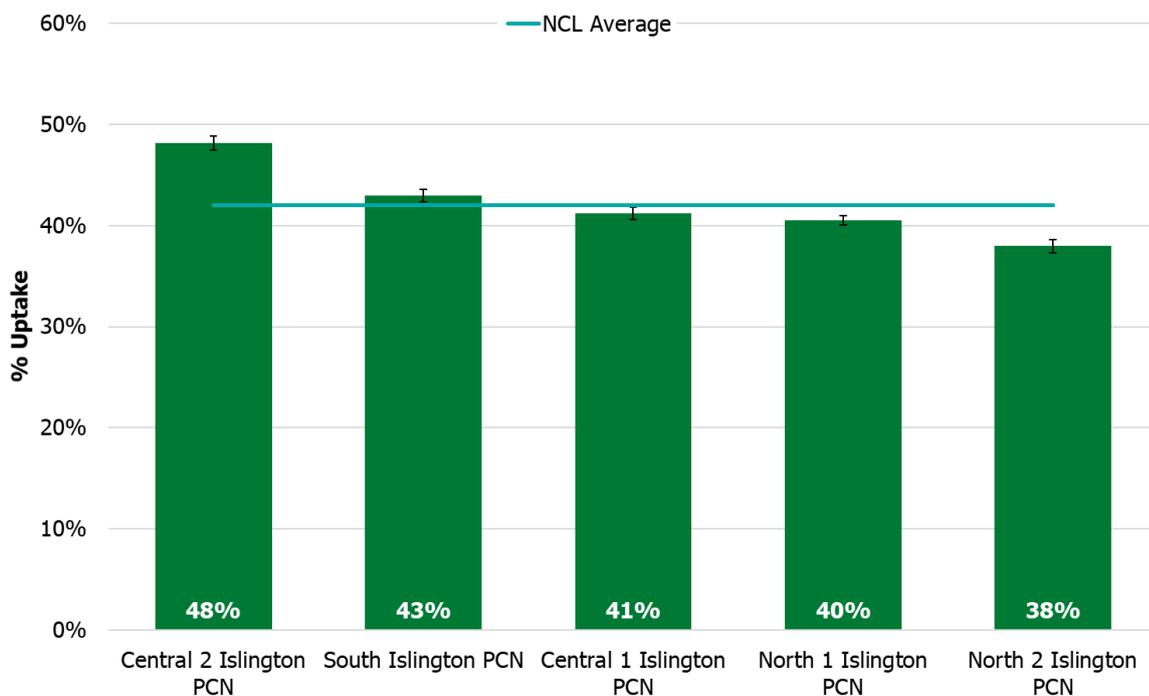
Figure 9: First dose C-19 vaccine uptake by PCN, January 2022



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

Figure 10 shows that on 17 January 2022 uptake of flu vaccine was lowest in the north of the borough, with North 1 (40%) and North 2 (38%) PCNs having an uptake significantly lower than the NCL average.

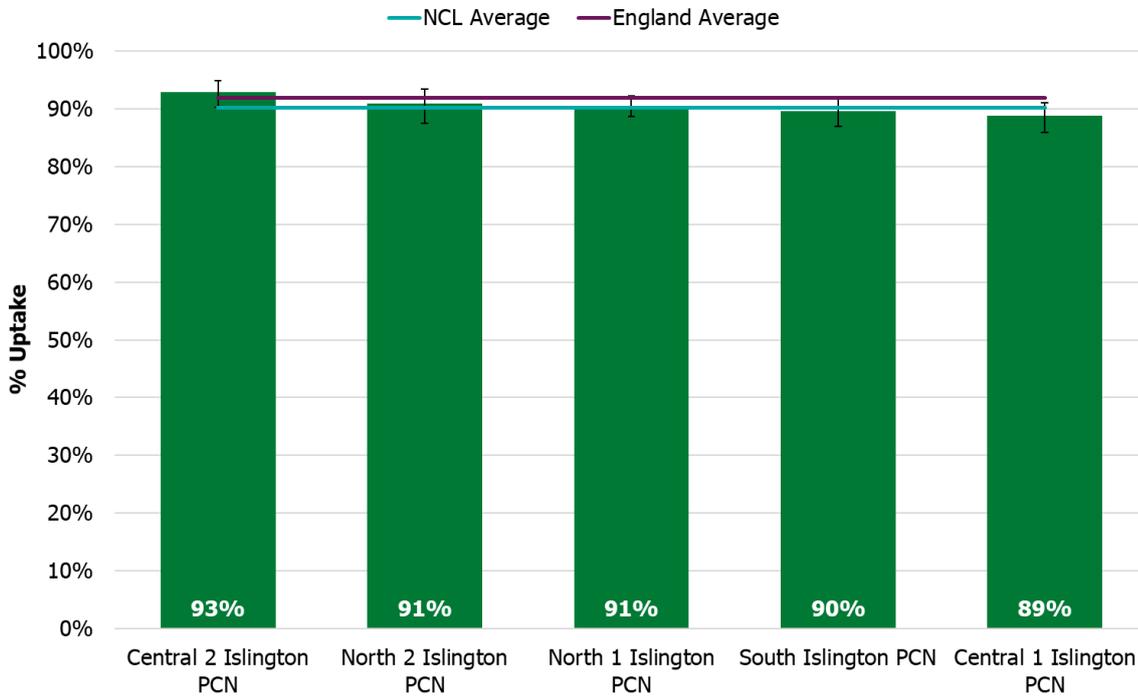
Figure 10: Flu vaccine uptake by PCN, January 2022



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

Figure 11 shows that, in 2019-20, uptake of DTaP/IPV/HiB vaccination at 2 years was lowest in Central 1 PCN (89%). However, this did not differ significantly from the other PCNs.

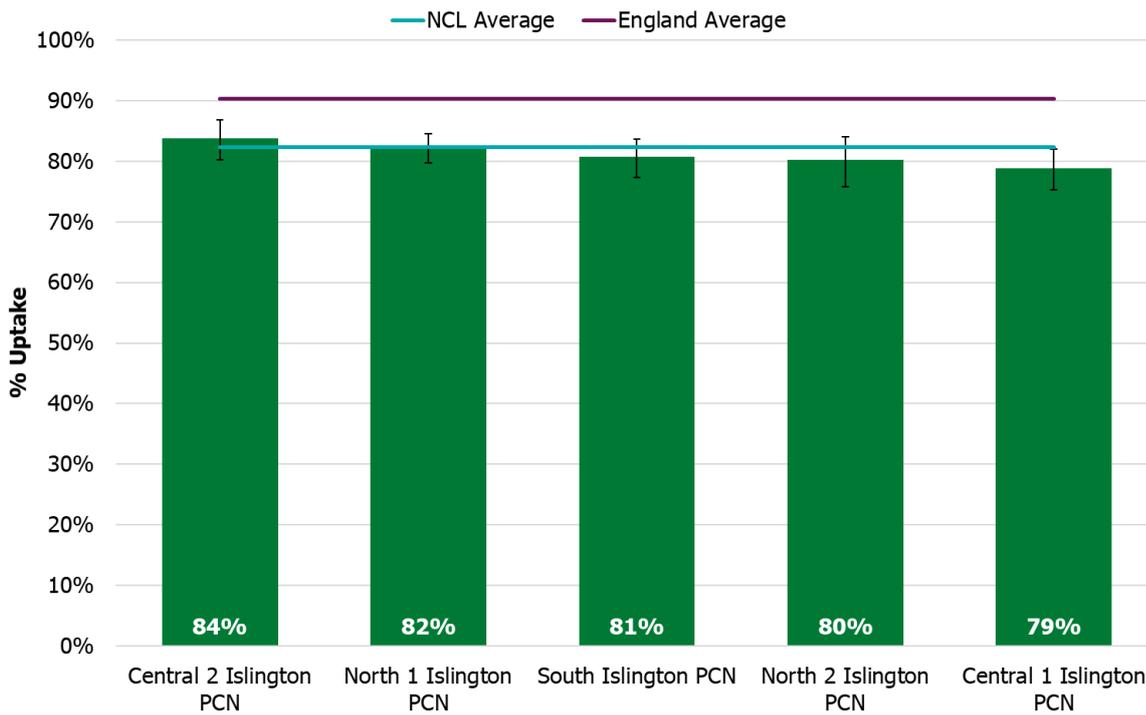
Figure 11: DTaP/IPV/Hib (2 years) vaccine uptake by PCN, 2019-20



Source: OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 12 shows that, in 2019-20, the uptake of the MMR vaccine at age 2 was lowest in Central 1 PCN (79%). However, this did not differ significantly from the other PCNs.

Figure 12: MMR vaccination one dose (2 years) uptake by PCN, 2019-20

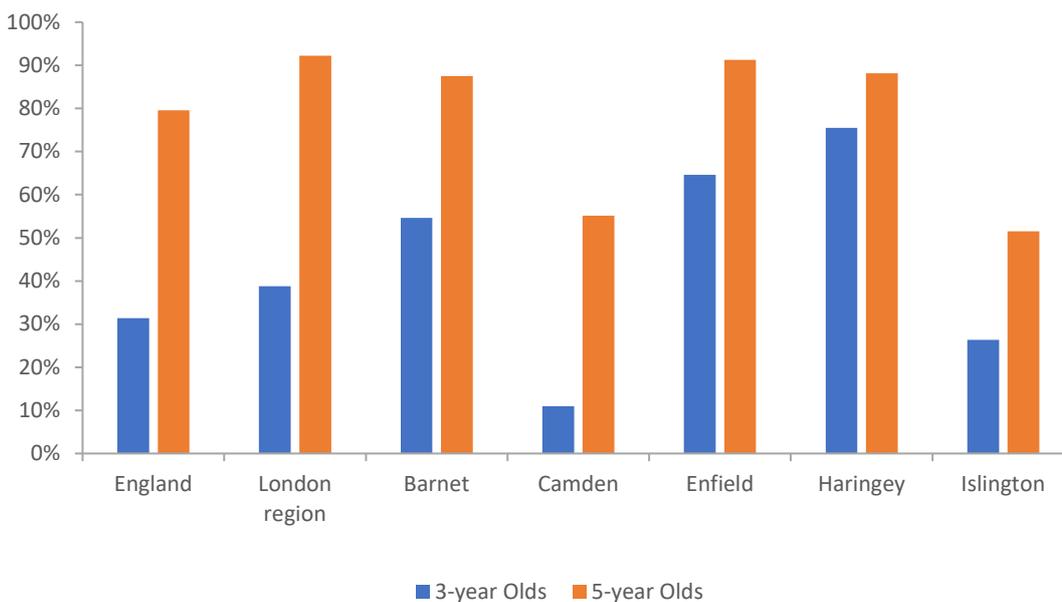


Source: OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

2.6.3 Oral health

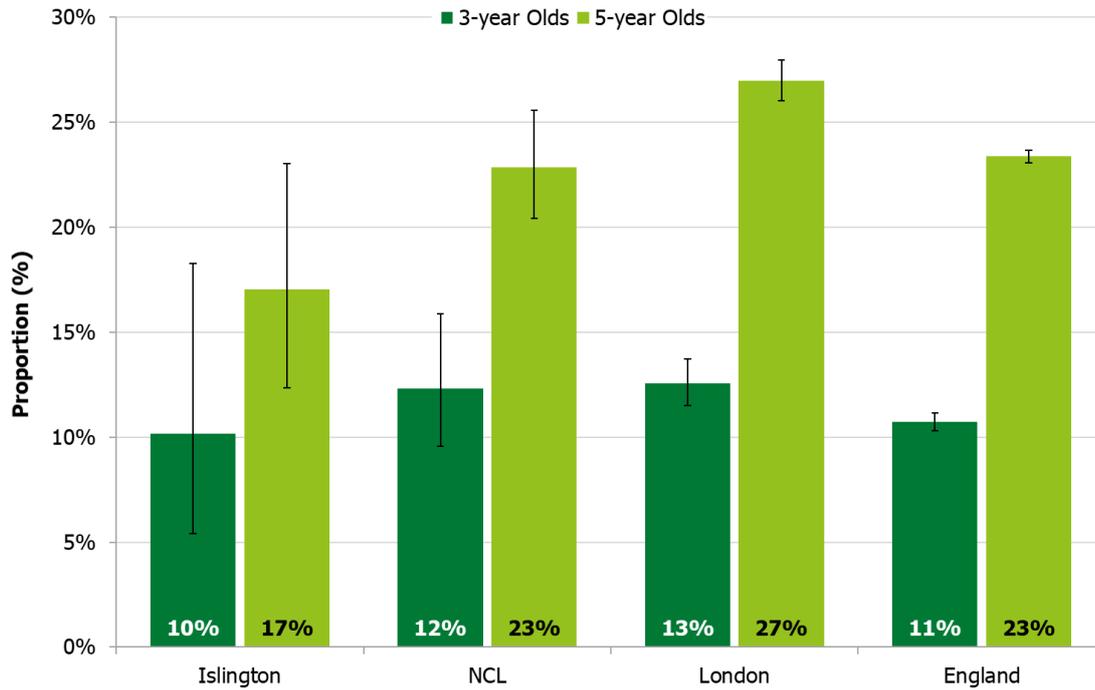
In 2018-19 the proportion of 5-year-old children in Islington with visually obvious dental decay was 12%. This was significantly better than the rates seen in London and England. In 2019-20 the proportion of 3-year-old children with visually obvious dental decay was 10%. However, this did not differ significantly from the NCL, London or England averages.

Figure 13: Percentage of children with decayed, missing or filled teeth by borough



Source: OHID, Child & Maternal Health Profile (<https://fingertips.phe.org.uk/profile/child-health-profiles>), January 2022

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

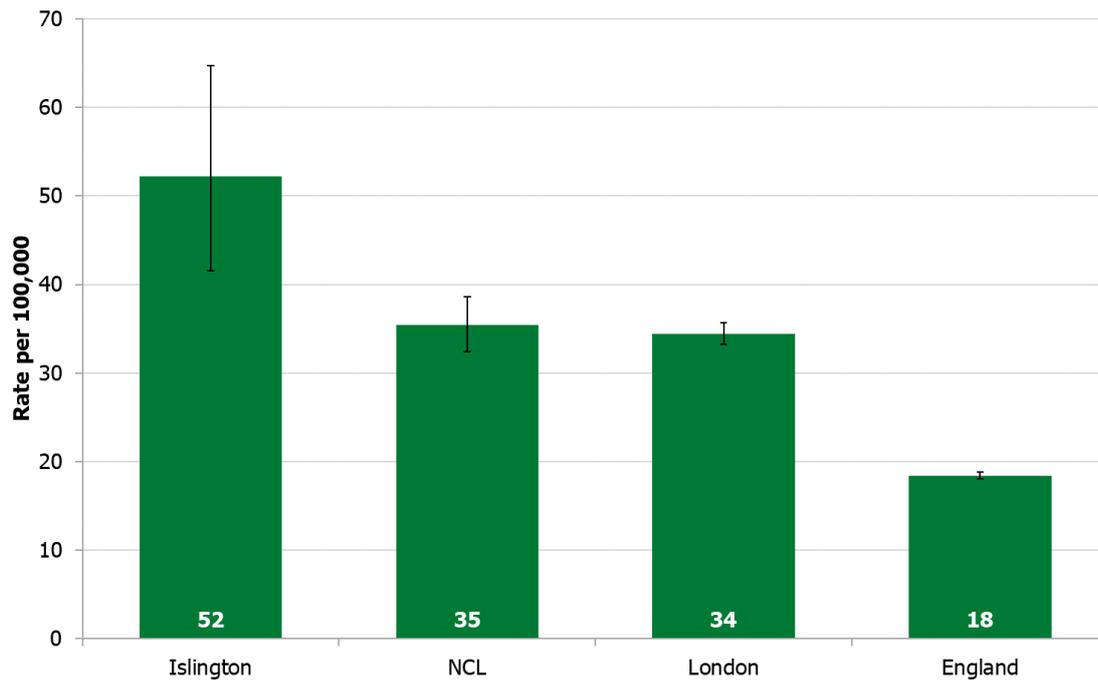


Source: OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

2.6.4 Hepatitis C

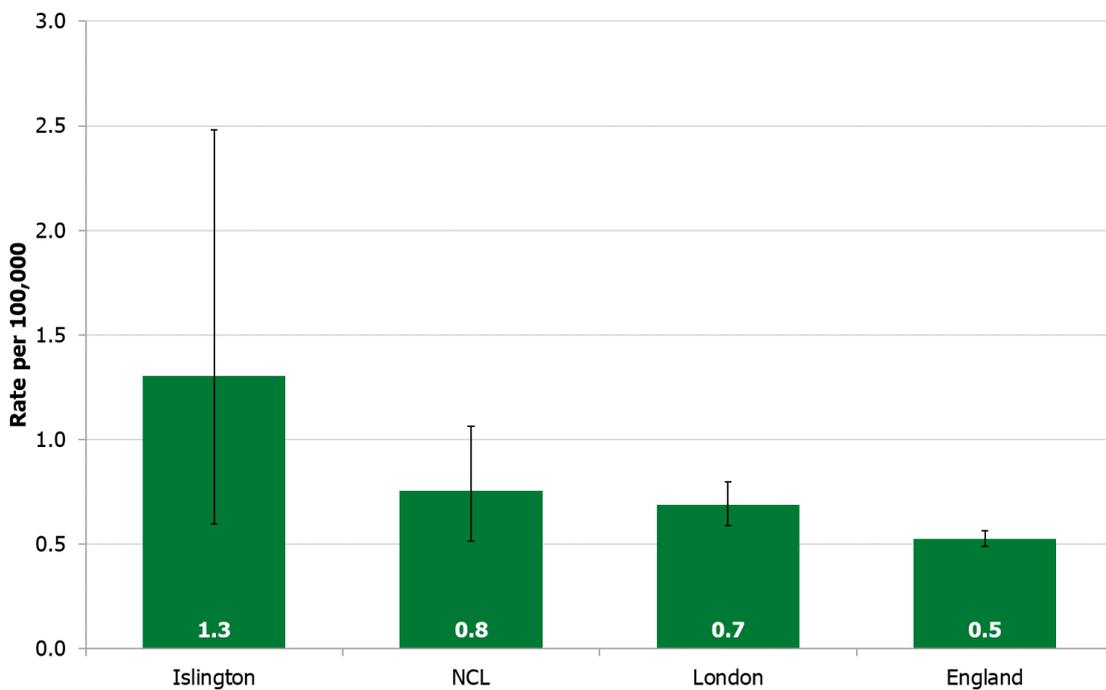
In 2017, Islington had an under-75 hepatitis C detection rate of 52 per 100,000. This was significantly higher than the NCL, London and England averages. In 2017-19 Islington had the highest rate of premature mortality from hepatitis C-related liver disease or hepatocellular carcinoma in NCL (1.3 per 100,000), however, this did not differ significantly in Islington when compared with the other NCL boroughs or the England average. See Figures 15 and 16.

Figure 15: Under-75 Hepatitis C detection rate per 100,000, 2017



Source: OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

Figure 16: Under-75 Hepatitis C mortality rate, per 100,000, 2017-19



Source: OHID. Public Health Profiles. [Accessed 7 February 2022.] <https://fingertips.phe.org.uk> © Crown copyright 2022

2.6.5 Sexual health

In 2020, the chlamydia detection rate in individuals aged 15–24 was 1,805 per 100,000, which was significantly higher than the London and England averages.

The overall rate of all new Sexually Transmitted Infection (STI) diagnoses in all ages was 1,746 per 100,000, which was significantly higher than the London and England averages.

In 2019, the under-18 conception rate was 16 per 1,000, which did not differ significantly from the London or England averages.

Table 19: Sexual health data for Islington

Rates (per 100,000)		Islington	London	England	Significant difference to London	Significant difference to England
Chlamydia detection rate/100,000 aged 15–24	2020	1,805	619	359	Better	Better
All new STI diagnosis rate/100,000	2020	1,746	1,167	562	Better	Better
Under-18 conception rate/100,000	2019	16	13	16	No significant difference	No significant difference

Source: OHID Public Health Profiles, 2022

2.6.6 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 741 per 100,000 in 2020-21. This was significantly higher than the London and England averages.

Data from OHID shows that in 2018-19 it was estimated that 3,535 adults in Islington were dependent drinkers. In 2016-17 it was estimated that 2,308 individuals aged 15–64 were opiate or crack cocaine users.

Section 3: NHS pharmaceutical services provision in Islington

3.1 Overview

There is a total of 49 contractors in Islington

Type of contractor	Number
40-hour community pharmacies	44
100-hour community pharmacies	1
LPS	0
DSP	1
DAC	3
Dispensing GP practices	0
PhAS	0

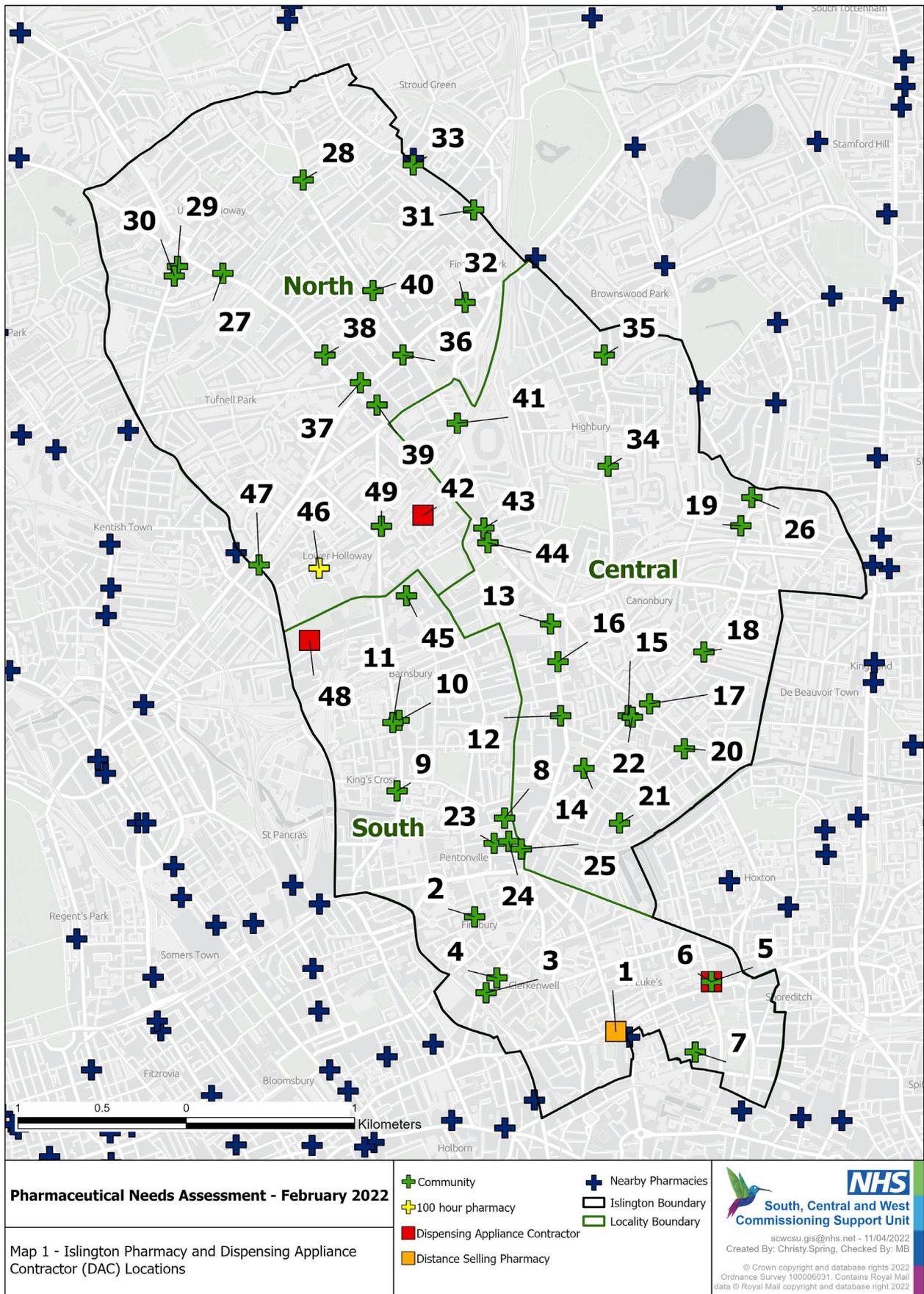
Where discussed the total number of community pharmacies includes DSPs, i.e. 46 community pharmacies. DSPs may not provide Essential Services face to face and therefore provision is by mail order and/or wholly internet; when discussing services provided by the community pharmacies it may be appropriate 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 pharmacy contractors in Islington and their opening hours can be found in Appendix A.

Figure 17 shows all contractor locations within Islington.

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

Figure 17: All contractors in Islington



3.2 Community pharmacies

<p>46 community pharmacies in Islington which includes 1 DSP</p> 	<p>245,632 population of Islington</p> 	<p>18.7 pharmacies per 100,000 population</p> 
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Correct as of 29 March 2022

There are 46 community pharmacies in Islington. Since the previous PNA was published in 2018, there has been no change in the number of community pharmacies in Islington. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population.

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 the neighbouring borough of 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: Camden (22.8), City of London (136.7), Hackney (17.2) and Haringey (21.0).

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

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

	England	London	Islington
2020-21	20.6	20.7	18.3 (18.7 with DSP)
2019-20	21.0	20.2	19.5
2018-19	21.2	20.7	20.0

Source: Office for National Statistics (ONS) Population

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

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

Locality	No of community pharmacies (March 2022)	Total population (ONS mid-year 2020)	Average number of community pharmacies per 100,000 population
North	15	92,410	16.2
Central	17	88,164	19.3
South	13*	65,058	20.0 (21.5 with DSP)
Islington (202)	46	245,632	18.3 (18.7 with DSP)
London (201)	1,873	8,965,488	20.7
England (201)	11,636	56,760,975	20.6

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

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

3.2.1 Choice of community pharmacies

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

Table 22: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
Engla	60%	40%
London	39%	61%
Islington (02 2)	15%	85%

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 Islington 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%)
Islington	1 (2%)
North	1 (7%)
Central	0
South	0

3.2.3 Access to community pharmacies

Islington, like rest of London, is highly populated. Many pharmacies provide extended opening hours and/or are open at weekends.

A previously published article suggests:²⁶

- 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 to increased premature mortality rates.

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

It should be noted that Islington'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: 97.1% of the population can walk to a pharmacy within 10 minutes (100% within 15 minutes)
- Driving off-peak: 99.9% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
- Driving at peak: 98.1% can reach a pharmacy within 5 minutes (100% within 10 minutes)

²⁶ 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>

- Public transport: Approximately 99% 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

It was noted from Steering Group meeting 2 that, at the time of writing, Islington is running a traffic-calming pilot that could make it difficult to access pharmacies by car. This pilot could also affect services provided by pharmacies, e.g. home delivery of dispensed medication. Of the respondents to the public questionnaire ([Section 5](#)), 89% suggested that they access a pharmacy by walking, although this may not be representative due to sample size.

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), vary within each locality; they are listed in the table below. 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 over half of pharmacies 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 a Saturday	Percentage of pharmacies open on a Sunday
Islington	60%	91%	4%
North	67%	93%	7%
Central	65%	88%	0%
South	54%	92%	8%

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 Islington, 91% 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 (4%) than any other day in Islington, although there are pharmacies open in neighbouring HWB areas. 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 expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Islington there is the following coverage:

Wellcare Pharmacy, 552 Holloway Road, London N7 6JP	Christmas Day and Easter Sunday: 10:00-18:00 All other bank holidays: 10:00–14:00
Caledonian Pharmacy, 486a Caledonian Road, London N7 9RP	All other bank holidays: 10:00–14:00

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. Details of individual pharmacy providers can be seen in Appendix A. As discussed in [Section 1.4.1.2](#) these services are voluntary for community pharmacies to provide. 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 C-19 medicine delivery service stopped on 5 March 2022, at 23:59, and these services have therefore not been included in Table 25.

Table 25: Providers of Advanced Services in Islington (2021-22)

Advanced Service	Percentage of community pharmacy providers locality (number of pharmacies)		
	North (15)	Central (17)	South (13)
NMS	80%	100%	^
Community pharmacy seasonal influenza vaccination	73%	76%	4%
CPCS*	73%	71%	
Hypertension case-finding service	40%	35%	9%
Smoking cessation Advanced Service	13%	18%	5%

* This includes CPCS and GP CPCS consultations

^ Includes DSP

Based on the information provided, none of the community pharmacies in Islington have signed up to provide AUR or SAC, however these services are provided by one DAC in the North locality.

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.

Based on the information provided, none of the community pharmacies in Islington have signed up to provide 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 the service without signing up.

[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

Advanced Service	Percentage of providers currently providing		
	England	London	Islington
NMS*	85%	81.5%	
Community pharmacy seasonal influenza vaccination (31 March 2021 data)	63.5%	67%	9%
CPCS and GP CPC	77%	71%	
Hypertension case-finding service**	5%	3%	
Community pharmacy hepatitis C antibody-testing service*	0.1%	0.3%	
AUR*	0.3%	0.2%	%
SAC*	8%	2.1%	%

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 detail of the recorded activity of Advanced Service delivery in Islington in 2021-22 (over a seven-month period). It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

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

New services such as CPCS are in place, but data shows low uptake nationally, based on referrals into the service.²⁷ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.²⁸ This is improving, in particular for GP CPCS.

²⁷ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

²⁸ 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

The new hypertension case-finding service started in October 2021. Activity data is still low nationally, regionally and in Islington. 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 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 COVID-19 pandemic.

3.2.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I ([Section 1.4](#)). Therefore, any services 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 Islington.

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

3.3 Dispensing Appliance Contractors (DACs)

There are three DACs in Islington, and 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 16 responses to this question, and 14 of them reported that they provide stoma and/or incontinence appliances. It is difficult to extrapolate this data over the 46 community pharmacies in Islington.

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 Islington. There were 112 DACs in England in 2020-21.

The three DACs in Islington are:

- Apex Pharmacy (Appliance), 199 Old Street, London EC1V 9NP
- Fittleworth Medical, Unit 8, Ground Floor, Blenheim Court, 62 Brewery Road, London N7 9NT
- Vyne, Unit 29B Highbury Studios, 8 Hornsey Street, London N7 8EG

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 Islington:

- Pharmica, 1-5 Clerkenwell Road, London EC1M 5PA

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. From 2018 to 2021, the average number of items dispensed per month from DSPs nationally has increased by 16%. Of items prescribed in Islington, 1.65% are dispensed by DSPs.

3.5 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in Islington.

3.6 Dispensing GP practices

There are no dispensing GP practices in Islington.

3.7 PhAS pharmacies

There are no PhAS pharmacies in Islington.

3.8 Pharmaceutical service provision provided from outside Islington

Islington is bordered by four other HWB areas: Camden, City of London, Hackney and Haringey. As previously mentioned, Islington has good transport links. As a result, it is anticipated that many residents in Islington 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 Islington by which Islington residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Islington and are marked in Figure 17. Further analysis of cross-border provision is undertaken in [Section 6](#).

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

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority (LA) 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 was one response from the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned and willingness to commission services. From the responses received, there was a willingness to consider commissioning the following examples of services:

- Screening services for:
 - Hepatitis
 - HIV
 - Gonorrhoea

The services commissioned from community pharmacy contractors in Islington by the local authority and CCG are listed in Table 27. Privately funded services are listed and are out of scope of the PNA.

Table 27: Commissioned services from community pharmacies in Islington

Commissioned service	CCG-commissioned service	LA-commissioned service
Emergency Hormonal Contraception (EHC)		X
Come Correct Condom Distribution (C-Card) service		X
Needle Exchange (NEX)		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 Islington

Islington commissions six services from community pharmacies:

These services may also be provided from other providers, e.g. GP practices and 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 Islington, 39 pharmacies (87%) provide the EHC service.

4.1.2 Come Correct Condom Distribution (C-Card) service

The C-Card service is delivered by ten pharmacies (22%) in Islington in conjunction with the EHC service for young people in Camden and Islington. The C-Card scheme is a pan-London scheme for 13–24-year-olds who can collect condoms and lubricant and seek 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 provided completely free in Islington for young people, from the training to the supply of condom packs. Training is provided for staff, support workers and community leaders regularly, and more sessions can be run if the demand arises.

Additionally, the newly commissioned Young People Sexual Health Service provider will assume its 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 Exchange (NEX)

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

In the most recently available statistics (2016-17), it was estimated that 2,308 individuals in Islington aged 15–64 were opiate or crack cocaine users.

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

Community-based NEX provides 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 Islington, 21 pharmacies (47%) provide the NEX service.

4.1.4 Supervised self-administration

The DHSC's 'Drug misuse and dependence: UK guidelines on clinical management' (2017), state: '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 Opiate Substitute Treatment (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 Islington, 31 community pharmacies (69%) provide the supervised self-administration service.

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 Islington, one in South and one in North locality.

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

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

In Islington, two community pharmacies (4%) 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 inequality in this country. More people die of smoking every year than obesity, alcohol, suicide, traffic accidents, drug abuse and HIV combined.

Smoking prevalence in adults, was 18% according to the GPPS, which was significantly higher than the London and England averages.

The new Camden and Islington Stop Smoking Service offers people who would like to stop smoking the opportunity to access various levels of support suited 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 ethos of the service is that the individual smoker will be able to access the level of service that they believe they need in a variety of ways that suit their lifestyle or personality. Smokers will be 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 – Smokers who are interested in stopping smoking, but do not want face-to-face professional help
- Tier 2: Brief support – Smokers who want help with stopping smoking with support and appropriate medication provided by trained professionals in the community
- Tier 3: Specialist support – Smokers who are highly dependent on nicotine and who are likely to have had multiple failed quit attempts and/or multiple/complex needs, want help with stopping and are willing and able to put in the time and effort needed to be successful. The Tier 3 specialist service is delivered by Breathe Stop Smoking Service.

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

In Islington, 37 community pharmacies (82%) provide Camden and Islington's Stop Smoking Service.

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

4.2 CCG-commissioned services

Islington, under NCL CCG, commissions three services from community pharmacies.

4.2.1 Supply of End of Life (EoL) medicines

NCL CCG commissions this service.

Good EoL Care (EoLC) ensures that 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 EoLC medications – four pharmacies in Islington 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 enables symptom control is essential.

In Islington, four community pharmacies (9%) provide supply of EoL medicines service.

4.2.2 Self-Care Pharmacy First (until June 2022)

NCL CCG is committed to delivering best value to patients by ensuring that we use our resources well. Therefore, to help us 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.

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

Currently, the pilot scheme is available for socially vulnerable patients in Islington, 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, while ensuring that the most deprived sections of the population receive the advice and treatment they need. It aims to help to address inequalities and support vulnerable populations, given the worsening cost of living crisis.

The scheme is provided by 35 community pharmacies (78%) in Islington. 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.

In Islington, 25 community pharmacies (56%) 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 Islington, and there 372 throughout England. Free delivery of appliances is also offered by DACs. There are three DACs based in Islington, providing services nationally, and there are a further 110 throughout England.

[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 2010,²⁹ 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 Islington that provide extended hours. Identifying these allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The most common late opening evening is any weekday, and usually the latest opening time is 7 pm. Details may be found in Appendix A.

4.6 Other providers

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

4.6.1 NHS hospitals

Pharmaceutical service provision is provided to patients by the hospital:

- University College London Hospital, 235 Euston Road, London NW1 2BU
- Whittington Hospital, Highgate Hill, London N19 5NF
- Moorfields Eye Hospital, 162 City Road, London EC1V 2PD

²⁹ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.6.2 Urgent care centres

Residents of Islington have access to **urgent care centres**:

- Whittington Hospital, Highgate Hill, London N19 5NF
- Moorfields Eye Hospital, 162 City Road, London EC1V 2PD (urgent eye care)

4.6.3 Walk-in centres

Residents of Islington have access to a walk-in centre:

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

There are no minor injury units in Islington.

4.6.4 Mental health units

Residents of Islington can access mental health services:

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

4.6.5 Prison

There is an in-house pharmacy in HMP Pentonville.

4.6.6 Other services

The following are services provided by NHS pharmaceutical providers in Islington, 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 and compiled by Islington PNA Steering Group (Appendix D). This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in Islington, to distribute to the public
- Islington Council newsletters
- Islington Council staff
- Residents via social media, websites, e-newsletters
- Islington Council website
- Libraries in Islington
- Charity, voluntary sector, and local groups, for onward distribution to their members
- Community champions
- Community leaders

There were only 108 responses from a population of over 245,000, so the findings should be interpreted with some care regarding the representation of the community as a whole

5.1 Demographics of respondents:

Table 28 provides some demographic analysis of respondents.

Table 28: Demographic analysis of pharmacy user questionnaire respondents

Sex:

Male	Female
24%	68%

Age:

Under 16	16–24	25–44	45–64	65+	Prefer not to say
0%	0%	21%	39%	33%	8%

Illness or disability:

Yes	No
54%	38%

- 68% of respondents were female, 24% were male, 5% prefer not to say and 2% prefer to identify another way; the population of Islington is 50.7% male and 49.3% female
- The ethnicity of the Islington population is outlined in [Section 2.5.8](#); when the questionnaire responses are compared to the population demographics:
 - The majority (75%) of the responses were from respondents describing themselves as being 'White': the Islington population is 68% 'white'
 - 3% of respondents were Black or Black British, although this group makes up 12% of the Islington population
 - 10% of the Islington population is in the group Asian or Asian British, but only 5% of the responses were from that group
- Only 21% of the responses were from people aged 44 or under, although they make up over 72% of the Islington population

- 54% of respondents considered themselves to be suffering from an illness or to have a disability

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

5.2 Visiting a pharmacy

- 83% of respondents have a regular or preferred pharmacy (6% have a combination of traditional or internet pharmacy)
- 64% have visited a pharmacy once a month or more frequently for themselves in the past six months
- 89% found it very easy/fairly easy to speak to their pharmacy team during the 18 months of the pandemic (2 respondents found it very difficult)
- 66% of residents rated 9 or 10 out of 10 on community pharmacies meeting residents' needs. (1 = Poorly and 10 = Extremely well)

5.3 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents (very/extremely important)
Quality of service	93%
Convenience	92%
Accessibility	35%
Availability of medication	88%

5.4 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy is:

- Walking – 89%
- Wheelchair/mobility scooter – 3%
- Public transport – 2%
- Car – 2%
- Bicycle – 1%
- Taxi – 1%

5.5 Time to get to a pharmacy

≤30 mins	≤15 mins
100%	88%

Of the 91 respondents who answered the question 'do you have any difficulties travelling to a pharmacy':

- 87% (79) report no difficulty in travelling to a pharmacy
- Of the 12 reporting any difficulty:
 - 3 report difficulty in travelling to a pharmacy due to parking
 - 3 suggest lack of disabled access/facilities
 - 2 suggest the pharmacy is too far away

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: 95% of respondents suggest that the pharmacy is open on the most convenient day and 88% state that it is open at the most convenient time.

5.7 Service provision from community pharmacies

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

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

Table 29: Awareness of Advanced Services

Advanced Service	% of respondents who were aware	% of respondents who would wish to see provided
Flu vaccination	88%	84%
C-19 LFD distributn	88%	79%
C-19 vaccination	64%	75%
Stop smoking	64%	59%
Condom distributio EHC	55%	71%
NMS	29%	57%
Supervised consupcion	28%	45%
DMS	26%	59%
NEX	24%	51%
CPCS	20%	71%
Immediate access tpalliative care medicines	16%	62%
Chlamydia testing/teatment (STIs)	13%	40%
Hepatitis C testing	10%	44%

It can be seen that there is a lack of awareness of some of the services that are currently provided, with the exception of flu vaccination and stop smoking services. This was also demonstrated by the Pharmacy Insights Report 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, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of pharmacies indicated that they would be willing to provide services if commissioned.

Appendix L outlines the opportunities for future services, including investigating the possibility of recycling inhalers.

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 63% of community pharmacies provided free home delivery services on request. It should be noted 16 (of 46) community pharmacies responded to this question.

Of pharmacies who responded, 81% offer to collect prescriptions from GP surgeries on behalf of their patients.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There is one DSP based in Islington, and there 372 throughout England. Free delivery of appliances is also offered by DACs. There are three DACs based in Islington, providing services nationally, and there are a further 110 throughout England.

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 LA, but 73% of respondents indicate they would be willing to provide if commissioned.

5.10 Language services

There were 14 responses to the question in the contractor questionnaire asking if languages other than English were spoken by pharmacy staff. The most common responses were Gujarati (12), Hindi (9), Bengali (6) and Urdu (6).

From the contractor questionnaire, 73% would be willing to provide a language access service if commissioned.

5.11 Services for disabled people or people with mobility conditions

From those who responded to the contractor questionnaire, 85% provide wheelchair access to the consultation room. Of respondents to the public questionnaire, 27% were aware there is 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 Islington JSNA, the JHWS, the 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 the Islington. 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 the PSNC with NHSE&I and the DHSC to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched. These services were temporary, with the Advanced Services that were introduced now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the 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.³⁰

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

6.1.1 Islington health needs

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

- Healthy life expectancy is 63.0 for males, which does not differ significantly from the London or England averages. Healthy life expectancy for women is 63.8, which does not differ significantly than the London and England averages (63.5).
- The overall all-cause all-age and under-75 mortality in 2020 did not differ significantly from the London and England averages.
- Excess deaths were significantly higher than the London average.
 - Under-75 cancer mortality was significantly higher than the London average
 - Under-75 CVD and respiratory mortality did not differ significantly from the London and England averages

³⁰ PSNC. PSNC Pharmacy Advice Audit: 2022 audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- Smoking prevalence in adults, according to the GPPS, was 18%, which was significantly higher than the London and England averages.
- In Islington the vaccination rate was generally lower than the NCL average, with the exception of DTaP/IPV. Vaccination was also lower than the England average.
- The five boroughs within NCL have a higher Hep C detection rate than the England average. Within NCL it is highest in Camden and Islington. Premature mortality from Hep C-related liver disease is highest in Islington.
- Sexual health:
 - In 2020, the chlamydia detection rate in individuals aged 15–24 was 1,805 per 100,000, which was significantly higher than the London and England averages
 - The rate of new STI diagnoses was 1,746 per 100,000, which was significantly higher than the London and England averages
 - In 2019, the under-18 conception rate was 16 per 1,000, which did not differ significantly from the London or England averages
- It was estimated that 2,308 individuals aged 15–64 were opiate or crack cocaine users.
- The rate of hospital admissions where the primary or secondary diagnosis were an alcohol-specific (wholly attributable) condition, was significantly higher than the London and England averages.

6.1.2 Islington Joint Health and Wellbeing Strategy (JHWS)

Islington's JHWS sets out Islington Council's overarching plan for improving the health and wellbeing of people living in Islington for 2017-20.

Over the last three years, there has been a focus on the following priorities:

- Ensuring every child has a best start in life
- Preventing and managing long-term conditions to enhance both length and quality of life and reduce health inequalities
- Improving mental health and wellbeing

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 46 community pharmacies (including one DSP) within Islington. Individual pharmacy opening times are listed in Appendix A.

There is one DSP in Islington, in South locality. The opening hours of this DSP are 10 am–6 pm, Monday to Friday, and it does not provide any non-Essential Services; for the purposes of the narrative and assessment it is therefore largely excluded.

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

- North
- Central
- South

Limited health needs data is presented at locality level and the impact on community pharmacy services is therefore discussed in [Section 6.1](#) covering the whole of the Islington population.

Over half (64%) of community pharmacies in Islington are open weekday evenings (after 6.30 pm) and a majority on Saturdays (89%). Few pharmacies are open on Sundays (4%). 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 85% in Islington, based on 2021-22 figures).

Table 30: Number and type of contractor per locality

Opening times	North	Central	South
100-hour pharmacy	1 (7%)	0	0
After 18:30 weday	10 (67%)	12 (71%)	7 (54%)
Saturday	14 (93%)	15 (88%)	12 (92%)
Sunday	1 (7%)	0	1 (8%)
Community pharmacies	15	17	13
DSP	0	0	1
DAC	1	0	2
Total contracts	16	17	16

Table 31: Provision of NHSE&I Advanced and Enhanced Services by locality (number of community pharmacies)

NHSE&I Advanced or Enhanced Service	North (15)	Central (17)	South (13)
NMS	12 (80%)	17 (100%)	12 (86%) [^]
CPCS	11 (73%)	12 (71%)	7 (54%)
Flu vaccination	11 (73%)	13 (77%)	7 (54%)
SAC ^{^^}	1 (6%)	0	0
AUR ^{^^}	1 (6%)	0	1 (7%)
Hypertension case-finding service	6 (40%)	6 (35%)	5 (39%)
Smoking cessation Advanced Serce	2 (13%)	3 (18%)	2 (15%)
Hep C testing	0	0	0
C-19 vaccination*	2 (13%)	2 (12%)	0
London Vaccination*	Service delivered, but no provider information	Service delivered, but no provider information	Service delivered, but no provider information
Bank holiday	2 (13%)	0	0

* Enhanced

[^] Includes DSP^{^^} Includes DACs

The smoking cessation Advanced Service had a delayed implementation nationally and the Hep 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 LCS by CCG and LA (number of community pharmacies)

CCG	North (15)	Central (17)	South (13)
Suppl of EoL medicines	3 (20%)	1 (6%)	0
Self-care Pharmacy First	11 (73%)	15 (88%)	9 (69%)
MRD	9 (60%)	13 (76%)	3 (23%)

Local Authority	North (15)	Central (17)	South (13)
EHC	11 (73%)	17 (100%)	11 (85%)
C-Card service	5 (33%)	5 (29%)	0
NEX	9 (60%)	6 (35%)	6 (46%)
Camden and Islington stop smoking service	11 (73%)	16 (94%)	10 (77%)
Supervised self-administration	11 (73%)	13 (76%)	7 (54%)
Nasal naloxone distribution (pilot)	1 (7%)	0	1 (8%)

Taking the health needs highlighted in each locality and Islington 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 Islington 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

Islington 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 Islington:

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

6.2.1 Population

The latest 2020 estimate for the Islington population is 245,632. North locality, with the largest current population, is expected to see the largest increase in population size over the next five years of around 4,000 individuals. South locality is expecting a rise of around 2,500, while Central locality is expected to see an increase of only around 150 individuals. The lifespan of this PNA is three years to 2025; an assumption of linear growth of the population by approximately 4,600 people has been applied.

There is a planned growth of 5,100 new households between 2022 and 2026. An assumption has been made that there will be approximately 5,000 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 92,410.

There are 15 community pharmacies in this locality. The estimated average number of community pharmacies per 100,000 population is 16.2, lower than the Islington (18.7) and England (20.6) averages ([Section 3.2](#), Table 20). Of the 15 pharmacies, 14 hold a standard 40-core hour contract, while one holds a 100-core hour contract, plus there is an additional DAC.

Of the 15 pharmacies:

- 10 pharmacies (67%) are open after 6.30 pm on weekdays
- 14 pharmacies (93%) are open on Saturdays
- 1 pharmacy (7%) is 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 (2022 to 2025) of approximately 2,200 people. This increase 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 15.9, with this population growth.

One of the largest proposed housing developments is in St George's (in North locality).

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

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

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

6.2.2.3 Other relevant services: current provision

Table 31 shows the pharmacies providing Advanced and Enhanced Services in North – it can be seen that there is good availability of NMS (80%), CPCS (73%), and flu vaccination (73%) in the locality. Hypertension case-finding and smoking cessation Advanced Service providers are low, however, at the time of writing, these are only recently introduced new services, and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 2 pharmacies (13%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned** Services from the 15 pharmacies:

- 3 pharmacies (20%) provide the supply of EoL medicines service
- 11 pharmacies (73%) provide the Self-Care Pharmacy First service
- 9 pharmacies (60%) provide MRD
- 11 pharmacies (73%) provide the EHC service
- 5 pharmacies (33%) provide the C-Card service
- 9 pharmacies (60%) provide NEX
- 11 pharmacies (73%) provide the smoking cessation Advanced Service
- 11 pharmacies (73%) provide supervised self-administration
- 1 pharmacy (7%) is involved in the nasal naloxone pilot

6.2.2.4 Improvements and better access: gaps in provision

There is good provision of all LCS from community pharmacies within North locality.

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

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 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 65,058.

There are 13 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 20.0, significantly higher than the Islington average (18.7) and similar to the England average of 20.6 ([Section 3.2](#), Table 20). All 13 community pharmacies hold a standard 40-core hour contract.

There is one DSP in South locality. The opening hours of this DSP are 10 am–6 pm Monday to Friday, and it does not provide any non-Essential Services; for the purposes of the narrative and assessment it is therefore largely excluded.

There are also two DAC in this locality.

Of the 13 pharmacies:

- 7 pharmacies (46%) are open after 6.30 pm on weekdays
- 12 pharmacies (92%) are open on Saturdays
- 1 pharmacy (8%) is open on Sunday

6.2.3.2 Necessary Services: gaps in provision

There is a projected growth in population in the locality over the lifetime of the PNA (2022-25) of approximately 2,325 people. This increase 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 19.2 with this population growth.

One of the largest proposed housing developments is in Bunhill (in South locality).

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

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

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

6.2.3.3 Other relevant services: current provision

Table 31 shows the pharmacies providing Advanced and Enhanced Services in South locality – there is good availability of NMS (92%), CPCS (54%), and flu vaccination (54%) in the locality. Hypertension case-finding and smoking cessation Advanced Service providers are low: however, at the time of writing, these are only recently introduced new services and more pharmacies may sign up.

Regarding access to **Enhanced Services**:

- No pharmacies provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** from the 13 community pharmacies:

- 10 pharmacies (77%) provide the Self-Care Pharmacy First service
- 3 pharmacies (23%) provide MRD
- 11 pharmacies (85%) provide the EHC service
- 6 pharmacies (46%) provide NEX
- 10 pharmacies (77%) provide the smoking cessation Advanced Service
- 7 pharmacies (54%) provide supervised self-administration
- 1 pharmacy (8%) is participating in the nasal naloxone pilot

6.2.3.4 Improvements and better access: gaps in provision

There are no pharmacies providing C-19 vaccination within the locality, but there are a number of pharmacies within relatively close proximity that do provide the service, both in neighbouring localities and HWBs.

There are no pharmacies providing the EoLC access to palliative care medicines within South locality, however there are easily accessible pharmacies in neighbouring areas that do provide the service if needed.

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

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 Central

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

6.2.4.1 Necessary Services: current provision

Central locality has a population of 88,164.

There are 17 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 19.3, slightly higher than Islington (18.7) and lower than the England average of 20.6 ([Section 3.2](#), Table 20). Of these pharmacies, all 17 pharmacies hold a standard 40-core hour contract.

Of the 17 pharmacies:

- 11 pharmacies (65%) are open after 6.30 pm on weekdays
- 15 pharmacies (88%) are open on Saturdays
- No pharmacies are open on Sundays

6.2.4.2 Necessary Services: gaps in provision

There is very little planned population growth in Central locality for the lifespan of this PNA (to 2025).

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. While there are no pharmacies open on a Sunday in the locality, there are a number of community pharmacies within easy reach in neighbouring localities and HWB areas.

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

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

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

6.2.4.3 Other relevant services: current provision

Table 31 shows the pharmacies providing Advanced and Enhanced Services in South locality – there is good availability of NMS (100%), CPCS (71%), and flu vaccination (77%) in the locality. Hypertension case-finding and smoking cessation Advanced Service are lower: however, at the time of writing, these are only recently introduced new services and more pharmacies may sign up.

Regarding access to **Enhanced** Services:

- 2 pharmacies (12%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned** Services within the 17 pharmacies:

- 1 pharmacy (6%) provides the EoL medicines supply service
- 15 pharmacies (88%) provide the Self-Care Pharmacy First service
- 13 pharmacies (76%) provide MRD
- All 17 pharmacies provide the EHC service
- 5 pharmacies (29%) provide the C-Card service
- 6 pharmacies (35%) provide NEX
- 16 pharmacies (94%) provide the smoking cessation Advanced Service
- 13 pharmacies (76%) provide supervised self-administration

6.2.4.4 Improvements and better access: gaps in provision

There is good provision of all of the LCS from community pharmacies within North locality (except 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 Islington.

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 Central locality.

6.3 Necessary Services: gaps in provision

For the purposes of the PNA, **Necessary** Services for Islington 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

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

- The health needs of the population of Islington from the JSNA and JHWS, and nationally from the NHS LTP
- The map showing the location of pharmacies within Islington ([Section 3](#), Figure 17)
- Population information ([Section 2.5](#)), including specific populations
- Access to community pharmacies via various types of transport ([Section 3.2](#)). From [Maps 2–6](#), the travel times to community pharmacies were:
 - Walking: 97.1% of the population can walk to a pharmacy within 10 minutes (100% within 15 minutes)
 - Driving off-peak: 99.9% of the population can drive to a pharmacy within 5 minutes (100% within 10 minutes)
 - Driving at peak: 98.1% can reach a pharmacy within 5 minutes (100% within 10 minutes)
 - Public transport: Approximately 99% can reach a community pharmacy within 10 minutes (afternoon is faster than morning); 100% of people can reach a pharmacy within 15 minutes
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of Islington (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 Islington (Appendix A)
- Results of the public questionnaire (Appendix D and [Section 5](#))
 - 83% have a regular or preferred pharmacy
 - 64% have visited a pharmacy once a month or more for themselves in the previous six months
 - The main way reported is that patients access a pharmacy are:
 - Walking 89%
 - Wheelchair/mobility scooter 3%
 - Public transport 2%
 - Driving
 - 87% report no difficulty in travelling to a pharmacy
 - Of the 12 respondents reporting difficulty travelling, 3 identified a lack of parking and 3 suggested lack of disabled access/facilities
 - 95% of respondents suggest that the pharmacy is open on the most convenient day and 88% state it is open at the most convenient time
- Results of the contractor questionnaire (Appendix E)
- Projected population growth and housing development ([Section 2.5](#))
 - GLA 2020-based housing-led projections indicate that Islington has a total population of 245,632
 - Over the next five years the population of Islington is expected to rise by approximately 4,600

- 25,550 students attend universities that are based in or have a campus in Islington

Table 33: Expected population growth in Islington 2022 to 2025 (PNA lifespan)

Locality	Population 2022	Population 2025	Difference
North	92,410	94,618	2208
South	65,058	67,383	2325
Central	88,164	88,225	61

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

There are 46 community pharmacies (including one DSP) in Islington. There are 18.3 community pharmacies per 100,000 population in Islington, compared with 20.6 per 100,000 in England.

There is one 100-hour pharmacy in Islington and there are many pharmacies open on weekday evenings and weekends. The vast majority of community pharmacies (91%) are open on Saturdays and 57% of community pharmacies open after 6.30 pm on weekdays. While only 4% of pharmacies are open on Sundays within Islington, the travel times are short and in addition there are easily accessible pharmacies open in neighbouring HWB areas. Opening hours do vary by locality and this is discussed in [Section 6.2](#).

Access to pharmaceutical services on bank holidays is limited but there is access if required as an Enhanced Service from two community pharmacies across Islington.

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

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

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 Islington.

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.

Islington 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.

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

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

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

- Healthy life expectancy is 63.4 for males, which does not differ significantly from the London or England averages. Healthy life expectancy for women is 59.8, which is significantly lower than the London and England averages (63.5).
- The overall all-cause all-age and under-75 mortality in 2020 did not differ significantly from the London and England averages.
- Excess deaths were significantly higher than the London average.
 - Under-75 cancer mortality was significantly higher than the London average
 - Under-75 CVD and respiratory mortality did not differ significantly from the London and England averages
- Smoking prevalence in adults, according to the GPPS, was 18%, which was significantly higher than the London and England averages.
- In Islington the vaccination rate was generally lower than the NCL average with the exception of DTaP/IPV; vaccination was also lower than the England average.
- The five boroughs in NCL have a higher Hep C detection rate than the England average; within NCL, it is highest in Camden and Islington; premature mortality from Hep C-related liver disease is highest in Islington.
- Sexual health:
 - In 2020, the chlamydia detection rate in individuals aged 15–24 was 1,805 per 100,000, which was significantly higher than the London and England averages
 - The rate of new STI diagnoses was 1,746 per 100,000, which was significantly higher than the London and England averages
 - In 2019, the under-18 conception rate was 16 per 1,000, which did not differ significantly from the London or England averages
- It was estimated that 2,308 individuals aged 15–64 were opiate or crack cocaine users.
- The rate of hospital admissions where the primary or secondary diagnosis was an alcohol-specific (wholly attributable) condition was significantly higher than the London and England averages.

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
- Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and CVD
- Delivery of the Hep C testing service, which has been extended to March 2023, would seem a relevant service within Islington
- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes

- 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 24 respondents to the contractor questionnaire (Appendix E). Most 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 87%, CHD 80%, COPD 80%). Over 80% of respondents also indicated that they would be willing to provide a variety of vaccination services, a health area where Islington performs at a level below the England average. Note: for many questions in the contractor questionnaire there were only 16 responses (of the 24 who completed the questionnaire), which means any extrapolation of the results to the 46 community pharmacies is difficult.

There was one response to the commissioner questionnaire (Appendix F), however, not all questions were completed. There was an indicated willingness to commission new services in areas such as STI and HIV screening and a non-EHC contraceptive service.

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
- There has been 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 Islington, 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 Islington 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 Islington HWB area 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 Islington.

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

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in [Section 1.4](#). Access to Necessary Service provision in Islington 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 Islington 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 Islington 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 Islington.

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 Islington 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 Islington HWB area, 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](#), 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 Islington.

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

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 Islington.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services in Islington.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in [Section 1.4](#) 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 Islington.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across Islington.

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

With regard to LCS, the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in [Section 4](#) and their provision by locality is discussed in [Section 6.2](#).

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

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 Islington.

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 circumstances across Islington to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in Islington 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
York Pharmacy	FDN26	Community	York House, Unit 4, 400-404 York Way, London	N7 9LR	09:00-18:30	09:00-13:00	Closed		-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-
Roger Davies Pharmacy	FF023	Community	41 Stroud Green Road, London	N4 3EF	09:00-19:00	09:00-17:00	Closed		-	-	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	-	-	-	-	-
Devs Chemist	FJ680	Community	110 Seven Sisters Road, London	N7 6AE	09:00-19:00	09:00-17:30	Closed		-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	Y	-	Y	Y	Y	Y	-
Nuchem Pharmaceutical Ltd	FJA90	Community	159 Stroud Green Road, insbury Park, London	N4 3PZ	09:00-19:00	09:00-17:30	Closed		-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-
Atkins Chemist	FKF20	Community	518 Hornsey Road, London	N19 3QN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-
Vyne	FL755	DAC	Unit 29B Highbury Studios, 8 Hornsey Street, London	N7 8EG	09:00-18:00	Closed	Closed		-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shivo Chemists	FLN42	Community	738 Holloway Road, London	N19 3JF	09:30-18:00 (Thu 09:30-13:00, 15:30-18:00)	09:30-16:00	Closed		-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FMD33	Community	410 Holloway Road, London	N7 6QA	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-
Superdrug Pharmacy	FMD88	Community	5-9 Seven Sisters Road, London	N7 6AJ	09:00-14:00, 14:30-18:30	09:00-14:00, 14:30-17:30	Closed		-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	Y	Y	-	-
Arkle Pharmac	FND94	Community	39 Junction Road, London	N19 5QU	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y
Wellcare Pharmacy	FP519	Community	552 Holloway Road, London	N7 6JP	09:00-19:00	09:00-13:00	Closed		-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	Y
Well Pharmacy	FPA29	Community	11/13 Junction Road, London	N19 5QT	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	Y	-	Y	-	-	Y	Y	Y	Y	-
Caledonian Pharmacy	FVW20	Community	486A Caledonian Road, London	N7 9RP	09:00-18:00	Closed	Closed		-	Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	Y
Chemitex Pharmacy	FW897	Community	332 Hornsey Road, London	N7 7HE	09:00-18:30 (Thu 09:00-13:00)	10:00-14:00	Closed		-	-	-	-	Y	-	-	-	-	-	Y	Y	-	Y	Y	-	Y	-	Y

Islington 2022 Pharmaceutical Needs Assessment

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
Apteka Chemist	FWN43	Community	179 Seven Sisters Road, London	N4 3NS	09:00-19:00	10:00-14:00	Closed	-		Y	-	-	Y	-	Y	-	-		Y	Y	-	Y	Y	Y	Y		Y
Islington Pharmacy	FWQ48	Community	Unit A, 31 North Road, London	N7 9GL	06:00-23:00	08:00-23:00	Closed	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
P Edward	FAC32	Community	324 Caledonian Road, London	N1 1BB	09:00-18:30 (Thu 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	-	-	-	-	-
Clockwork Pharmacy	FAG14	Community	273 Caledonian Road, London	N1 1EF	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y
Apex Pharmacy (Appliance)	FC850	DAC	199 Old Street, London	EC1V 9NP	09:00-18:30	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pharmica	FEW08	DSP	1-5 Clerkenwell Road, London	EC1M 5PA	10:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FFX11	Community	35-37 Islington High Street, London	N1 9LH	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	-	-
Fittleworth Medical	FG020	DAC	Unit 8, Ground Floor, Blenheim Court, 62 Brewery Road, London	N7 9NT	09:00-13:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apex Pharmacy	FHD65	Community	199 Old Street, London	EC1V 9NP	09:00-18:30	09:30-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	-
Superdrug Pharmacy	FJ143	Community	54 Chapel Market, London	N1 9EW	08:30-14:00, 14:30-19:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	-
Portmans Pharmacy	FJJ16	Community	Unit 5, Cherry Tree Walk, Whitecross Street, London	EC1Y 8NX	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-	Y	Y	-	-	-	-
WC And K King Chemist	FM604	Community	35 Amwell Street, London	EC1R 1UR	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	-	-	-
Chana Chemist	FMA47	Community	70 Chapel Market, London	N1 9ER	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	-	-	-
Rowlands Pharmacy	FNM70	Community	16 Exmouth Market, London	EC1R 4QE	09:00-13:00, 13:20-19:00	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clerkenwell Pharmacy	FRM14	Community	51 Exmouth Market, London	EC1R 4QL	08:45-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	Y	-	-
Douglas Pharmacy	FRM52	Community	34 Ritchie Street, London	N1 0DG	08:00-20:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	-
Clockwork Pharmacy	FVA91	Community	161 Caledonian Road, London	N1 0SL	09:00-18:30 (Thu 08:00-16:00)	Closed	Closed	-	-	-	-	-	-	-	Y	Y	-	-	Y	-	-	Y	-	-	-	-	-
Carters Chemist	FWP49	Community	47 Roman Way, London	N7 8XF	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	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 Islington 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 public health lead
- NHS England representative
- Local Pharmaceutical Committee (LPC) representative
- CCG representative
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Consultant in Public Health/nominated PH lead 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 Islington 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 PNA 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
 - Any NHS Trust or NHS Foundation Trust in its area
 - NHS England
 - 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
<p>Stage 1: Project Planning and Governance</p> <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
<p>Stage 2: Research and analysis</p> <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group meeting two Draft update for HWB 													
<p>Stage 3: PNA development</p> <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for consultation Steering Group meeting three Draft update for HWB 													
<p>Stage 4: Consultation and final draft production</p> <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses Production of consultation findings report Draft final PNA for approval Steering Group meeting four Minutes to meetings Edit and finalise final PNA 2022 Draft update for HWB 													

Appendix D: Public questionnaire

Total responses received:¹ 108

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

Answered – 107; skipped – 1

Yes		83%	89
No		11%	12
I prefer to use an internet/online pharmacy*		0%	0
I use a combination of traditional and internet pharmacy		6%	6

* 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 – 107; skipped – 1

1		1%	1
2		1%	1
3		4%	4
4		1%	1
5		2%	2
6		0%	0
7		8%	9
8		17%	18
9		14%	15
10		52%	56

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 – 104; skipped – 4

Once a week or more		5%	5
A few times a month		26%	27
Once a month		33%	34
Once every few months		31%	32
Once in six months		4%	4
I haven't visited/contacted a pharmacy in the last six months		2%	2

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

For someone else: Answered – 65; skipped – 43

Once a week or more		0%	0
A few times a month		15%	10
Once a month		20%	13
Once every few months		28%	18
Once in six months		9%	6
I haven't visited/contacted a pharmacy in the last six months		28%	18

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

Answered – 17; skipped – 91

I have used an internet/online pharmacy		12%	2
Someone has done it on my behalf		12%	2
I have had no need for any pharmacy service during this period		41%	7
Other (please specify below)		35%	6

Other, please specify:

Home delivery	2	Not applicable	2
I called them by phone	1	I collect medicines for my wife	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 – 107; skipped – 1

Very easy		61%	65
Fairly easy		28%	30
Neither easy nor difficult		7%	7
Fairly difficult		3%	3
Very difficult		2%	2

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

Answered – 106; skipped – 2

Yourself		95%	101
A family member		34%	36
A neighbour/friend		6%	6
Someone you are a carer for		5%	5
All of the above		0%	0
Other (please specify below)		2%	2

Other, please specify:

My pet – is on human meds	1	Last two years, contact by phone	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 – 51; skipped – 57

For a child/dependant		35%	18
The person is too unwell		25%	13
Opening hours of the pharmacy are not suitable for the person requiring the service		12%	6
The person can't access the pharmacy (e.g. due to disability/lack of transport)		20%	10
The person can't use the delivery service		2%	1
The person can't access online services		8%	4
All of the above		0%	0
Other (please specify below)		29%	15

Other, please specify:

Convenience	6	Not applicable	3
Person is elderly, unwell or shielding	3	They get a delivery	1
I collect for a neighbour	1	I collect our repeat prescriptions	1

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

Answered – 107; skipped – 1

Quality of service (friendly staff, expertise)			
Extremely important		63%	67
Very important		30%	32
Moderately important		7%	7
Fairly important		0%	0
Not at all important		0%	0
Convenience (location, opening times)			
Extremely important		67%	71
Very important		25%	26
Moderately important		8%	8
Fairly important		1%	1
Not at all important		0%	0
Accessibility (languages including British Sign Language, parking, clear signage, wheelchair/buggy access)			
Extremely important		17%	18
Very important		18%	19
Moderately important		19%	20
Fairly important		6%	6
Not at all important		39%	41
Availability of medication/services (stocks, specific services)			
Extremely important		62%	66

Very important		26%	28
Moderately important		9%	10
Fairly important		3%	3
Not at all important		0%	0

Other, please specify:

Knowledgeable, friendly staff	5	Easy to move safely in pharmacy	1
Notification when prescription is ready	1	Follows COVID best practices	1
Price of items	1	Hygiene and clean shop	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 – 106; skipped – 2

Yes, there is a fully accessible consultation room		27%	29
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/buggies		18%	19
No		8%	9
I don't know		38%	40

Other:

Very small room, and with no window	3	Not sure how accessible it is	2
I use two pharmacies, only one of them has a room	1	All customers should have the option of privacy	1
I have not used it personally	1	No consultation room	1

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

Answered – 107; skipped – 1

Bicycle		1%	1
Car		2%	2
Public transport		2%	2
Taxi		1%	1
Walk		89%	95
Wheelchair/mobility scooter		3%	3
I don't, someone goes for me		0%	0
I don't, I use an online pharmacy		0%	0
I don't, I utilise a delivery service		0%	0
Other (please specify)		3%	3

Other, please specify:

The pharmacy delivers to me	2	Walking with aid (knee support)	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 – 92; skipped – 16

Home		100%	92
Work		14%	13
Other (please specify below)		1%	1

Other, please specify:

GP surgery	1
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12) On average, how long does it take you to travel to a pharmacy? (Please select one answer)

Answered – 94; skipped – 14

0 to 15 minutes		88%	83
16 to 30 minutes		12%	11
Over 30 minutes		0%	0

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

Answered – 91; skipped – 17

Lack of parking		3%	3
Lack of suitable public transport		0%	0
It's too far away		2%	2
Lack of disabled access/facilities		3%	3
Lack of facilities for sight loss		0%	0
Lack of facilities for hearing loss		0%	0
No, I don't face any difficulties		87%	79
Other (please specify)		7%	6

Other, please specify:

Pram access	1	Delivery helpful when unwell	1
Severe arthritis	1	I get a delivery	1
Busy roads are dangerous outside pharmacy	1	Bicycles and scooters cluttering up the pavement	1

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

Answered – 96; skipped – 12

Monday to Friday		26%	25
Saturday		5%	5
Sunday		0%	0
Varies		33%	32
I don't mind		35%	34

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

Answered – 95; skipped – 13

Yes		95%	90
No		5%	5

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

Answered – 96; skipped – 12

Morning (8 am–12 pm)		11%	11
Lunchtime (12 pm–2 pm)		6%	6
Afternoon (2 pm–6 pm)		11%	11
Early evening (6 pm–8 pm)		6%	6
Late evening (after 8 pm)		2%	2
Varies		38%	36
I don't mind/no preference		25%	24

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

Answered – 92; skipped – 16

Yes		88%	81
No		12%	11

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

Answered – 95; skipped – 13

Daily		0%	0
Weekly		5%	5
Fortnightly		1%	1
Monthly		23%	22
Every few months		39%	37
Yearly		4%	4
Rarely		25%	24
Never		2%	2

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	96%	91	4%	4	95
COVID-19 lateral flow device (LFD) distribution service	88%	83	12%	11	94

Service	Yes		No		Answered
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	47%	40	53%	45	85
COVID-19 vaccination services	64%	58	36%	33	91
Flu vaccination services	88%	80	12%	11	91
Buying over-the-counter medicines	99%	94	1%	1	95
Dispensing prescription medicines	98%	93	2%	2	95
Dispensing appliances (items/ equipment to manage health conditions)	62%	55	38%	34	89
Repeat dispensing services	92%	85	8%	7	92
Home delivery and prescription collection services	58%	51	42%	37	88
Medication review	25%	21	75%	62	83
New medicine service	29%	24	71%	59	83
Discharge from hospital medicines service	26%	21	74%	61	82
Emergency supply of prescription medicines	57%	49	43%	37	86
Disposal of unwanted medicines	65%	57	35%	31	88
Appliance Use Review	12%	10	88%	72	82
Community Pharmacist Consultation Service (urgent care referral)	20%	16	80%	65	81
Hepatitis testing service	10%	8	90%	72	80
Stoma Appliance Customisation service (stoma/ostomy bag: pouch used to collect waste from the body)	7%	6	93%	76	82
Needle exchange (disposal of used needles and providing clean ones)	24%	20	76%	62	82
Stopping smoking/nicotine replacement therapy	64%	54	36%	31	85
Chlamydia testing/treatment (sexually transmitted infections)	13%	11	87%	73	84
Condom distribution, emergency contraception	55%	47	45%	38	85
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	16%	13	84%	68	81

Service	Yes		No		Answered
	%	Count	%	Count	
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	28%	23	72%	59	82
Travel immunisation	64%	52	36%	29	81

Other, please specify:

PCR test before flights	1	Left blank those that 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
	%	Count	%	Count	%	Count	
Advice from your pharmacist	96%	88	0%	0	4%	4	92
COVID-19 lateral flow device (LFD) distribution service	79%	73	7%	6	14%	13	92
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	62%	55	10%	9	28%	25	89
COVID-19 vaccination services	75%	67	4%	4	20%	18	89
Flu vaccination services	84%	74	1%	1	15%	13	88
Buying over-the-counter medicines	98%	89	0%	0	2%	2	91
Dispensing prescription medicines	99%	90	0%	0	1%	1	91
Dispensing appliances (items/equipment to manage health conditions)	75%	66	0%	0	25%	22	88
Repeat dispensing services	94%	84	0%	0	6%	5	89
Home delivery and prescription collection services	75%	67	1%	1	24%	21	89
Medication review	64%	56	7%	6	29%	25	87
New medicine service	57%	50	2%	2	40%	35	87
Discharge from hospital medicines service	59%	52	3%	3	38%	33	88
Emergency supply of prescription medicines	85%	76	0%	0	15%	13	89
Disposal of unwanted medicines	80%	70	1%	1	18%	16	87
Appliance use review	45%	38	1%	1	54%	45	84

Service	Yes		No		No Opinion		Answered
	%	n	%	n	%	n	
Community Pharmacist Consultation Service (urgent care referral)	71%	61	1%	1	28%	24	86
Hepatitis testing service	44%	38	2%	2	53%	46	86
Stoma Appliance Customisation service (stoma/ostomy bag: pouch used to collect waste from the body)	36%	30	4%	3	61%	51	84
Needle exchange (disposal of used needles and providing clean ones)	51%	43	2%	2	47%	40	85
Stopping smoking/nicotine replacement therapy	59%	50	4%	3	38%	32	85
Chlamydia testing/treatment (sexually transmitted infections)	40%	34	6%	5	54%	46	85
Condom distribution, emergency contraception	71%	60	1%	1	28%	24	85
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	62%	53	5%	4	34%	29	86
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	45%	38	10%	8	45%	38	84
Travel immunisation	75%	64	2%	2	22%	19	85

Other, please specify:

They have enough to do, the rest should be done by the GP hospital	1	PCR test before travelling	1
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21) Is your pharmacy able to provide medication on the same day that your prescription is sent to it? (Please select one answer)

Answered – 95; skipped – 13

Yes		48%	46
No – it normally takes one day		9%	9
No – it normally takes two or three days		17%	16
No – it normally takes more than three days		3%	3
I don't know		22%	21

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

Answered – 95; skipped – 13

Yes – using my preferred method		42%	40
Yes – by using a method that is not convenient to me		0%	0
No – but I would like to be alerted		27%	26
No – and I wouldn't use an alert service		1%	1
I don't know		29%	28

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

Answered – 86; skipped – 22

Paper request form to my GP practice		15%	13
Paper request form through my pharmacy		2%	2
By email to my GP practice		12%	10
Online request to my GP practice		38%	33
My pharmacy orders on my behalf		17%	15
Electronic Repeat Dispensing (eRD)		5%	4
NHS app		7%	6
Varies		10%	9
Other (please specify below)		13%	11

Other, please specify:

Phone	3	Visit or call	1
Delivery	1	I use my GP's app	1
Email	1	N/A	1
GP request	1	Pharmacy website	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 – 95; skipped – 13

Yes		23%	22
No		32%	30
I don't know/I have never heard of it		45%	43

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

Sounds good, would like to use	4	No comments	2
Sometimes it doesn't work and I have to sort between GP and pharmacy	2	The system my GP provides doesn't work for me	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 – 35; skipped – 73

No/Nothing I can think of/Don't know	15	Advice/treatment on various minor ailments	6
They already provide a good advice service	3	Skin condition treatments	2
Yes	2	Mental health support	1
Simple prescriptions	1	Happy to take advice	1
UTI testing	1	MSK problems, ENT infections, gastro problems	1
Late night openings would help	1	Swab tests for throat infection	1

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

Answered – 44; skipped – 64

They provide a good service	23	N/A/No	5
Better customer service needed	2	Delivery service is exceptional	1
Need to use software better	1	Face masks should be free	1
Nearest pharmacy is a long way	1	Overpriced	1
Stopped helping pharmacy due to LTNs	1	Road closures make it difficult to access	1
Needs to be open outside business hours	1	Managed to quit smoking due to pharmacy service	1
Focus on core role rather than profiteering	1	Need to alert when ready for collection	1
Too busy	1	Cleaning standards are low	1
Need to be more 24-hour pharmacies	1		

A bit about you

27) How would you describe your gender?

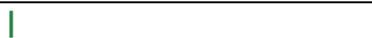
Answered – 92; skipped – 16

Female		68%	63
Male		24%	22
Non-binary		0%	0
Prefer not to say		5%	5
Prefer to identify in another way		2%	2

Demi-female	1	Lion	1
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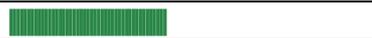
28) Do you consider yourself to be trans or to have a trans history?

Answered – 92; skipped – 16

Yes		1%	1
No		92%	85
Prefer not to say		7%	6

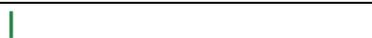
29) Are you married or in a civil partnership?

Answered – 92; skipped – 16

Yes		43%	40
No		46%	42
Prefer not to say		11%	10

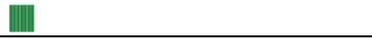
30) Are you pregnant, on maternity leave, or returning from maternity leave?

Answered – 91; skipped – 17

Yes		1%	1
No		92%	84
Prefer not to say		8%	7

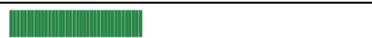
31) What is your age?

Answered – 92; skipped – 16

Under 16		0%	0
16–24		0%	0
25–44		21%	19
45–64		39%	36
65+		33%	30
Prefer not to say		8%	7

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

Answered – 92; skipped – 16

Yes		54%	50
No		38%	35
Don't know		1%	1
Prefer not to say		7%	6

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

Answered – 65; skipped – 43

Yes, a lot		11%	7
Yes, a little		32%	21

No		48%	31
Prefer not to say		9%	6

34) If you have answered yes to the previous question, please select all that apply:

Answered – 41; skipped – 67

Physical impairment		54%	22
Learning disability or difficulty		17%	7
Sensory impairment		5%	2
Long-standing illness (>12 months)		2%	1
Mental health condition		10%	4
Neurodiversity e.g. Autism, ADD		34%	14
Prefer not to say		15%	6
Other (please specify below)		10%	4

Other, please specify:

Asthma	2	Menopause	1
Arthritis	1	Severe allergies	1

35) What is your religion or belief?

Answered – 91; skipped – 17

Buddhist		1%	1
Christian		42%	38
Hindu		0%	0
Jewish		1%	1
Muslim		3%	3
No religion		35%	32
Rastafarian		0%	0
Sikh		1%	1
Prefer not to say		12%	11
Other (please specify below)		4%	4

Other, please specify:

Presbyterian church	1	Atheist	1
Climate-concerned	1	No	1

36) How would you describe your sexual orientation?

Answered – 91; skipped – 17

Bisexual		4%	4
Gay/lesbian		5%	5
Heterosexual/straight		77%	70
Prefer not to say		10%	9
Prefer to identify in another way		3%	3

Pansexual	1	Bisexual, asexual spectrum	1
Queer	1		

37) How would you describe your ethnic background?

Answered – 90; skipped – 18

Asian/Asian British: Bangladeshi		0%	0
Asian/Asian British: Chinese		1%	1
Asian/Asian British: Indian		3%	3
Asian/Asian British: Pakistani		0%	0
Any other Asian background		1%	1
Black/Black British: African		1%	1
Black/Black British: Caribbean		2%	2
Any other Black/African/Caribbean background		0%	0
Mixed/Multiple: White & Asian		2%	2
Mixed/Multiple: White & Black African		1%	1
Mixed/Multiple: White & Black Caribbean		0%	0
Any other Mixed/Multiple ethnic group		1%	1
White: English/Welsh/Scottish/Irish/British	██	57%	51
White: Gypsy or Irish Traveller		0%	0
Any other White background	██████	18%	16
Prefer not to say	████	12%	11

Other ethnic background, please specify:

German	2	Turkish	1
Latino-American	1	Black, Asian, Irish	1
Korean	1	White Eastern European	1
Europ	1	Turkish Cypriot	1
Euophite	1	Dual nationality: German-British	1

Thank you for taking part in our questionnaire

Appendix E: Pharmacy contractor questionnaire

Total responses received:¹ **24**

1) Premises and contact details

Answered – 24; skipped – 0

- Provided contractor code (ODS Code) – 24
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 23
- Provided trading name – 24
- Provided address of contractor pharmacy – 24
- Provided premises shared NHS mail account – 24
- Provided pharmacy telephone – 24
- Provided pharmacy fax – 2
- Provided pharmacy website address – 4

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

Answered – 24; skipped – 0

Yes		13%	3
No		50%	12
Posibly		38%	9

3) Is this pharmacy a 100-hour pharmacy?

Answered – 23; skipped – 1

Yes		4%	1
No		96%	22

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

Answered – 24; skipped – 0

Yes		17%	4
No		83%	20

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 – 0

Yes		0%	0
No		100%	24

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

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

Answered – 24; skipped – 0

Yes		96%	23
No		4%	1

7) Core contractual hours of opening:

Provided hours – 20; skipped – 4

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

Provided hours – 1; skipped – 23

9) Total hours of opening:

Provided hours – 14; skipped – 10

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

Provided hours – 0; skipped – 24

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 – 20; skipped – 4

None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room		0%	0
None, NHSE&I has approved my request that the premises are too small for a consultation room		0%	0
None (Distance-Selling Pharmacy)		0%	0
Available (including wheelchair access)		85%	17
Available (without wheelchair access) or		10%	2
Planned before 1st April 2023		0%	0
Other (please specify below)		5%	1

Two consultations rooms	1
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12) Where there is a consultation area, is it a closed room?

Answered – 20; skipped – 4

Yes		100%	20
No		0%	0

13) During consultation are there hand-washing facilities?

Answered – 19; skipped – 5

In the consultation area		89%	17
Close to the consultation area		11%	2
None		0%	0

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

Answered – 20; skipped – 4

Yes		45%	9
No		55%	11

15) Languages spoken (in addition to English)

Answered – 14; skipped – 10

Gujarati	12	Hindi	9	Bengali	6
Urdu	6	Turkish	4	Greek	3
Swahili	2	Somali	2	Mandarin	2
Arab	2	French	1	Italian	1
Persian	1	Punjabi	1	Farsi	1
Albania	1	Amharic	1	Cantonese	1

16) Does the pharmacy dispense appliances?

Answered – 16; skipped – 8

None		6%	1
Yes – All types		81%	13
Yes, excluding stoma appliances, or		6%	1
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		0%	0
Yes, just dressings, or		6%	1
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
	%	n	%	n	%	n	
Appliance Use Review service	7%	1	33%	5	60%	9	15
Community Pharmacist Constation Service (CPCS)	94%	15	6%	1	0%	0	16
C-19 LFD distribution	100%	16	0%	0	0%	0	16
Flu vaccination service	93%	14	7%	1	0%	0	15
Hepatitis C testing service (untl 31st March 2022)	13%	2	40%	6	47%	7	15
Hypertension case-finding	50%	8	44%	7	6%	1	16
New medicine service	100%	15	0%	0	0%	0	15
Pandemic delivery service (untl 31st March 2022)	94%	15	0%	0	6%	1	16
Stoma Appliance Customisatiervice	0%	0	27%	4	73%	11	15

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	Crently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provde if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	n	%	n	%	n	%	n	%	n	%	n	
Anticoagulant Monitoring Service	0%	0	7%	1	0%	0	80%	12	13%	2	0%	0	15
Antiviral Distribution Service (1)	6%	1	0%	0	0%	0	81%	13	13%	2	0%	0	16
Care Home Service	7%	1	0%	0	0%	0	73%	11	20%	3	0%	0	15
Chlamydia Testing Service (1)	6%	1	0%	0	0%	0	81%	13	13%	2	0%	0	16
Chlamydia Treatment Service (1)	6%	1	0%	0	0%	0	81%	13	13%	2	0%	0	16
Contraceptive service (not EC) (1)	6%	1	0%	0	0%	0	81%	13	13%	2	0%	0	16

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

Service	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin t o provide if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	
DSMMS – Allergies	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	15
DSMMS – Alzheimer’s/ dementia	0%	0	0%	0	0%	0	79%	11	14%	2	7%	1	14
DSMMS – Asthma	0%	0	0%	0	0%	0	87%	13	7%	1	7%	1	15
DSMMS – CHD	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	15
DSMMS – COPD	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	15
DSMMS – Depresson	0%	0	0%	0	0%	0	73%	11	20%	3	7%	1	15
DSMMS – Diabetesype I	0%	0	0%	0	0%	0	87%	13	7%	1	7%	1	15
DSMMS – Diabetesype II	0%	0	0%	0	0%	0	87%	13	7%	1	7%	1	15
DSMMS – Epilepsy	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	15
DSMMS – Heart fare	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	15
DSMMS – Hyperteion	0%	0	0%	0	0%	0	87%	13	7%	1	7%	1	15
DSMMS – Parkinsn’s disease	0%	0	0%	0	0%	0	73%	11	20%	3	7%	1	15
DSMMS – Other (plse state below)	0%	0	0%	0	0%	0	64%	9	21%	3	14%	2	

Other:

As required	3
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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	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provide if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Emergency Contraception Service (1)	6%	1	6%	1	19%	3	56%	9	0%	0	13%	2	
Emergency Supply Service	44%	7	6%	1	0%	0	50%	8	0%	0	0%	0	16
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	
Home Delivery Service (not appliances) (1)	7%	1	0%	0	0%	0	67%	10	13%	2	13%	2	
Independent Prescribing Service	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

As required	1	Minor infections and injuries	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	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provide if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Language Access Service	0%	0	0%	0	0%	0	73%	11	27%	4	0%	0	15
Medication Review Service	13%	2	0%	0	0%	0	80%	12	7%	1	0%	0	15
Medicines Assessment and Compliance Support Servie	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	

Service	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provide if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	7%	1	33%	5	20%	3	27%	4	13%	2	0%	0	
Minor Ailments Scheme	7%	1	33%	5	20%	3	27%	4	13%	2	0%	0	15
Medicines Optimisatioervice (1)	6%	1	6%	1	0%	0	75%	12	13%	2	0%	0	16

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	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provide if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	13%	2	13%	2	7%	1	33%	5	33%	5	0%	0	
Needle and Syringe Exchange Service	13%	2	13%	2	7%	1	33%	5	33%	5	0%	0	
Obesity Management (adults children) (1)	25%	4	0%	0	0%	0	69%	11	6%	1	0%	0	
Not-Dispensed Scheme	13%	2	0%	0	0%	0	81%	13	6%	1	0%	0	16
On-Demand Availability of Specialist Drugs Service	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	
Out-of-Hours Services	0%	0	0%	0	0%	0	73%	11	27%	4	0%	0	15
Patient Group Direction Servic (please name the medicines below)	7%	1	0%	0	0%	0	87%	13	7%	1	0%	0	
Phlebotomy Service (1)	0%	0	0%	0	0%	0	80%	12	20%	3	0%	0	15
Prescriber Support Service	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Schools Service	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15

Please name the medicines for your Patient Group Direction Service:

As required	3	Influenza vaccinations	1
Viral infectns	1	Travel	1

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

Service	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provde if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	0	%	0	%	0	%	13	%	2	%	0	
Screening Service – Alcohol	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Screening Service – Cholestol	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Screening Service – Diabet	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Screening Service – Gonorrea	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Screening Service – H. pylor	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Screening Service – HbA1C	0%	0	0%	0	0%	0	86%	12	14%	2	0%	0	14
Screening Service – Hepatiti	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	15
Screening Service – HIV	0%	0	0%	0	0%	0	87%	13	7%	1	7%	1	15
Screening Service – Other	0%	0	0%	0	0%	0	69%	9	23%	3	8%	1	13

Other:

As required	3
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24) Which of the following other services does the pharmacy provide, or would be willing to provide?

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

Service	Currently providing under contract with NHSE&I regional team		Currently providing under contract with CCG		Curently priding underontrt wit Local Autity		Willin to provde if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	14	%	0	%	0	%	2	%	0	%	0	
Seasonal Influenza Vaccination Service (1)	88%	14	0%	0	0%	0	13%	2	0%	0	0%	0	
Childhood vaccinations (1)	0%	0	0%	0	0%	0	80%	12	13%	2	7%	1	15
COVID-19 vaccinations	13%	2	0%	0	0%	0	67%	10	20%	3	0%	0	15
Hepatitis (at-risk workers or patients) vaccinations (1)	0%	0	0%	0	0%	0	87%	13	13%	2	0%	0	
HPV vaccinations (1)	6%	1	0%	0	0%	0	88%	14	6%	1	0%	0	16

Service	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provde if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Meningococcal vaccinations	0%	0	0%	0	0%	0	93%	14	7%	1	0%	0	15
Pneumococcal vaccinations	13%	2	0%	0	0%	0	87%	13	0%	0	0%	0	15
Travel vaccinations (1)	6%	1	0%	0	0%	0	69%	11	6%	1	19%	3	16
Other vaccinations (please sate below)	0%	0	0%	0	0%	0	85%	11	15%	2	0%	0	

Other:

As required	3
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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	Curently priding underontrt withEI regi tea		Curently priding underontrt wit CCG		Curently priding underontrt wit Local Autity		Willin to provde if commssioned		Not able or willing to provide		Willing to provide privately		Answered
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	
Sharps Disposal Service (1)	13%	2	13%	2	7%	1	33%	5	33%	5	0%	0	15
Stop Smoking Service	7%	1	20%	3	13%	2	40%	6	20%	3	0%	0	15
Supervised Administration Svce	20%	3	27%	4	20%	3	20%	3	13%	2	0%	0	15
Supplementary Prescribing Service (please name thereutic areas below)	0%	0	0%	0	0%	0	80%	12	20%	3	0%	0	
Vascular Risk Assessment Service (NHS Health Check (1)	0%	0	0%	0	0%	0	80%	12	20%	3	0%	0	

Please name the therapeutic areas for your Supplementary Prescribing Service:

As required	3
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26) Non-commissioned services: Does the pharmacy provide any of the following?

Service	Yes		No		Answered
	%	Count	%	Count	
Collection of prescriptions from GP practices	81%	13	19%	3	16
Delivery of dispensed medicines – Selected patient groups (Please list patient groups below)	69%	11	31%	5	
Delivery of dispensed medicines – Selected areas (please list areas below)	60%	9	40%	6	15
Delivery of dispensed medicines – Free of charge on request	63%	10	38%	6	16
Delivery of dispensed medicines – With charge	38%	6	63%	10	16
Monitored Dosage Systems – Free of charge on request	75%	12	25%	4	16
Monitored Dosage Systems – With charge	25%	4	75%	12	16

Please name the therapeutic areas for your Supplementary Prescribing Service:

Any that request	4	2-mile radius	3
Housebound/Eldly	3	Local radius	1
We offer a range of solutions after individual patient review	2	10-minute walking distance	1

27) Is there a particular need for a locally commissioned service in your area?

Answered – 16; skipped – 8

Yes		19%	3
No		81%	13

If so, what is the service requirement and why?

Minor ailments, Independent prescribing, Stop Smoking, Pregnancy Test,	1
Delivery service	1
Anticoagulation, Diabetes	1

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

Answered – 16; skipped – 8

Yes		88%	14
No		13%	2

29) Details of the person completing this form:

- Provided contact name – 16
- Provided contact telephone number – 16

Appendix F: Commissioner questionnaire

Total responses received:¹ 1

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	
Care Home Service*	0%	0	0%	0	0%	0	0
Chlamydia Testing Service (1)	0%	0	0%	0	0%	0	0
Chlamydia Treatment Service (1)	0%	0	0%	0	0%	0	0
Contraceptive Service (not EC) (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
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

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

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
	%	Count	%	Count	%	Count	
Emergency Contraception Service (1)	100%	1	0%	0	0%	0	
Emergency Supply Service	0%	0	0%	0	0%	0	0
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0	0%	0	0%	0	
Home Delivery Service (not appliances) (1)	0%	0	0%	0	0%	0	
Independent Prescribing Service	0%	0	0%	0	0%	0	0

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
	%	Count	%	Count	%	Count	
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	
Minor Ailments 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
	0%	0	0%	0	0%	0	
Needle and Syringe Exchange Service	0%	0	0%	0	0%	0	
Obesity Management (adults children) (1)	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	
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	
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	0%	0	100%	1	0%	0	1
Other Screening Services (please state below)	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	
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	
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
Travel Vaccinations	0%	0	0%	0	0%	0	0
Other Vaccinations (please state below)	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
	0%	0	0%	0	0%	0	
Sharps Disposal Service (1)	0%	0	0%	0	0%	0	0
Stop Smoking Service	0%	0	0%	0	0%	0	0
Supervised Administration Service	0%	0	0%	0	0%	0	0
Supplementary Prescribing Service (please name therapeutic area below)	0%	0	0%	0	0%	0	
Vascular Risk Assessment Service (NHS Health Check) (1)	0%	0	0%	0	0%	0	

9) Details of the person completing this questionnaire -if questions arise:

- Provided contact name – 1
- Provided job role – 0
- Provided address – 0
- Provided email address – 0
- Provided contact telephone number – 0

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 Islington	Y	All	Y
Any person on pharmaceutical list (community pharmacies)	-	Contractor	Y
Healthwatch Islington	Y	All	Y
UCL Hospital – chief pharmacist	-	-	Y
Whittington Hospital NHS Trust	-	-	Y
Moorfields Eye Hospital	-	-	Y
Camden & Islington Foundation Trust: chief pharmacist	-	-	Y
Central North West London NHS Trust: chief pharmacist	-	-	Y
NHSE&I	Y	All	Y
Camden HWB	-	-	Y
Haringey HWB	-	-	Y
Hackney HWB	-	-	Y
City of London HB	-	-	Y

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
CCG – Head of Mcines Management	Y	Y	All	Y
Camden LMC	-	-	-	Y
Haringey LMC	-	-	-	Y
Hackney LMC	-	-	-	Y
City of London LM	-	-	-	Y
Camden LPC	-	-	-	Y
Haringey LPC	-	-	-	Y
Hackney LPC	-	-	-	Y
City of London LP	-	-	-	Y
Lead Consultant, Cmden & Islington	Y	Y	All	Y
Public Health Stratgist, Camden & Islington	Y	Y	All	Y
Public Health Progrme Manager, Camden & Islington	Y	Y	All	Y
Head of Health aare Intelligence, Camden & Islington	Y	Y	All	Y
Principal Public Hth Intelligence Specialist, Camden & Islington	Y	Y	All	Y
Assistant Public Hth Strategist, Camden & Islington	Y	Y	All	Y
Public Health Analst, Camden & Islington	Y	Y	All	Y
Voluntary Action Ilington Lead	-	-	Public	Y

Methods of engagement

- Hosted on council website
- Social media advertisement
- Posted in E-bulletins
- Posters and paper copies sent out to pharmacies
- Advertised to social & healthcare professionals online
- Posted on NCL GP website
- Poster sent to library
- Targeted communication to faith, disability, refugee and ethnic inclusion groups.
- Sent to internal staff on Yammer

Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,¹ Islington HWB held a 60-day consultation on the draft PNA from 8 June to 7 August 2022.

The draft PNA was hosted on the Islington Council website and invitations to review the assessment and comment were sent to a wide range of stakeholders, including all community pharmacies in Islington. 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 Islington as identified by Islington Council and Islington Healthwatch. Responses to the consultation were possible via an online survey or paper.

There were in total 8 responses, all of them from the internet survey. Responses received:

- 3 (38%) from the public
- 2 (25%) from a carer
- 2 (25%) from a GP
- 1 (13%) from a pharmacist

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

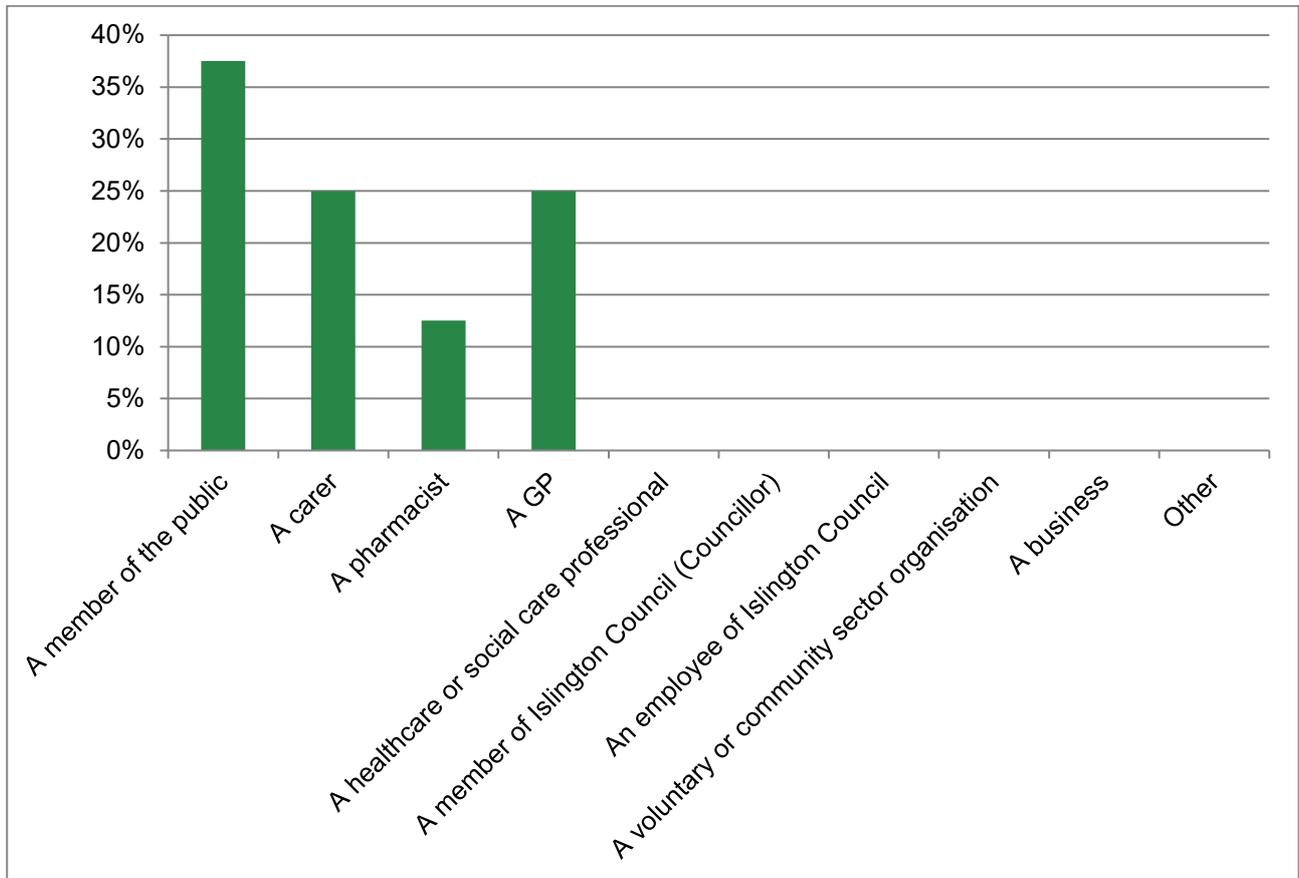
All responses were considered by the PNA Steering Group at its meeting on 31 August for the final PNA. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. These are included in Appendix I.

Below is a summary of responses to the specific questions, asked during the consultation.

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

Consultation questions and responses:

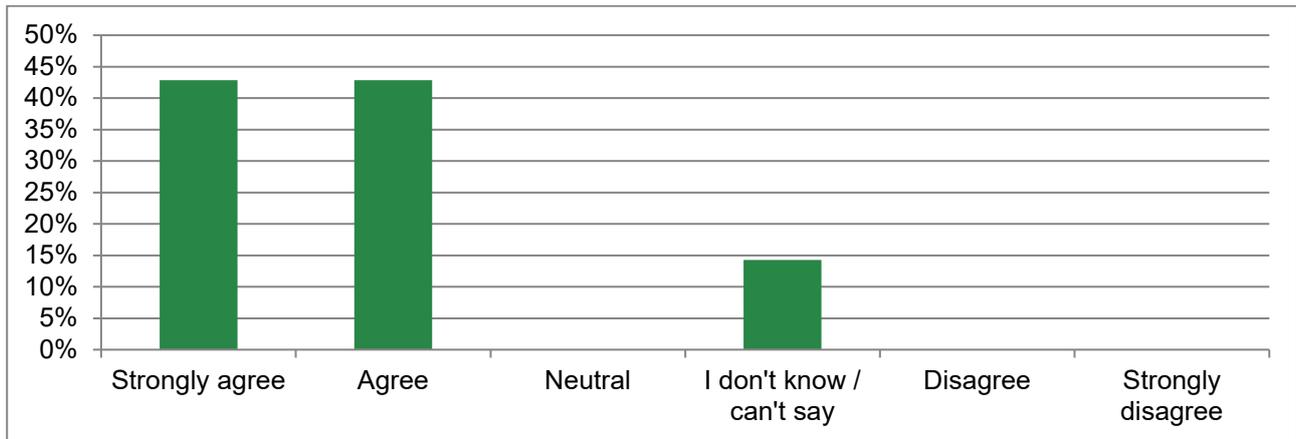
Q1. Are you mainly responding as? (Please select one option)



Answer choices	Percentage	Responses
A member of the pic	38%	3
A carer	25%	2
A pharmacist	13%	1
A GP	25%	2
A healthcare or sial care professional	0%	0
A member of Isliton Council (a Councillor)	0%	0
An employee of Ilington Council	0%	0
A voluntary or comunity sector organisation	0%	0
A business	0%	0
Other	0%	0

Answered – 8; skipped – 0

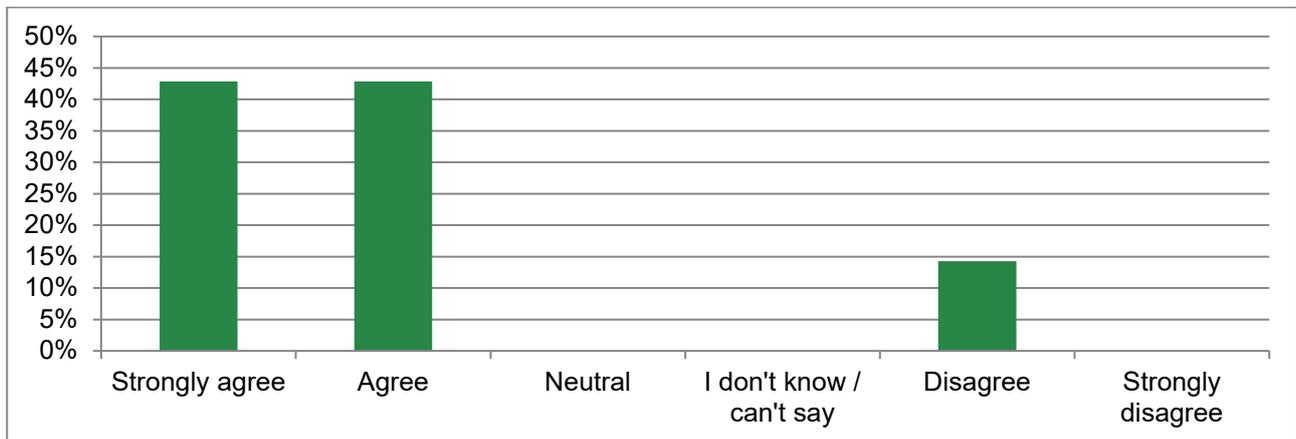
Q2. The Draft Islington PNA reflects the current provision (supply) of pharmaceutical services within Islington. (See Sections 3, 4 & 6 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	43%	3
Agree	43%	3
Neutral	0%	0
I don't know / cant say	14%	1
Disagree	0%	0
Strongly disagree	0%	0

Answered – 7; skipped – 1

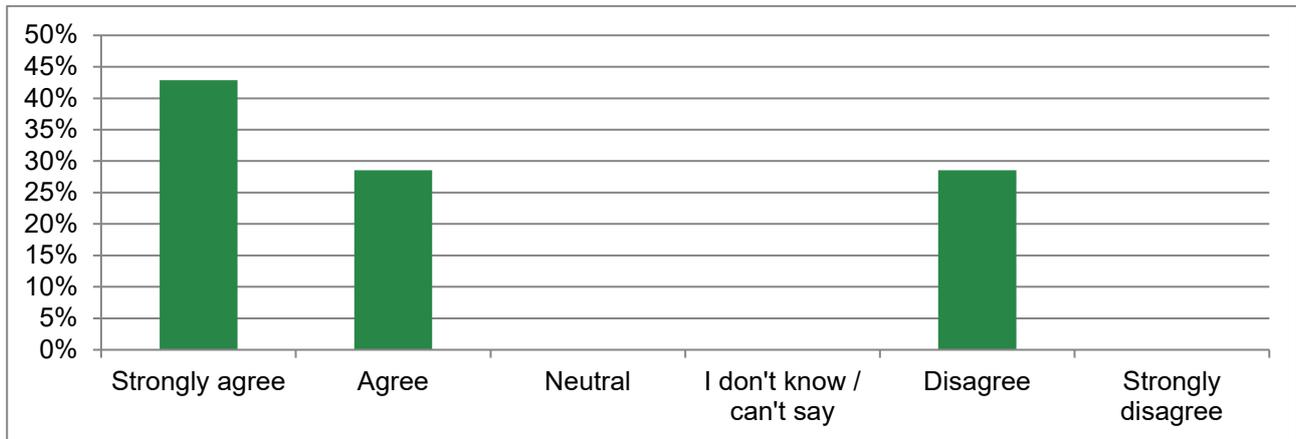
Q3. The Draft Islington PNA reflects the current pharmaceutical needs of Islington residents. (See Section 7 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	43%	3
Agree	43%	3
Neutral	0%	0
I don't know / can' say	0%	0
Disagree	14%	1
Strongly disagree	0%	0

Answered – 7; skipped – 1

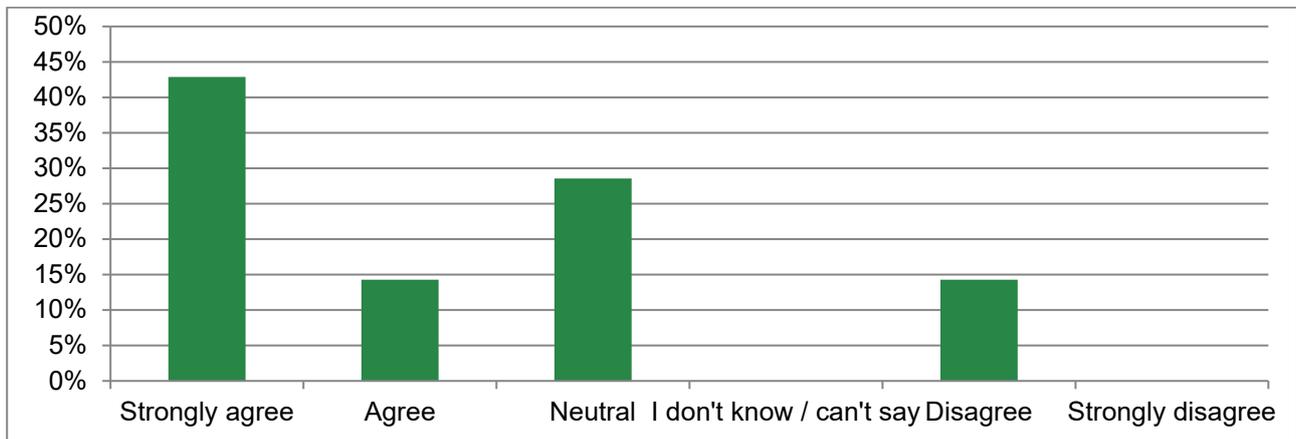
Q4. The Draft Islington PNA has not identified any gaps in the provision of pharmaceutical services.



Answer choices	Percentage	Responses
Strongly agree	43%	3
Agree	29%	2
Neutral	0%	0
I don't know / can' say	0%	0
Disagree	29%	2
Strongly disagree	0%	0

Answered – 7; skipped – 1

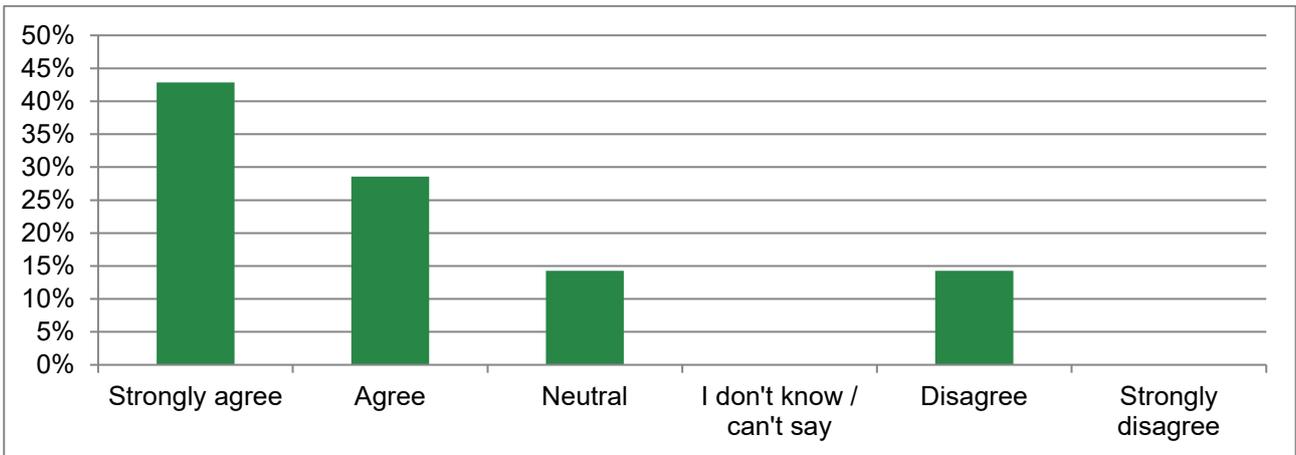
Q5. The Draft Islington PNA reflects the future (over the next three years) pharmaceutical needs of Islington residents. (See Section 7 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	43%	3
Agree	14%	1
Neutral	29%	2
I don't know / can' say	0%	0
Disagree	14%	1
Strongly disagree	0%	0

Answered – 7; skipped – 1

Q6. What is your opinion on the conclusions within the Draft Islington PNA? (See the Executive Summary and Section 7 of the Draft PNA)



Answer choices	Percentage	Responses
Strongly agree	43%	3
Agree	29%	2
Neutral	14%	1
I don't know / can' say	0%	0
Disagree	14%	1
Strongly disagree	0%	0

Answered – 7; skipped – 1

Appendix I: Consultation comments

Comments to the consultation survey:

Comment number	Comment	Steering Group response
1 A GP	I would like environmental factors of pharmaceuticals to be incorporated into the document - for consideration of recycling schemes and return of high carbon items such as inhalers. This could be something Islington could lead on as a greener borough.	For the purposes of this PNA, 'pharmaceutical services' have been defined as those that are/may be commissioned under the provider's contract with NHSE and therefore other services, such as recycling schemes, is out of scope of the PNA. There is national initiative for reducing the climate change impact of inhalers by safely disposing of inhalers. In addition, the PNA does look at the opportunities of potential inhaler recycling scheme in Appendix L, should commissioners wish to explore further.
2 A GP	There is a potential gap in CCG-funded services, as the CCG will soon cease to exist. Of particular importance to GPs it to ensure that MRD (blister pack) funding is retained, in addition to creating wider coverage for Self-Care Pharmacy First, and continuing to provide End of Life medicines. Our pharmacies are very helpful providing unfunded same-day delivery of medication to unwell patients who are housebound. Can this be funded?	Thank you for your comment. These schemes and services are being renewed on a short-term basis whilst the ICB forms its strategy. A strategy on commissioning services for community pharmacy is out of scope of the PNA.
3 A carer	I am caring for my 6 year old son who had a bone marrow transplant almost a year ago. He has been on lots of medication. I have had to change pharmacy 3 times as none of them were able to provide his medications in a timely fashion. It was a total joke. Only because I am an organized person and made sure to stock check regularly and calculate when he would run out of each and go after repeats for his 18 medications in time that I managed to keep him on track. There seemed to be serious supply issues for a few pharmacies. I was very happy to find that Clan Pharmacy on Upper Street had none of the supply issues that the other pharmacies seemed to have. I feel an investigation is necessary as to why there are supply issues on life-saving medications for a child.	Thank you for your comment. There is currently a stock supply issue nationally with certain medicines, and this is unfortunately out of scope of the PNA. If you would like to raise this as a complaint patients can follow the NHS complaints process and can complain to the pharmacy in the first instance and if this is not resolved you are able to take this further to NHSE: How to complain to the NHS - NHS (www.nhs.uk) .

Recommendations received from NHSE:

Recommendation	Steering Group response
The HWB are asked to note the changes to hours and assess if any of these make a material difference to any of the assessments made.	Applied to the PNA or added to supplementary statement
There are number of places in the PNA where the numbers of contractors need to be consistent and correct.	Amended
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 1–8 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 Islington.
3. Are there known firm plans for developments which would change the pattern of local social traffic and therefore access to services, i.e. shopping centres or significant shopping developments whether these are in town, on the edge of town or out of town developments?	No, however at the time of writing, Islington is running a traffic-calming pilot that could make it difficult to access pharmacies by car. This pilot could also affect services provided by pharmacies, e.g. home delivery of dispensed medication
4. 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.'
5. 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
6. Are there plans for introduction of special services commissioned by clinical commissioning groups?	No, not at the time of writing

Recommendation	Steering Group response
7. 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.'
8. Schedule 1, paragraph 3 – other relevant services: current provision A statement of the pharmaceutical services that the HWB has identified (if it has) as services that are provided – c) in or outside the area of the HWB and, whilst not being services of the types described in sub-paragraph (a) or (b), or paragraph 1, they nevertheless affect the assessment by the HWB of the need for pharmaceutical services in its area.	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 Islington
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 and 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.

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 Islington and also included pharmacies that are outside of the area but which 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 on 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 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 Islington 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
Apex Pharmacy	FHD65	Community	199 Old Street, London	EC1V 9NP	09:00-18:30	09:30-13:00	Closed		-	Y	-	-	Y		Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	-
Apex Pharmacy	FG894	Community	204 Essex Road, London	N1 3AP	09:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-
Apex Pharmacy (Appliance)	FC850	DAC	199 Old Street, London	EC1V 9NP	09:00-18:30	09:00-18:00	Closed		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Apteka Chemis	FWN43	Community	179 Seven Sisters Road, London	N4 3NS	09:00-19:00	10:00-14:00	Closed		-	Y	-	-	Y		Y	-	-	-	Y	Y	-	Y	Y	Y	Y		Y	
Arkle Pharmacy	FND94	Community	39 Junction Road, London	N19 5QU	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	Y	-	Y	Y	Y	Y	-	Y	
Atkins Chemist	FKF20	Community	518 Hornsey Road, London	N19 3QN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	Y	Y	-	-	
Atkins Chemist	FG127	Community	124 Holloway Road, London	N7 8JE	09:00-19:00	09:00-12:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	Y	Y	-	-	-	Y	
Boots	FFX11	Community	35-37 Islington High Street, London	N1 9LH	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y		Y	-	-	-	-	-	-	-	-	Y		-	-	
Boots	FC511	Community	50 Newington Green, Stoke Newington, London	N16 9PX	09:00-18:00	09:00-18:00	Closed		-	Y	-	-	Y		-	-	-	-	-	-	-	-	Y	-	Y		-	
Boots	FMD33	Community	410 Holloway Road, London	N7 6QA	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y		Y	-	-	-	-	-	-	-	-	Y		-	-	
C&H Chemist	FQ525	Community	179 Blackstock Road, London	N5 2LL	09:00-18:30	09:00-17:00	Closed		-	Y	-	-	Y		Y	-	-	-	Y	Y	-	Y	Y	-	Y		-	
Caledonian Pharmacy	FVW20	Community	486A Caledonian Road, London	N7 9RP	09:00-18:00	Closed	Closed		-	Y	-	-	-	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	-	-		Y	
Carters Chemis	FWP49	Community	47 Roman Way, London	N7 8XF	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	-	-	
Chana Chemist	FMA47	Community	70 Chapel Market, London	N1 9ER	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	-	-	-	-	
Chemitex Pharmacy	FW897	Community	332 Hornsey Road, London	N7 7HE	09:00-18:30 (Thu 09:00-13:00)	10:00-14:00	Closed		-	-	-	-	Y		-	Y	-	-	Y	Y	-	Y	Y	-	Y		Y	
Clan Pharmacy	FXC57	Community	150 Upper Street, London	N1 1RA	09:00-18:00	09:30-14:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	Y	Y	Y	-	Y	-	-	
Clerkenwell Pharmacy	FRM14	Community	51 Exmouth Market, London	EC1R 4QL	08:45-19:00	09:00-17:00	Closed		-	Y	-	-	-	-	-	-	-	-	Y	-	-	Y	Y	Y	Y		-	
Clockwork Pharmacy	FVA91	Community	161 Caledonian Road, London	N1 0SL	09:00-18:30 (Thu 08:00-16:00)	Closed	Closed		-	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	Y	-	-		-	

Islington 2022 Pharmaceutical Needs Assessment

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
Clockwork Pharmacy	FAG14	Community	273 Caledonian Road, London	N1 1EF	09:00-19:00	09:00-18:00	Closed	-		Y	-	-	Y		Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y			
Dermacia Pharmacy	FWK02	Community	260 Upper Street, London	N1 2UQ	09:00-19:00	09:00-18:00	Closed	-		Y	-	-	Y		Y	Y	-	Y		-	-	-	Y	Y	Y	Y	-	
Devs Cheist	FJ680	Community	110 Seven Sisters Road, London	N7 6AE	09:00-19:00	09:00-17:30	Closed	-		Y	-	-	Y		Y	Y	-	-	Y	Y	Y	-	Y	Y	Y	Y		
Douglas Pharmacy	FRM52	Community	34 Ritchie Street, London	N1 0DG	08:00-20:00	09:00-13:00	Closed	-		Y	-	-	Y		-	-	-	-	Y	Y	-	Y	Y	Y	Y	-		
Egerton Cist	FLM71	Community	147 Holloway Road, London	N7 8LX	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	Y	-	Y	Y	-	Y	-	Y
Essex Pharmacy	FEM36	Community	41 Essex Road, London	N1 2SF	09:00-19:00	09:30-17:00	Closed	-	-	Y	-	-	Y		-	-	-	-	-	Y	Y	-	Y	Y	-	Y	-	-
Fittleworth Medical	FG020	DAC	Unit 8, Ground Floor, Blenheim Court, 62 Brewery Road, London	N7 9NT	09:00-13:00	Closed	Closed	-		-	-	Y	-		-	-	-	-		-	-	-	-	-	-	-	-	
Highbury Pharmacy	FL630	Community	14 Highbury Park, London	N5 2AB	09:00-18:30	09:00-18:00	Closed	-		Y	-	-	Y		Y	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	
Hornsey Rd Pharmacy	FVQ29	Community	84 Hornsey Road, London	N7 7NN	09:00-18:30 (Thu 09:00-13:00)	Closed	Closed	-		Y	-	-	Y		Y	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	-	
Islington Pharmacy	FWQ48	Community	Unit A, 31 North Road, London	N7 9GL	06:00-23:00	08:00-23:00	Closed	Y		-	-	-	Y		Y	-	-	-	-	-	-	-	-	-	-	-	-	
Leoprim Cemist	FPP76	Community	328 Essex Road, London	N1 3PB	09:00-19:00	09:00-16:00	Closed	-	-	Y	-	-	Y		-	Y	-	-	-	Y	Y	-	Y	Y	-	Y	-	-
Mahesh Cemist	FVH52	Community	111 Newington Green Road, London	N1 4QY	09:00-19:00	10:00-16:00	Closed	-		Y	-	-	Y		Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	-	
New North Pharmacy	FVG24	Community	297 New North Road, London	N1 7AA	09:00-19:00 (Wed 09:00-14:00)	09:00-14:00	Closed	-		Y	-	-	Y		Y	Y	-	-	Y	Y	-	Y	Y	-	-	-	-	
NuChem Pharmaceuticals	FJA90	Community	159 Stroud Green Road, London	N4 3PZ	09:00-19:00	09:00-17:30	Closed	-		Y	-	-	Y		-	-	-	-	Y	Y	-	Y	Y	Y	Y	Y	-	
P Edward	FAC32	Community	324 Caledonian Road, London	N1 1BB	09:00-18:30 (Thu 09:00-18:00)	09:00-18:00	Closed	-		Y	-	-	Y		Y	Y	-	-	Y	-	-	Y	Y	-	-	-	-	
Pharmica	FEW08	DSP	1-5 Clerkenwell Road, London	EC1M 5PA	10:00-18:00	Closed	Closed	-		-	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	
Portmans Pharmacy	FJJ16	Community	Unit 5, Cherry Tree Walk, Whitecross Street, London	EC1Y 8NX	09:00-18:30	09:00-17:00	Closed	-		Y	-	-	-		Y	Y	Y	-	-	-	-	Y	Y	-	-	-	-	

Islington 2022 Pharmaceutical Needs Assessment

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
Roger Davies Pharmacy	FF023	Community	41 Stroud Green Road, London	N4 3EF	09:00-19:00	09:00-17:00	Closed		-	-	-	-	-	Y		Y	Y	-	-	Y	-	-	Y		-	-		-
Rose Chemis	FG060	Community	243 Upper Street, London	N1 1RU	08:00-20:00 (Wed 08:00-18:00; Fri 08:00-21:00)	09:00-13:00	Closed		-	Y	-	-	Y		Y	Y	Y	-	-	Y	Y	-	Y	Y	-	Y		-
Rowlands Pharmacy	FNM70	Community	16 Exmouth Market, London	EC1R 4QE	09:00-13:00, 13:20-19:00	09:00-13:00	Closed		-	Y	-	-	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-
Savemain Ltd	FKR70	Community	166-168 Essex Road, London	N1 8LY	09:00-19:00	09:00-18:30	Closed		-	Y	-	-	-		-	-	-	-	-	Y	Y	-	Y	Y	Y	Y		-
Shivo Chemits	FLN42	Community	738 Holloway Road, London	N19 3JF	09:30-18:00 (Thu 09:30-13:00, 15:30-18:00)	09:30-16:00	Closed		-	Y	-	-	Y		Y	-	-	-	-	-	-	-	-	-	-	-	-	-
St Peter's Pharmacy	FDN39	Community	51 St Peter's Street, London	N1 8JR	09:00-19:00 (Wed 09:00-18:00)	09:30-14:00	Closed		-	Y	-	-	-		Y	-	-	-	-	Y	-	-	Y	Y	-	-		Y
Superdrug Pharmacy	FJ143	Community	54 Chapel Market, London	N1 9EW	08:30-14:00, 14:30-19:00	09:00-14:00, 14:30-17:30	Closed		-	Y	-	-	Y		Y	-	-	-	-	-	-	-	Y	Y	Y	Y		-
Superdrug Pharmacy	FMD88	Community	5-9 Seven Sisters Road, London	N7 6AJ	09:00-14:00, 14:30-18:30	09:00-14:00, 14:30-17:30	Closed		-	Y	-	-	Y		-	-	-	-	-	-	-	-	Y	Y	Y	Y		-
Turnbulls Chemist	FN508	Community	155 Essex Road, London	N1 2SN	09:00-19:00	09:00-19:00	Closed		-	Y	-	-	Y		Y	Y	Y	-	-	Y	Y	-	Y	Y	Y	Y		Y
Vyne	FL755	DAC	Unit 29B Highbury Studios, 8 Hornsey Street, London	N7 8EG	09:00-18:00	Closed	Closed		-	-	Y	Y	-		-	-	-	-	-	-	-	-	-	-	-	-	-	-
WC and K Ki Chemist	FM604	Community	35 Amwell Street, London	EC1R 1UR	09:00-18:00	Closed	Closed		-	Y	-	-	-		-	-	-	-	-	Y	-	-	Y	Y	-	-		-
Well Pharmy	FPA29	Community	11-13 Junction Road, London	N19 5QT	09:00-19:00	09:00-17:00	Closed		-	Y	-	-	-		Y	Y	-	Y	-	Y	-	-	Y	Y	Y	Y		-
Wellcare Pharmacy	FP519	Community	552 Holloway Road, London	N7 6JP	09:00-19:00	09:00-13:00	Closed		-	Y	-	-	Y		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		Y
York Pharmay	FDN26	Community	York House, Unit 4, 400-404 York Way, London	N7 9LR	09:00-18:30	09:00-13:00	Closed		-	Y	-	-	Y		Y	-	-	-	-	Y	Y	-	Y	Y	Y	Y		-

Appendix L: Future opportunities for possible community pharmacy services in Islington

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 Islington as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

Not every service can be provided from every pharmacy and service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all localities. This will mean that more eligible patients are able to access and benefit from these services.

There were 24 respondents to the contractor questionnaire (Appendix D). Most 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 87%, Coronary Heart Disease (CHD) 80%, Chronic Obstructive Pulmonary Disease (COPD) 80%). Over 80% of respondents also indicated that they would be willing to provide a variety of vaccination services, a health area where Islington performs at a level below the England average. Note: for many questions in the contractor questionnaire there were only 16 responses (of the 24 who completed the questionnaire), which means any extrapolation of the results to the 46 community pharmacies is difficult.

There was one response to the commissioner questionnaire (Appendix E) however not all questions were completed. There was an indicated willingness to commission new services in areas such as STI and HIV screening and a non-EHC contraceptive service.

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

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- There has been 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 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 Islington

Some causes of ill health in Islington are discussed in [Section 2.6](#) of this PNA and more information can be found on the JSNA website. Some of the key areas are as follows:

- Healthy life expectancy is 63.4 for males, which does not differ significantly from the London or England averages; healthy life expectancy for women is 59.8, which is significantly lower than the London and England averages (63.5)
- The overall all-cause all-age and under-75 mortality in 2020 did not differ significantly from the London and England averages
- Excess deaths were significantly higher than the London average
 - Under-75 cancer mortality was significantly higher than the London average
 - Under-75 CVD and 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
- In Islington the vaccination rate was generally lower than the North Central London (NCL) average, with the exception of DTaP/IPV; vaccination was also lower than the England average
- The five boroughs within NCL have a higher Hep C detection rate than the England average; within NCL it is highest in Camden and Islington; premature mortality from Hep C-related liver disease is highest in Islington
- Sexual health:
 - In 2020, the chlamydia detection rate in individuals aged 15–24 was 1,805 per 100,000, which was significantly higher than the London and England averages
 - The rate of new STI diagnoses was 1,746 per 100,000, which was significantly higher than the London and England averages
 - In 2019, the under-18 conception rate was 16 per 1,000, which did not differ significantly from the London or England averages
- It was estimated that 2,308 individuals aged 15–64 in Islington were opiate or crack cocaine users
- The rate of hospital admissions where the primary or secondary diagnosis was an alcohol-specific (wholly attributable) condition was significantly higher than the London and England averages

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 Islington, 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 utilised within Islington, 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 Islington. 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 Islington (except Emergency Hormonal Contraception (EHC)). Of respondents to the public questionnaire, 40% 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 Service of hepatitis C testing could be advantageous based on the prevalence data (above).

There are over 25,000 students attending university in Islington; 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 Islington.

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 Islington 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.

- **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.

Islington has a higher Hep C detection rate than England average. Within NCL, the rate is the highest in Islington and premature mortality from Hep C-related liver disease in Islington is also substantially higher than the England average.

Linking the screening for Hep C to needle exchange or supervised self-administration services currently provided from community pharmacies may be of benefit in Islington. Of respondents to the public questionnaire, 44% would wish to see such a service provided.

- **Smoking cessation Advanced Service**

There is a new Smoking cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from March 2022. The service is aimed at ‘stop smoking support’ for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The DHSC and NHSE&I proposed the commissioning of this service, as an **Advanced Service**

Smoking is the highest cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, COPD and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Levels of smoking have been decreasing in Islington as well as in London and England.

In Islington it is estimated that 18% of the population are smokers, 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 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 Islington, 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 NHS England 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 Islington).

Possible disease-specific services

- **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 or NEX service.

While there was limited information from the commissioner questionnaire, screening for STIs and hepatitis C were two areas where there was a positive response to commissioning a service.

- **Lung cancer initiative**

The Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme (East Sussex) is to enable local awareness-raising, for example – ‘not ALL cough is COVID’ – to support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients that the pharmacist can utilise.

Locally defined outcomes: 1. A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area. 2. An increase in GP referral activity for lung cancer up to and beyond levels seen prior to COVID. 3. An increase in the number of patients who stop smoking. 4. Prevention of early deaths and patients dying undiagnosed of cancer.

Under-75 cancer mortality was significantly higher in Islington than the London average

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN): The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting

- **Cardiovascular**

Atrial Fibrillation (AF) screening service (multiple areas): This service provides patients at high risk of AF with a consultation 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 smoking cessation Advanced 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.

While the under-75 CVD and respiratory mortality do not differ significantly from the London and England averages, these areas remain health priorities.

Inhaler recycling scheme (Leicestershire): This was a 12-month NHS pilot scheme to allow Leicestershire residents to dispose of and recycle their empty, unwanted or out-of-date inhalers by post, supporting a more sustainable way of living for people with respiratory illness. The scheme allows residents to send and recycle up to four inhalers within each prepaid sealed envelope. These are then simply posted into a Royal Mail post box. Disposing of and recycling inhalers correctly prevents the release of greenhouse gases from the canister into the atmosphere. Through the scheme, the aluminium canister is recycled and reused, and the plastic components are also recycled and put back into the plastic supply chain.

5 Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved 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](#))

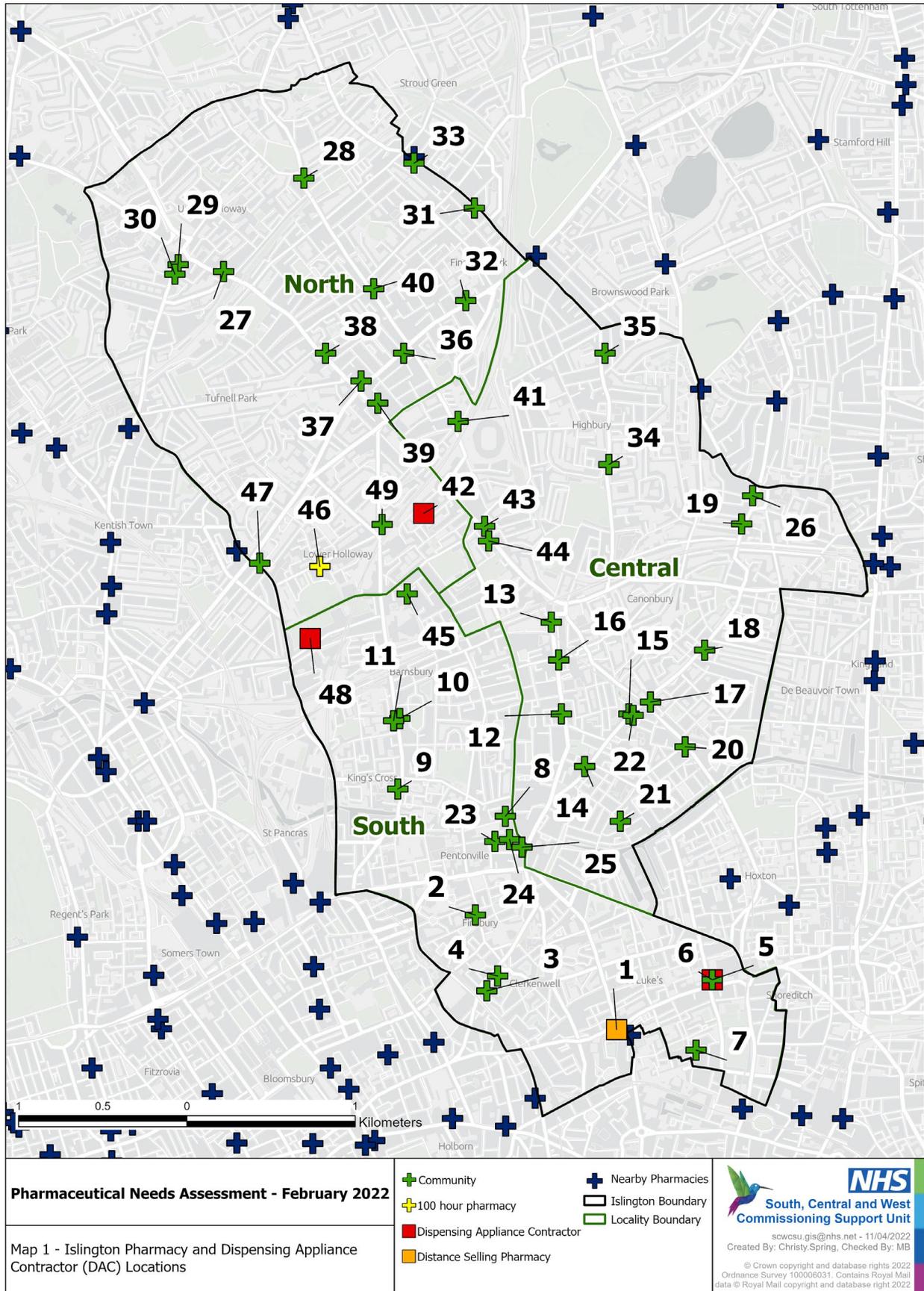
2. Identify the best way to deliver the recently introduced Advanced Services

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Islington.

3. Consider the provision of new Locally Commissioned Services

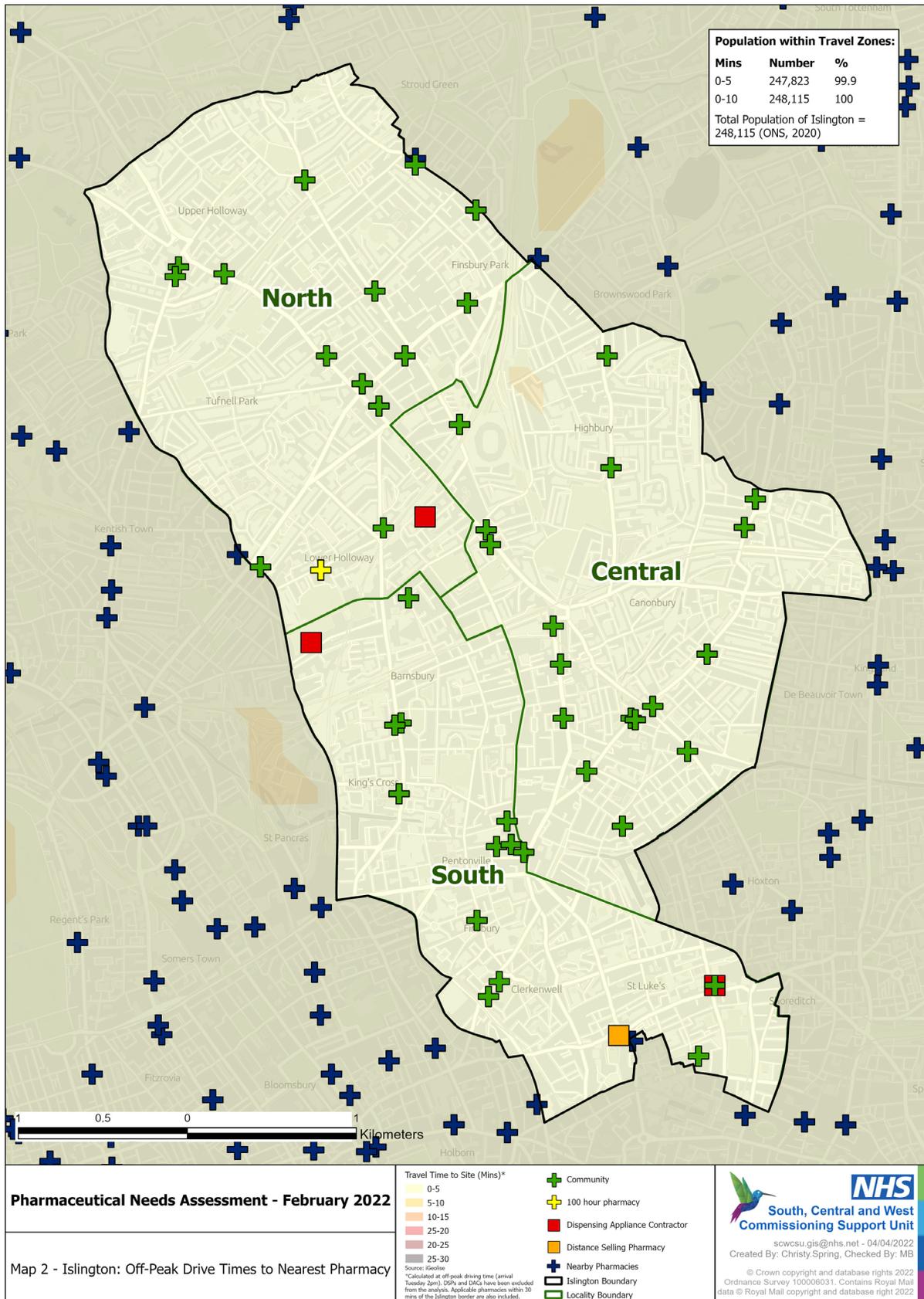
To meet specific health needs in Islington, e.g. sexual health and screening, cancer, diabetes, respiratory or cardiovascular.

Map 1: Pharmacy contractors in Islington



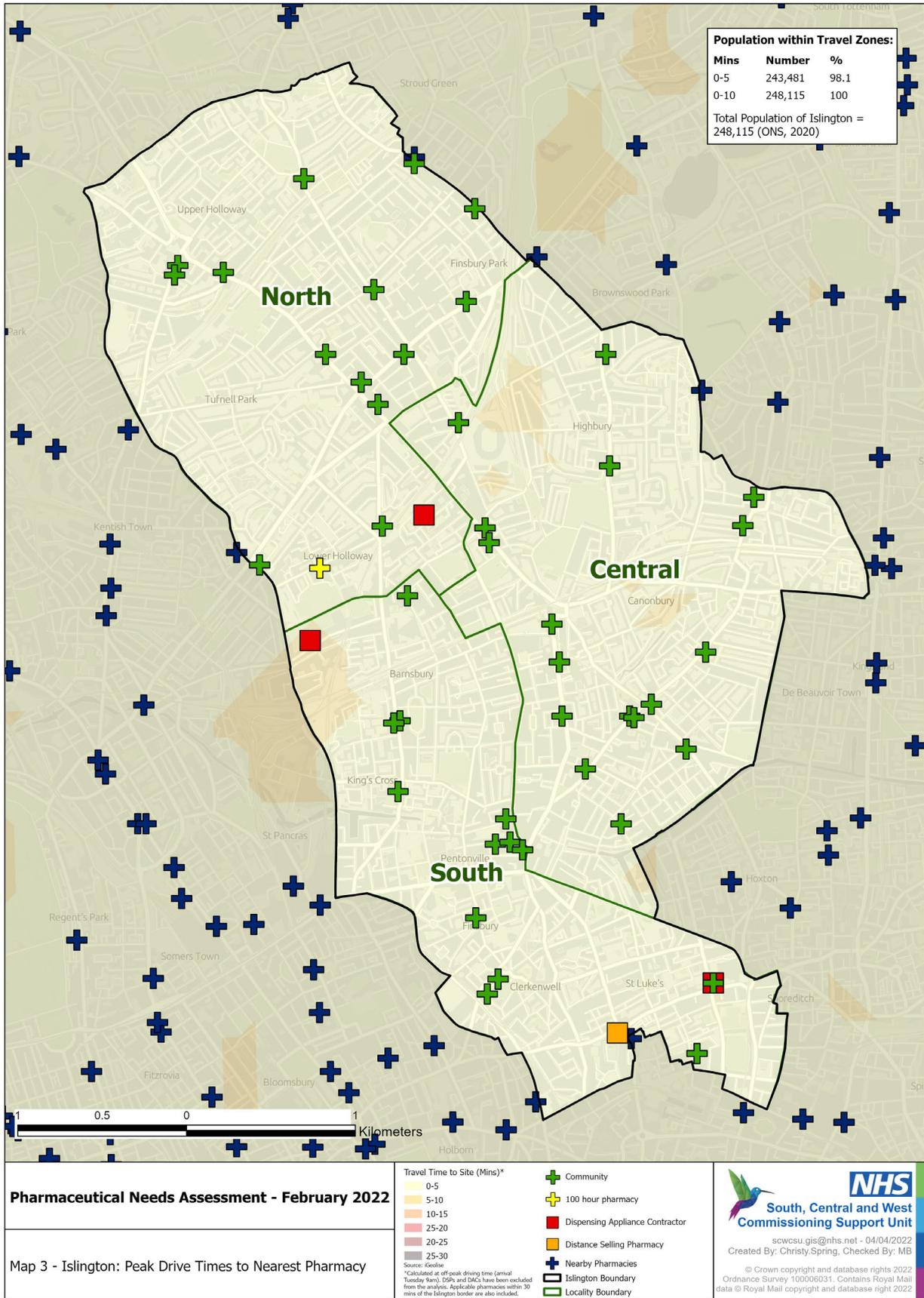
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Map 2: Off-peak drive times to the nearest pharmacies in Islington

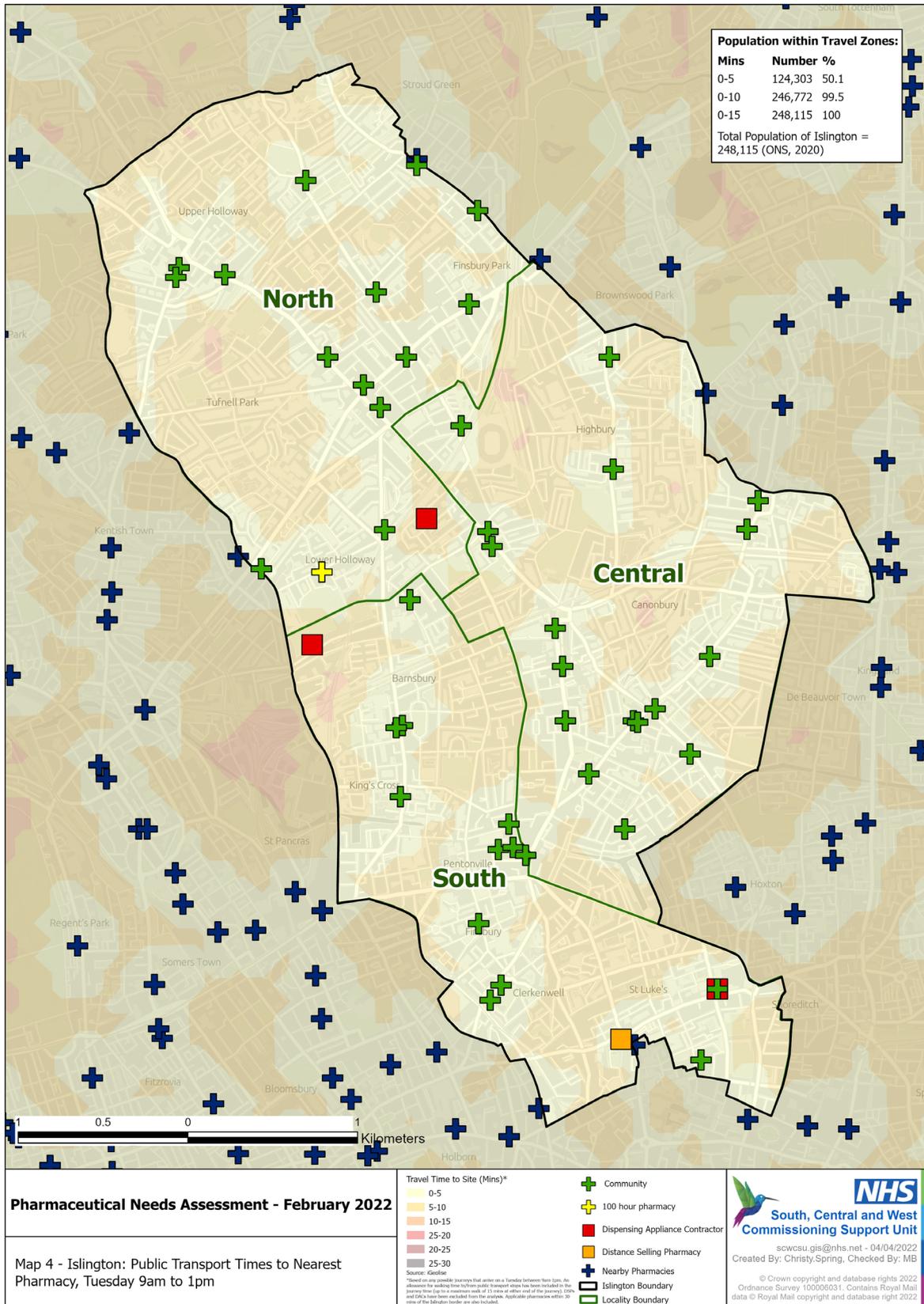


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Map 3: Peak drive times to the nearest pharmacy in Islington

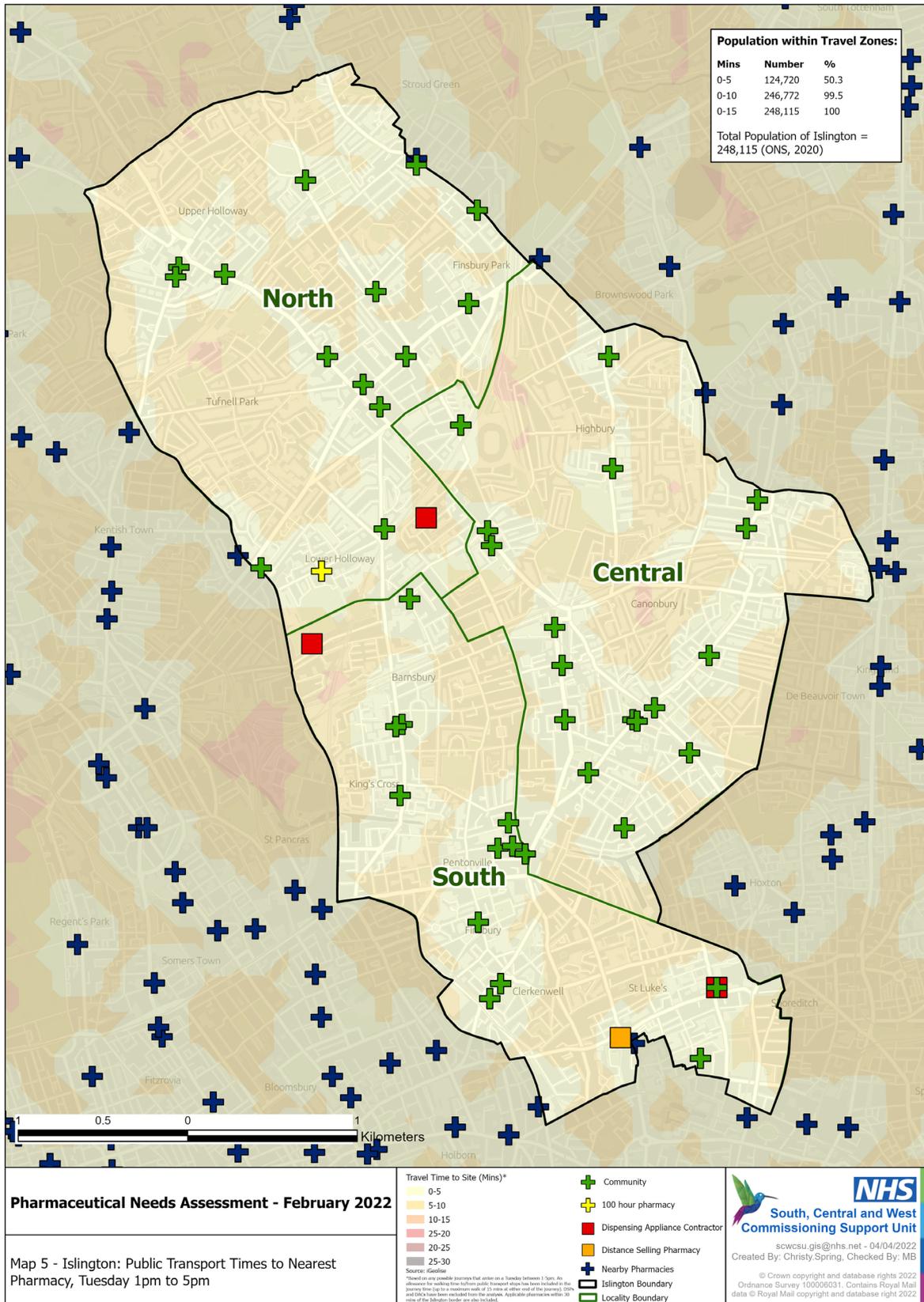


Map 4: Public transport time to nearest pharmacy (morning) in Islington



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 Islington



Note: Tuesday was when travel analysis was run, which is a proxy for weekday driving times

Map 6: Walking time to the nearest pharmacy in Islington

