



# Pharmaceutical Needs Assessment 2022

London Borough of Barnet  
Health and Wellbeing Board

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

## Contents

<b>Executive summary</b> .....	<b>7</b>
<b>Abbreviations</b> .....	<b>10</b>
<b>Section 1: Introduction</b> .....	<b>12</b>
1.1 Background .....	12
1.2 National changes since the last PNA .....	12
1.3 Purpose of the PNA .....	14
1.4 Scope of the PNA .....	15
1.4.1 Community pharmacy contractors .....	16
1.4.2 Dispensing Appliance Contractors (DACs) .....	23
1.4.3 Local Pharmaceutical Service (LPS) providers .....	23
1.4.4 Pharmacy Access Scheme (PhAS) providers .....	23
1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas 24	24
1.4.6 Dispensing GP practices .....	24
1.4.7 Other services and providers in Barnet HWB area .....	24
1.5 Process for developing the PNA .....	25
1.6 Localities for the purpose of the PNA .....	27
<b>Section 2: Context for the PNA</b> .....	<b>28</b>
2.1 NHS Long Term Plan (LTP) .....	28
2.2 Joint Strategic Needs Assessment (JSNA) .....	29
2.3 Joint Health and Wellbeing Strategy (JHWS) .....	29
2.4 The impact of COVID-19 in Barnet .....	30
2.5 Population characteristics and Health Needs .....	30
2.5.1 Overview .....	31
2.5.2 Age .....	31
2.5.3 Predicted population growth .....	32
2.5.4 GP-registered population .....	34
2.5.5 Life expectancy .....	36
2.5.6 Religion .....	37
2.5.7 Ethnicity .....	37
2.5.8 Daytime population .....	39
2.5.9 Mortality .....	39

2.5.10	Smoking.....	41
2.5.11	Vaccination.....	42
2.5.12	Oral health.....	44
2.5.13	Hepatitis C (Hep C).....	45
<b>Section 3:</b>	<b>NHS pharmaceutical service provision in Barnet.....</b>	<b>46</b>
3.1	Overview.....	46
3.2	Community pharmacies.....	48
3.2.1	Choice of community pharmacies.....	49
3.2.2	Weekend and evening provision.....	49
3.2.3	Access to community pharmacies.....	50
3.2.4	Advanced Service provision from community pharmacies.....	57
3.2.5	Enhanced Service provision.....	59
3.3	Dispensing Appliance Contractors.....	59
3.4	Distance-Selling Pharmacies (DSP).....	60
3.5	Local Pharmaceutical Service (LPS) providers.....	60
3.6	Pharmaceutical service provision provided from outside Barnet HWB area.....	60
<b>Section 4:</b>	<b>Other services.....</b>	<b>61</b>
4.1	Local authority-commissioned services provided by community pharmacies in Barnet HWB area.....	62
4.1.1	Smoking cessation.....	62
4.1.2	Supervised consumption.....	63
4.1.3	Needle Exchange (NEX) service.....	63
4.1.4	Community Based Barnet Condom Distribution Service known as Come Correct.....	63
4.1.5	Emergency Hormonal Contraception (EHC).....	64
4.2	CCG-commissioned services in Barnet.....	64
4.2.1	On demand availability of palliative care and antimicrobial drugs from community pharmacies.....	64
4.3	Other services provided from community pharmacies.....	65
4.4	Collection and delivery services.....	65
4.5	Provision of services to nursing and residential care homes.....	65
4.6	Domiciliary services.....	66
4.7	Language services.....	66
4.8	Services for less-abled people.....	66

4.9	Electronic Prescription Service (EPS).....	66
4.10	GP practices providing extended hours .....	66
4.11	Other providers .....	66
<b>Section 5: Findings from the public questionnaire.....</b>		<b>68</b>
5.1	Visiting a pharmacy .....	68
5.2	Choosing a pharmacy.....	68
5.3	Mode of transport to a community pharmacy.....	68
5.4	Time to get to a pharmacy .....	69
5.5	Preference for when to visit a pharmacy.....	69
5.6	Service provision from community pharmacies.....	69
<b>Section 6: Analysis of health needs and pharmaceutical service provision</b>		<b>71</b>
6.1	Pharmaceutical services and health needs .....	71
6.1.1	Barnet health needs.....	71
6.1.2	Barnet Health and Wellbeing Strategy (JHWS) .....	72
6.1.3	Priorities from the NHS Long Term Plan (LTP).....	73
6.2	PNA localities.....	74
6.2.1	Chipping Barnet .....	76
6.2.2	Finchley & Golders Green.....	78
6.2.3	Hendon .....	80
6.3	Necessary Services: gaps in provision .....	82
6.4	Improvements and better access: gaps in provision .....	84
<b>Section 7: Conclusions .....</b>		<b>87</b>
7.1	Current provision of Necessary Services.....	87
7.1.1	Necessary Services – normal working hours .....	87
7.1.2	Necessary Services – outside normal working hours.....	87
7.2	Future provision of Necessary Services .....	88
7.3	Improvements and better access – gaps in provision .....	88
7.3.1	Current and future access to Advanced Services .....	88
7.3.2	Current and future access to Enhanced Services.....	88
7.3.3	Current and future access to Locally Commissioned Services .....	89
<b>Appendix A: List of pharmaceutical service providers in Barnet HWB area (correct as of 10 March 2022).....</b>		<b>90</b>
	Chipping Barnet locality .....	90
	Finchley and Golders Green locality.....	92

Hendon locality .....	94
<b>Appendix B: PNA Steering Group terms of reference .....</b>	<b>96</b>
<b>Appendix C: PNA project plan .....</b>	<b>98</b>
<b>Appendix D: Public questionnaire .....</b>	<b>100</b>
<b>Appendix E: Pharmacy contractor questionnaire.....</b>	<b>119</b>
<b>Appendix F: Commissioner questionnaire.....</b>	<b>141</b>
<b>Appendix G: Consultation plan and list of stakeholders .....</b>	<b>149</b>
<b>Appendix H: Summary of consultation responses .....</b>	<b>152</b>
<b>Appendix I: Consultation comments.....</b>	<b>157</b>
<b>Appendix J: Localities and wards in Barnet.....</b>	<b>160</b>
<b>Appendix K: How travel time has been mapped .....</b>	<b>162</b>
<b>Appendix L: Alphabetical list of pharmaceutical service providers in Barnet HWB area (correct as of 10 March 2022) .....</b>	<b>163</b>
<b>Appendix M: Future opportunities for possible community pharmacy services in Barnet .....</b>	<b>168</b>

## 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 Barnet HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

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

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

### NHS pharmaceutical services in England

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

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

### Pharmaceutical service providers in Barnet

Barnet has 75 community pharmacies (as of March 2022) for a population of around 401,230, which includes an LPS pharmacy and one Distance-Selling Pharmacy. Combining these, Barnet has an average of 18.7 community pharmacies per 100,000 population, compared with 20.6 per 100,000 in England.

Barnet has one Dispensing Appliance Contractor providing service.

### 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 Barnet HWB are defined as Essential Services (ES).

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 Barnet HWB area.

All three of the above services are commissioned by NHSE&I.

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

### **Current provision of Necessary Services**

**Necessary Services** are Essential Services that are described in Section 1.4.1.1. Access to Necessary Service provision in Barnet 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:

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

- Necessary Services – normal working hours

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

- Necessary Services – outside normal working hours

***There are no current gaps in the provision of Necessary Services outside normal working hours across Barnet 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 Barnet.***

## Improvements and better access – gaps in provision

- Current and future access to Advanced Services

***There is reasonable provision and access to Advanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

- Current and future access to Enhanced Services

***There is reasonable provision and access to Enhanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

- Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (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.

***There is reasonable provision and access to Locally Commissioned Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

## **Abbreviations**

AUR – Appliance Use Review  
BMI – Body Mass Index  
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  
CPCS – Community Pharmacy Consultation Service  
CVD – Cardiovascular Disease  
DAC – Dispensing Appliance Contractor  
DHSC – Department of Health and Social Care  
DMFT – Decayed Missing or Filled Teeth  
DMS – Discharge Medicines Service  
DSP – Distance-Selling Pharmacy  
EHC – Emergency Hormonal Contraception  
EoL – End of Life  
EoLC – End of Life Care  
EPS – Electronic Prescription Service  
ES – Essential Services  
GLA – Greater London Authority  
GP – General Practitioner  
HIV – Human Immunodeficiency Virus  
HLE – Healthy Life Expectancy  
HWB – Health and Wellbeing Board  
ICB – Integrated Care Board  
ICS – Integrated Care System  
JHWS – Joint Health and Wellbeing Strategy  
JSNA – Joint Strategic Needs Assessment  
LARC – Long-Acting Reversible Contraception  
LBB – London Borough of Barnet

LCS – Locally Commissioned Services  
LFD – Lateral Flow Device  
LPC – Local Pharmaceutical Committee  
LPS – Local Pharmaceutical Service  
LTP – Long Term Plan  
MUR – Medicines Use Review  
NCL – North Central London  
NEX – Needle Exchange  
NHS – National Health Service  
NMS – New Medicine Service  
OHID – Office for Health Improvement and Disparities  
ONS – Office for National Statistics  
PCN – Primary Care Network  
PCT – Primary Care Trust  
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

## Section 1: Introduction

### 1.1 Background

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

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

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

**Table 1: Timeline for PNAs**

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring Primary Care Trusts (PCTs) to prepare and publish PNAs	PNAs to be published by 1 February 2011	The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outline PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the community pharmacy contractual framework, national directives, policy and other factors, which need to be considered as part of this PNA.

### 1.2 National changes since the last PNA

- NHS Long Term Plan (LTP)<sup>2</sup>: The NHS Long Term Plan 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.
- Clinical Commissioning Groups (CCGs) are to be replaced by Integrated Care Boards (ICBs) as part of Integrated Care Systems (ICS). In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing

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

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

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

resources, delivering NHS standards, and improving the health of the population they serve. There is a delay in ICSs becoming legal entities with decision making authority due to the COVID-19 pandemic, with some not due to go live until April 2023.

- All pharmacies were required to become Level 1 Healthy Living Pharmacies by April 2020.
- Coronavirus pandemic: The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.<sup>3</sup> During the pandemic there was a national net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.<sup>4</sup> In response to the pandemic, two Advanced Services were also created: pandemic delivery service and COVID-19 lateral flow test provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the government also stopped providing free universal symptomatic and asymptomatic testing for the general public in England.<sup>5</sup>
- **Remote access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.<sup>6</sup>
- Community Pharmacist Consultation Service (CPCS)<sup>7</sup>: An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS urgent supply advanced scheme (NUMSAS) and local pilots of digital minor illness referral service (DMIRS). The first phase was to offer patients a consultation with a pharmacist on referral from NHS 111, Integrated Urgent Clinical Assessment Services and in some cases from 999. From 1 November 2020; General Practitioner (GP) CPCS was launched, where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliances, with a locally agreed referral pathway. The CPCS and GP CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, as part of the NHS Long Term Plan.
- **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

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

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

<sup>5</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](http://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

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

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

community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.<sup>8</sup>

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the Community Pharmacy Contractual Framework.<sup>9</sup> It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the 2022/23 scheme was still being negotiated by the Pharmaceutical Services Negotiating Committee (PSNC) with the Department of Health and Social Care (HHSC) 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 in 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 also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).<sup>10</sup> London Borough of Barnet's (LBB's) JSNA is a suite of documents on their website, and this PNA has referred to LBB's 2021–2025 Joint Health and Wellbeing Strategy.

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.

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

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

<sup>10</sup> Joint Strategic Needs Assessment (JSNA): Barnet. <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>

Current plans are for North Central London (NCL) ICS to be in place by July 2022. It is anticipated that they 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 as ‘pharmaceutical services’.

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 NHS England. 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 which are/may be commissioned under the provider’s contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHS England, 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

What are **necessary services**?

The 2013 regulations 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.<sup>11</sup>

The HWB has decided that all Essential services (ES) are **necessary services** in Barnet.

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<sup>11</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029805/pharmaceutical-needs-assessment-information-pack.pdf)

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.

For the purpose of the Barnet PNA, Advanced and Enhanced Services are therefore considered **relevant**.

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

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

#### **1.4.1 Community pharmacy contractors**

Pharmacy contractors comprise both those located within the Barnet HWB area as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs).

A DSP provides services as per the Pharmaceutical Regulations 2013. As part of the terms of service for DSPs, provision of all services must be offered throughout England. It is therefore possible that patients within Barnet HWB area will be receiving pharmaceutical services from a DSP outside Barnet HWB area, however DSPs outside of the Barnet area are not considered within this PNA.

The Community Pharmacy Contractual Framework, last agreed in 2019,<sup>12</sup> 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.

##### **1.4.1.1 Essential Services (ES)**

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

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<sup>12</sup> Community Pharmacy Contractual Framework. July 2019. [www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024](http://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024)

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

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

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, healthy diet, physical activity and alcohol consumption.

ES4 provides the ability to:

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

Community 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 care, and secondary care to improve the health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Barnet

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

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

ES7: From 15 February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme 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 as part of the contractual framework. 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 Barnet.

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 Community Pharmacy Contractual Framework (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 Barnet can be seen in Section 3.1.4 and later in Section 6 by locality.

- A.1 Appliance Use Review (AUR)
- A.2 Stoma Appliance Customisation (SAC)
- A.3 COVID-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**, Barnet HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where appropriate.

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

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

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

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

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

The **COVID-19 Lateral Flow Device (LFD) distribution service**, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making Lateral Flow Device (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 is easing COVID-19 restrictions. Therefore, the pandemic delivery service was decommissioned on 6 March 2022. From 1 April, the government now no longer provides free universal symptomatic and asymptomatic testing for the general public in England.<sup>13</sup>

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

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

Primary Care Networks (PCNs) across England have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the CPCS and GP CPCS with referrals increasing no later than 31 March 2022.

## ***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, thus, reducing demand on GP practices and helping the HWB achieve its objectives. 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 through to March.

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<sup>13</sup> Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. [www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19](https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19)

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

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

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

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

The collective vision for Hepatitis C in England, developed by the National Strategic Group for Viral Hepatitis,<sup>14</sup> states: *"All people at risk of HCV infection should have access to testing. If positive, they should be advised on prevention of onward transmission and placed on a treatment pathway; if negative, action should be taken to reduce subsequent risk of infection."*

### **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 on delivery of Ambulatory BP 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'S before 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, which are detailed below.

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

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<sup>14</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1057262/HCV-in-England-2022-short-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1057262/HCV-in-England-2022-short-report.pdf)

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

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

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

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for NMS.<sup>15</sup>

### **A.10 Smoking cessation**

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

#### **1.4.1.3 Enhanced Services**

There are currently four Enhanced Services commissioned through community pharmacies from NHSE&I in the Barnet HWB area:

#### **COVID-19 vaccination**

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. The number of pharmacies currently providing COVID-19 vaccination under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

#### **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 vaccinations for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

<sup>15</sup> NHS BSA. New Medicine Service (NMS) Drug Lists. [Accessed February 2022.] [www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists](http://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists)

## **Contraceptive Pilot**

A contraceptive pilot has been commissioned as an Enhanced Service as part of the pharmacy integration fund: no pharmacies had signed up at time of writing.

## **Bank holiday, Easter Sunday and Christmas Day coverage**

For the last two years NHSE&I has had two Enhanced Services to cover bank holidays, Easter, and Christmas Day across the London area. This is to ensure that there are pharmacies open on these days and that their location is near to the hubs and out-of-hours providers so that patients can easily access medication if required.

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

Dispensing Appliance Contractors (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, nor do they 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 Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors, and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

### **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 the national contract. Payment for service delivery is locally agreed and funded.

### **1.4.4 Pharmacy Access Scheme (PhAS) providers**

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 are protected. There are no PhAS providers in Barnet.

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

There are seven other HWB areas that border the Barnet HWB area:

- Harrow HWB
- Hertfordshire HWB
- Brent HWB
- Haringey HWB
- Enfield HWB
- Camden HWB

In determining the needs of, and pharmaceutical service provision to, the population of the Barnet HWB area, 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 reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as 'controlled localities'.

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

There are no dispensing GP practices in Barnet.

#### **1.4.7 Other services and providers in Barnet HWB area**

As stated in Section 1.3, 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 Barnet, 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 CCG.

## 1.5 Process for developing the PNA

Public Health Barnet has a duty to complete the PNA document on behalf of Barnet HWB. In late 2021, Enfield Council led a procurement exercise on behalf of the five local authorities in North Central London to find a provider to support all five Health and Wellbeing boards fulfil their statutory obligation of producing a PNA.

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

A paper was presented to Barnet HWB on 17 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.

Barnet 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 LBB's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

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

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

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements<sup>16</sup> and JSNA.

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

A public questionnaire to establish views about pharmacy services was co-produced by the Steering Group and was circulated to residents in Barnet through various channels. Further detail is provided in Section 5.

A total of 482 responses were received. A copy of the public questionnaire can be found in Appendix D with the detailed responses.

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

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses. The Steering Group thanks the LPC and contractors for their efforts in getting the questionnaire distributed and completed.

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<sup>16</sup> Barnet PNA 2018-2021 and subsequent supplementary statements. [www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/pharmaceutical-needs-assessment](http://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/pharmaceutical-needs-assessment)

A total of 62 responses were received. A copy of the pharmacy contractor questionnaire can be found in Appendix E with the responses.

- **Step 4c: Commissioner questionnaire**

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

There were two responses to the questionnaire. A copy of the commissioner questionnaire can be found in Appendix F with the responses.

- **Step 5: Mapping of services**

Details of services and service providers was collated and triangulated to ensure the information the assessment was based upon 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 had commenced.

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

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The Steering Group was fully aware of the potential changes brought about with the easing of restrictions which had been initiated as a result of the COVID-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 13 June and 12 August 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA in Appendix G. The draft PNA was posted on LBB's website.

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

The consultation responses were collated and analysed and then reviewed by the steering group. A summary of the responses received and analysis is noted in Appendix H, and comments are included in Appendix I.

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

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

The final PNA was presented to the Barnet HWB for approval and publication before 1 October 2022.

## 1.6 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Barnet HWB geography would be defined. The majority of health and social care data is available at local authority council ward level and at this level provides reasonable statistical rigour. It was agreed that the council wards would be too small a geography to analyse and therefore were aggregated to define the localities of the Barnet HWB geography.

The new ward boundaries are due to change, however, at the time of writing the analysis has been conducted based on the 2021 ward boundaries. For alignment and context, the below table shows how the localities match up or align to the new wards and the PCNs in Barnet, and Appendix J for maps describing the relationships.

**Table 2: Localities and wards for the purpose of Barnet PNA**

Locality	Wards	New Wards	PCN
Hendon	Burnt Oak, Colindale, Edgware, Hale, Hendon, Mill Hill, West Hendon	Hendon, West Hendon, Edgware, Edgwarebury, Mill Hill, Colindale North, Burnt Oak, Colindale South	PCN 1D PCN 1W PCN 4
Chipping Barnet	Brunswick Park, Coppetts, East Barnet, High Barnet, Oakleigh, Totteridge, Underhill	Brunswick Park, East Barnet, Whetstone, Barnet Vale, Friern Barnet, High Barnet, Totteridge and Woodside, Underhill	PCN 2 PCN 3
Finchley & Golders Green	Childs Hill, East Finchley, Finchley Church End, Garden Suburb, Golders Green, West Finchley, Woodhouse	East Finchley, West Finchley, Woodhouse, Finchley Church End, Garden Suburb, Cricklewood, Childs Hill, Golders Green,	PCN 5 PCN 6

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), LBB and North Central London (NCL) CCG.

## Section 2: Context for the PNA

### 2.1 NHS Long Term Plan (LTP)

The NHS Long Term Plan<sup>17</sup> (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.

**Table 3: Priority clinical areas in the LTP include**

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular Disease (CVD)
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult and children 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.’ Specific service areas relevant to community pharmacy include:

- Section 1.10 refers to the creation of fully integrated community-based health care. 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 Community Pharmacist Consultation Service (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.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- 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

<sup>17</sup> NHS Long Term Plan. [www.longtermplan.nhs.uk/](http://www.longtermplan.nhs.uk/)

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 New Medicine Service (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)

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 needs that allows for general or targeted interventions ensuring the efficient use of public funds and resources to improve health, care and wellbeing, and reduce inequity in access and inequality of outcomes. In summary, the JSNA is an assessment of the health and wellbeing needs of the local area.

The PNA is undertaken in the context of the current and future health, care and wellbeing needs of the borough and the community to inform local decision-making as defined by the Barnet JSNA.<sup>18</sup>

The JSNA is hosted online as an interactive tool, designed to be easily accessible to all who use it. It consists of a range of indicators listed below:

1. Borough Summary
2. About the Borough
3. Clean, Safe & Well Run
4. Family Friendly
5. Healthy
6. Thriving
7. Insight Reports

The information on the JSNA website can be read in combination with the information in the following sections of the PNA.

## 2.3 Joint Health and Wellbeing Strategy (JHWS)

The Barnet JHWS sets a vision for creating a 'borough of health', working together with residents and partners including the NHS, the voluntary and community sector, Healthwatch, local businesses, the educational sector, and the police, fire, and ambulance services.

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<sup>18</sup> Joint Strategic Needs Assessment (JSNA): Barnet. <https://open.barnet.gov.uk/insight-and-intelligence/jsna/>

Barnet's Joint Health and Wellbeing Strategy 2021–2025 (JHWS)<sup>19</sup> sets the long-term strategic framework in collaboration with key partners in Barnet to form the statutory, Health and Wellbeing Board (HWB). One of the statutory responsibilities of the HWB, as set out by the Social Care Act 2012, is developing the JHWS.

The JHWS was written during the unprecedented challenging times of the COVID-19 pandemic and is defined in context as the current health and care landscape, LBB's key health data and LBB's guiding principles. The JHWS also outlines three key areas of focus for health and wellbeing; why they were chosen, what is planned to be achieved, and how success will be measured. These areas are chosen to add value where local system partnership can come together to achieve accelerated changes.

The most recent refresh of the JHWS (2021-2025) is based on:

Five principles

- Making health everyone's business
- Collaborative partnership
- Evidence based decisions
- Considering everyone's needs across the life course
- Co-design approach

Three priorities

- Creating a healthier place and resilient communities
- Starting, living and ageing well, which includes:
  - Healthy weight pathway for Barnet
  - Sexual health promotion to young people and clinical services
  - Cardiovascular Disease (CVD) prevention programme
  - Cancer prevention
- Ensuring delivery of coordinated holistic care when we need it, including:
  - Integrating health and social care pathways

## 2.4 The impact of COVID-19 in Barnet

Barnet has been affected significantly during the pandemic. Approximately 30% (around 121,800) of the population tested positive for COVID-19, as of 31 March 2022. The pandemic has also affected a range of issues including waiting times for healthcare services, increased social isolation, and anxiety among the population.

The pandemic has also had an indirect impact on wellbeing aspects such as unemployment, mental ill health, domestic violence, lack of physical activity, and economic hardship.

## 2.5 Population characteristics and Health Needs

Throughout this PNA we have used the most recent data available from several authoritative sources. The 2021 census data was not available at the time of writing.

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<sup>19</sup> Joint Health and Wellbeing Strategy 2021 to 2025: Barnet. [www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/joint-health-and-wellbeing-strategy-2021](http://www.barnet.gov.uk/health-and-wellbeing/health-and-wellbeing-key-documents/joint-health-and-wellbeing-strategy-2021)

### 2.5.1 Overview

Estimates from 2020 indicate Barnet has a population of 401,230, comprising 200,476 men (49.96%) and 200,754 women (50.04%).

This population is spread over three localities: Chipping Barnet, Finchley and Golders Green, and Hendon. Hendon has the largest number of residents by population, accounting for 148,437 (37%), Finchley and Golders Green has the second largest population, accounting for 134,485 (34%), and Chipping Barnet has the smallest population, accounting for 118,308 (29%).

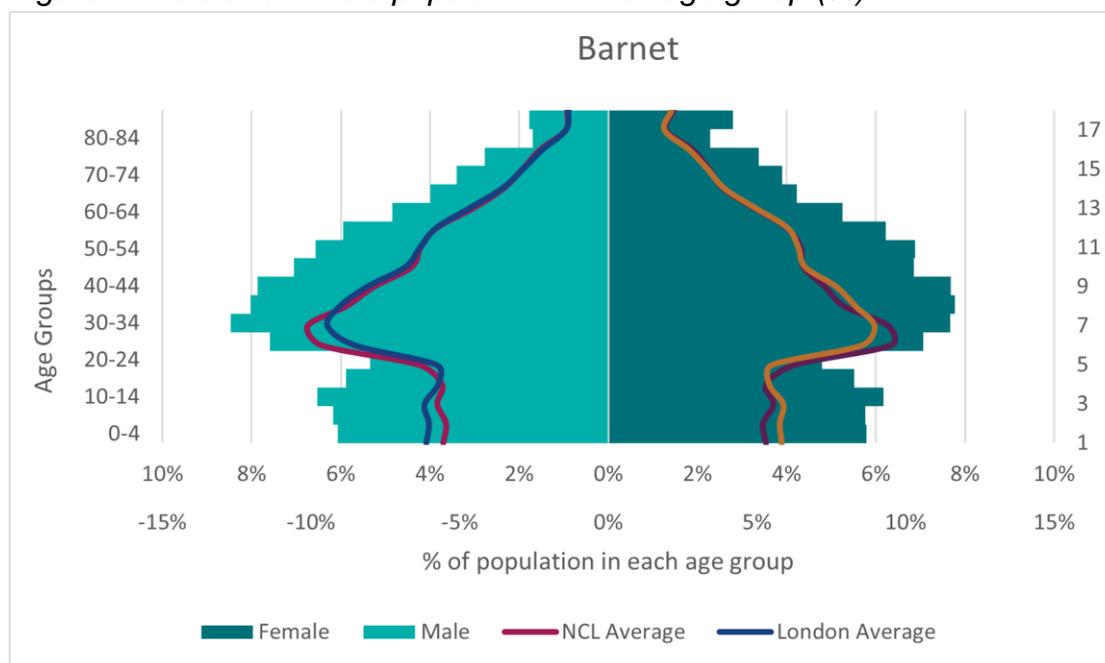
Over the next five years, the population of Barnet is projected to increase by 4%, or by almost 14,500 individuals.

Generally, the population is projected to age – with the proportion of 65+ increasing in all three localities as shown below in Tables 6, 7 and 8.

### 2.5.2 Age

- The greatest proportion of the population in both men and women in Barnet falls within the working age categories aged 25–59
- The 20–34-year-old population is smaller in Barnet than it is in North Central London and London in general

Figure 1: Male and female population in each age group (%)



Greater London Authority (GLA) 2020-based housing-led population projections indicate that 56,268 of Barnet residents are aged between 0 and 24, 29% of the total population, as show in Table 5.

**Table 4: Age structure 2022 population projections**

Age	Male	Male (%)	Female	Female (%)
0-4	12,175	6%	11,614	6%
5-9	12,366	6%	11,572	6%
10-14	13,073	7%	12,382	6%
15-19	11,786	6%	11,070	6%
20-24	10,721	5%	9,630	5%
25-29	15,219	8%	14,191	7%
30-34	16,974	8%	15,396	8%
35-39	16,088	8%	15,594	8%
40-44	15,778	8%	15,421	8%
45-49	14,149	7%	13,751	7%
50-54	13,159	7%	13,817	7%
55-59	11,924	6%	12,491	6%
60-64	9,720	5%	10,539	5%
65-69	8,001	4%	8,490	4%
70-74	6,810	3%	7,831	4%
75-79	5,567	3%	6,769	3%
80-84	3,401	2%	4,586	2%
85+	3,564	2%	5,611	3%
TOTAL	200,476		200,754	

In Barnet approximately 15% of people are 65 or over, compared with 13% across NCL, as shown in Table 4. Population forecasts suggest that this proportion is set to increase to 16.7% between 2022 and 2027, equating to an additional 8,596 people aged 65+ over the same time period.

### 2.5.3 Predicted population growth

Over the next five years, the overall population of Barnet is projected to increase by 4%, or 14,500 individuals, as shown below. Table 5 shows that between 2022 and 2027 Chipping Barnet is projected to have a population increase of 884, whereas the population of Finchley and Golders Green (Table 6) is projected to increase by around 7,500 individuals (the largest population change of the three localities) and that of Hendon is projected to see a population increase of almost 6,000 individuals (Table 7).

This growth is aligned with the various housing and regeneration projects within Barnet. Barnet has a target to deliver 2,364 net new homes a year as part of the 2021 London Plan<sup>20</sup> with major areas of growth within Finchley and Golders Green and Hendon localities.

Chipping Barnet and Hendon projections show the proportion of 65+ increasing from 18% to 20% and 13% to 14% respectively, whereas that of Finchley and Golders Green shows an increase from 15% to 16%.

<sup>20</sup> <https://www.london.gov.uk/what-we-do/planning/london-plan/new-london-plan/london-plan-2021>

Finchley and Golders Green locality shows an expected decrease in the under-18 population from 21% to 19% over the next five years, as shown in Table 6.

**Table 5: GLA 2020-based housing-led population projections for Chipping Barnet**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	24,476	21%	72,622	61%	21,210	18%	118,308
2023	24,187	20%	72,611	61%	21,820	18%	118,619
2024	23,787	20%	72,494	61%	22,396	19%	118,677
2025	23,352	20%	72,490	61%	22,935	19%	118,776
2026	22,917	19%	72,533	61%	23,513	20%	118,963
2027	22,493	19%	72,573	61%	24,126	20%	119,192

**Table 6: GLA 2020-based housing-led population projections for Finchley and Golders Green**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	28,572	21%	85,279	63%	20,634	15%	134,485
2023	28,303	21%	85,860	63%	21,109	16%	135,272
2024	28,003	21%	86,254	63%	21,581	16%	135,839
2025	27,833	20%	87,650	64%	22,146	16%	137,629
2026	27,691	20%	89,395	64%	22,730	16%	139,817
2027	27,600	19%	91,135	64%	23,342	16%	142,077

**Table 7: GLA 2020-based housing-led population projections for Hendon**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	34,516	23%	95,137	64%	18,785	13%	148,437
2023	34,766	23%	96,680	64%	19,445	13%	150,891
2024	34,911	23%	98,096	64%	20,033	13%	153,040
2025	34,679	23%	98,312	64%	20,567	13%	153,558
2026	34,232	22%	98,472	64%	21,180	14%	153,884
2027	33,831	22%	98,719	64%	21,757	14%	154,307

**Table 8: GLA 2020-based housing-led population projections for NCL**

Age	Under 18	Under 18 (%)	18-64	18-64 (%)	65+	65+ (%)	Total Population
2022	289,446	20%	979,279	67%	189,168	13%	1,457,893
2023	287,911	20%	986,079	67%	194,834	13%	1,468,825
2024	285,555	19%	991,452	67%	200,394	14%	1,477,400
2025	281,942	19%	995,693	67%	206,239	14%	1,483,874
2026	277,862	19%	1,000,317	67%	212,230	14%	1,490,409
2027	274,055	18%	1,004,810	67%	218,554	15%	1,497,419

#### 2.5.4 GP-registered population

According to the NHS digital and Table 9 below, 447,296 people were recorded as being registered with a GP in Barnet, of which the largest number and proportion of GP registered people live in Colindale ward (n=33,498) and the smallest number and proportion live in High Barnet ward (n=16,727).

The locality of Hendon has the largest number of patients registered to a GP practice at 171,353, compared with Finchley and Golders Green at 149,106 and Chipping Barnet at 126,837.

**Table 9: NHS Digital source showing people registered at a GP practice**

Ward Code	Ward	Locality	Number registered to a GP practice	Proportion registered
E05000043	Brunswick Park	Chipping Barnet	18,111	4%
E05000044	Burnt Oak	Hendon	23,581	5%
E05000045	Childs Hill	Finchley & Golders Green	26,244	6%
E05000046	Colindale	Hendon	33,498	7%
E05000047	Coppetts	Chipping Barnet	19,433	4%
E05000048	East Barnet	Chipping Barnet	18,349	4%
E05000049	East Finchley	Finchley & Golders Green	17,776	4%
E05000050	Edgware	Hendon	21,579	5%
E05000051	Finchley Church End	Finchley & Golders Green	19,777	4%
E05000052	Garden Suburb	Finchley & Golders Green	18,312	4%
E05000053	Golders Green	Finchley & Golders Green	26,033	6%
E05000054	Hale	Hendon	21,374	5%

<b>Ward Code</b>	<b>Ward</b>	<b>Locality</b>	<b>Number registered to a GP practice</b>	<b>Proportion registered</b>
E05000055	Hendon	Hendon	23,391	5%
E05000056	High Barnet	Chipping Barnet	16,727	4%
E05000057	Mill Hill	Hendon	24,364	5%
E05000058	Oakleigh	Chipping Barnet	18,412	4%
E05000059	Totteridge	Chipping Barnet	18,539	4%
E05000060	Underhill	Chipping Barnet	17,266	4%
E05000061	West Finchley	Finchley & Golders Green	19,760	4%
E05000062	West Hendon	Hendon	23,566	5%
E05000063	Woodhouse	Finchley & Golders Green	21,204	5%
<b>TOTAL</b>			<b>447,296</b>	

Source: NHS Digital 2022<sup>21</sup>

<sup>21</sup> NHS Digital. Patients registered at GP practice. [Patients Registered at a GP Practice - NHS Digital](#)

## 2.5.5 Life expectancy

Office for Health Improvement and Disparities (OHID) Fingertips shows that life expectancy at birth, as represented by Table 10 below, is 82.0 for men and 85.5 for women, based on 2018-2020 data. This is significantly higher than the London and England averages.

Healthy Life Expectancy (HLE) is 61.8 for men and 63.9 for women, which does not differ significantly from the London and England averages based on 2017-19. HLE is the average number of years that a new born can expect to live in "full health not hampered by disabling illnesses or injuries."

**Table 10: Life Expectancy (LE) and Health Life Expectancy (HLE) for Barnet, London and England**

		Barnet			London			England			Significant difference to London	Significant difference to England
		Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
LE (years) 2018-20	M	82.0	81.6	82.4	79.4	79.4	79.4	79.4	79.4	79.4	Higher	Higher
	F	85.5	85.2	85.9	83.1	83.1	83.2	83.1	83.1	83.2	Higher	Higher
HLE (years) 2017-19	M	61.8	58.5	65.1	63.2	63.0	63.4	63.2	63	63.4	No significant difference	No significant difference
	F	63.9	60.9	66.9	63.5	63.3	63.7	63.5	63.3	63.7	No significant difference	No significant difference

Source: OHID Fingertips

## 2.5.6 Religion

According to census data from 2011 and Table 11 below, the largest population by religion in Barnet is Christianity (41% of the population) and this is significantly lower than the NCL and England averages.

The second largest religion is Judaism (15%) which is significantly higher than the NCL and England averages.

16% of the population have no religion, which is significantly lower than the NCL and England averages.

**Table 11: Population size by religion group from 2011 census**

Religion	Barnet				NCL				England				Significant difference to NCL	Significant difference to England
	Number	%	L E B %	U E B %	Number	%	L E B %	U E B %	Number	%	L E B %	U E B %		
Christian	146,866	41	41	41	586,642	43	43	43	31,479,876	59	59	59	Lower	Lower
Buddhist	4,521	1	1	1	14,080	1	1	1	238,626	0	0	0	Higher	Higher
Hindu	21,924	6	6	6	42,639	3	3	3	806,199	2	2	2	Higher	Higher
Jewish	54,084	15	15	15	77,877	6	6	6	261,282	0	0	0	Higher	Higher
Muslim (Islam)	36,744	10	10	10	171,179	13	13	13	2,660,116	5	5	5	Lower	Higher
Sikh	1,269	0	0	0	4,189	0	0	0	420,196	1	1	1	Higher	Lower
Other religion	3,764	1	1	1	9,251	1	1	1	227,825	0	0	0	Higher	Higher
No religion	57,297	16	16	16	288,045	21	21	21	13,114,232	25	25	25	Lower	Lower
Religion not stated	29,917	8	8	8	156,339	12	12	12	3,804,104	7	7	7	Lower	Higher

Source: Office for National Statistics (ONS) Census 2011

## 2.5.7 Ethnicity

GLA 2016-based housing-led ethnic group population projection (Table 12) shows that the largest ethnic group is White British (n=158,480) followed by the any Other White ethnic group (n=78,362). Both ethnic groups have a significantly higher proportion compared with the NCL average.

Moreover, there is a large number of people from Black African, Asian Indian, Other Asian, and Asian Chinese ethnic groups that live in Barnet.

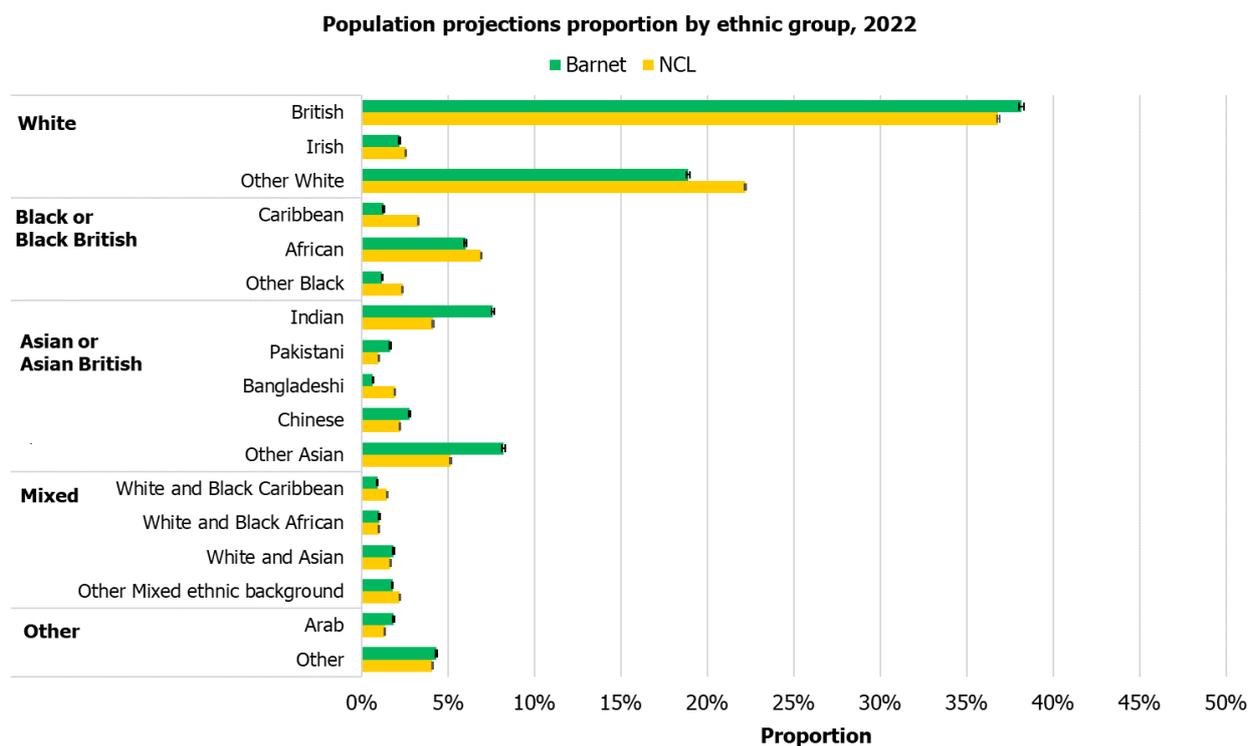
**Table 12: GLA 2016 based housing-led ethnic group population projection**

<b>Ethnic Grouping</b>	<b>Ethnicity</b>	<b>Barnet Number</b>	<b>Barnet (%)</b>	<b>NCL Number</b>	<b>NCL (%)</b>	<b>Significant Difference to NCL</b>
White	British	158,480	38%	576,288	37%	Higher
White	Irish	8,930	2%	39,697	3%	Lower
White	Other White	78,362	19%	347,184	22%	Lower
Black or Black British	Caribbean	5,144	1%	51,073	3%	Lower
Black or Black British	African	24,829	6%	108,014	7%	Lower
Black or Black British	Other Black	4,842	1%	36,649	2%	Lower
Asian or Asian British	Indian	31,427	8%	64,291	4%	Higher
Asian or Asian British	Pakistani	6,781	2%	15,258	1%	Higher
Asian or Asian British	Bangladeshi	2,629	1%	29,989	2%	Lower
Asian or Asian British	Chinese	11,457	3%	34,647	2%	Higher
Asian or Asian British	Other Asian	33,976	8%	80,275	5%	Higher
Mixed	White and Black Caribbean	3,679	1%	22,484	1%	Lower
Mixed	White and Black African	4,155	1%	15,398	1%	Higher
Mixed	White and Asian	7,561	2%	25,854	2%	Higher
Mixed	Other Mixed ethnic background	7,314	2%	33,984	2%	Lower
Other	Arab	7,604	2%	20,660	1%	Higher
Other	Other	17,870	4%	63,709	4%	Higher

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

The largest population projection, as per Figure 2 below, shows that the largest ethnic group is the White British accounting for over 35% of the population whereas the smallest population projection shows that the smallest ethnic groups are mixed White and Black Caribbean and White and Black African accounting for under 5%.

Figure 2: Proportion by ethnic group in Barnet based on 2022 data



Source: GLA 2016-based housing-led population projections

### 2.5.8 Daytime population

Please note: the data in Table 13 is from the 2014 GLA Daytime population 2014 and should be interpreted with caution. In addition, the COVID-19 pandemic and working from home restrictions have changed the way populations commute to work and the number of tourists visiting.

Table 13 shows that total daily population (2014) is 356,003, of which 24,909 are tourists.

**Table 13: GLA Daytime population 2014**

Borough	Total daytime population (includes tourists)	Workday population (excludes tourists)
Barnet	356,003	331,094

Source: GLA Daytime population, 2014

### 2.5.9 Mortality

Table 14 from OHID Fingertips shows that in Barnet, the overall all-age all-cause mortality in 2020 was 886 per 100,000. This was significantly lower than the London and England averages. There is variation across the three localities within Barnet.

The under-75 all-cause mortality was 286 per 100,000, which was significantly lower than the London and England averages.

Excess deaths were significantly lower than the London and England averages.

Under-75 cancer mortality was significantly lower than the England average and under-75 CVD mortality was also lower than the London and England averages. On the other hand,

under-75 respiratory mortality did not differ significantly from the London and England averages.

**Table 14: Mortality rate for various causes in Barnet, 2020 (number of persons)**

	Barnet			London			England			Significant difference to London	Significant difference to England
	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
All-age all-cause mortality	886	854	919	975	967	983	1,042	1,040	1,045	Lower	Lower
U75 all-cause mortality	286	267	306	359	357	360	358.5	356.9	360.2	Lower	Lower
Excess deaths (preventable mortality U75)	97	86	109	123	120	126	140.5	139.4	141.5	Lower	Lower
Cancer mortality (U75)	97	86	109	111	109	114	125.1	124.1	126.1	No significant difference	Lower
CVD mortality (U75)	57	49	67	72	70	75	73.8	73.1	74.6	Lower	Lower
Respiratory mortality (U75)	25	19	31	27	25	28	29.4	28.9	29.8	No significant difference	No significant difference

Source: OHID Fingertips

### 2.5.10 Smoking

Smoking prevalence in adults, according to the GP Patient Survey, was 14%. This was significantly lower than the London average but did not differ significantly from the England average.

Smoking in early pregnancy and smoking at delivery were 5% each, as seen in Table 15. These were significantly lower than the England average, and in the case of smoking in early pregnancy, significantly lower than the London average.

**Table 15: Smoking prevalence in Barnet derived from OHID Fingertips**

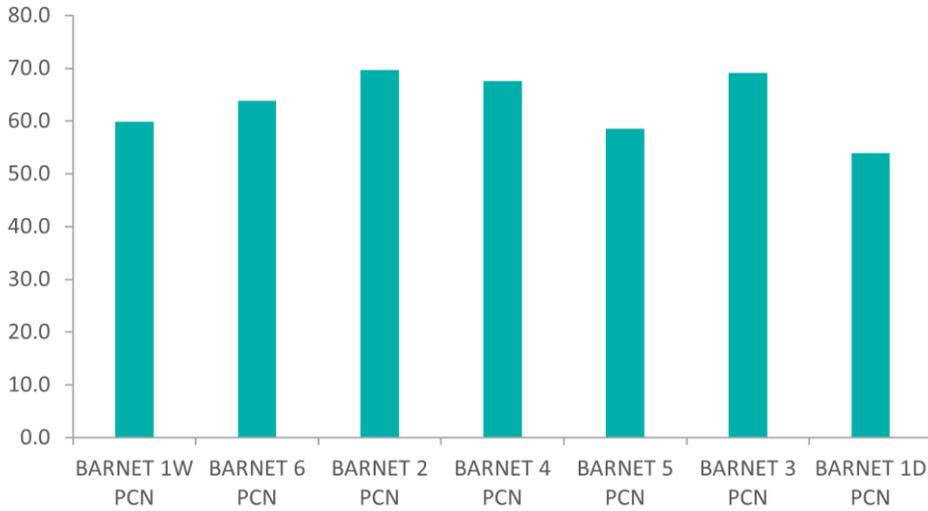
	Year	Barnet			London			England			Significant difference to London	Significant difference to England
		Value	Lower CI	Upper CI	Value	Lower CI	Upper CI	Value	Lower CI	Upper CI		
Smoking prevalence in adults (GPPS)	2019-20	14%	13%	15%	15%	15%	16%	14.30%	14.20%	14.40%	Lower	No significant difference
Smoking at delivery	2020-21	5%	5%	6%	5%	5%	5%	9.60%	9.50%	9.70%	No significant difference	Lower
Smoking in early pregnancy	2018-19	5%	5%	6%	6%	6%	6%	12.80%	12.70%	12.90%	Lower	Lower

Source: OHID Fingertips

### 2.5.11 Vaccination

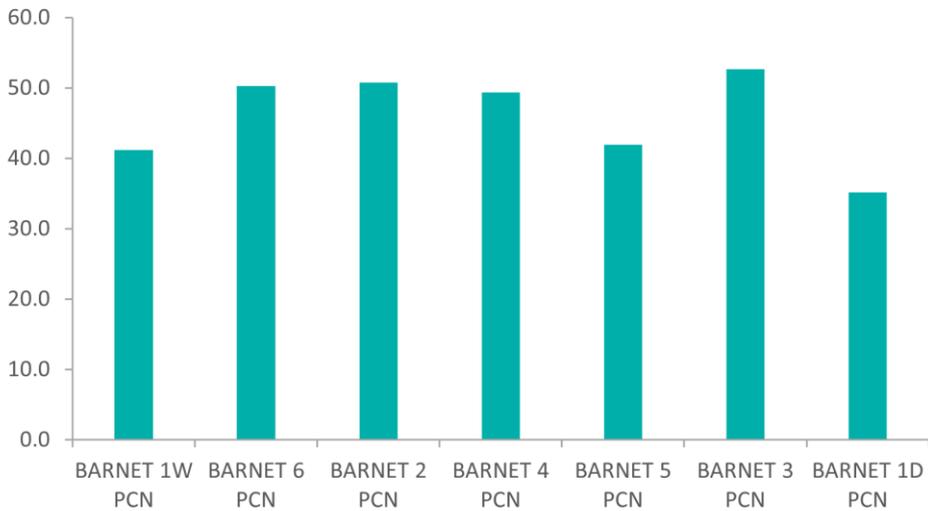
Vaccination uptake is generally higher than the average in NCL, but lower than in England. Please see Table 2 for a key to which locality each PCN is located.

Figure 3: Barnet – COVID vaccination uptake by PCN



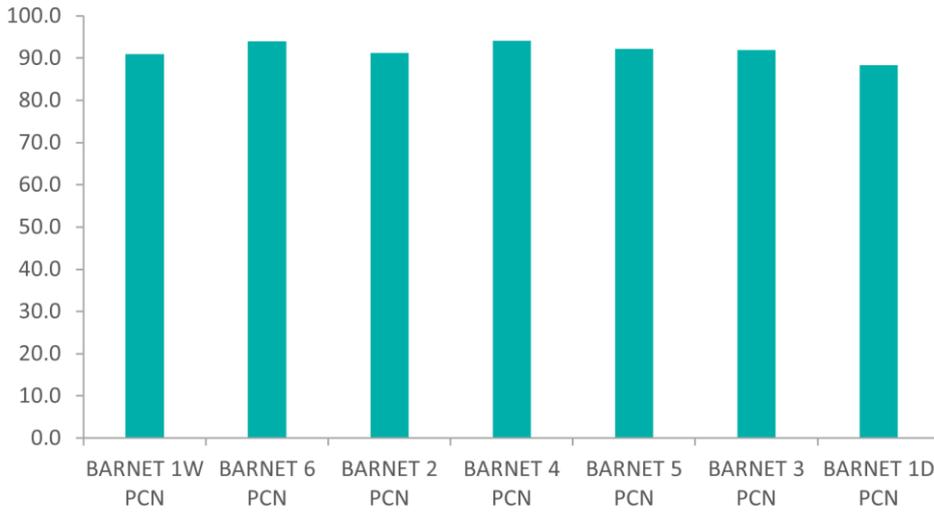
Source: NIMS 17 January 2022

Figure 4: Barnet – Flu vaccination uptake by PCN



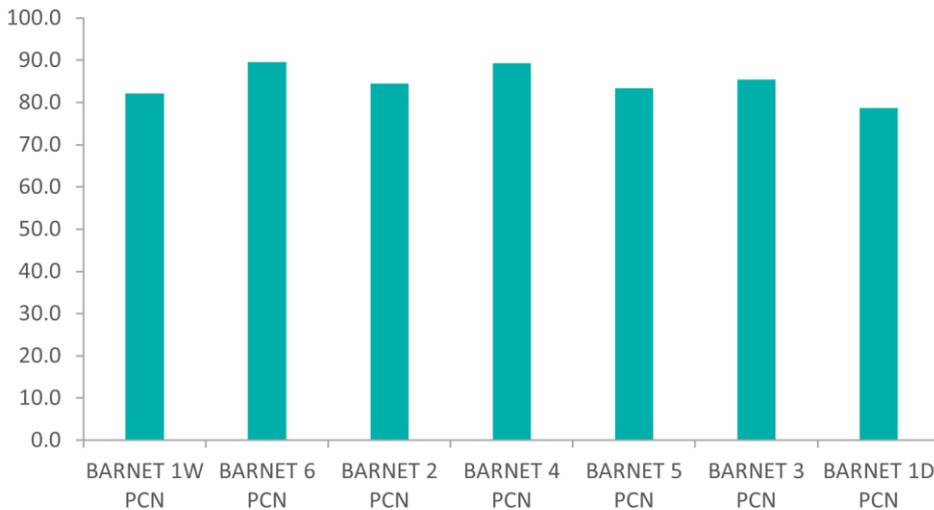
Source: NIMS 17 January 2022

Figure 5: Barnet – DTaP/IPV/Hib vaccination (2 years) uptake by PCN



Source: National GP Profile from OHID (National General Practice Profiles - OHID (phe.org.uk)) 17 January 2022

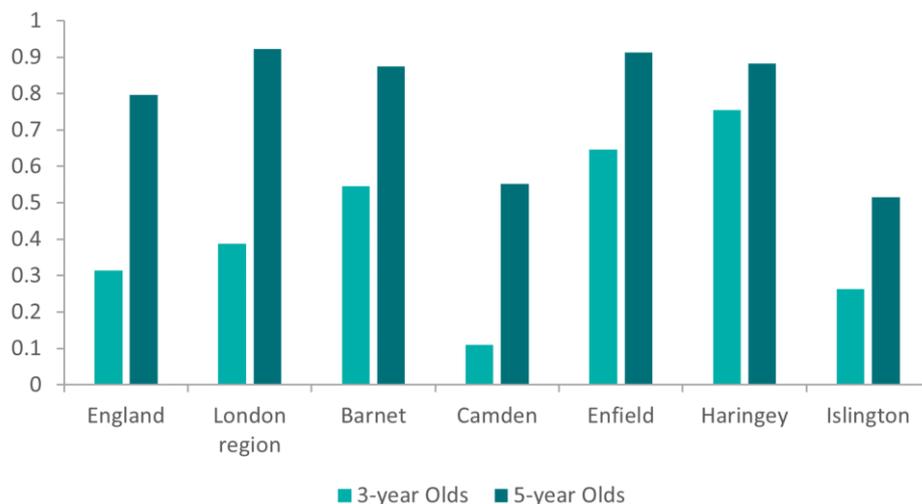
Figure 6: Barnet – MMR vaccination one dose (2 years) uptake by PCN



Source: National GP Profile from OHID (National General Practice Profiles - OHID (phe.org.uk)) 17 January 2022

### 2.5.12 Oral health

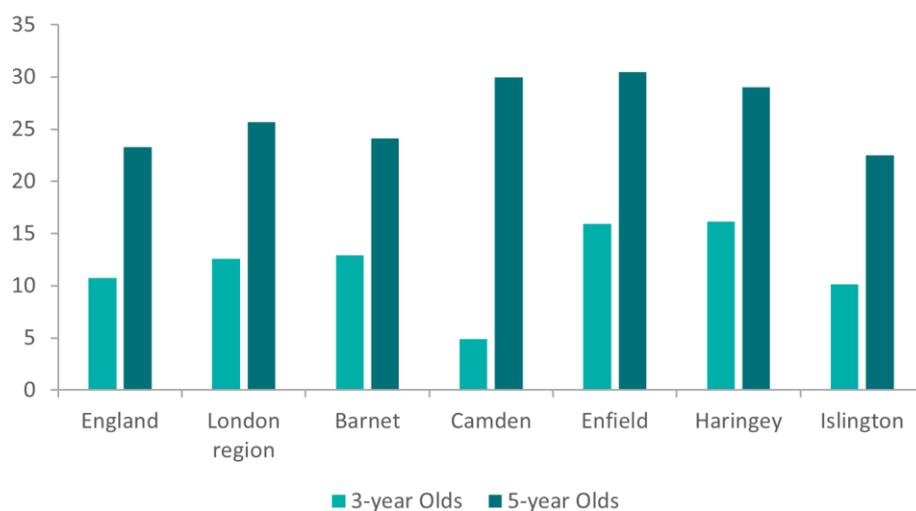
Figure 7: Decayed Missing or Filled Teeth (DMFT) by borough



Source: Child & Maternal Health Profile from OHID ([Child and Maternal Health - OHID \(phe.org.uk\)](http://Child and Maternal Health - OHID (phe.org.uk))) Jan 2022

The average number of DMFT is higher than England in both age groups, and in 3-year-olds it is higher than the London average.

Figure 8: Percentage of children with DMFT by borough

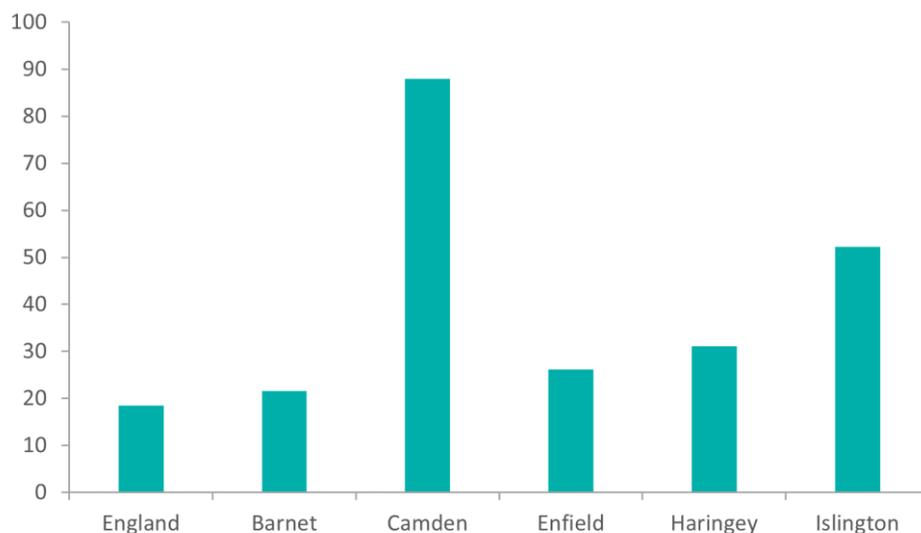


Source: Child & Maternal Health Profile from OHID ([Child and Maternal Health - OHID \(phe.org.uk\)](http://Child and Maternal Health - OHID (phe.org.uk))) Jan 2022

The percentage of children with of DMFT is higher than England in both age groups, and in 3-year-olds it is higher than the London average.

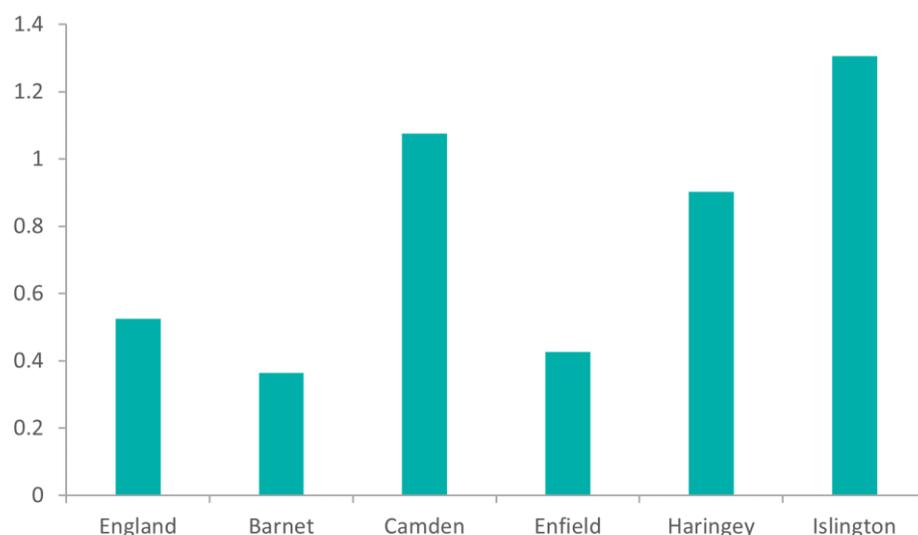
### 2.5.13 Hepatitis C (Hep C)

Figure 9: Hep C detection rate



Source: Health Protection Profile from OHID ([Health Protection - OHID \(phe.org.uk\)](https://phe.org.uk)) Jan 2022

Figure 10: Under-75 Hep C mortality rate



Source: Health Protection Profile from OHID ([Health Protection - OHID \(phe.org.uk\)](https://phe.org.uk)) Jan 2022

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 lower than the England average in Barnet and Enfield. The rate is highest in Islington, but Camden is also substantially higher than the England average. Haringey is also higher than the England average.

## Section 3: NHS pharmaceutical service provision in Barnet

### 3.1 Overview

There are a total of 76 contractors in Barnet.

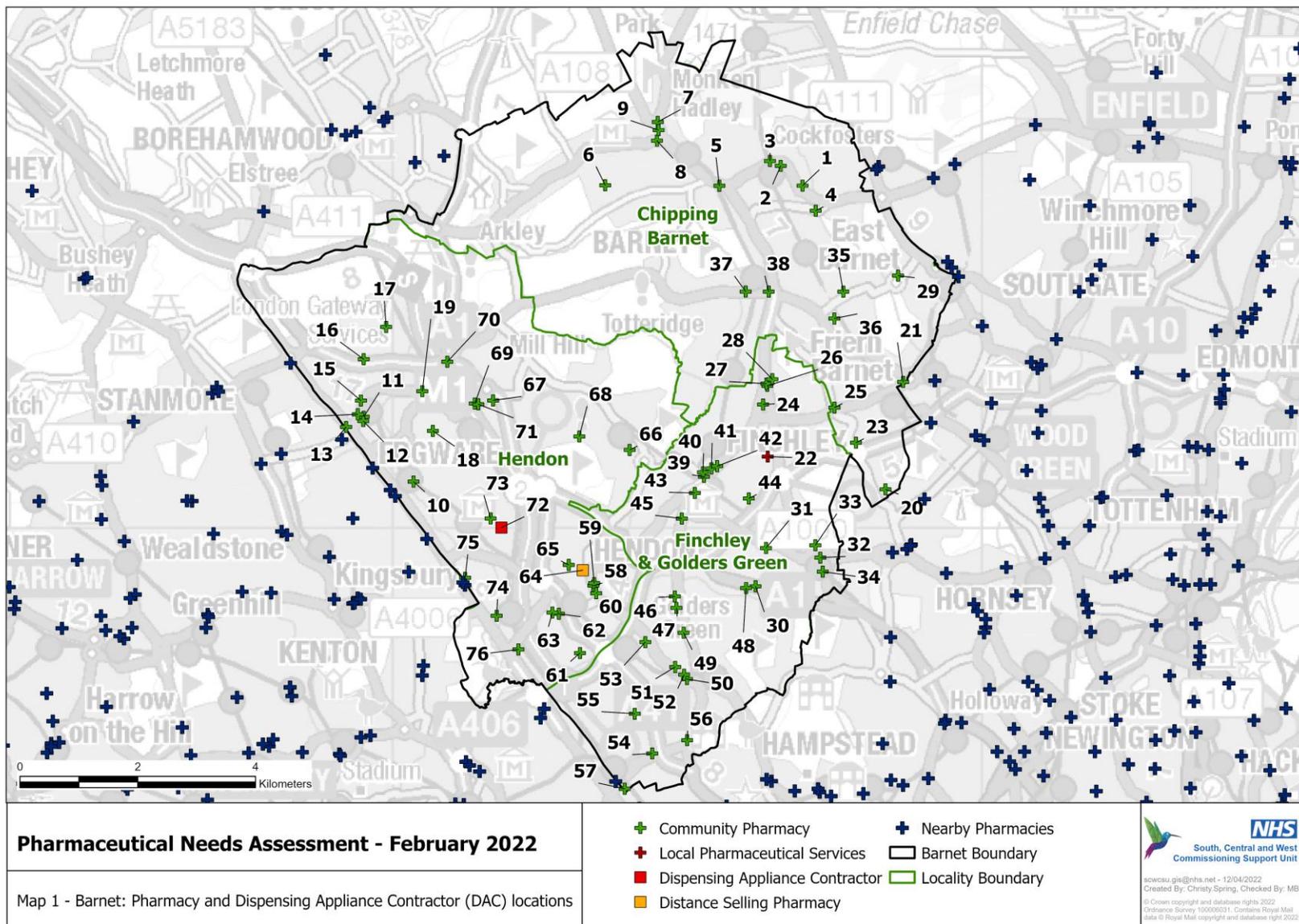
Type of Contractor	Number
40-hour community pharmacies	73
LPS	1
DSP	1
DAC	1
Dispensing GP Practices	0
PhAS	0

Throughout this PNA, the total number of community pharmacies is inclusive of LPS and DSPs, i.e. 75 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.

**Table 16: Barnet localities matched to the respective wards, PCNs and community pharmacies**

Locality	Wards	New Wards	PCN	Number of Community Pharmacies per PCN
Hendon	Burnt Oak, Colindale, Edgware, Hale, Hendon, Mill Hill, West Hendon	Hendon, West Hendon, Edgware, Edgwarebury, Mill Hill, Colindale North, Burnt Oak, Colindale South	PCN 1D	4
			PCN 1W	4
			PCN 4	12
Chipping Barnet	Brunswick Park, Coppetts, East Barnet, High Barnet, Oakleigh, Totteridge, Underhill	Brunswick Park, East Barnet, Whetstone, Barnet Vale, Friern Barnet, High Barnet, Totteridge and Woodside, Underhill	PCN 2	11
			PCN 3	24
Finchley & Golders Green	Childs Hill, East Finchley, Finchley Church End, Garden Suburb, Golders Green, West Finchley, Woodhouse	East Finchley, West Finchley, Woodhouse, Finchley Church End, Garden Suburb, Cricklewood, Childs Hill, Golders Green,	PCN 5	10
			PCN 6	10

Figure 11: All contractors in Barnet HWB area



### 3.2 Community pharmacies

Number of community pharmacies	Population of Barnet	Ratio of community pharmacies per 100,000 population
75 community pharmacies which includes 1 DSP in Barnet	401,230	18.4 (18.7 including DSP)*

\* Correct as of December 2021

There are 75 community pharmacies in Barnet (see Figure 11 for distribution and spread across Barnet). Since the previous PNA published in 2018, when there were 76 pharmacies, there has been a decrease of two community pharmacies and an addition of one DSP in Barnet. 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.

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 to Barnet: Harrow (24.6), Brent (24.4), Hertfordshire (19.6), Haringey (21.0), Enfield (17.1) and Camden (22.5).

Table 17 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Barnet is well served with community pharmacies, but the number is lower than the London and national averages.

**Table 17: Number of community pharmacies per 100,000 population**

	England	London	Barnet
2020-21	20.6	20.7	18.7
2019-20	21.0	20.2	19.0
2018-19	21.2	20.7	19.7

Source: ONS Mid-Year Population<sup>22</sup>

Table 18 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

<sup>22</sup> ONS. Population Data. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. 2021. [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland](http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland)

**Table 18: Breakdown of average community pharmacies per 100,000 population**

Locality	Number of community pharmacies (Dec 2021)	Total population (ONS 2020)	Average number of community pharmacies per 100,000 population (Dec 2021)*
Chipping Barnet	18	118,308	15.2
Finchley & Golders Green	29	134,485	21.6
Hendon	28*	148,437	18.9
<b>Barnet HWB (2021)</b>	75	401,230	18.7
<b>London</b>	1,873	8,965,488**	20.7
<b>England (2021)</b>	11,636	56,760,975**	20.6

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

\*\* ONS mid-year 2020

[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 19 shows the breakdown of community pharmacy ownership in Barnet. The data shows that independent pharmacy ownership is at higher levels than those seen in the rest of London, and a much higher percentage of independent pharmacies compared with the national average, with no one provider having a monopoly in any locality. People in Barnet have a choice of for the type of pharmacy provider they wish to use.

**Table 19: Community pharmacy ownership, 2020-21**

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Barnet (2021)	20%	80%

### 3.2.2 Weekend and evening provision

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

Table 20 shows that Barnet has no 100-hour contracted pharmacies.

**Table 20: Number of 100-hour pharmacies (and percentage of total)**

Area	Number (%) of 100-hour pharmacies
England (2021)	1,094 (9.4%)
London	104 (5.5%)
Barnet (2021)	0

### 3.2.3 Access to community pharmacies

Community pharmacies in Barnet are particularly located around areas with a higher density of population. Opening times do vary by each pharmacy but the standard pharmacy contract requires the pharmacy to be open for at least 40-hours per week. Many pharmacies are open in the evening on weekdays and on Saturdays and Sundays in excess of these standard 'core' hours.

A previously published article<sup>23</sup> suggests:

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

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

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

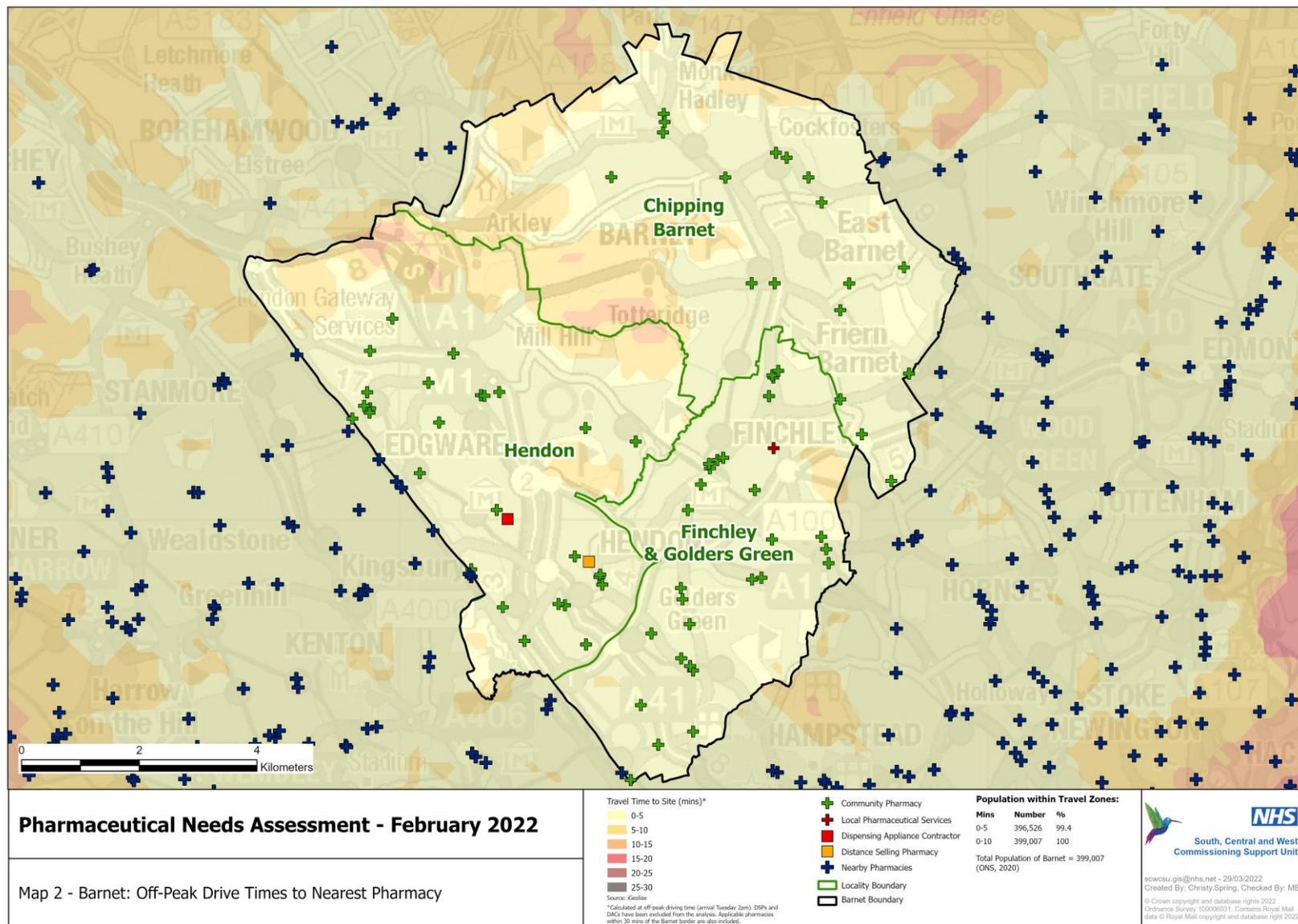
#### 3.2.3.1 Routine daytime access to community pharmacies

The following maps show travel times to community pharmacies using a variety of options. How the travel time has been analysed can be found in Appendix K.

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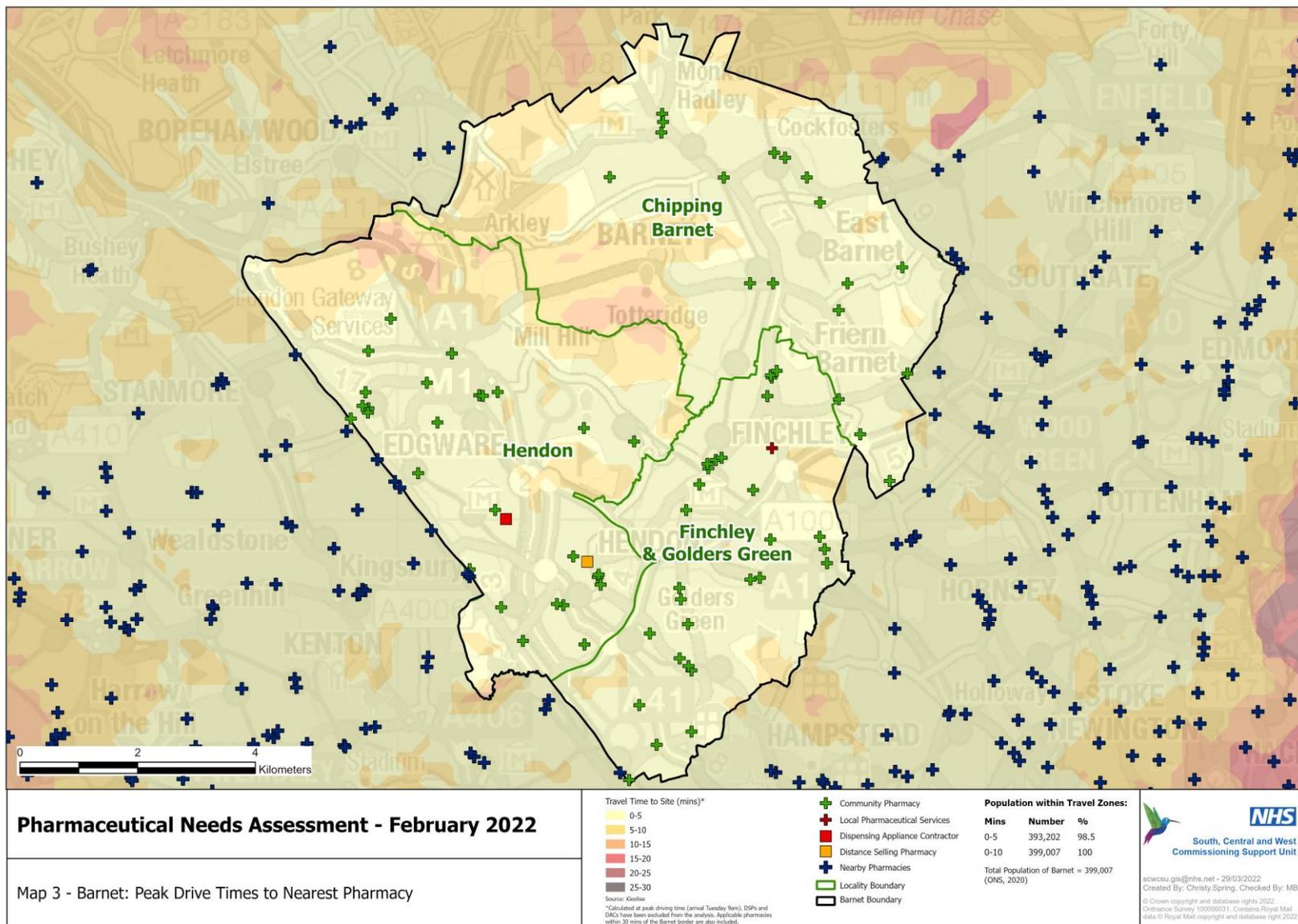
<sup>23</sup> Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 12: Driving times off-peak to nearest pharmacy



Path: X:\PROJECTS\Pharmacy\PNA\_2021\_22\Soar Beyond\G12462\_PNA\_Barnet\ArcGISPro\_ProjectFiles\G12462\_PNA\_Barnet\G12462\_PNA\_Barnet.aprx

Figure 13: Driving times peak to nearest pharmacy



Path: X:\PROJECTS\Pharmacy\PNA\_2021\_22\Soar Beyond\G12462\_PNA\_Barnet\ArcGISPro\_ProjectFiles\G12462\_PNA\_Barnet\G12462\_PNA\_Barnet.aprx

Figure 14: Public transport (morning) to nearest pharmacy

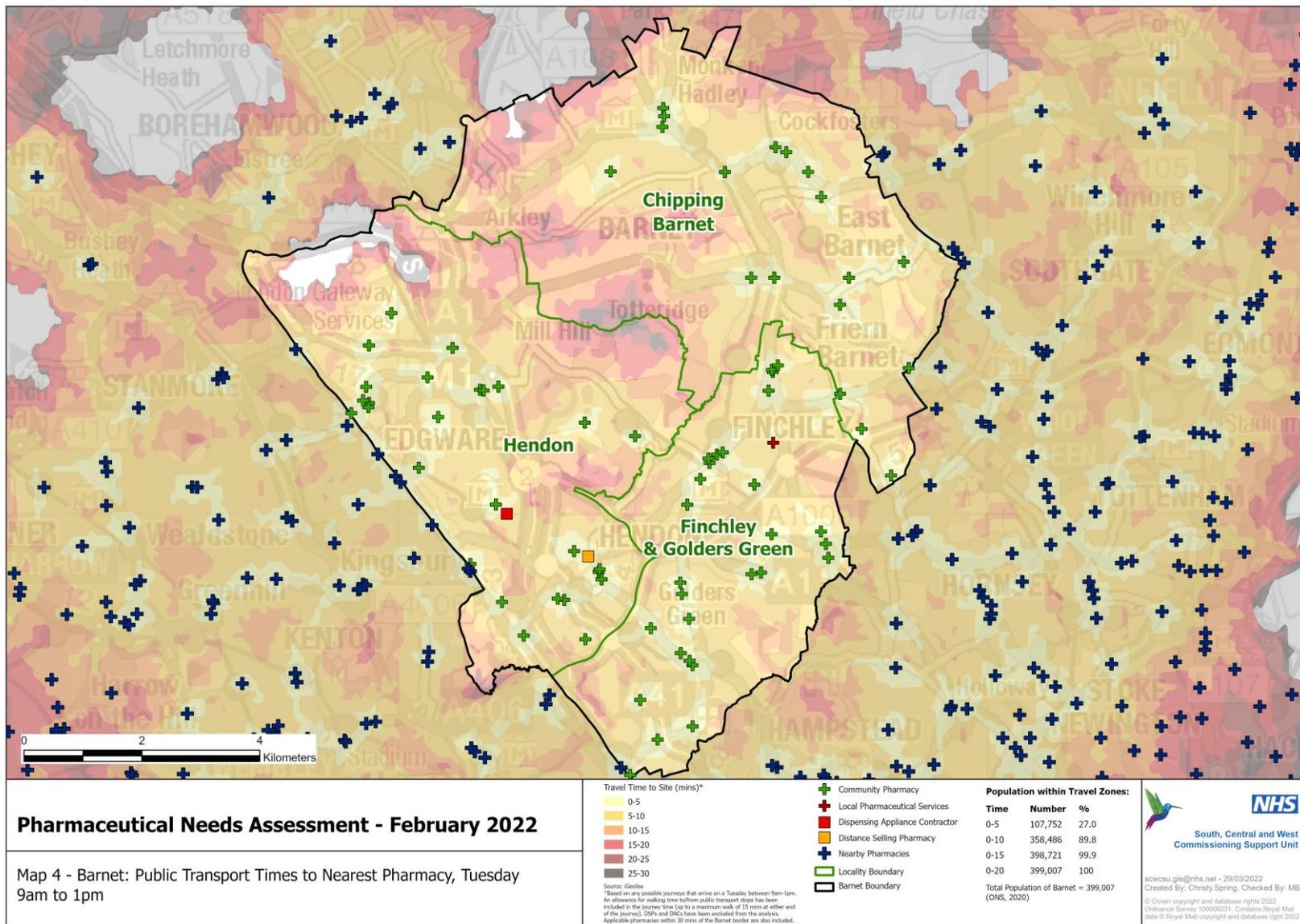
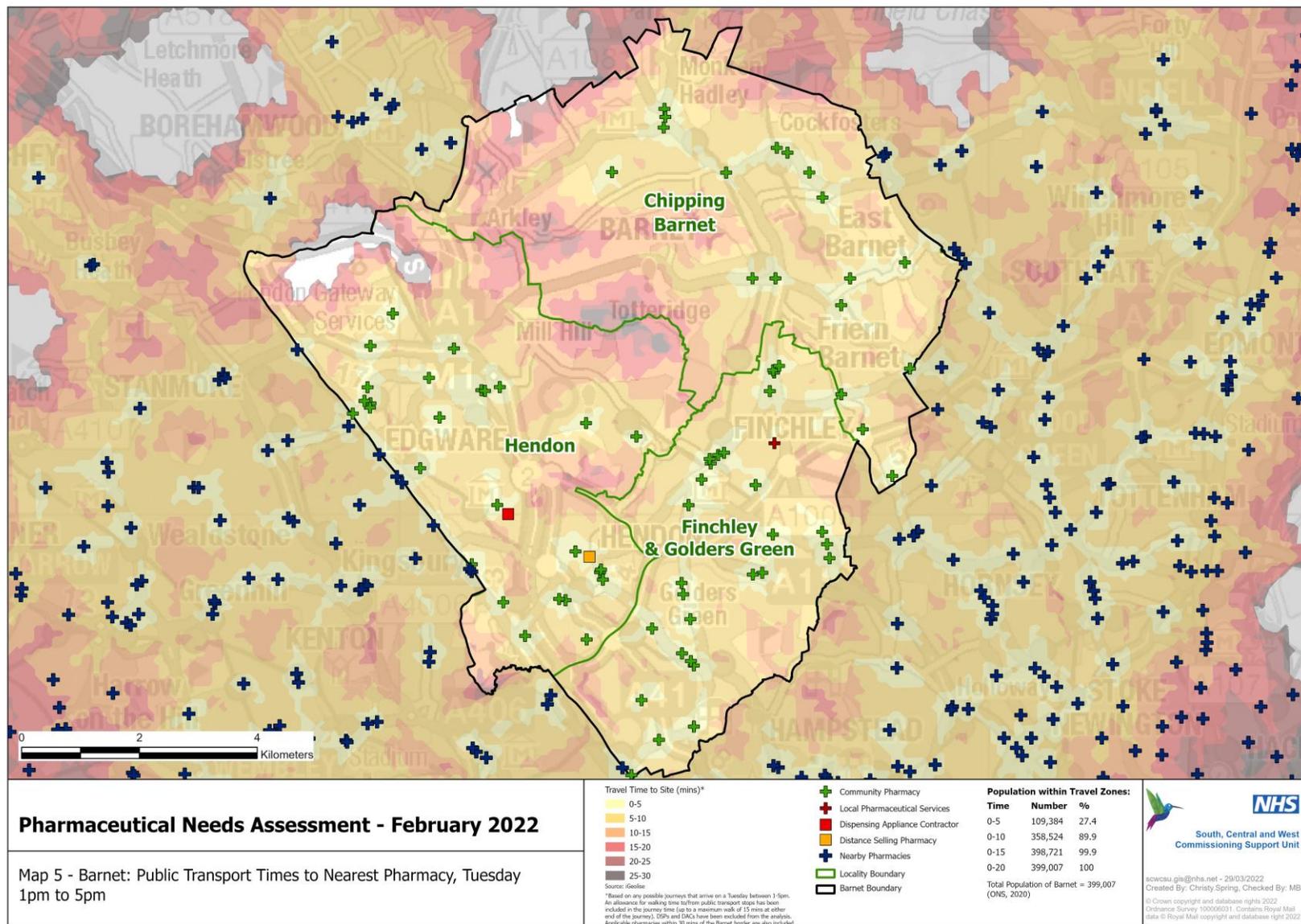
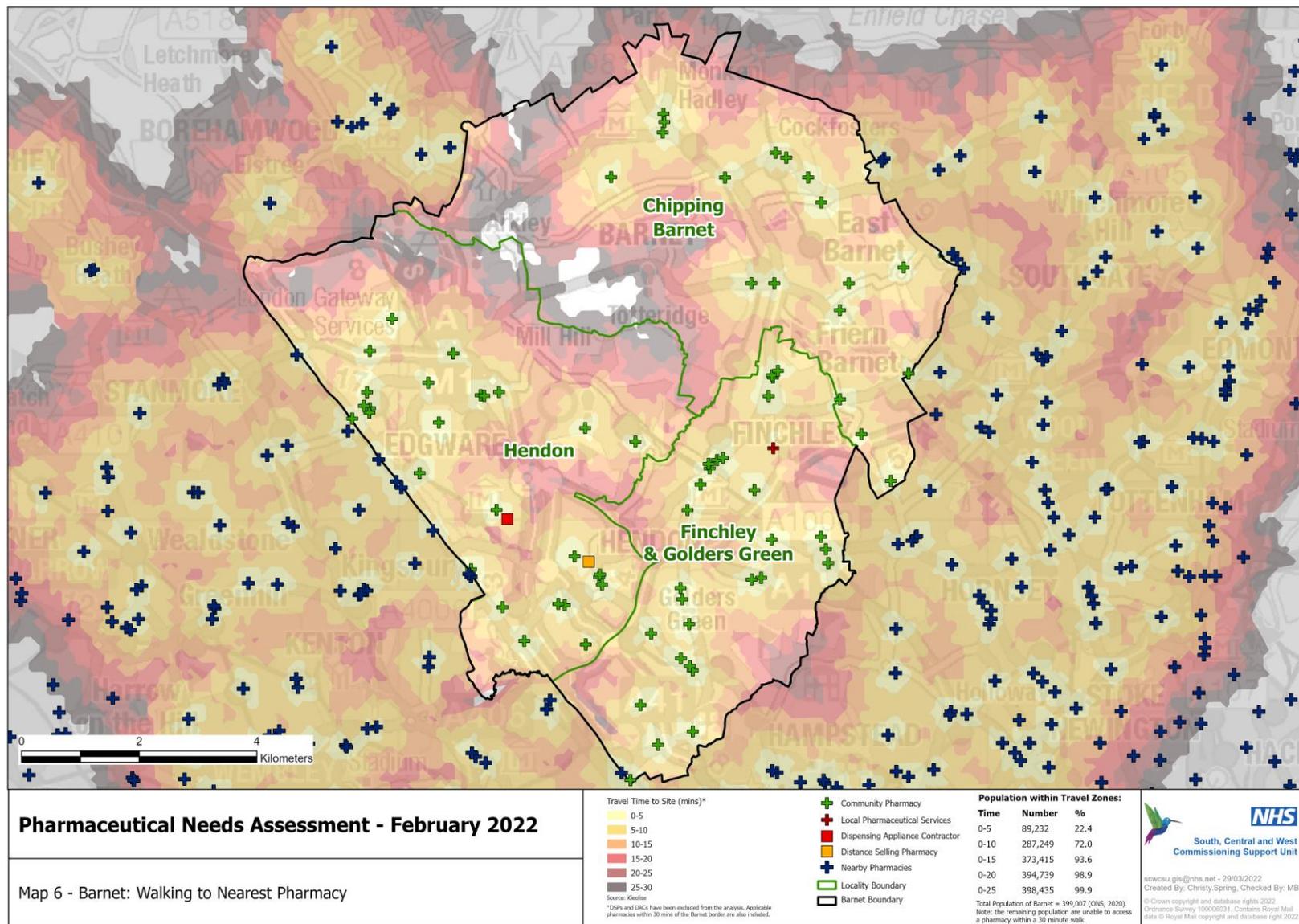


Figure 15: Public transport (afternoon) to nearest pharmacy



Path: X:\PROJECTS\Pharmacy\PNA\_2021\_22\Soar Beyond\G12462\_PNA\_Barnet\ArcGISPro\_ProjectFiles\G12462\_PNA\_Barnet\G12462\_PNA\_Barnet.aprx

Figure 16: Walking times to nearest pharmacy



In summary:

- Driving: 99.4% of the population can drive to a pharmacy within 5 minutes off-peak and 98.5% within 5 minutes during peak times (100% within 10 minutes peak or off-peak)
- Public transport: 99.9% of the population can reach a pharmacy within 15 minutes morning or afternoon (100% within 20 minutes)
- Walking: 98.9% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)

### **3.2.3.2 Routine weekday evening access to community pharmacies**

The number, location, and opening hours of community pharmacy providers open beyond 6 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 from Table 21. The population of Barnet has reasonable access to community pharmacies in the evening. This is because the majority of providers in Barnet HWB area are open after 6 pm.

**Table 21: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6.30 pm, on a Saturday and Sunday**

<b>Locality</b>	<b>Percentage of pharmacies open beyond 6.30 pm</b>	<b>Percentage of pharmacies open on a Saturday</b>	<b>Percentage of pharmacies open on a Sunday</b>
Chipping Barnet	28%	89%	22%
Finchley & Golders Green	28%	86%	31%
Hendon	33%	74%	33%
Barnet HWB	31%	85%	28%

*Note: DSPs are not included*

### **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 Barnet, 82% are open on Saturdays, the majority of which are open into the late afternoon. The variation in some of the localities could be explained by the higher proportion of orthodox Jewish population within the area who observe the sabbath on a Saturday. '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.

### **3.2.3.3 Routine Sunday daytime access to community pharmacies**

The number, location, and opening hours of community pharmacy providers open on Sundays is 30%. Fewer pharmacies are open on Sundays than any other day in Barnet. Full details of all pharmacies open on a Sunday can be found in Appendix A.

### 3.2.3.4 Routine bank holiday access to community pharmacies

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

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

Fairview Pharmacy, Finchley Memorial Hospital, Granville Road N12 0JE	Christmas Day and Easter Sunday: 10:00–16:00
Fairview Pharmacy, Finchley Memorial Hospital, Granville Road N12 0JE	All other bank holidays: 10:00–16:00
Greenfield Pharmacy, 16 Greenhill Parade, New Barnet EN5 1ES	Christmas Day and Easter Sunday: 10:00–18:00
Greenfield Pharmacy, 16 Greenhill Parade, New Barnet EN5 1ES	All other bank holidays: 10:00–14:00

### 3.2.4 Advanced Service provision from community pharmacies

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

The information in Table 22, provided by NHSE&I, has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services. Details of individual pharmacy providers can be seen in Appendix A.

Note: Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and COVID-19 medicine delivery service stopped on 5 March 2022, at 23:59, and have therefore not been included in the table.

**Table 22: Percentage of community pharmacy providers of Advanced Services in Barnet by locality (number of pharmacies) (2021-22)**

Advanced Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27)
New Medicine Service (NMS)*	83%	79%	79%
Community pharmacy seasonal influenza vaccination	83%	59%	74%
Community Pharmacy Consultation Service (CPCS)**	72%	69%	74%
Hypertension case-finding service	28%	31%	67%
Smoking cessation service	17%	10%	19%
Stoma Appliance Customisation (SAC)^	1 (6%)	0	2 (7%)

\* This includes one DSP in Hendon

\*\* This includes CPCS and GP CPCS consultations

<sup>^</sup> This includes one DAC in Hendon

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

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

**Table 23: Advanced Service provision by percentage of providers currently providing**

Advanced Service	England	London	Barnet
New Medicine Service (NMS)*	85%	81.5%	81%
Community pharmacy seasonal influenza vaccination*	63.5%	67%	71%
Community Pharmacy Consultation Service (CPCS)*	77%	71%	73%
Hypertension case-finding service (Nov–Dec 2021)	5%	3%	5%
Community pharmacy hepatitis C antibody testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Appliance Use Review (AUR)*	0.3%	0.2%	0%
Stoma Appliance Customisation (SAC)*	8%	2.1%	4%

Source: NHS BSA Dispensing Data

\* Data from NHS BSA 2021-22 7 months

The information provided by NHSE&I in Table 23 provides details of the recorded activity of Advanced Service delivery in Barnet for 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 initial data showed low uptake nationally, which is based on referrals into the service.<sup>24</sup> A recent report (October 2021) demonstrated

<sup>24</sup> NHS BSA. Dispensing Data. [www.nhsbsa.nhs.uk/prescription-data/dispensing-data](http://www.nhsbsa.nhs.uk/prescription-data/dispensing-data)

there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.<sup>25</sup> This is improving, in particular GPCPCS.

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

The Smoking Cessation service (SCS) started on 10 March 2022, and therefore no activity data is available at time of writing.

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

### 3.2.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I (Section 1.4.1.3). Therefore, any Locally Commissioned Services (LCS) commissioned by CCG 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 five Enhanced Services commissioned in Barnet.

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic. Six pharmacies in Barnet provide this service.
- London vaccination 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.
- A contraceptive pilot has been commissioned as an Enhanced Service as part of the pharmacy integration fund: no pharmacies had signed up at time of writing.
- 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 patients can easily access medication if required. Two pharmacies provide Bank Holiday coverage for Barnet (Section 3.2.3.4).

### 3.3 Dispensing Appliance Contractors

There is one Dispensing Appliance Contractor (DAC) in Barnet HWB area, and there are DAC services available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies.

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<sup>25</sup> Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. [www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs](http://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs)

The community pharmacy contractor questionnaire received 62 responses and 63% of respondents reported that they provide all types of appliances (12% reported that they did not supply appliances).

There is one DAC in Barnet:

- Respond Healthcare Ltd, 28 Heritage Avenue, Hendon, London NW9 5XY

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

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

There is one DSP in Barnet HWB area:

- Lakes Pharmacy, Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London NW4 4DD

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 public questionnaire identifies that 20% of respondents have used a DSP.

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

There is one LPS pharmacy in Barnet HWB area:

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

### **3.6 Pharmaceutical service provision provided from outside Barnet HWB area**

Barnet is bordered by six other HWB areas: Brent, Harrow, Hertfordshire, Enfield, Camden, and Haringey. As previously mentioned, like most London boroughs, Barnet has a comprehensive transport system. As a result, it is anticipated that many residents in Barnet will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Barnet HWB area by which Barnet residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Barnet HWB area boundaries and are marked on Figure 11. Further analysis of cross-border provision is undertaken in Section 6.

## Section 4: Other services

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 or privately funded, such as private Patient Group Directions (PGDs), or commissioned by the local authority or CCG.

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

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

- Coronary Heart Disease (CHD)
- Asthma and COPD
- Diabetes
- Depression
- Sharps disposal
- NHS Health Checks
- Obesity management
- Childhood vaccinations
- Hepatitis vaccinations (for those at risk)
- Screening services for:
  - Chlamydia testing and treatment
  - Alcohol
  - Hepatitis
  - Human Immunodeficiency Virus (HIV)
  - Gonorrhoea
  - Diabetes and HbA1C

The services commissioned from community pharmacy contractors in Barnet by the local authority and CCG are listed in Table 24. Privately funded services are not listed and are out of scope of the PNA.

**Table 24: Commissioned services from community pharmacies in Barnet HWB area**

Commissioned service	CCG-commissioned service	LA-commissioned service
Smoking cessation		X
Emergency Hormonal Contraception (EHC)		X
Supervised consumption		X
Needle Exchange (NEX)		X
Condom distribution		X
Supply of End of Life (EoL) medicines	X	

## 4.1 Local authority-commissioned services provided by community pharmacies in Barnet HWB area

LBB commissions four 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 Smoking cessation

Smoking prevalence in adults in Barnet was 14%, which was significantly lower than the London average but did not differ significantly from the England average. There is variation by ward within Barnet, with Burnt Oak estimated to have the highest levels and Garden Suburb the lowest levels.

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

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

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

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

The objectives of the pharmacy-based service are:

- To improve access to and choice of stop smoking services by provision of services within the pharmacy and referral into an alternative GP practice or pharmacy if this is preferred by the patient/service user
- To ensure that those wanting to quit have access to pharmacological and non-pharmacological stop smoking aids
- To improve the health of the population by reducing exposure to passive smoke

The service is delivered by five appointments with an optional sixth appointment available. The use of carbon monoxide monitors, nicotine replacement, bupropion and varenicline are all possible interventions in the scheme.

There are nine community pharmacies (12%) in Barnet providing this service.

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

### 4.1.2 Supervised consumption

This service is commissioned by Change Grow Live (CGL) on behalf of the local authority.

Community pharmacies play an important role in the care of substance misusers. They enable service users to comply with their prescribed regime by supervised consumption of methadone, buprenorphine, Espranor (buprenorphine oral lyophilisate) or Suboxone (buprenorphine/naloxone). Supervised consumption reduces the diversion of controlled drugs, which may lead to a reduction in drug-related deaths.

The aims of the service are to:

- Ensure that service users are compliant with their prescribed regime by:
  - Dispensing medication in specified instalments as instructed on the prescription
  - Supervising the consumption of prescribed medication in the pharmacy
- Reduce opportunity for diversion and illicit supply of controlled drugs
- Provide regular contact with healthcare professionals for service users

There are 31 community pharmacies (42%) providing this service in Barnet.

### 4.1.3 Needle Exchange (NEX) service

This service is commissioned by Change Grow Live (CGL) on behalf of the local authority.

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

The NEX service will be available to all presenting adults (aged 18 and over) who are resident in Barnet, who require access to needles and other injecting paraphernalia in relation to illicit intravenous drug use.

The pharmacy will provide service users with:

- Injecting equipment in a suitable bag
- Information and advice around changing lifestyles
- Basic information on minimising the complications associated with drug use
- Information signposting them to substance misuse services within the community

There are 5 community pharmacies (7%) providing this service in Barnet.

### 4.1.4 Community Based Barnet Condom Distribution Service known as Come Correct

Come Correct is the name of the Brook free, confidential condom scheme for young people under 25 across London. Young people register with the scheme online and can then visit anywhere where they see the Come Correct Logo using a C Card. On registering they will receive information or speak with a trained advisor to explain how the scheme operates and the importance of using condoms to avoid Sexually Transmitted Infections (STIs) and pregnancy and how to use a condom correctly. Through extending the service to pharmacies

it is intended to further increase accessibility of condom contraception to young people in Barnet, especially for 'hard to reach' groups, such as Black, Asian and minority ethnic groups.

There are 12 pharmacies (16%) providing this service.

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

The Service Specification sets out the operational framework for the supply of EHC for young people under 25 from a network of community pharmacies in the London Borough of Barnet. The agreement for provision of the service is between CNWL NHS Foundation Trust and the participating community pharmacy.

The EHC service will operate during normal working hours as well as out of hours (late evenings and weekends) to improve access to emergency contraception services.

The service is expected to contribute to the following key sexual health indicators:

- Reduction in the under-18 conception rate in Barnet
- Increased proportion of uptake of Long-Acting Reversible Contraception (LARC)
- Reduction in repeat abortions
- Increase sexual health knowledge in the target group

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

The service will be delivered in line with the National Service Specification EN11 - Emergency Hormonal Contraception.

There are 15 community pharmacies (20%) providing this service in Barnet.

## **4.2 CCG-commissioned services in Barnet**

NCL CCG currently commissions one service in Barnet HWB area:

### **4.2.1 On demand availability of palliative care and antimicrobial drugs from community pharmacies**

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

Community pharmacies are contracted to stock the list of CORE palliative care medications stock. The service will also stock antimicrobials such as vancomycin as it is not commonly stocked in community pharmacies, but is required as first line treatment for *C.difficile* in line with [NICE guidance NG199](#).

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

Five pharmacies in Barnet borough provide an 'in-hours' service. A full list of community pharmacy providers is listed in Appendix A.

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

### **4.3 Other services provided from community pharmacies**

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

There were 62 responses (of 75 contractors) to the contractor questionnaire. The majority of pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned, including:

- Asthma 91% (COPD 88%)
- CHD 87%
- Diabetes 91% (including screening)
- Obesity 82%
- Childhood vaccinations 78%
- NHS Health Checks 85%

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

### **4.4 Collection and delivery services**

From the pharmacy contractor questionnaire, up to 64% of community pharmacies provided free home delivery services on request. It was often noted that there are restrictions on areas and/or to which specific patient groups they offered free delivery. It should be noted that 62 (of 75) community pharmacies responded to this questionnaire.

Of pharmacies who responded, 84% offer to collect prescriptions from GP surgeries on behalf of their patients. This is a decrease from 100% of respondents willing to provide this service in 2018. The number may also have decreased due to the increase in the Electronic Prescription Service (EPS).

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 Barnet, and there are 372 throughout England. Free delivery of appliances is also offered by DACs. There is one DAC based in Barnet providing services nationally and there are a further 110 throughout England.

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

Elderly patients require proportionally more medicines than younger people. Results from the pharmacy contractor questionnaire indicate that, currently, very few provide a service to

care homes commissioned via the CCG or LA, but 58% indicate they would be willing to provide if commissioned.

#### 4.6 Domiciliary services

As of December 2021, there are 3,678 housebound residents in Barnet. It is unclear if this translates into a need for prescription delivery services and whether current provision fulfils this need.

From the contractor questionnaire, 65% of respondents reported that they provide a free delivery service on request.

#### 4.7 Language services

Of the 62 contractors who responded to the community pharmacy contractor questionnaire, 52 reported that they offer at least one language in addition to English. The most common spoken additional languages were Gujarati (37), Hindi (30), Urdu (12), Farsi (9), Arabic (9) and Romanian (9).

#### 4.8 Services for less-abled people

There are different ways that contractors can make their community pharmacies accessible, and under the Equality Act 2010,<sup>26</sup> all community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. As one measure of accessibility, the questionnaire identifies that 76% have a consultation room that is accessible to wheelchair users.

#### 4.9 Electronic Prescription Service (EPS)

All practices are enabled to provide the EPS. Of respondents to the public questionnaire, 41% reported that their GP can send prescriptions to their chosen pharmacy via an EPS.

#### 4.10 GP practices providing extended hours

There are a number of GP practices in Barnet HWB area that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients are 08:00 until 18:30, Monday to Friday; a number of practices offer extended hours both before and after these times, including on Saturday mornings. Details can be found in Appendix A.

#### 4.11 Other providers

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

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

- Barnet Hospital, Wellhouse Lane, Barnet EN5 3DJ (in-house pharmacy run by Boots)
- Royal Free Hospital, Pond Street, London NW3 2QG

**Walk-in centres** – residents of Barnet HWB area have access to walk-in centres based at:

<sup>26</sup> Equality Act 2010. [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

- Edgware NHS Walk-in Centre, Edgware Community Hospital, Burnt Oak Broadway, Edgware HA8 0AD
- Finchley NHS Walk-in Centre, Finchley Memorial Hospital, Granville Road, London N12 0JE

There are no minor injury units and urgent care centres in Barnet HWB area.

The following are services provided by NHS pharmaceutical providers in Barnet, commissioned by organisations other than NHSE&I or provided privately, and are 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
- Patient Group Direction service, e.g. hair loss therapy, travel clinics
- Screening service, e.g. skin cancer

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

## Section 5: Findings from the public questionnaire

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

- All pharmacy contractors in Barnet, to distribute to the public
- Community together network and Barnet First newsletters
- LBB staff
- Residents via social media, websites, e-newsletters
- LBB website
- Libraries in Barnet
- Charity, voluntary sector and local groups, for onward distribution to their members (including Mencap, Healthwatch Barnet and Age UK Barnet)

From the 482 respondents:

### 5.1 Visiting a pharmacy

- 90% have a regular or preferred pharmacy
- 82% have found it very easy/fairly easy to speak to their pharmacy team during the COVID-19 pandemic
- 77% have visited a pharmacy once a month or more for themselves in the previous six months
- 12 respondents (3%) prefer to use an online or internet pharmacy

### 5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'extremely or very important'
Convenience	93%
Quality of service	92%
Availability of medication	95%
Accessibility	46%

### 5.3 Mode of transport to a community pharmacy

The report evidence suggests that the main ways patients access a pharmacy are:

- Walking: 56%
- Driving: 33%
- Using public transport: 4%
- Using wheelchair/mobility scooter: 1%
- Using a delivery service: 2%
- Someone else goes: 1%
- Uses an online pharmacy: 1%
- Other methods: 1%

## 5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
100%	89%

- 75% report no difficulty in travelling to a pharmacy
- 98% of respondents travel to the pharmacy from home
- Of the 120 respondents (25%) reporting difficulty travelling, some of the responses include:
  - 93 identified lack of parking
  - 1 reported location was too far
  - 1 reported lack of facilities for hearing loss

## 5.5 Preference for when to visit a pharmacy

- The information from respondents showed that there was no preferred day or time of day to visit a pharmacy
- Of note: 93% of respondents suggest that the pharmacy is open on the most convenient day and 93% state it is open at the most convenient time

## 5.6 Service provision from community pharmacies

From Appendix D (Q 19) it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (most over 90%) except for the Discharge Medicines Service (24%). However, as DMS is a service provided to patients discharged from hospital, you would not expect a high percentage to be aware.

Table 25 shows the awareness of respondents for some non-Essential Services and a second column that identifies the percentage that wish to see the service provided.

**Table 25: Summary of public awareness about services**

Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS*	24%	72%
CPCS	22%	73%
Flu vaccination	81%	87%
NMS	29%	59%
Needle exchange	19%	52%
Stop smoking	49%	55%
Supervised consumption	18%	38%
Chlamydia testing/treatment (STIs)	10%	45%
Condom distribution, emergency contraception	35%	62%
Access to palliative care medicines	15%	67%
Hepatitis C testing	7%	43%
COVID-19 vaccination	52%	84%

\*Essential Service

It can be seen that there is a lack of awareness of many of the services that are currently provided, with the exception of flu vaccination and COVID-19 vaccination. Of note, for some services the service level agreement does not allow for any promotion., i.e. CPCS, which would explain the lower awareness percentage. Respondents did indicate that they wished to see the provision of many of these services from community pharmacy, although specific need may vary within the community (e.g. not everyone would require a Needle Exchange service).

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

Table 26a-c provides the demographic analysis of respondents.

**Table 26: Demographic analysis of the community pharmacy user questionnaire respondents**

**Table 26a: Sex**

<b>Sex</b>	<b>Male</b>	<b>Female</b>
<b>Percentage</b>	<b>24%</b>	<b>76%</b>

**Table 26b: Age**

<b>Age range</b>	<b>Under 18</b>	<b>18–24</b>	<b>25–34</b>	<b>35–44</b>	<b>45–54</b>	<b>55–64</b>	<b>65–74</b>	<b>75+</b>
<b>Percentage</b>	<b>0%</b>	<b>1%</b>	<b>4%</b>	<b>10%</b>	<b>16%</b>	<b>20%</b>	<b>32%</b>	<b>17%</b>

**Table 26c: Illness or disability**

<b>Illness or disability?</b>	<b>Yes</b>	<b>No</b>
<b>Percentage</b>	<b>28%</b>	<b>72%</b>

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

### 6.1 Pharmaceutical services and health needs

Section 2 discusses the Barnet [JSNA](#), the Joint Health and Wellbeing Strategy 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 Barnet HWB area.

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 Community Pharmacy Contractual Framework that were introduced during the COVID-19 pandemic.

The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE&I and the Department of Health and Social Care (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.

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

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment, and advice during the COVID-19 pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.<sup>27</sup>

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

#### 6.1.1 Barnet health needs

Causes of ill health in Barnet are discussed in Section 2 of this document and more information can be found on the JSNA website. Some of the key areas are as follows:

- Life expectancy is 82.0 for men and 85.5 for women, based on 2018-20 data. This is significantly higher than the London and England averages, although healthy life expectancy is similar to both.
- In Barnet the overall all-cause of all age mortality and under-75 all-cause mortality was significantly lower than the London and England averages.

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<sup>27</sup> PSNC. PSNC Advice Audit. <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

- The biggest cause of premature mortality in Barnet is cancer, which accounts for around 40% of deaths under the age of 75. In 2019, around 57% of cancers across Barnet residents were diagnosed in the early stages. This is similar to the average seen in London and England. However, this was a slight reduction compared with 2018, whereas the London and England averages both increased slightly during the same period.
- Under-75 cancer mortality was significantly lower than the England average and under-75 CVD mortality was also lower than the London and England averages.
- Smoking prevalence in adults was 14%, which was significantly lower than the London average but did not differ significantly from the England average. There is variation by ward within Barnet, with Burnt Oak estimated to have the highest levels and Garden Suburb the lowest levels.
- Barnet has the 5<sup>th</sup> lowest under-18 conceptions rate in London as of 2018. At 8.2 per 1000 it is significantly lower than the overall London rate of 13.9 and less than half of the average rate of 16.7 for England.
- The chlamydia detection rate in Barnet has been increasing in recent years but remains lower than the England and London averages.
- Vaccination uptake was generally higher than the average in NCL, but lower than in England. Barnet has a consistently lower uptake of MMR 1<sup>st</sup> dose at 24 months old. In 2019-20 it was 83.4%, which is similar to the London average (83.6%) but significantly lower than the England average (90.6%).
- Barnet has a higher Hep C detection rate than the England average, although premature mortality from Hep C-related liver disease is lower than the England average.
- The diagnosis gap for diabetes and hypertension in Barnet is greater than the London and England average.
- In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight (i.e., a Body Mass Index (BMI) larger than or equal to 25). This proportion, while higher than the London average (55.7%), was lower than the England average (62.8%).
- There is considerable variation in health and mortality between the wards in the borough.

### 6.1.2 Barnet Health and Wellbeing Strategy (JHWS)

The most recent refresh of the JHWS (2021–2025) is based on:

Five principles

- Making health everyone's business
- Collaborative partnership
- Evidence based decisions
- Considering everyone's needs across the life course
- Co-design approach

### Three priorities

- Creating a healthier place and resilient communities
- Starting, living and ageing well, which include:
  - Healthy weight pathway for Barnet
  - Sexual health promotion and clinical services
  - Cardiovascular Disease (CVD) prevention programme
  - Cancer prevention
- Ensuring delivery of coordinated holistic care when we need it, including:
  - Integrating health and social care pathways

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

**Table 27: LTP priorities that can be supported from community pharmacy**

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

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The **Community Pharmacist Consultation Service (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. It 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 respiratory, diabetes, and cancer. For example, the LTP states: ‘We will do more to support those with respiratory disease to receive and use the right medication’.

Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions 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 74 community pharmacies (which includes one LPS) within Barnet HWB area. Individual pharmacy opening times are listed in Appendix A.

In addition, there is one Distance-Selling Pharmacy (DSP) in the Hendon locality, but there are no additional services provided and therefore this has a limited impact on service provision in Barnet, which is reflected in the narrative.

There is also one Dispensing Appliance Contractor (DAC) in the Hendon locality.

As described in Section 1.5, the PNA Steering Group decided that the LBB PNA should be divided into three localities:

- Chipping Barnet
- Finchley and Golders Green
- Hendon

The health needs of the population of Barnet are discussed in detail in Section 2. The health needs of the population of Barnet have not been broken down to locality level and the impact on community pharmacy services is therefore discussed in Section 6 covering the whole of the Barnet population.

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

**Table 28: Opening hours of community pharmacies by number and type of community pharmacy per locality**

Opening times	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27)
After 18:30 weekday	5 (28%)	8 (28%)	9 (33%)
Saturday	16 (89%)	25 (86%)	20 (74%)
Sunday	(22%)	9 (31%)	9 (33%)

*\*DSP is not included as they do not provide Essential Services face to face*

**Table 29: Provision of NHSE Advanced and Enhanced Services by locality (number of community pharmacies and DSPs)**

Advanced or Enhanced* Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27)^
NMS	15 (83%)	23 (79%)	22 (81%)
CPCS	13 (72%)	20 (69%)	20 (74%)
Flu vaccination	15 (83%)	17 (59%)	20 (74%)
SAC	1 (6%)	0	1 (4%)#
AUR	0	0	0
Hypertension-finding	5 (28%)	9 (31%)	18 (67%)
Smoking cessation	3 (17%)	3 (10%)	5 (19%)
C-19 vaccination*	1 (6%)	1 (3%)	4 (15%)
London Vaccination*	1 (6%)	1 (3%)	4 (15%)
Bank Holiday Provision	1 (6%)	1 (3%)	0

\* Enhanced ^ The DSP does not provide any Advanced or Enhanced Services so is not included in the tables

# In addition, this is also provided by 1 DAC in Hendon

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

**Table 30: Provision of Locally Commissioned Services (CCG and LA) by locality (number of community pharmacies)**

Locally Commissioned Service	Chipping Barnet (18)	Finchley & Golders Green (29)	Hendon (27) *
<b>CCG</b>			
Supply of EoL medicines	2 (11%)	2 (7%)	1 (4%)
<b>LA</b>			
Supervised consumption	8 (44%)	9 (31%)	14 (52%)
Needle exchange service	2 (11%)	1 (3%)	2 (7%)
Smoking cessation	3 (17%)	4 (14%)	2 (7%)
EHC	5 (28%)	5 (17%)	5 (19%)
Condom distribution service	3 (17%)	4 (14%)	5 (19%)

\* None of these services are provided by the DSP

Health needs are not broken down by locality; however, Section 6.4 looks at the relationship between service provision and health needs for Barnet.

For the purpose of the PNA, **Necessary Services** are Essential Services, although Advanced Services are considered **relevant**.

Barnet HWB has identified Enhanced and Locally Commissioned 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.

### 6.2.1 Chipping Barnet

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.

#### 6.2.1.1 Necessary Services: current provision

Chipping Barnet has a population of 118,308.

There are 18 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 15.2, lower than the Barnet (18.7) and England (20.6) averages. All of these pharmacies hold a standard 40-core hour contract.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 18 pharmacies:

- 5 pharmacies (28%) are open after 18:30 on weekdays
- 16 pharmacies (89%) are open on Saturdays
- 4 pharmacies (22%) are open on Sundays

#### 6.2.1.2 Necessary Services: gaps in provision

There is a very small projected growth in population in the locality over the lifetime of the PNA, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would remain at 15.2 with this population growth.

Projected population changes:

Locality	2022	2025	Change
Chipping Barnet	118,308	118,776	468 (0.4%)

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. While there are slightly fewer community pharmacies per 100,000 population than the England average, these supplementary opening hours ensure that there is good access.

The travel times to community pharmacies within the locality are relatively short i.e. 100% of the population can reach a community pharmacy within a 10-minute drive (99.9% within 25 minutes walking) demonstrating good access to pharmaceutical services.

In addition, there are a significant number of community pharmacies within easy reach in neighbouring localities and HWB areas.

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

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

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

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

Chipping Barnet has the ward with the highest level of all-age all-cause mortality in Barnet (Coppetts SMR 113). Totteridge ward has much lower levels of ill-health with an all-cause all-age SMR of 73.

Table 29 shows the number of pharmacies providing Advanced Services in Chipping Barnet – there is good availability of NMS (83%), CPCS (72%) and flu vaccination (83%) in the locality. Although only five pharmacies (28%) provide the hypertension case-finding service, and three pharmacies (17%) provide the Smoking cessation service; these are relatively new services and are yet to be fully bedded-in. CVD prevention is a health priority in Barnet and therefore having a more comprehensive delivery of these services from the existing community pharmacy infrastructure would be welcomed by the Steering Group.

Regarding access to **Enhanced Services**:

- 1 pharmacy (6%) provides the London Vaccination Service
- 1 pharmacy (6%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 18 pharmacies:

- 8 pharmacies (44%) provide supervised consumption
- 2 pharmacies (11%) provide Needle Exchange
- 3 pharmacies (17%) provide smoking cessation services
- 5 pharmacies (28%) provide EHC
- 2 pharmacies (11%) provide medicines for the EoLC supply service
- 3 pharmacies (17%) provide condom distribution service

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

There is provision of all of the LCS within Chipping Barnet 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 Barnet.

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.

***There is reasonable provision and access to each of the relevant services within Chipping Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

## 6.2.2 Finchley & Golders Green

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

Finchley and Golders Green has a population of 134,485.

There are 29 community pharmacies in this locality, and the estimated average number of community pharmacies per 100,000 population is 21.6, higher than Barnet (18.7) and England (20.6) averages. Twenty-eight pharmacies hold a standard 40-core hour contract, and one is a LPS contract.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 29 community pharmacies:

- 8 pharmacies (28%) are open after 18:30 on weekdays
- 25 pharmacies (86%) are open on Saturdays
- 9 pharmacies (31%) are open on Sundays

### 6.2.2.2 Necessary Services: gaps in provision

There is a projected growth in population in the locality over the lifetime of the PNA, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would drop to 21.1 with this population growth.

Projected population changes:

Locality	2022	2025	Change
Finchley & Golders Green	134,485	137,629	3,144 (2.3%)

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

The travel times to community pharmacies within the locality are relatively short i.e. 100% of the population can reach a community pharmacy within a 10-minute drive, (99.9% within 25 minutes walking) demonstrating good access to pharmaceutical services.

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

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

***No gaps in the provision of Necessary Services have been identified for Finchley & Golders Green locality.***

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

This locality has generally better health than the other localities within Barnet. Garden Suburb ward has the lowest SMR in cardiovascular, respiratory and cancer of all the wards in Barnet. There are areas of variance with Golder's Green having higher levels of mortality due to Cardiovascular Disease than the national average.

Table 29 shows the number of pharmacies providing Advanced Services in Finchley and Golders Green – it can be seen that there is good availability of NMS (79%) and CPCS (69%). Flu vaccination (59%) has lower numbers of providers in Finchley & Golders Green, however the short travel times within the locality may not hinder access to this service. Hypertension case-finding service (31%) and the Smoking cessation Advanced Service (10%) are recently implemented and would meet the local health priority of CVD prevention and therefore having a more comprehensive delivery of these services from the existing community pharmacy infrastructure would be welcomed by the Steering Group.

Regarding access to **Enhanced Services**:

- 1 pharmacy (3%) provide the London Vaccination Service
- 1 pharmacy (3%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 29 community pharmacies:

- 9 pharmacies (31%) provide supervised consumption
- 1 pharmacy (3%) provides Needle Exchange
- 4 pharmacies (14%) provide smoking cessation services
- 5 pharmacies (17%) provide EHC
- 2 pharmacies (7%) provide medicines for the EoLC supply service
- 4 pharmacies (14%) provide condom distribution service

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

There is provision of all of the LCS within Finchley & Golders Green 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 Barnet.

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.

***There is reasonable provision and access to each of the relevant services within Finchley & Golders Green. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### 6.2.3 Hendon

#### 6.2.3.1 Necessary Services: current provision

Hendon has a population of 148,437.

There are 28 community pharmacies in this locality, one of which is a DSP.

The estimated average number of community pharmacies per 100,000 population is 18.9, (including the DSP) slightly above the Barnet average (18.7) and below the England average (20.6). All the community pharmacies hold a standard 40-core hour contract.

The DSP does not provide any non-Essential Services and is open from 0900 to 1800 on weekdays only. As a DSP does not provide any face-face services the impact on the discussion below is minimal and therefore the narrative refers to the 27 community pharmacies excluding the DSP.

The one DAC based in Barnet is in this locality.

Information on the opening hours and service provision by locality is provided in the tables above. In summary:

Of the 27 community pharmacies:

- 89 pharmacies (33%) are open after 18:30 on weekdays
- 20 pharmacies (74%) are open on Saturdays
- 9 pharmacies (33%) are open on Sundays

#### 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, which is the largest of any locality in Barnet, although it should not make a material difference in terms of overall access to services; the ratio of community pharmacies per 100,000 population would drop to 17.6 with this population growth.

Projected population changes:

Locality	2022	2025	Change
Hendon	148,437	153,558	5,121 (3.4%)

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.

The travel times to community pharmacies within the locality are relatively short i.e. 100% of the population can reach a community pharmacy within a 10-minute drive (99.9% within 25 minutes walking) demonstrating good access to pharmaceutical services.

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

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

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

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

Hendon has health outcomes that vary widely between wards, with Burnt Oak ward having the highest SMR in Barnet for cancer, respiratory and cardiovascular (and all are above the national average) and Edgware ward having much lower SMRs in these areas (below the national average).

Table 29 shows the number of pharmacies providing Advanced Services in Hendon – it can be seen that there is good availability of NMS (81%), CPCS (74%) and flu vaccination (74%) in the locality.

Eighteen pharmacies (67%) provide the hypertension-case finding service and five pharmacies (19%) provide the Smoking cessation service; both services are recently introduced and the number of providers may increase with time. CVD prevention is a health priority in Barnet and therefore having a more comprehensive delivery of these services from the existing community pharmacy infrastructure would be welcomed by the Steering Group.

Regarding access to **Enhanced Services**:

- 4 pharmacies (15%) provide the London Vaccination Service
- 4 pharmacies (15%) provide C-19 vaccination service

Regarding access to **Locally Commissioned Services** in the 27 pharmacies:

- 14 pharmacies (52%) provide supervised consumption
- 2 pharmacies (7%) provide Needle Exchange
- 2 pharmacies (7%) provide smoking cessation services
- 5 pharmacies (19%) provide EHC
- 1 pharmacy (4%) provides medicines for EoLC supply service
- 5 pharmacies (19%) provide condom distribution service

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

There is provision of all of the LCS from community pharmacies within Hendon 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 Barnet.

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.

***There is reasonable provision and access to each of the relevant services within Hendon. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### **6.3 Necessary Services: gaps in provision**

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

- All Essential Services

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

- CPCS
- NMS
- Flu vaccination
- Appliance Use Review
- Stoma Appliance Customisation
- Hepatitis C testing service
- Hypertension case-finding service
- Smoking cessation Advanced Service
- C-19 Lateral Flow Device distribution service (stopped)
- Pandemic delivery service (stopped)

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

- The health needs of the population of Barnet from the JNSA and JHWS, and nationally from the NHS Long Term Plan
- The map showing the location of pharmacies within Barnet (Section 3 Figure 11)
- Population information (Section 2.5), including specific populations
- Access to community pharmacies via various types of transport (Section 3.2.3).

From the maps provided in Section 3, the travel times to community pharmacies were:

- Driving: 99.4% of the population can drive to a pharmacy within 5 minutes off-peak and 98.5% within 5 minutes during peak times (100% within 10 minutes peak or off-peak)
- Public transport: 99.9% of the population can reach a pharmacy within 15 minutes morning or afternoon (100% within 20 minutes)
- Walking: 98.9% of the population can walk to a pharmacy within 20 minutes (100% within 30 minutes)
- The number, distribution and opening times of pharmacies within each of the three PNA localities and across the whole of Barnet (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 Barnet (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix D)
- 90% have a regular or preferred pharmacy
- 77% have visited a pharmacy once a month or more for themselves in the previous six months
- The main ways reported is that patients access a pharmacy are:
  - Walking (56%)
  - Driving (33%)
- 75% report no difficulty in travelling to a pharmacy:
  - Of the 120 respondents (25%) reporting difficulty travelling, 93 identified a lack of parking
- 93% of respondents suggest that the pharmacy is open on the most convenient day and 93% state it is open at the most convenient time
- Results of the pharmacy contractor questionnaire (Appendix E)
- Projected population growth (Section 2.5.3)

The latest 2020 estimate for Barnet population is 401,230. Between 2022 and 2027, the overall population is projected to grow by 14,500 (4%), similar to England (4%). Projected population growth over the lifetime of this PNA is shown below:

Locality	2022	2025	Change
Chipping Barnet	118,308	118,776	468 (0.4%)
Finchley & Golders Green	134,485	137,629	3,144 (2.3%)
Hendon	148,437	153,558	5,121 (3.4%)

Section 6.2 discusses impact of the population growth by locality.

There are 75 community pharmacies, including one DSP, in Barnet. There are 18.7 community pharmacies per 100,000 population in Barnet, compared with 20.6 per 100,000 in England.

While there are no 100-hour pharmacies in Barnet there are many pharmacies open on weekday evenings and weekends. The majority of community pharmacies (82%) are open on Saturdays and 30% of pharmacies are open on Sundays, with 30% of community pharmacies open after 6.30 pm on weekdays. Opening hours do vary by locality and this is discussed in Section 6.2.

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

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

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 Barnet.

#### 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.

Barnet 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.

Barnet HWB has identified Locally Commissioned Services that secure improvements or better access or 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.

Causes of ill health in Barnet are discussed in detail in Section 2 and more information can be found on the JSNA website.

There is considerable variation in health and mortality between the wards in the borough. Examples are included in the table below:

Health Area (Mortality)	Wards with Highest Mortality (SMR)	Locality	Ward with Lowest Mortality (SMR)	Locality
All Age all cause	Coppetts (113)	Chipping Barnet	Garden Suburb (53)	Finchley and Golders Green
Under 75 Cancer	Burnt Oak (103)	Hendon	Garden Suburb (51)	Finchley and Golders Green
U-75 Cardiovascular	Burnt Oak (110)	Hendon	Garden Suburb (41)	Finchley and Golders Green
U-75 Respiratory	Burnt Oak (132)	Hendon	Garden Suburb (46)	Finchley and Golders Green

The SG would wish to see the uptake of these services in all of the existing community pharmacies in Barnet in order to contribute to narrowing the variance seen in health outcomes.

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; CVD prevention is a priority area within the JHWS.
- Smoking cessation Advanced Service would contribute to reducing a major risk factor in cancer, stroke, respiratory and cardiovascular disease.
- Hepatitis-C is a major WHO, national and local health priority. Uptake of the Advanced screening service in the community pharmacies who are currently commissioned by LBB to provide Needle Exchange services in Barnet could support meeting targets in this area.
- Use the DMS and NMS services to support specific disease areas that have a relatively higher prevalence, e.g. asthma and diabetes.
- The Essential Services include signposting patients and carers to local and national sources of information and reinforce 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 62 respondents to the pharmacy contractor questionnaire (Appendix E). The majority of pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned.

There were two responses to the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned or willingness to commission them.

The table below gives some examples of responses from commissioner and contractor where there is common ground:

<b>Contractor 'willing to provide if commissioned'</b>	<b>Commissioner 'willing to commission'</b>
Asthma 91% (COPD 88%)	Yes
CHD 87%	Yes
Diabetes 91% (including screening)	Yes
Obesity 82%	Yes
Childhood vaccinations 78%	Yes

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
- Managing 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 Barnet, this has been included within the document. Appendix M 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 Barnet will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHS England 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 Barnet HWB are defined as Essential Services.

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

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for pharmaceutical services in Barnet 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 Barnet 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 6.3. Access to Necessary Service provision in Barnet are 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 Barnet 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 Barnet 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 Barnet.***

## 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 Barnet 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 Barnet 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 1.4.1.2 and the provision in each locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Barnet.

Appendix M 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 Barnet.

***There is reasonable provision and access to Advanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### 7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 1.4.1.3 and the provision in each locality discussed in Section 6.2.

Section 6.4 discusses improvements and better access to services in relation to the health needs of Barnet.

***There is reasonable provision and access to Enhanced Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

### **7.3.3 Current and future access to Locally Commissioned Services**

With regard to Locally Commissioned Services (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 discussed in Section 6.2.

Section 6.4 discusses improvements and better access to LCS in relation to the health needs of Barnet.

Appendix M 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 Barnet.

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.

***There is reasonable provision and access to Locally Commissioned Services within Barnet. The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access.***

## Appendix A: List of pharmaceutical service providers in Barnet HWB area (correct as of 10 March 2022)

### Chipping Barnet locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Abbott Pharmacy	FAD37	Community	101 Colney Hatch Lane, Muswell Hill, London	N10 1LR	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	Y	-	-
Greenfield Chemist	FC163	Community	16 Greenhill Parade, New Barnet	EN5 1ES	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	Y	-	
SVR Chemist Ltd	FC275	Community	145-147 East Barnet Road, East Barnet	EN4 8QZ	09:00-19:00	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Brand-Russell Chemists	FDV53	Community	280 East Barnet Road, East Barnet	EN4 8TD	09:00-17:00	09:00-13:00	Closed	-	-	-	-	-	Y	-	Y	-	-	Y	Y	-	-	-	-	Y	Y	-	
Mountford Chemists	FE533	Community	11 East Barnet Road, New Barnet	EN4 8RR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Lloyds Pharmacy	FF116	Community	Sainsbury Store, 66 East Barnet Road, New Barnet	EN4 8RQ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Wilkinson Chemist	FFJ43	Community	190 High Street, Barnet	EN5 5SZ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	
HJ Shore Dispensing Chemist	FGC52	Community	79 Russell Lane, Whetstone, London	N20 0BA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	
Oakleigh Pharmacy	FJN47	Community	253 Oakleigh Road North, Whetstone, London	N20 0TX	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	
AE Lipkin	FJX68	Community	5 Dollis Parade, 64 Totteridge Lane, London	N20 8QG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	
Boots	FKE11	Community	142 High Street, Barnet	EN5 5XP	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	
Parry Jones Pharmacy	FNC29	Community	61 High Street, Barnet	EN5 5UR	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	-	-	Y	
H Haria Chemists	FQR66	Community	25 Friern Barnet Road, New Southgate, London	N11 1NE	09:00-18:00	10:00-17:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA							
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution	
Hampden Square Pharmacy	FQT71	Community	14 Hampden Square, London	N14 5JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	Y
Tesco Pharmacy	FTR70	Community	Coppetts Centre, North Circular Road, North Finchley	N12 0SH	08:00-22:00	08:00-22:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-
Boots	FWQ30	Community	1263-1275 High Road, Whetstone, London	N20 9HS	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-
Prima Pharmacy	FXG34	Community	171 Bells Hill, Barnet	EN5 2TB	09:00-13:00, 14:00-18:00 (Thu 09:00-13:00, 14:00-17:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FYQ56	Community	209 Woodhouse Road, Friern Barnet, London	N12 9AY	08:30-18:30 (Fri 09:00-19:00)	08:30-18:30	10:00-17:00	-	-	Y	-	Y	Y	-	Y	-	-	-	-	-	-	-	-	Y	Y	-	-	-

## Finchley and Golders Green locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
Castle Chemist	FD668	Community	364 Cricklewood Lane, London	NW2 2QJ	09:00-18:00	09:30-17:00	Closed	-	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	Y	-	-	-
Jethros Healthcare Pharmacy	FD675	Community	120 Golders Green Road, Golders Green, London	NW11 8HB	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Hugh Lloyd Dispensing Chemist	FE907	Community	34 Market Place, Falloden Way, Hampstead Garden Suburb, East Finchley	NW11 6JJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-
Carters Pharmacy	FED28	Community	321 Ballards Lane, North Finchley, London	N12 8LT	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	Y
Gateway Chemist	FEV23	Community	334 Regents Park Road, Finchley Central, London	N3 2LN	09:00-18:30 (Thu-Fri 09:00-18:00)	10:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-
Bishops Pharmacy	FF072	Community	7 Lyttelton Road, Hampstead Garden Suburb, East Finchley	N2 0DW	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cootes Pharmacy	FF506	Community	166-168 High Road, East Finchley, London	N2 9AS	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	Y	-	-	Y
Victoria Pharmacy	FH555	Community	229 Golders Green Road, Golders Green, London	NW11 9ES	09:00-13:00, 14:00-18:00 (Thu 09:00-17:00)	09:00-13:00	10:00-14:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	Y	-	-
Boots	FH899	Community	21 Temple Fortune Parade, Finchley Road, Golders Green Road, London	NW11 0QS	09:00-18:30	09:00-18:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Boots	FJ034	Community	788 High Road, North Finchley, London	N12 9QR	09:00-18:30	08:30-18:30	10:30-16:30	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-
Cootes Pharmacy	FJ758	Community	110-112 Ballards Lane, Finchley, London	N3 2DN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-	-
Pickles Chemists	FJX05	Community	73 Ballards Lane, Finchley, London	N3 1XT	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	Y	Y	Y
Torrington Park H.C.C. Ltd	FK101	Community	16 Torrington Park, North Finchley, London	N12 9SS	08:30-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Reena Pharmacy	FKX25	Community	222 Regents Park Road, Finchley, London	N3 3HP	08:30-18:00	09:00-14:00	11:00-17:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-
Gordon Smith Pharmacy	FL266	Community	176 Long Lane, Finchley, London	N3 2RA	09:00-18:00 (Fri 09:00-18:30)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	-
Akhtar S	FLX71	Community	134 Cricklewood Broadway, London	NW2 3EE	09:30-18:30	09:30-18:30	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Akshar Pharmacies	FMC90	Community	91 Cricklewood Lane, Cricklewood, London	NW2 1HR	09:00-18:45 (Thu 09:00-14:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Oakdale Pharmacy	FMG52	Community	15 Viceroy Parade, 71 High Road, East Finchley, London	N2 8AQ	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-
CW Andrew	FNY79	Community	32 High Road, East Finchley, London	N2 9PJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-	-
Westlake Pharmacy	FP809	Community	1015 Finchley Road, Golders Green, London	NW11 7ES	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
I Warman-Freed	FPN49	Community	45 Golders Green Road, Golders Green, London	NW11 8EL	08:30-22:00	08:30-22:00	08:30-22:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	Y	-	-	-	Y
W Price (Chemist)	FQJ10	Community	8 Pennine Parade, Pennine Drive, Cricklewood, London	NW2 1NT	09:00-19:00	09:30-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Tesco Pharmacy	FQJ62	Community	21-29 Ballards Lane, Finchley, London	N3 1XP	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Links Pharmacy	FRT44	Community	129 East End Road, East Finchley, London	N2 0SZ	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-	-	
Fairview Pharmacy	FV015	LPS	Finchley Memorial Hospital, Granville Road, London	N12 0JE	09:00-18:00	10:00-16:00	10:00-16:00	-	-	-	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-
Charles Sampson Pharmacy	FV847	Community	800 High Road, North Finchley, London	N12 9QU	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Boots	FV910	Community	58-60 Golders Green Road, Golders Green, London	NW11 8LN	09:00-20:00	09:00-19:00	11:00-20:00	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	Y	-	-
Kings Pharmacy	FW276	Community	27 Ballards Lane, Finchley, London	N3 1XP	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Landys Chemist	FYT22	Community	1191 Finchley Road, Temple Fortune, London	NW11 0AA	08:30-18:00	08:30-18:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	



Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA																											
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution																					
HC Heard Chemists	FA675	Community	94 Brent Street, Hendon, London	NW4 2ES	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Hale Pharmacy	FAG10	Community	143 Hale Lane, Edgware	HA8 9QW	09:00-18:30 (Thu 09:00-17:00)	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-								
Sabel Chemist	FAK52	Community	116 Brent Street, Hendon, London	NW4 2DT	09:00-18:30	09:00-13:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y							
Boots	FAT67	Community	Brent Cross Shopping Centre, Prince Charles Drive, Hendon, London	NW4 3FB	09:00-19:00	09:00-17:00	12:00-18:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
Lakes Pharmacy	FAX69	DSP	Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London	NW4 4DD	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
Respond Healthcare Ltd	FDA28	DAC	28 Heritage Avenue, Hendon, London	NW9 5XY	08:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-							
Acorn Pharmacy	FDN63	Community	641 Watford Way, Mill Hill, London	NW7 3JR	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	Y				
Cullimore Chemist	FEW83	Community	13-15 Glengall Road, Edgware	HA8 8TB	08:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-					
Sabel Chemist	FFG86	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Lloyds Pharmacy	FG967	Community	J Sainsbury Store, Hyde Estate Road, Hendon, London	NW9 6JX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Care Chemists	FHC96	Community	31 The Broadway, Mill Hill, London	NW7 3DA	09:00-18:30	09:00-17:30	10:00-14:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Singer Pharmacy	FJ287	Community	74 Edgware Way, Mowbray Parade, Edgware	HA8 8JS	09:00-19:00	Closed	10:00-13:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
HA McParland Ltd	FJR97	Community	2 Heath Parade, Lanacre Avenue, Hendon, London	NW9 5ZN	09:00-18:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Day Lewis Pharmacy	FJT13	Community	Venture House, 2A Hartley Avenue, Mill Hill, London	NW7 2HX	08:00-18:30	Closed	Closed	-	-	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 Barnet Health and Wellbeing Board (HWB), to ensure that it satisfies the relevant regulations including consultation requirements.

### Delegated responsibility

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

### Accountability

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

### Membership

Core members:

- Consultant for Public Health/nominated PH lead.
- NHS England representative.
- Local Pharmaceutical Committee 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 Barnet 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 on Oct 2021.

- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
  - Any Local Pharmaceutical Committee for its area
  - Any Local Medical Committee for its area
  - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
  - Any LPS chemist in its area
  - Any Local Healthwatch organisation for its area
  - Any NHS Trust or NHS Foundation Trust in its area
  - NHS England
  - Any neighbouring HWB
- Ensure that due process is followed.
- Report to 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
Stage 1: Project planning and governance <ul style="list-style-type: none"> <li>Stakeholders identified</li> <li>First Steering Group meeting conducted</li> <li>Project plan, communications plan and terms of reference agreed</li> <li>PNA localities agreed</li> <li>Questionnaire templates shared and agreed</li> </ul>													
Stage 2: Research and analysis <ul style="list-style-type: none"> <li>Collation of data from NHSE&amp;I, PH, LPC and other providers of services</li> <li>Listing and mapping of services and facilities with the borough</li> <li>Collation of information regarding housing and new care home developments</li> <li>Equalities Impact Assessment</li> <li>Electronic, distribution and collation</li> <li>Analysis of questionnaire responses</li> <li>Steering Group meeting two</li> <li>Draft update for HWB</li> </ul>													
Stage 3: PNA development <ul style="list-style-type: none"> <li>Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs</li> <li>Develop consultation plan</li> <li>Draft PNA</li> <li>Engagement for consultation</li> <li>Steering Group meeting three</li> <li>Draft update for HWB</li> </ul>													

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> <li>• Coordination and management of consultation</li> <li>• Analysis of consultation responses</li> <li>• Production of consultation findings report</li> <li>• Draft final PNA for approval</li> <li>• Steering Group meeting four</li> <li>• Minutes to meetings</li> <li>• Edit and finalise final PNA 2022</li> <li>• Draft update for HWB</li> </ul>													

## Appendix D: Public questionnaire

Total responses received:<sup>1</sup> 482

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

Answered – 479; skipped – 3

Yes		90%	432
No		3%	16
I prefer to use an internet/online pharmacy*		3%	12
I use a combination of traditional and internet pharmacy		4%	19

\*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 – 479; skipped – 3

1		2%	9
2		0%	2
3		3%	13
4		0%	2
5		4%	20
6		3%	15
7		7%	35
8		15%	73
9		20%	96
10		45%	214

**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 – 473; skipped – 9

Once a week or more		4%	19
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<sup>1</sup> Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

A few times a month		27%	127
Once a month		36%	171
Once every few months		26%	121
Once in six months		5%	23
I haven't visited/contacted a pharmacy in the last six months		3%	12

For somebody else: Answered – 337; skipped – 145

Once a week or more		4%	14
A few times a month		22%	75
Once a month		23%	79
Once every few months		25%	84
Once in six months		8%	26
I haven't visited/contacted a pharmacy in the last six months		18%	59

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

Answered – 79; skipped – 403

I have used an internet/online pharmacy		20%	16
Someone has done it on my behalf		18%	14
I have had no need for any pharmacy service during this period		33%	26
Other (please specify below)		29%	23

Other:

No / N/A	8	I have had a delivery service	5
I have contacted/visited a pharmacy	5	I have had no need	5

**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 – 481; skipped – 1

Very easy		54%	261
Fairly easy		28%	134
Neither easy nor difficult		12%	58
Fairly difficult		5%	23

Very difficult		1%	5
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**6) Who do you normally visit/contact a pharmacy for? (Please select all that apply)**

Answered – 480; skipped – 2

Yourself	██	90%	434
A family member	████████████████	47%	225
A neighbour/friend		3%	13
Someone you are a carer for	█	3%	15
All of the above		3%	12
Other (please specify below)		1%	5

Other:

Surgery business	1	For my wife	1
Flu jab	1	Family	1

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

Answered – 253; skipped – 229

For a child/dependant	██████████	34%	85
The person is too unwell	████████	26%	67
Opening hours of the pharmacy are not suitable for the person requiring the service	████	14%	36
The person can't access the pharmacy (e.g. due to disability/lack of transport)	████	16%	41
The person can't use the delivery service		0%	1
The person can't access online services	█	4%	9
All of the above		1%	3
Other (please specify below)	████████	25%	63

Other:

I am going for myself too or passing by	29	The person has less time or doesn't want to go	12
Person is a child/elderly/disabled	7	I don't go for anyone else	7
I am their carer	4	None of the above	1
Joint household	1	Person doesn't speak English	1

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

Answered – 480; skipped – 2

<b>Quality of service (friendly staff, expertise)</b>			
Extremely important		63%	304
Very important		29%	139
Moderately important		6%	30
Fairly important		1%	5
Not at all important		0%	1
<b>Convenience (location, opening times)</b>			
Extremely important		62%	291
Very important		31%	145
Moderately important		6%	28
Fairly important		1%	5
Not at all important		0%	1
<b>Accessibility (languages – including British sign language – parking, clear signage, wheelchair/buggy access)</b>			
Extremely important		25%	117
Very important		21%	98
Moderately important		21%	99
Fairly important		11%	52
Not at all important		22%	103
<b>Availability of medication/services (stocks, specific services)</b>			
Extremely important		64%	306
Very important		31%	149
Moderately important		3%	15
Fairly important		1%	4
Not at all important		0%	1

Other:

Staff able to give medical advice	5	Private room and confidentiality	3
Provide repeat prescriptions	2	Build relationship with customers	2
Good parking access	2	Good customer service	2
Flexible	1	Late opening times	1
A suitable stock of other products	1	Short waiting times and no queues	1
Cleanliness	1	Offer vaccines service	1
Willing to order items in	1	Available to contact/talk	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 – 475; skipped – 7

Yes, there is a fully accessible consultation room		47%	222
Yes, there is a consultation room, but inaccessible for wheelchair users/pushchairs/buggies		10%	47
No, there is no consultation room		10%	49
I don't know		33%	157

Any other comments you would like to make about the consultation room?

I'm not sure	6	Too small	8
Room isn't private	2	Should be mandatory	1
Often not used	1	No consultation room	1
Good consultation room	1	Consultation is the purpose of a GP	1
Step to enter building	1	Is an area rather than a room	1
No designated parking	1	Not sure if accessible	1

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

Answered – 480; skipped – 2

Bicycle		0%	1
Car		33%	160
Public transport		4%	20
Taxi		0%	0
Walk		56%	271

Wheelchair/mobility scooter		1%	5
I don't, someone goes for me		1%	5
I don't, I use an online pharmacy		1%	3
I don't, I utilise a delivery service		2%	8
Other (please specify below)		1%	7

Other:

Walk or car	3	I phone them for a delivery	2
Car or get delivery	1	Motorcycle	1

*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 – 407; skipped – 75

Home		98%	399
Work		11%	45
Other (please specify below)		1%	4

Other:

Shop	3	School drop off	1
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**12) On average, how long does it take you to travel to a pharmacy? (Please select one answer)**

Answered – 418; skipped – 64

0 to 15 minutes		89%	374
16 to 30 minutes		11%	44
Over 30 minutes		0%	0

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

Answered – 409; skipped – 73

Lack of parking		23%	93
Lack of suitable public transport		1%	3
It's too far away		0%	1
Lack of disabled access/facilities		2%	9
Lack of facilities for sight loss		0%	0

Lack of facilities for hearing loss		0%	1
No, I don't face any difficulties		75%	305
Other (please specify below)		3%	13

Other:

Parking difficulties	3	Public transport rerouted	2
Lack of disabled parking	2	Difficulties due to isolating	1
Difficult to go in due to COVID centre	1	Shut on weekends	1
Difficult to enter with walking frame	1	No, have access to two pharmacies	1

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

Answered – 436; skipped – 46

Monday to Friday		29%	126
Saturday		3%	12
Sunday		0%	2
Varies		38%	164
I don't mind		30%	132

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

Answered – 433; skipped – 49

Yes		93%	404
No		7%	29

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

Answered – 436; skipped – 46

Morning (8 am–12 pm)		19%	83
Lunchtime (12 pm–2 pm)		6%	25
Afternoon (2 pm–6 pm)		18%	78
Early evening (6 pm–8 pm)		5%	20
Late evening (after 8 pm)		1%	5
Varies		41%	178

I don't mind/no preference		11%	47
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**17)** Is your preferred pharmacy open at a time convenient for you? (Please select one answer)

Answered – 437; skipped – 45

Yes		93%	408
No		7%	29

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

Answered – 437; skipped – 45

Daily		0%	0
Weekly		4%	18
Fortnightly		5%	23
Monthly		20%	89
Every few months		43%	188
Yearly		3%	11
Rarely		24%	104
Never		1%	4

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

Service	Yes (%)	Yes	No (%)	No	Answered
Advice from your pharmacist	97%	415	3%	15	430
COVID-19 lateral flow device (LFD) distribution service	88%	373	12%	52	425
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	37%	148	63%	252	400
COVID-19 vaccination services	52%	211	48%	195	406
Flu vaccination services	81%	344	19%	83	427
Buying over-the-counter medicines	99%	425	1%	6	431
Dispensing prescription medicines	99%	424	1%	3	427

<b>Service</b>	<b>Yes (%)</b>	<b>Yes</b>	<b>No (%)</b>	<b>No</b>	<b>Answered</b>
Dispensing appliances (items/equipment to manage health conditions)	66%	270	34%	138	408
Repeat dispensing services	95%	406	5%	22	428
Home delivery and prescription collection services	67%	278	33%	137	415
Medication review	33%	132	67%	266	398
New Medicine Service (NMS)	29%	113	71%	279	392
Discharge from hospital medicines service	24%	93	76%	288	381
Emergency supply of prescription medicines	61%	240	39%	154	394
Disposal of unwanted medicines	78%	314	22%	90	404
Appliance Use Review (AUR)	18%	70	82%	309	379
Community pharmacist consultation service (urgent care referral)	22%	84	78%	294	378
Hepatitis testing service	7%	28	93%	346	374
Stoma Appliance Customisation (SAC) service (stoma/ostomy bag: pouch used to collect waste from the body)	8%	29	92%	345	374
Needle Exchange (NEX) (disposal of used needles and providing clean ones)	19%	72	81%	302	374
Stopping smoking/nicotine replacement therapy	49%	185	51%	196	381
Chlamydia testing/treatment (Sexually Transmitted Infections)	10%	36	90%	335	371
Condom distribution, emergency contraception	35%	129	65%	243	372
Immediate access to specialist drugs e.g. palliative (End of Life) medicines	15%	56	85%	318	374
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	18%	68	82%	301	369
Travel immunisation	43%	163	57%	214	377

Other:

N/A	5	Not sure	5
No longer accept sharps	2	Collecting used needles	2
My pharmacy is very small	1	No longer carry out patient review	1
Pharmacy unable or unwilling to help, referred to GP always	1	Bank holiday hours should be advertised	1

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

<b>Service</b>	<b>Yes (%)</b>	<b>Yes</b>	<b>No (%)</b>	<b>No</b>	<b>No opinion (%)</b>	<b>No opinion</b>	<b>Answered</b>
Advice from your pharmacist	95%	407	0%	1	5%	22	430
COVID-19 lateral flow device (LFD) distribution service	88%	374	0%	1	11%	48	423
COVID-19 asymptomatic (showing no symptoms) testing in pharmacy, using a lateral flow device (LFD)	67%	277	5%	19	28%	115	411
COVID-19 vaccination services	84%	348	3%	11	13%	56	415
Flu vaccination services	87%	362	2%	8	11%	47	417
Buying over-the-counter medicines	97%	407	0%	0	3%	14	421
Dispensing prescription medicines	98%	413	0%	0	2%	7	420
Dispensing appliances (items/equipment to manage health conditions)	79%	323	0%	1	21%	87	411
Repeat dispensing services	95%	398	0%	1	5%	20	419
Home delivery and prescription collection services	88%	366	1%	3	12%	48	417
Medication review	66%	268	11%	46	23%	95	409
New Medicine Service (NMS)	59%	239	5%	22	35%	141	402
Discharge from hospital medicines service	72%	293	3%	12	25%	103	408
Emergency supply of prescription medicines	94%	392	0%	1	6%	25	418
Disposal of unwanted medicines	92%	378	1%	4	8%	31	413
Appliance Use Review (AUR)	52%	205	4%	17	44%	176	398
Community pharmacist consultation service (urgent care referral)	73%	298	1%	5	26%	107	410
Hepatitis testing service	43%	173	3%	12	54%	215	400
Stoma Appliance Customisation (SAC) service (stoma/ostomy bag: pouch used to collect waste from the body)	43%	174	3%	11	54%	216	401

Service	Yes (%)	Yes	No (%)	No	No opinion (%)	No opinion	Answered
Needle Exchange (NEX) (disposal of used needles and providing clean ones)	52%	210	3%	14	44%	179	403
Stopping smoking/nicotine replacement therapy	55%	224	3%	11	42%	170	405
Chlamydia testing/treatment (Sexually Transmitted Infections)	45%	180	4%	17	51%	203	400
Condom distribution, emergency contraception	62%	248	2%	9	36%	146	403
Immediate access to specialist drugs, e.g. palliative (end of life) medicines	67%	274	3%	13	29%	119	406
Supervised consumption of methadone and buprenorphine (treatment of morphine and heroin addiction)	38%	153	9%	34	53%	212	399
Travel immunisation	78%	318	3%	11	19%	79	408

Other:

Alerts by phone when prescription ready	1	Sharps collection	1
Pharmacy team are busy enough	1	Minor injury/ailments service	1
Podiatry blood pressure/sugar tests	1	Reduce queuing time	1
Privacy	1	They provide most of these services	1

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

Answered – 432; skipped – 50

Yes		49%	210
No – it normally takes one day		17%	72
No – it normally takes two or three days		16%	70
No – it normally takes more than three days		7%	32
I don't know		11%	48

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

Answered – 433; skipped – 49

Yes – using my preferred method		44%	192
Yes – by using a method that is not convenient to me		1%	5
No – but I would like to be alerted		30%	132
No – and I wouldn't use an alert service		3%	11
I don't know		21%	93

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

Answered – 417; skipped – 65

Paper request form to my GP practice		7%	28
Paper request form through my pharmacy		4%	15
By email to my GP practice		12%	48
Online request to my GP practice		41%	170
My pharmacy orders on my behalf		30%	123
Electronic Repeat Dispensing (eRD)		10%	42
NHS app		13%	54
Varies		6%	24
Other (please specify below)		7%	29

Other:

Telephone	14	Patient access app	6
GP appointment	4	N/A	4
Email	2	Pharmacy delivers	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). (Please select one answer)

Answered – 435; skipped – 47

Yes		31%	133
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No	██████████	35%	152
I don't know / I have never heard of it	██████████	34%	150

Are there any comments you would like to make about Electronic Repeat Dispensing?

Good service	9	Would like to have access	5
Haven't heard of it	4	Can be inflexible at times	4
Creates waste as may not need it	3	Poor service	3
Have to email to request/chase	3	Often receive the wrong items	2
Prefer to be in control	2	Often out of stock	2
My practice doesn't offer	1	Pharmacy needs more staff	1
Should be more widely offered	1	Patients unclear on how it works	1
New medicines can lose sync	1	Prefer to get prescription in person	1
Needs to be advertised more	1	Delays by GP surgery processing	1
Should notify when ready	1	Stopped using service	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 you would like to receive from pharmacies so they can better meet your needs?

Answered – 151; skipped – 331

Nothing	57	Already happy	11
Advice service	10	Antibiotics prescription service	8
Blood pressure tests	7	Need to be able to see GP	6
Ear examination and syringing	6	Medication reviews	5
Minor needs/ailments	5	Urine tests	3
Not very helpful right now	3	Common cold/headaches/pains	2
Over-the-counter medicines	2	Skin ailments	2
Advice on travel vaccinations and erectile dysfunction	1	Close link between GP and pharmacy	2
Mole inspections	2	Advice for atrial fibrillation	1
Longer opening hours	1	Services to help children	1
Always seem overworked	1	Travel regulations	1
Only what they are qualified to do	1	Insect bites	1
Advice whether a doctor is required	1	Alternative medication advice	1

Asthma check-up	1	Free items	1
Better management of prescriptions	1	Competency is the key service	1
Diabetic readings	1	Mental health problems	1
COVID services	1	Chest infection service	1
Dietary advice	1	Need to inform of provided services	1
Eczema, coeliac disease	1	Sexual health services – PEP	1
Podiatrist service	1	PGDs	1

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

Pharmacy performs a good service	99	No comments	24
Better customer service needed	7	Longer opening hours needed	7
Pharmacy is understaffed	5	Need to be open weekends	5
Always misplace my prescription	4	Performed well during COVID	4
Speed of service	3	Staff seem disorganised	3
eRD is unreliable	3	Disabled parking bays needed	2
Too many changes in pharmacist	2	Staff were very uncaring	2
Be able to fix mistakes doctors make	1	Is not accessible, but otherwise good	1
Better signage would be appreciated	1	Need to give same brand prescriptions	1
Difficult to use online service	1	Needs refurbishment	1
Does not supply bubble packs	1	Notified when ready to collect	1
Need more privacy when handing over prescriptions	1	Performed poorly during COVID, rude and unhelpful	1
GP and pharmacy need closer links	1	Provide very good delivery service	1
I have to request prescriptions from doctor, automatic repeat not available	1	Should be able to take on any and all services as long as they are trained	1
Need to be paid more	1	Unable to order over the phone	1
Medication should have large print	1	More parking spaces needed	1

**A bit about you**

**27) In which age group do you fall? (Please select one answer)**

Answered – 428; skipped – 54

Under 18		0%	0
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18–24		1%	4
25–34	█	4%	17
35–44	██	10%	42
45–54	████	16%	69
55–64	█████	20%	85
65–74	███████	32%	136
75+	█████	17%	73
Prefer not to say		0%	2

**28) Are you? (Please select one answer)**

Answered – 426; skipped – 56

Male	██████	24%	102
Female	████████████████████	76%	324
Prefer not to say		0%	0

**29) If female, are you pregnant and/or on maternity leave? (Please select one answer)**

Answered – 352; skipped – 130

I am pregnant		1%	3
I am on maternity leave	█	2%	8
I am neither pregnant nor on maternity leave	████████████████████	51%	178
Prefer not to say		1%	2
N/A	██████████	46%	161

**30) Is the gender you identify with the same as your sex registered at birth? (Please select one answer)**

Answered – 425; skipped – 57

Yes	██	98%	417
No		0%	2
Prefer not to say	█	1%	6

**31) If you answered No, please enter your gender identity:**

Answered – 4; skipped – 478

Female	1	Asexual	1
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English	1	Hispanic	1
Indian/Iranian/Jewish	1	Burmese	1
Nepali	1	Jewish/Irish/English	1
Semitic	1	New Zealand	1
White Scandinavian	1	Turkish/Scottish	1

**33)** Do you consider that you have a disability as described below? (Please select one answer)

The Equality Act 2010 defines disability as ‘a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. In this definition, ‘long-term’ means more than 12 months and would cover long-term illness such as cancer and HIV or mental health problems.

Answered – 424; skipped – 58

Yes		28%	118
No		72%	306

**34)** If you have answered ‘yes’, please select the definition(s) from the list below that best describes your disability/disabilities. (Please select all that apply)

Answered – 130; skipped – 352

Hearing (e.g. deaf, partially deaf or hard of hearing)		25%	33
Vision (e.g. blind or fractional/partial sight. Does not include people whose visual problems can be corrected by glasses/contact lenses)		5%	7
Speech (e.g. impairments that can cause communication problems)		0%	0
Mobility (e.g. wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis)		30%	39
Reduced physical capacity (e.g. inability to lift, carry or otherwise move everyday objects, debilitating pain and lack of strength, breath energy or stamina, asthma, angina or diabetes)		32%	41
Severe disfigurement		1%	1
Learning difficulties (such as dyslexia)		4%	5
Mental illness (substantial & lasting more than a year, e.g. severe depression or psychosis)		20%	26
Physical coordination (such as manual dexterity, muscular control, cerebral palsy)		3%	4

Prefer not to say		9%	12
Other disability (please specify below)		18%	23

Other:

Ulcerative colitis	2	Crohns	1
Vestibular migraine	1	Cancer	1
Club feet	1	IBD	1
Skin disease	1	Osteoarthritis	1
Epilepsy	1	Stoma	1
COPD	1	Hearing aids	1
Chronic cancer	1	ASD	1
Diabetes	1	Epilepsy	1

**35) What is your religion or belief? (Please select one answer)**

Answered – 423; skipped – 59

Baha'i		0%	0
Buddhist		1%	5
Christian		32%	135
Hindu		3%	11
Humanist		1%	4
Jain		1%	5
Jewish		27%	115
Muslim		3%	11
Sikh		0%	0
No religion		20%	83
Prefer not to say		11%	45
Other (please specify below)		2%	9

Other:

Wicca	1	Pagan	1
Quaker	1	Catholic	1
Agnostic	1	Atheist	1
R/C	1	None	1

**36) What is your sexual orientation? (Please select one answer)**

Answered – 419; skipped – 63

Bisexual		2%	10
Gay or lesbian		3%	11
Straight or heterosexual		84%	354
Prefer not to say		10%	40
Other sexual orientation (please specify below)		1%	4

Other:

Asexual	1	Fluid	1
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**37) What is your marital status? (Please select one answer)**

Answered – 424; skipped – 58

Single		13%	57
Co-habiting		6%	24
Married		60%	253
Divorced		7%	28
Widowed		9%	38
In a same-sex civil partnership		1%	3
Prefer not to say		5%	21

**Thank you for taking part in our questionnaire**

## Appendix E: Pharmacy contractor questionnaire

Total responses received:<sup>1</sup> 62

### 1) Premises and contact details

Answered – 62; skipped – 0

- Provided contractor code (ODS Code) – 62
- Provided name of contractor (i.e. name of individual, partnership or company owning the pharmacy business) – 61
- Provided trading name – 60
- Provided address of contractor pharmacy – 62
- Provided premises shared NHS mail account – 57
- Provided pharmacy telephone – 62
- Provided pharmacy fax – 20
- Provided pharmacy website address – 23

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

Answered – 62; skipped – 0

Yes		8%	5
No		81%	50
Possibly		11%	7

### 3) Is this pharmacy a 100-hour pharmacy?

Answered – 62; skipped – 0

Yes		0%	0
No		100%	62

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

Answered – 62; skipped – 0

Yes		11%	7
No		89%	55

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

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

Answered – 62; skipped – 0

Yes		2%	1
No		98%	61

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

Answered – 62; skipped – 0

Yes		94%	58
No		6%	4

**7) Core contractual hours of opening:**

Provided hours – 60; skipped – 2

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

Provided hours – 16; skipped – 46

**9) Total hours of opening:**

Provided hours – 57; skipped – 5

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

Provided hours – 13; skipped – 49

**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 – 60; skipped – 2

None, have submitted a request to NHS England and NHS Improvement (NHSE&I) that the premises are too small for a consultation room		0%	0
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None, NHSE&I has approved my request that the premises are too small for a consultation room		0%	0
None (Distance-Selling Pharmacy)		2%	1
Available (including wheelchair access)	████████████████████	75%	45
Available (without wheelchair access) or	██████	20%	12
Planned before 1 April 2023		2%	1
Other (please specify below)		2%	1

Other:

We have two consultation rooms with wheelchair access	3
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**12) Where there is a consultation area, is it a closed room?**

Answered – 61; skipped – 1

Yes	████████████████████	98%	60
No		2%	1

**13) During consultation are there hand-washing facilities?**

Answered – 61; skipped – 1

In the consultation area	████████████████████	75%	46
Close to the consultation area	██████	23%	14
None		2%	1

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

Answered – 61; skipped – 1

Yes	██████████	43%	26
No	████████████████████	57%	35

**15) Languages spoken (in addition to English)**

Answered – 52; skipped – 10

Gujarati	37	Hindi	30	Urdu	12
Farsi	9	Arabic	9	Farsi	9
Arabic	9	Romanian	9	Punjabi	7
Greek	7	Portuguese	6	Swahili	5

Albanian	4	Polish	4	French	4
Hebrew	3	Pashto	3	Somali	3
Bengali	2	Spanish	2	Turkish	2
Italian	2	Dutch	2	Bulgarian	1
Chinese	1	Marathi	1	Filipino	1
Slovakian	1	Hungarian	1	Tamil	1
Japanese	1	Tigrinya	1		

**16) Does the pharmacy dispense appliances?**

Answered – 58; skipped – 4

None		12%	7
Yes – All types		62%	36
Yes, excluding stoma appliances, or		3%	2
Yes, excluding incontinence appliances, or		0%	0
Yes, excluding stoma and incontinence appliances, or		5%	3
Yes, just dressings, or		16%	9
Other (please specify below)		2%	1

Other:

Yes, if prescription	1
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## 17) Does the pharmacy provide the following services?

Service	Yes (%)	Yes	Intending to begin within next 12 months (%)	Intending to begin within next 12 months	No – not intending to provide (%)	No – not intending to provide	Answered
Appliance Use Review (AUR)	11%	5	24%	11	65%	30	46
Community Pharmacist Consultation Service (CPCS)	88%	51	10%	6	2%	1	58
C-19 LFD distribution	95%	55	3%	2	2%	1	58
Flu vaccination service	93%	54	5%	3	2%	1	58
Hepatitis C testing service (until 31 March 2022)	11%	5	23%	11	66%	31	47
Hypertension case finding	30%	16	52%	28	19%	10	54
New Medicine Service (NMS)	95%	54	5%	3	0%	0	57
Pandemic delivery service (until 31 March 2022)	78%	43	9%	5	13%	7	55
Stoma Appliance Customisation (SAC) service	2%	1	22%	11	76%	37	49

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
<b>Anticoagulant Monitoring Service</b>	4%	2	0%	0	0%	0	80%	45	16%	9	0%	0	56
<b>Antiviral Distribution Service (1)</b>	2%	1	0%	0	0%	0	85%	47	13%	7	0%	0	55
<b>Care Home Service</b>	0%	0	0%	0	0%	0	57%	31	41%	22	2%	1	54
<b>Chlamydia Testing Service (1)</b>	0%	0	0%	0	0%	0	84%	46	15%	8	2%	1	55
<b>Chlamydia Treatment Service (1)</b>	0%	0	0%	0	0%	0	84%	47	14%	8	2%	1	56
<b>Contraceptive service (not EC) (1)</b>	0%	0	2%	1	2%	1	84%	47	11%	6	2%	1	56

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

Service	Currentl y providin g under contract with NHSE&I regional team	Currentl y providin g under contract with NHSE&I regional team	Currentl y providin g under contract with CCG	Currentl y providin g under contract with CCG	Currentl y providin g under contract with Local Authorit y	Currentl y providin g under contract with Local Authorit y	Willing to provide if commissione d	Willing to provide if commissione d	Not able or willing to provid e	Not able or willing to provid e	Willing to provide privatel y	Willing to provide privatel y	Answer d
DSMMS – Allergies	0%	0	0%	0	0%	0	84%	47	13%	7	4%	2	56
DSMMS – Alzheimer's/Dementia	0%	0	0%	0	0%	0	81%	43	19%	10	0%	0	53
DSMMS – Asthma	0%	0	0%	0	0%	0	91%	51	9%	5	0%	0	56
DSMMS – CHD	0%	0	0%	0	0%	0	87%	48	13%	7	0%	0	55
DSMMS – COPD	0%	0	0%	0	0%	0	88%	49	13%	7	0%	0	56
DSMMS – Depression	0%	0	0%	0	0%	0	85%	44	15%	8	0%	0	52
DSMMS – Diabetes type I	0%	0	0%	0	0%	0	88%	49	13%	7	0%	0	56
DSMMS – Diabetes type II	0%	0	0%	0	0%	0	91%	50	9%	5	0%	0	55
DSMMS – Epilepsy	0%	0	0%	0	0%	0	81%	43	17%	9	2%	1	53
DSMMS – Heart failure	0%	0	0%	0	0%	0	85%	47	15%	8	0%	0	55
DSMMS – Hypertension	4%	2	0%	0	0%	0	89%	49	7%	4	0%	0	55
DSMMS – Parkinson's disease	0%	0	0%	0	0%	0	81%	43	17%	9	2%	1	53

Service	Currentl y providin g under contract with NHSE&I regional team	Currentl y providin g under contract with NHSE&I regional team	Currentl y providin g under contract with CCG	Currentl y providin g under contract with CCG	Currentl y providin g under contract with Local Authorit y	Currentl y providin g under contract with Local Authorit y	Willing to provide if commissione d	Willing to provide if commissione d	Not able or willing to provid e	Not able or willing to provid e	Willing to provide privatel y	Willing to provide privatel y	Answer d
DSMMS – Other (please state below)	0%	0	0%	0	0%	0	81%	30	19%	7	0%	0	37

Other:

Very interested to provide such a service when hopefully commissioned	1	Pain management	1
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**20) Which of the following other services does the pharmacy provide, or would be willing to provide?**

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Emergency Contraception Service (1)	9%	5	5%	3	5%	3	67%	37	9%	5	4%	2	55
Emergency Supply Service	20%	11	2%	1	2%	1	70%	38	6%	3	0%	0	54
Gluten-Free Food Supply Service (i.e. not via FP10)	2%	1	0%	0	0%	0	80%	43	17%	9	2%	1	54
Home Delivery Service (not appliances) (1)	11%	6	0%	0	2%	1	58%	32	18%	10	11%	6	55
Independent Prescribing Service	2%	1	0%	0	0%	0	68%	36	28%	15	2%	1	53

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

<p>We Provide the NHS 111 service which includes emergency supply of Prescription Medicines and the referral Process from NHS 111 for minor ailments.</p> <p>We also provide the CPCS service and the GP CPCS Service.</p> <p>We provide and advise on emergency contraception e.g. supply of the morning after pill Levonelle and Ella One.</p> <p>We have also just signed up to the Private PGD with Sonar for urine infections and Salbutamol Supply but have yet to start the service, just waiting for Pritpal to sign the private PGD off.</p>	1	<p>We are providing a free delivery service to all patients who require it, I believe this should be a commissioned service or a charge applicable to patients. Our delivery service is growing and costs for this has increased significantly.</p>	1
<p>In the middle of completing the course</p>	1	<p>Ear, Nose, Throat and Skin infections</p>	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Language Access Service	4%	2	0%	0	0%	0	75%	38	20%	10	2%	1	51
Medication Review Service	13%	7	0%	0	0%	0	76%	42	11%	6	0%	0	55
Medicines Assessment and Compliance Support Service	4%	2	0%	0	0%	0	87%	47	9%	5	0%	0	54
Minor Ailment Scheme	0%	0	0%	0	0%	0	91%	51	9%	5	0%	0	56
Medicines Optimisation Service (1)	2%	1	0%	0	0%	0	89%	48	9%	5	0%	0	54

If currently providing a Medicines Optimisation Services, what therapeutic areas are covered?

No responses received

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Needle and Syringe Exchange Service	0%	0	2%	1	4%	2	47%	26	45%	25	2%	1	55
Obesity Management (adults and children) (1)	0%	0	0%	0	0%	0	82%	45	15%	8	4%	2	55
Not-Dispensed Scheme	2%	1	0%	0	0%	0	74%	37	22%	11	2%	1	50
On-Demand Availability of Specialist Drugs Service	0%	0	0%	0	0%	0	67%	37	31%	17	2%	1	55
Out-of-Hours Services	0%	0	0%	0	0%	0	42%	22	57%	30	2%	1	53
Patient Group Direction Service (please name the	4%	2	0%	0	2%	1	74%	40	15%	8	6%	3	54

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
medicines below)													
Phlebotomy Service (1)	0%	0	0%	0	0%	0	63%	34	30%	16	7%	4	54
Prescriber Support Service	0%	0	0%	0	0%	0	77%	40	19%	10	4%	2	52
Schools Service	0%	0	0%	0	0%	0	74%	39	23%	12	4%	2	53

Please name the medicines for your Patient Group Direction Service:

Any required	1	Sildenafil tablets	1
Currently we operate PGDs at our other branches for a wide range of conditions	1	Salbutamol, travel vaccines, contraception, sildenafil, fexofenadine, finasteride 1mg, vardenafil, anti-malarials	1
Seasonal flu vaccination	1	Sildenafil, Saxenda, PGD	1
Private flu, cystitis, pneumonia	1		

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Screening Service – Alcohol	0%	0	0%	0	0%	0	81%	43	19%	10	0%	0	53
Screening Service – Cholesterol	0%	0	0%	0	0%	0	86%	48	11%	6	4%	2	56
Screening Service – Diabetes	0%	0	0%	0	0%	0	91%	51	9%	5	0%	0	56
Screening Service – Gonorrhoea	0%	0	0%	0	0%	0	77%	40	23%	12	0%	0	52
Screening Service – H. pylori	0%	0	0%	0	0%	0	82%	46	18%	10	0%	0	56
Screening Service – HbA1C	0%	0	0%	0	0%	0	84%	47	16%	9	0%	0	56
Screening Service – Hepatitis	0%	0	0%	0	0%	0	76%	42	24%	13	0%	0	55
Screening Service – HIV	0%	0	0%	0	0%	0	71%	37	27%	14	2%	1	52
Screening Service –	0%	0	0%	0	0%	0	70%	26	27%	10	3%	1	37

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Other (please state below)													

Other:

Bone density testing	1	Anaemia	1
Covid testing	1	Private phlebotomy service	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Seasonal Influenza Vaccination Service (1)	80%	45	4%	2	2%	1	11%	6	4%	2	0%	0	56
Childhood vaccinations (1)	4%	2	0%	0	0%	0	78%	40	16%	8	2%	1	51
COVID-19 vaccinations	17%	9	0%	0	0%	0	67%	36	17%	9	0%	0	54
Hepatitis (at-risk workers or patients) vaccinations (1)	4%	2	0%	0	0%	0	76%	41	19%	10	2%	1	54
HPV vaccinations (1)	4%	2	0%	0	0%	0	72%	39	17%	9	7%	4	54
Meningococcal vaccinations	5%	3	0%	0	0%	0	75%	41	13%	7	7%	4	55
Pneumococcal vaccinations	25%	14	0%	0	0%	0	64%	35	5%	3	5%	3	55

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Travel vaccinations (1)	4%	2	2%	1	2%	1	58%	32	13%	7	22%	12	55
Other vaccinations (please state below)	0%	0	0%	0	0%	0	77%	30	18%	7	5%	2	39

Other:

Private travel vaccination clinic	2	Shingles	2
Private vaccination for travel and non-travel	1	Chicken pox	1

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

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

Service	Currently providing under contract with NHSE&I regional team	Currently providing under contract with NHSE&I regional team	Currently providing under contract with CCG	Currently providing under contract with CCG	Currently providing under contract with Local Authority	Currently providing under contract with Local Authority	Willing to provide if commissioned	Willing to provide if commissioned	Not able or willing to provide	Not able or willing to provide	Willing to provide privately	Willing to provide privately	Answered
Sharps Disposal Service (1)	4%	2	0%	0	2%	1	56%	31	36%	20	2%	1	55
Stop Smoking Service	13%	7	4%	2	5%	3	71%	40	7%	4	0%	0	56
Supervised Administration Service	25%	14	4%	2	14%	8	27%	15	29%	16	2%	1	56
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	0%	0	66%	33	34%	17	0%	0	50
Vascular Risk Assessment Service (NHS Health Check) (1)	2%	1	0%	0	0%	0	85%	45	13%	7	0%	0	53

Please name the therapeutic areas for your Supplementary Prescribing Service:

Minor ailments: ear/eye infection, skin conditions	1	Still awaiting IP	1
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**26) Non-commissioned services: Does the pharmacy provide any of the following?**

Answered – 58; skipped – 4

<b>Service</b>	<b>Yes (%)</b>	<b>Yes</b>	<b>No (%)</b>	<b>No</b>	<b>Answered</b>
Collection of prescriptions from GP practices	84%	47	16%	9	56
Delivery of dispensed medicines – Selected patient groups (Please list patient groups below)	67%	33	33%	16	49
Delivery of dispensed medicines – Selected areas (please list areas below)	60%	30	40%	20	50
Delivery of dispensed medicines – Free of charge on request	65%	35	35%	19	54
Delivery of dispensed medicines – With charge	33%	16	67%	33	49
Monitored Dosage Systems – Free of charge on request	80%	43	20%	11	54
Monitored Dosage Systems – With charge	24%	12	76%	37	49

Please list your criteria for selected patient groups or areas:

Local area	5	Elderly/frail/housebound	12
3-mile radius	2	Shield/isolating	3
2-mile radius	1	Anybody who requests	1
5-mile radius	1		

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

Answered – 51; skipped – 11

Yes		33%	17
No		67%	34

If so, what is the service requirement and why?

COVID vaccinations	3	EHC	2
Blood glucose checks	2	Blood pressure monitoring	2
Disability aids/appliances	1	Minor ailments	1
Diabetes and heart risk assessment	1	DSMMS	1
Sexual health services	1	Screening service	1
Travel vaccines	1	Hypertension follow-up	1
NHS health checks	1	Delivery	1
Phlebotomy	1	Various vaccinations	1

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

Answered – 58; skipped – 4

Yes		93%	54
No		7%	4

**29) Details of the person completing this form:**

- Provided contact name – 57
- Provided contact telephone number – 57

## Appendix F: Commissioner questionnaire

Total responses received:<sup>1</sup> 2

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

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

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Anticoagulant Monitoring Service	50%	1	0%	0	50%	1	2
Antiviral Influenza Distribution Service (1)	50%	1	0%	0	50%	1	2
Care Home Service*	50%	1	0%	0	50%	1	2
Chlamydia Testing Service (1)	0%	0	50%	1	50%	1	2
Chlamydia Treatment Service (1)	0%	0	50%	1	50%	1	2
Contraceptive Service (not EC) (1)	50%	1	50%	1	0%	0	2

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

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

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

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
DSMMS – Allergies	0%	0	0%	0	100%	2	2
DSMMS – Alzheimer's/dementia	0%	0	50%	1	50%	1	2
DSMMS – Asthma	0%	0	50%	1	50%	1	2
DSMMS – CHD	0%	0	100%	2	0%	0	2
DSMMS – COPD	0%	0	50%	1	50%	1	2
DSMMS – Depression	0%	0	100%	2	0%	0	2
DSMMS – Diabetes type I	0%	0	50%	1	50%	1	2
DSMMS – Diabetes type II	0%	0	50%	1	50%	1	2
DSMMS – Epilepsy	0%	0	0%	0	100%	2	2
DSMMS – Heart Failure	0%	0	50%	1	50%	1	2
DSMMS – Hypertension	0%	0	50%	1	50%	1	2
DSMMS – Parkinson's Disease	0%	0	0%	0	100%	2	2
Other DSMMS (please state below)	0%	0	0%	0	100%	1	1

Other:

On-demand medications for palliative care patients in the community	1
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**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'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Emergency Contraception Service (1)	50%	1	50%	1	0%	0	2
Emergency Supply Service	0%	0	50%	1	50%	1	2
Gluten-Free Food Supply Service (i.e. not via FP10)	0%	0	0%	0	100%	2	2
Home Delivery Service (not appliances) (1)	0%	0	0%	0	100%	2	2
Independent Prescribing Service	0%	0	0%	0	100%	2	2

**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'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Language Access Service	0%	0	0%	0	100%	2	2
Medication Review Service	0%	0	50%	1	50%	1	2
Medicines Assessment and Compliance Support Service	0%	0	50%	1	50%	1	2
Minor Ailment Scheme	0%	0	50%	1	50%	1	2
Medicines Optimisation Service (1)	0%	0	100%	2	0%	0	2

**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'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Needle and Syringe Exchange Service	50%	1	50%	1	0%	0	2
Obesity Management (adults and children) (1)	0%	0	100%	2	0%	0	2
Not-Dispensed Scheme	0%	0	50%	1	50%	1	2
On-Demand Availability of Specialist Drugs Service	50%	1	0%	0	50%	1	2
Out-of-Hours Services	0%	0	50%	1	50%	1	2
Patient Group Direction Service (please name the medicines below)	0%	0	50%	1	50%	1	2
Phlebotomy Service (1)	0%	0	50%	1	50%	1	2
Prescriber Support Service	0%	0	50%	1	50%	1	2
Schools Service	0%	0	50%	1	50%	1	2

Please name medicines for your Patient Group Direction Service:

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

<b>Service</b>	<b>Already commissioned (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Screening Services – Alcohol	0%	0	100%	2	0%	0	2
Screening Services – Cholesterol	0%	0	50%	1	50%	1	2
Screening Services – Diabetes	0%	0	50%	1	50%	1	2
Screening Services – Gonorrhoea	0%	0	100%	2	0%	0	2
Screening Services – H. pylori	0%	0	50%	1	50%	1	2
Screening Services – HbA1C	0%	0	100%	2	0%	0	2
Screening Services – Hepatitis	0%	0	100%	2	0%	0	2
Screening Services – HIV	0%	0	100%	2	0%	0	2
Other Screening Services (please state below)	0%	0	0%	0	100%	1	1

**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'.*

<b>Service</b>	<b>Already commissioning (%)</b>	<b>Already commissioning</b>	<b>Willing to commission (%)</b>	<b>Willing to commission</b>	<b>Not able or willing to commission (%)</b>	<b>Not able or willing to commission</b>	<b>Answered</b>
Seasonal Influenza Vaccination Service (1)	50%	1	0%	0	50%	1	2
Childhood Vaccinations	0%	0	50%	1	50%	1	2
COVID-19 Vaccinations	0%	0	50%	1	50%	1	2
Hepatitis (at-risk workers or patients) Vaccinations	0%	0	100%	2	0%	0	2
HPV Vaccinations	0%	0	50%	1	50%	1	2
Meningococcal Vaccinations	0%	0	50%	1	50%	1	2
Pneumococcal Vaccinations	0%	0	50%	1	50%	1	2
Travel Vaccinations	0%	0	50%	1	50%	1	2
Other Vaccinations (please state below)	0%	0	0%	0	100%	1	1

**8) Which of the following other services do you commission or may be considering commissioning from local community pharmacies?**

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

Service	Already commissioning (%)	Already commissioning	Willing to commission (%)	Willing to commission	Not able or willing to commission (%)	Not able or willing to commission	Answered
Sharps Disposal Service (1)	0%	0	100%	2	0%	0	2
Stop Smoking Service	100%	2	0%	0	0%	0	2
Supervised Administration Service	50%	1	50%	1	0%	0	2
Supplementary Prescribing Service (please name therapeutic areas below)	0%	0	0%	0	100%	2	2
Vascular Risk Assessment Service (NHS Health Check) (1)	0%	0	50%	1	50%	1	2

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

- Provided contact name – 2
- Provided job role – 0
- Provided address – 0
- Provided email address – 0
- Provided contact telephone number – 2

## Appendix G: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
LPC Barnet	Y	Y	All	Y
LMC Barnet	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
LPS Pharmacies	-	-	Contractor	Y
Healthwatch Barnet	Y	Y	All	Y
Barnet HWB Chair	-	-	-	Y
Barnet Hospital	-	-	-	Y
Royal Free Hospital	-	-	-	Y
Edgware Community Hospital	-	-	-	Y
Finchley Memorial Hospital	-	-	-	Y
Cricklewood Health Centre	-	-	-	Y
NHSE&I	Y	Y	All	Y
Harrow HWB	-	-	-	Y
Brent HWB	-	-	-	Y
Haringey HWB	-	-	-	Y
Hertfordshire HWB	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/ public/commissioner)</b>	<b>Draft PNA link sent</b>
Enfield HWB	-	-	-	Y
Camden HWB	-	-	-	Y
Hosted on Barnet Council Website page	-	-	Public	Y
Social Media channels	-	-	Public	Y
Internal staff for advocacy	-	-	Public	Y
Paper Copies of Questionnaires & Easy Read available on request	-	-	Public	-
Posters distributed to all pharmacies in Barnet	-	-	Public	-
Posters distributed to all libraries in Barnet.	-	-	Public	-
Emails sent to VCS contacts, NCL & Pharmacies.	-	-	Public	-
Engagement work with hard to reach groups including Mencap, Healthwatch Barnet and Age UK Barnet	-	-	Public	-

**Other consultees**

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/ public/commissioner)</b>	<b>Draft PNA link sent</b>
CCG	Y	Y	All	Y
Harrow LMC	-	-	-	Y
Brent LMC	-	-	-	Y
Haringey LMC	-	-	-	Y

<b>Stakeholder role</b>	<b>PNA briefing letter sent</b>	<b>Steering Group representation</b>	<b>PNA production engagement: Questionnaire (pharmacy contractor/ public/commissioner)</b>	<b>Draft PNA link sent</b>
Hertfordshire LMC	-	-	-	Y
Enfield LMC	-	-	-	Y
Camden LMC	-	-	-	Y
Harrow LPC	-	-	-	Y
Brent LPC	-	-	-	Y
Haringey LPC	-	-	-	Y
Hertfordshire LPC	-	-	-	Y
Enfield LPC	-	-	-	Y
Camden LPC	-	-	-	Y
Head of Organisational Insight and Intelligence, London Borough of Barnet	Y	Y	All	Y
Campaign Manager, London Borough of Barnet	Y	Y	All	Y
Insight & Intelligence Lead PH, London Borough of Barnet	Y	Y	All	Y
Deputy Director of Public Health, London Borough of Barnet	Y	Y	All	Y
Director of Public Health, London Borough of Barnet	-	-	All	Y
Consultation and Research Manager, London Borough of Barnet	-	-	Public	Y

## Appendix H: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,<sup>31</sup> Barnet HWB held a 60-day consultation on the draft PNA from 13 June to 12 August 2022.

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

There were in total 11 responses, all of them from the internet survey. Responses received:

- 2 (18%) from the Public
- 7 (64%) from the Pharmacist
- 1 (9%) from a Healthcare or Social Care Professional
- 1 (9%) from a Business

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 30 August for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are included in Appendix I.

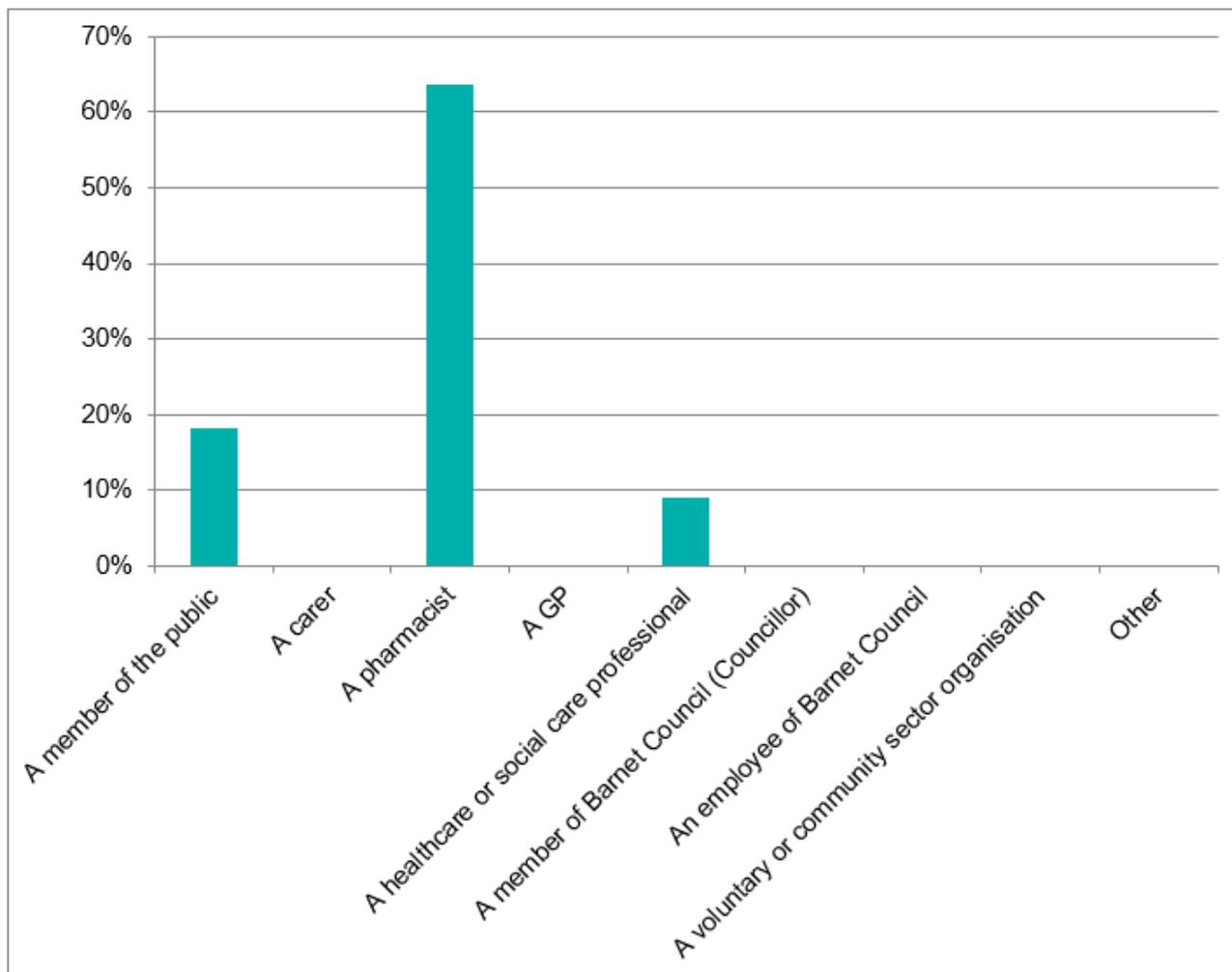
Below is a summary of responses to the specific questions, asked during the consultation.

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<sup>31</sup> Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

## Consultation questions and responses:

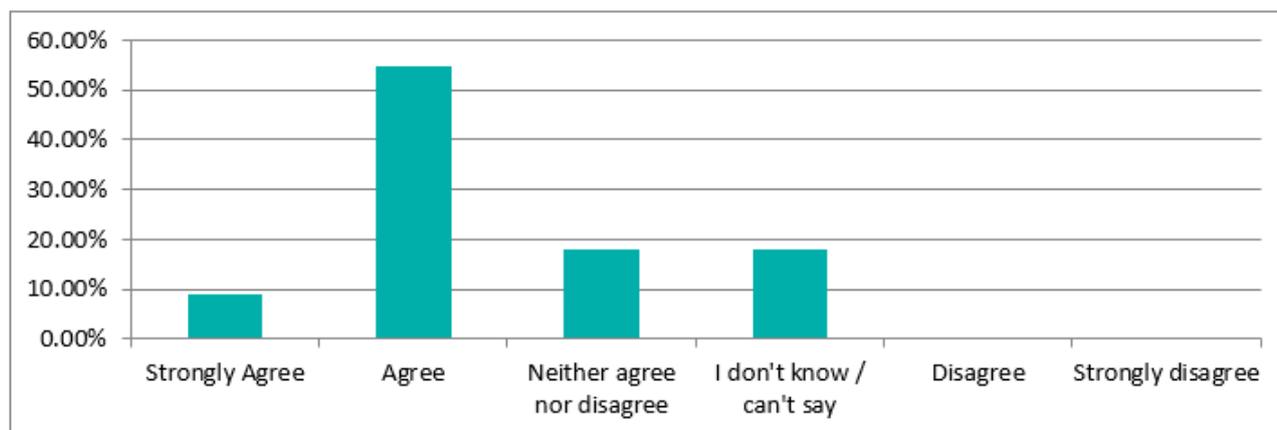
**Q1. Are you mainly responding as? (Please tick one)**



Answer choices	Percentage	Responses
A member of the public	18%	2
A carer	0%	0
A pharmacist	64%	7
A GP	0%	0
A healthcare or social care professional	9%	1
A member of Barnet Council (Councillor)	0%	0
An employee of Barnet Council	0%	0
A voluntary or community sector organisation	0%	0
Other	0%	0

Answered – 11; skipped – 0

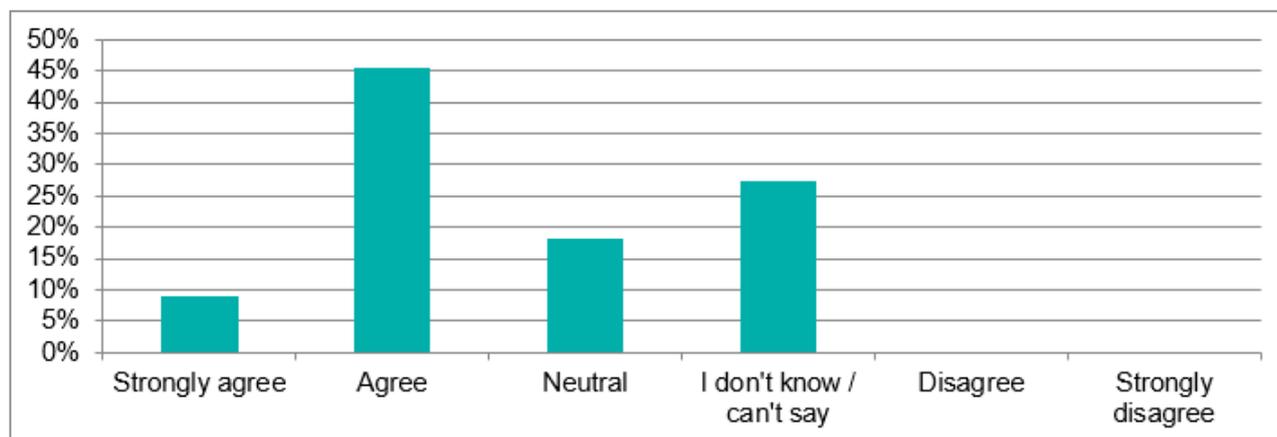
**Q2- The Draft Barnet PNA reflects the current provision (supply) of pharmaceutical services within Barnet. (See Sections 3, 4 & 6 of the Draft PNA)**



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	55%	6
Neither agree nor disagree	18%	2
I don't know / can't say	18%	2
Disagree	0%	0
Strongly disagree	0%	0

Answered – 11; skipped – 0

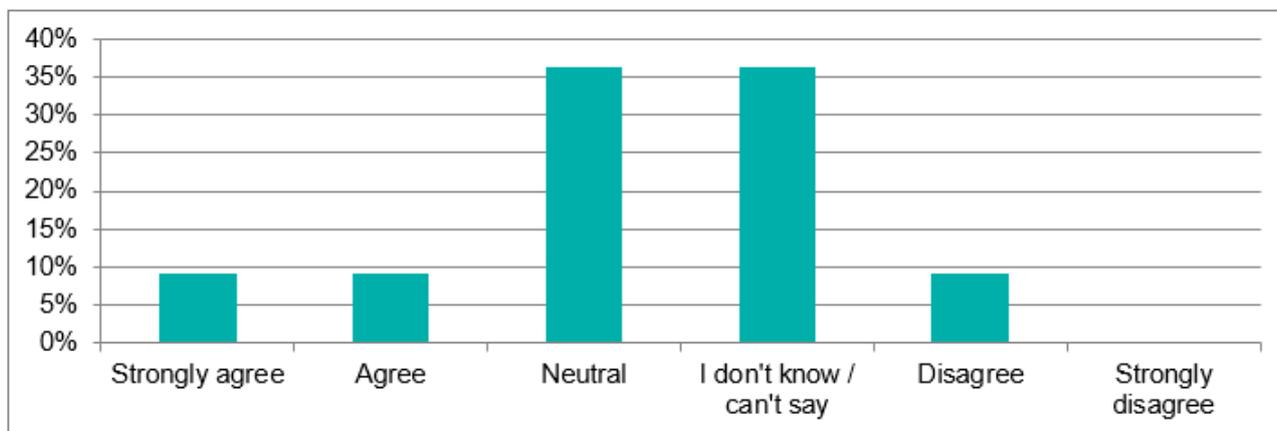
**Q3- The Draft Barnet PNA reflects the current pharmaceutical needs of Barnet residents. (See Section 7 of the Draft PNA)**



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	45%	5
Neutral	18%	2
I don't know / can't say	27%	3
Disagree	0%	0
Strongly disagree	0%	0

Answered – 11; skipped – 0

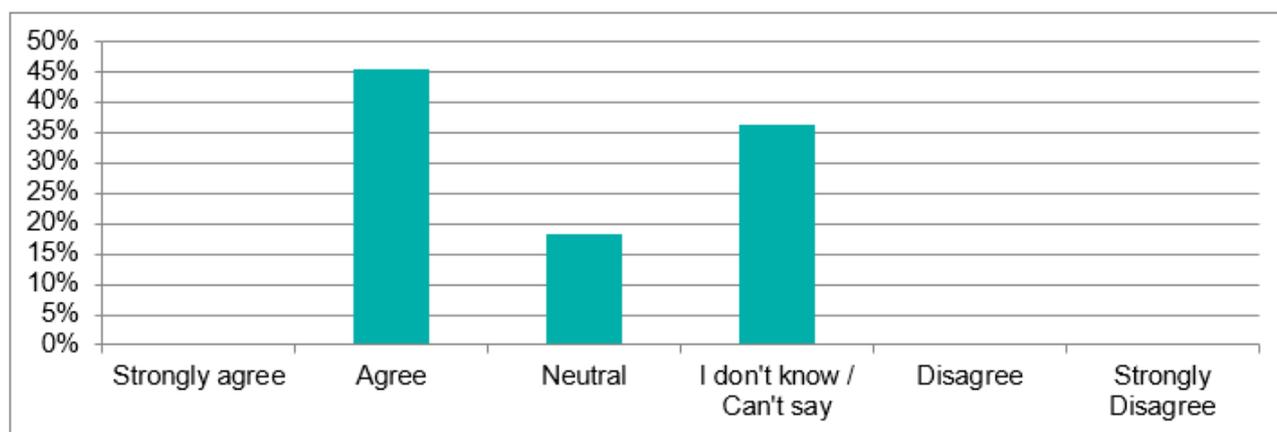
**Q4- The Draft Barnet PNA has not identified any gaps in the provision of pharmaceutical services.**



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	9%	1
Neutral	36%	4
I don't know / can't say	36%	4
Disagree	9%	1
Strongly disagree	0%	0

Answered – 11; skipped – 0

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

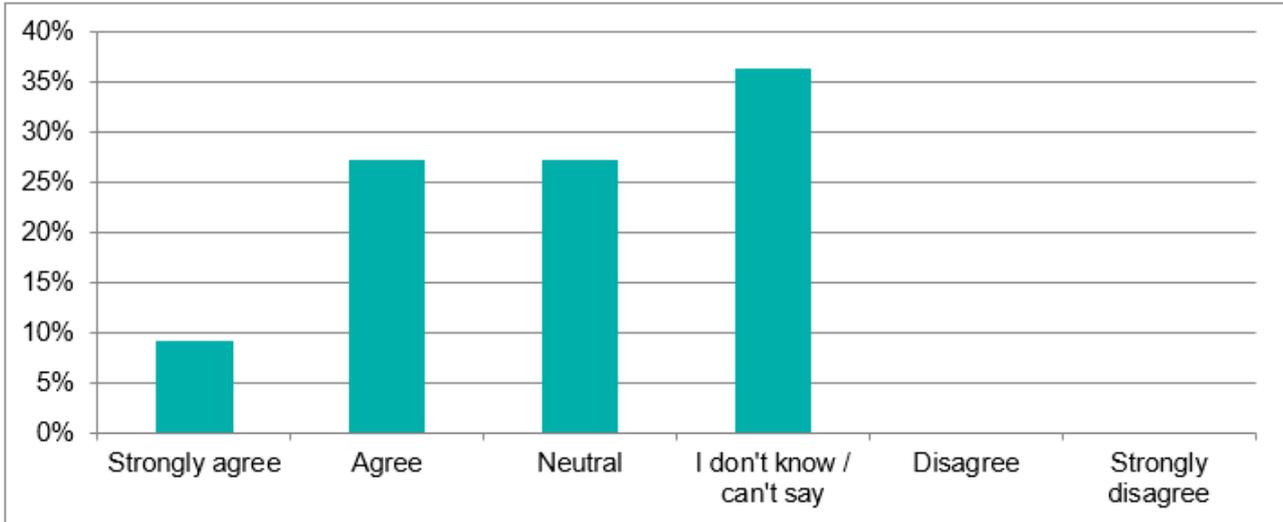


Answer choices	Percentage	Responses
Strongly agree	0%	0
Agree	45%	5
Neutral	18%	2
I don't know / can't say	36%	4
Disagree	0%	0

Strongly disagree	0%	0
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Answered – 11; skipped – 0

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



Answer choices	Percentage	Responses
Strongly agree	9%	1
Agree	27%	3
Neutral	27%	3
I don't know / can't say	36%	4
Disagree	0%	0
Strongly disagree	0%	0

Answered – 11; skipped – 0

## Appendix I: Consultation comments

### Comments to the consultation survey:

Comment number	Question	Responding as	Comment	SG response
1	4- No gaps in provision	A member of the public	This is a fact??	The PNA steering group concluded there were no gaps in pharmaceutical service provision.
2	7- Other comments	Organisation – Boots	<p>The statement "The HWB would like to see improved coverage by more of the existing network of community pharmacies signing up to services supported by commissioners and providers to secure improvements or better access." is used repeatedly, the HWB should make their view clearer if these improvements are not met by the existing pharmacy infrastructure, how will this effect their recommendations.</p> <p>It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA.</p>	<p>We confirm that no gap has been identified for Advanced, Enhanced services and locally commissioned services across Barnet. Public health are looking at opportunities to extend access within the current pharmacy infrastructure.</p> <p>These changes have been applied following notification from NHSE.</p>
3	7- Other comments	A pharmacist	None	Noted.

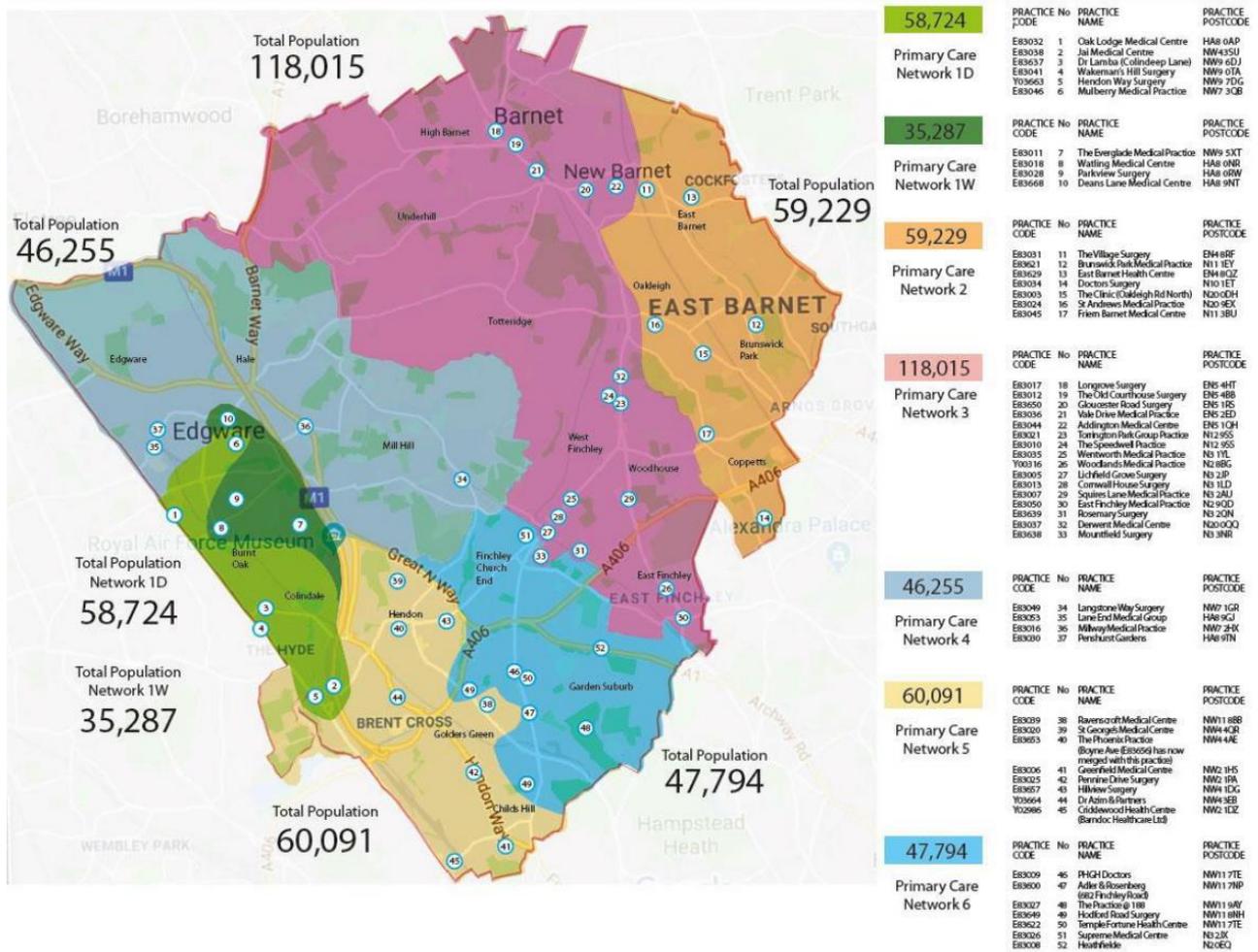
**Recommendations received from NHSE:**

<b>Recommendation</b>	<b>SG response</b>
The HWBB are asked to note the changes to hours as above and assess if any of these make a material difference to any of the assessments made.	Applied to the PNA.
There are a number of places in the PNA where no information or limited information has been identified. The HWBB is asked to check if there is any further information that can be added to support these areas (see below)	
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.
Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies?	These have already been considered as part of the PNA process.
Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area?	No, not at the time of writing.
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, not at the time of writing.
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.
Are there plans for introduction of special services commissioned by clinical commissioning groups?	No, not at the time of writing.
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.

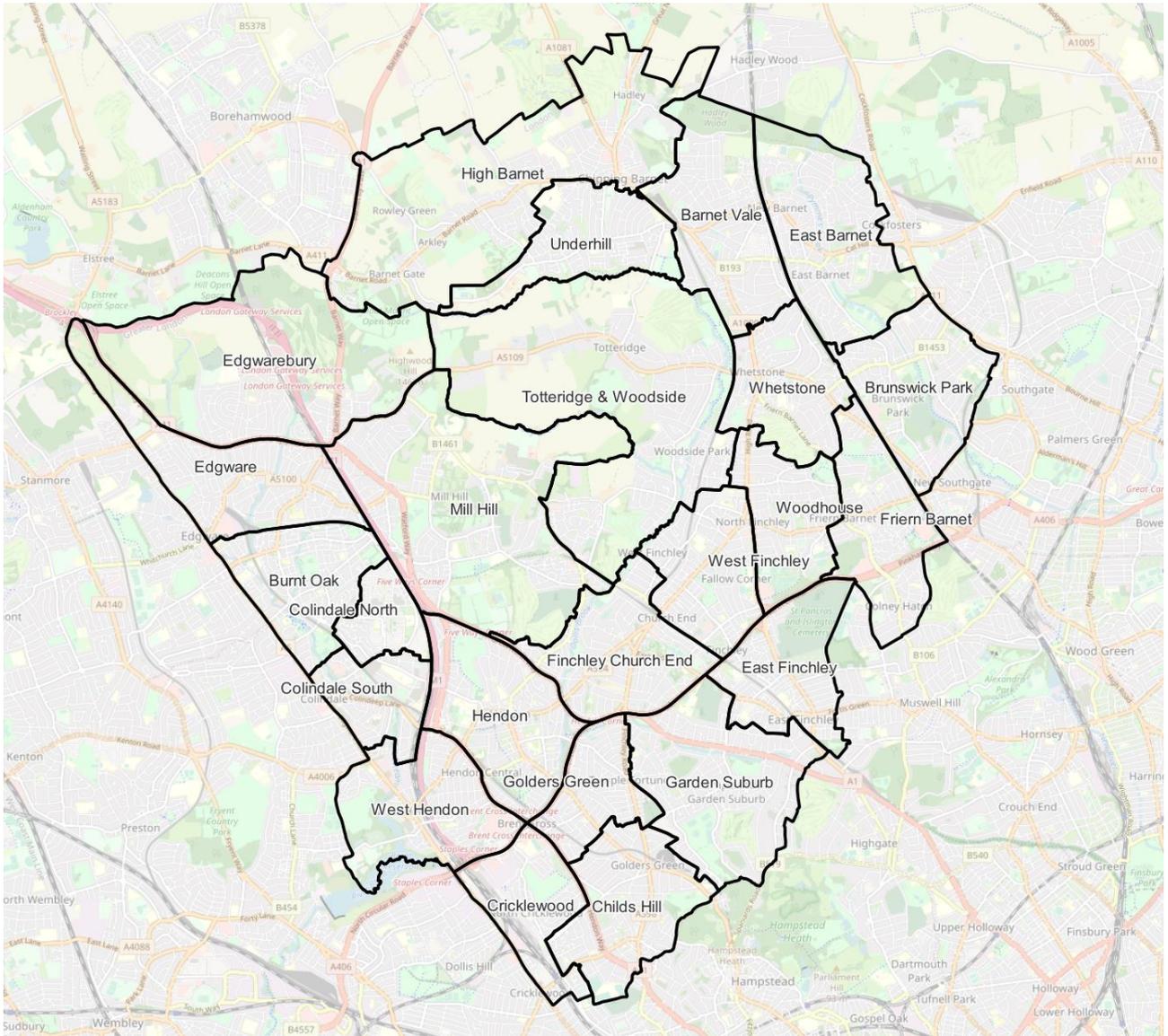
<b>Recommendation</b>	<b>SG response</b>
The projected population increase is listed as 14,000 or 4%, there is no listed large scale developments within this figure. The HWBB to check if this is the case and note any large scale developments or confirm that there are none.	This has been considered as part of Section 2.5.3.

# Appendix J: Localities and wards in Barnet

Map 1: A map showing the PCNs and localities for Barnet



Map 2: Map to show the new ward boundaries for Barnet



## Appendix K: How travel time has been mapped

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

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

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

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

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

## Appendix L: Alphabetical list of pharmaceutical service providers in Barnet HWB area (correct as of 10 March 2022)

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	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
Abbott Pharmacy	FAD37	Community	101 Colney Hatch Lane, Muswell Hill, London	N10 1LR	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	Y	-
Acorn Pharmacy	FDN63	Community	641 Watford Way, Mill Hill, London	NW7 3JR	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	Y
AE Lipkin	FJX68	Community	5 Dollis Parade, 64 Totteridge Lane, London	N20 8QG	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-
Akhtar S	FLX71	Community	134 Cricklewood Broadway, London	NW2 3EE	09:30-18:30	09:30-18:30	Closed	-	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Akshar Pharmacies	FMC90	Community	91 Cricklewood Lane, Cricklewood, London	NW2 1HR	09:00-18:45 (Thu 09:00-14:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bishops Pharmacy	FF072	Community	7 Lyttelton Road, Hampstead Garden Suburb, East Finchley	N2 0DW	09:00-19:00	09:00-18:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Boots	FKE11	Community	142 High Street, Barnet	EN5 5XP	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-
Boots	FQH33	Community	Broadwalk Shopping Centre, Station Road, Edgware	HA8 7BD	09:00-19:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-	-
Boots	FJ034	Community	788 High Road, North Finchley, London	N12 9QR	09:00-18:30	08:30-18:30	10:30-16:30	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	-
Boots	FWQ30	Community	1263-1275 High Road, Whetstone, London	N20 9HS	09:00-20:00	09:00-20:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-
Boots	FH899	Community	21 Temple Fortune Parade, Finchley Road, Golders Green Road, London	NW11 0QS	09:00-18:30	09:00-18:30	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-
Boots	FV910	Community	58-60 Golders Green Road, Golders Green, London	NW11 8LN	09:00-20:00	09:00-19:00	11:00-20:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	Y	-
Boots	FAT67	Community	Brent Cross Shopping Centre, Prince Charles Drive, Hendon, London	NW4 3FB	09:00-19:00	09:00-17:00	12:00-18:00	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-
Boots	FYY65	Community	32-34 The Broadway, Mill Hill, London	NW7 3LH	09:00-20:00	09:00-20:00	11:00-20:00	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-
Brand-Russell Chemists	FDV53	Community	280 East Barnet Road, East Barnet	EN4 8TD	09:00-17:00	09:00-13:00	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	Y	Y	-
Broadway Chemist	FN742	Community	204 West Hendon Broadway, London	NW9 7EE	08:30-18:30	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA						
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution
Care Chemists	FHC96	Community	31 The Broadway, Mill Hill, London	NW7 3DA	09:00-18:30	09:00-17:30	10:00-14:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Carters Pharmacy	FED28	Community	321 Ballards Lane, North Finchley, London	N12 8LT	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	-	Y
Castle Chemist	FD668	Community	364 Cricklewood Lane, London	NW2 2QJ	09:00-18:00	09:30-17:00	Closed	-	-	-	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-
Charles Sampson Pharmacy	FV847	Community	800 High Road, North Finchley, London	N12 9QU	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Cootes Pharmacy	FF506	Community	166-168 High Road, East Finchley, London	N2 9AS	09:00-18:30	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	-	Y
Cootes Pharmacy	FJ758	Community	110-112 Ballards Lane, Finchley, London	N3 2DN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-	-
Cullimore Chemist	FEW83	Community	13-15 Glengall Road, Edgware	HA8 8TB	08:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	-	-	Y	Y	-	-
CW Andrew	FNY79	Community	32 High Road, East Finchley, London	N2 9PJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Day Lewis Pharmacy	FVF89	Community	32 Langstone Way, Lidbury Square, Mill Hill, London	NW7 1AF	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Day Lewis Pharmacy	FJT13	Community	Venture House, 2A Hartley Avenue, Mill Hill, London	NW7 2HX	08:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-
Derek Clarke	FJX78	Community	85 Station Road, Edgware	HA8 7JH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Fairview Pharmacy	FV015	LPS	Finchley Memorial Hospital, Granville Road, London	N12 0JE	09:00-18:00	10:00-16:00	10:00-16:00	-	-	-	-	-	Y	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-
Gateway Chemist	FEV23	Community	334 Regents Park Road, Finchley Central, London	N3 2LN	09:00-18:30 (Thu-Fri 09:00-18:00)	10:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	Y	-	-	Y	-	-	Y	-
Gordon Smith Pharmacy	FL266	Community	176 Long Lane, Finchley, London	N3 2RA	09:00-18:00 (Fri 09:00-18:30)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-
Greenfield Chemist	FC163	Community	16 Greenhill Parade, New Barnet	EN5 1ES	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	Y	-	-	-	-	Y	-
H Haria Chemists	FQR66	Community	25 Friern Barnet Road, New Southgate, London	N11 1NE	09:00-18:00	10:00-17:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced			CCG	LA				
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday		End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange
HA McParland Ltd	FJR97	Community	2 Heath Parade, Lanacre Avenue, Hendon, London	NW9 5ZN	09:00-18:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	Y	-
Hale Pharmacy	FAG10	Community	143 Hale Lane, Edgware	HA8 9QW	09:00-18:30 (Thu 09:00-17:00)	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-
Hampden Square Pharmacy	FQT71	Community	14 Hampden Square, London	N14 5JR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	
HC Heard Chemists	FA675	Community	94 Brent Street, Hendon, London	NW4 2ES	09:00-13:00, 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Hendon Pharmacy	FLG64	Community	52 Vivian Avenue, Hendon, London	NW4 3XH	09:00-18:30	Closed	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	
Heron Pharmacy	FRC27	Community	5-6 Silkstream Parade, Watling Avenue, Burnt Oak, Edgware	HA8 0EJ	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y
HJ Shore Dispensing Chemist	FGC52	Community	79 Russell Lane, Whetstone, London	N20 0BA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	-	
Hugh Lloyd Dispensing Chemist	FE907	Community	34 Market Place, Falloden Way, Hampstead Garden Suburb, East Finchley	NW11 6JJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	
I Warman-Freed	FPN49	Community	45 Golders Green Road, Golders Green, London	NW11 8EL	08:30-22:00	08:30-22:00	08:30-22:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	Y	-	Y
Jade Pharmacy (Avenue)	FR774	Community	189 Station Road, Edgware	HA8 7JX	09:00-18:00	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y
Jethros Healthcare Pharmacy	FD675	Community	120 Golders Green Road, Golders Green, London	NW11 8HB	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-	
John Wilson Chemists	FRA69	Community	17-19 Vivian Avenue, Hendon, London	NW4 3UX	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	
Kings Pharmacy	FW276	Community	27 Ballards Lane, Finchley, London	N3 1XP	09:00-18:30	Closed	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Lakes Pharmacy	FAX69	DSP	Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London	NW4 4DD	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced			CCG	LA					
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution	
Landys Chemist	FYT22	Community	1191 Finchley Road, Temple Fortune, London	NW11 0AA	08:30-18:00	08:30-18:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-
Links Pharmacy	FRT44	Community	129 East End Road, East Finchley, London	N2 0SZ	09:00-18:30	09:00-14:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	Y	-
Lloyds Pharmacy	FF116	Community	Sainsbury Store, 66 East Barnet Road, New Barnet	EN4 8RQ	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Lloyds Pharmacy	FYQ56	Community	209 Woodhouse Road, Friern Barnet, London	N12 9AY	08:30-18:30 (Fri 09:00-19:00)	08:30-18:30	10:00-17:00	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y	-
Lloyds Pharmacy	FG967	Community	J Sainsbury Store, Hyde Estate Road, Hendon, London	NW9 6JX	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-
Mango Pharmacy	FRL51	Community	98 High Street, Edgware	HA8 7HF	10:00-17:00	10:00-15:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-
Mountford Chemists	FE533	Community	11 East Barnet Road, New Barnet	EN4 8RR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
Oakdale Pharmacy	FMG52	Community	15 Viceroy Parade, 71 High Road, East Finchley, London	N2 8AQ	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	-	-	-
Oakleigh Pharmacy	FJN47	Community	253 Oakleigh Road North, Whetstone, London	N20 0TX	09:00-18:30	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	-	-	-	-	Y	Y	Y	Y	Y
Parry Jones Pharmacy	FNC29	Community	61 High Street, Barnet, Hertfordshire	EN5 5UR	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	Y
Pharmco Pharmacy	FRR41	Community	199 Deansbrook Road, Burnt Oak, Edgware	HA8 9BU	09:00-13:00, 14:00-18:00 (Thu 09:00-16:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	-
Pickles Chemists	FJX05	Community	73 Ballards Lane, Finchley, London	N3 1XT	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	Y	Y	Y
Prima Pharmacy	FXG34	Community	171 Bells Hill, Barnet	EN5 2TB	09:00-13:00, 14:00-18:00 (Thu 09:00-13:00, 14:00-17:00)	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-
ProCare Pharmacy	FPY15	Community	11 Sheaveshill Parade, Sheaveshill Avenue, Colindale, London	NW9 6RS	09:00-18:45	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	Y	Y
Reena Pharmacy	FKX25	Community	222 Regents Park Road, Finchley, London	N3 3HP	08:30-18:00	09:00-14:00	11:00-17:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	Y	-

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG	LA															
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank holiday	End of life care	Stop smoking	EHC	Supervised consumption	Needle exchange	Condom distribution									
Regent Pharmacy	FVX21	Community	7 Salcombe Gardens, Mill Hill, London	NW7 2NU	09:00-13:30, 14:30-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Respond Healthcare Ltd	FDA28	DAC	28 Heritage Avenue, Hendon, London	NW9 5XY	08:00-17:00	Closed	Closed	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Sabel Chemist	FAK52	Community	116 Brent Street, Hendon, London	NW4 2DT	09:00-18:30	09:00-13:00	10:00-14:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	
Sabel Chemist	FFG86	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	
Singer Pharmacy	FJ287	Community	74 Edgware Way, Mowbray Parade, Edgware	HA8 8JS	09:00-19:00	Closed	10:00-13:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Superdrug Pharmacy	FYL45	Community	Unit 24, Broadwalk Shopping Centre, 150 Station Road, Edgware	HA8 7BD	09:00-14:00, 14:30-18:00	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	-	Y	-	-	Y	-	-	-	-	-	-	-	
SVR Chemist Ltd	FC275	Community	145-147 East Barnet Road, East Barnet	EN4 8QZ	09:00-19:00	Closed	Closed	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tesco Pharmacy	FTR70	Community	Coppetts Centre, North Circular Road, North Finchley	N12 0SH	08:00-22:00	08:00-22:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	
Tesco Pharmacy	FQJ62	Community	21-29 Ballards Lane, Finchley, London	N3 1XP	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Torrington Park H.C.C. Ltd	FK101	Community	16 Torrington Park, North Finchley, London	N12 9SS	08:30-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Victoria Pharmacy	FH555	Community	229 Golders Green Road, Golders Green, London	NW11 9ES	09:00-13:00, 14:00-18:00 (Thu 09:00-17:00)	09:00-13:00	10:00-14:00	-	-	Y	-	-	-	-	Y	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	
W Price (Chemist)	FQJ10	Community	8 Pennine Parade, Pennine Drive, Cricklewood, London	NW2 1NT	09:00-19:00	09:30-13:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Westlake Pharmacy	FP809	Community	1015 Finchley Road, Golders Green, London	NW11 7ES	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Wilkinson Chemist	FFJ43	Community	190 High Street, Barnet	EN5 5SZ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Zaxgate Ltd	FR940	Community	14-15 Sentinal Square, Brent Street, Hendon, London	NW4 2EL	08:00-17:00	Closed	11:00-14:00	-	-	Y	-	-	Y	-	-	Y	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y	-	-	-

## Appendix M: Future opportunities for possible community pharmacy services in Barnet

### Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of 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 Barnet as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

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

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

There were 62 responses to the contractor questionnaire. The majority of pharmacies indicated that they would be willing to provide a number of non-Essential Services if commissioned, including:

- Asthma 91% (COPD 88%)
- CHD 87%
- Diabetes 91% (including screening)
- Obesity 82%
- Childhood vaccinations 78%
- NHS Health Checks 85%

There were two responses from the commissioner questionnaire (Appendix F). The questionnaire asked for information on services that were commissioned or willingness to commission them. From the responses, the following examples of services were identified as being 'willing to commission':

Disease areas	Screening	Other
CHD	Chlamydia testing and treatment	Sharps disposal
Asthma and COPD	Alcohol	NHS Health checks
Diabetes	Hepatitis	Obesity management
Depression	HIV	Childhood vaccinations
	Gonorrhoea	Hepatitis vaccinations (for those at risk)
	Diabetes and HbA1C	

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
- Managing significantly increased demand for existing services, e.g. repeat dispensing

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

### Health needs identified in the NHS Long Term Plan

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*

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

### Health needs in Barnet

The health needs of the population of Barnet were outlined in Section 2 and summarised in Section 6.1 of the PNA.

In Barnet, the overall all-cause, all-age mortality and under-75 all-cause mortality was significantly lower than the London and England averages. Life expectancy at is 82.0 for men and 85.5 for women, based on 2018-20 data. This is significantly higher than the London and England averages, although healthy life expectancy is similar to both.

The highest risk factors for causing death and disease for the Barnet population are:

- The biggest cause of premature mortality in Barnet is cancer, which accounts for around 40% of deaths under the age of 75. In 2019, around 57% of cancers across Barnet residents were diagnosed in the early stages. This is similar to the averages seen in London and England. However, this was a slight reduction from 2018, whereas the London and England averages both increased slightly during the same period.
- Under-75 cancer mortality was significantly lower than the England average and under-75 CVD mortality was lower than the London and England averages.
- Smoking prevalence in adults was 14% (based on the GP survey) which was significantly lower than the London average but did not differ significantly from the England average. There is variation by ward within Barnet, with Burnt Oak estimated to have the highest levels and Garden Suburb the lowest levels.
- Barnet has the 5th lowest under-18 conceptions rate in London as of 2018. At 8.2 per 1000, it is significantly lower than the overall London rate of 13.9 and less than half of the average rate of 16.7 for England.
- The chlamydia detection rate in Barnet has been increasing in recent years but remains lower than the England and London averages.
- Vaccination uptake is generally higher than the average in NCL but lower than that seen in England. Barnet has a consistently lower uptake of MMR 1st dose at 24 months old. In 2019-20 it was 83.4%, which is similar to the London average (83.6%) but significantly lower than for England (90.6%).
- Barnet has a higher Hep C detection rate than the England average, although premature mortality from Hep C-related liver disease is lower than the England average.
- The diagnosis gap for diabetes and hypertension in Barnet is greater than the London and England averages.
- In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight (i.e. BMI larger than or equal to 25). This proportion, whilst higher than the London average (55.7%), was lower than the England average (62.8%).

There is considerable variation in health and mortality between the wards in the borough. Examples are included in the table below:

Health Area (Mortality)	Wards with Highest Mortality (SMR)	Locality	Ward with Lowest Mortality (SMR)	Locality
All Age all cause	Coppetts (113)	Chipping Barnet	Garden Suburb (53)	Finchley and Golders Green
Under 75 Cancer	Burnt Oak (103)	Hendon	Garden Suburb (51)	Finchley and Golders Green
U-75 Cardiovascular	Burnt Oak (110)	Hendon	Garden Suburb (41)	Finchley and Golders Green
U-75 Respiratory	Burnt Oak (132)	Hendon	Garden Suburb (46)	Finchley and Golders Green

### 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. The commissioner questionnaire does identify a willingness to commission services (above).

Based on these priorities and health needs, community pharmacies can be commissioned to provide services that can help and support the reduction of the variances seen in health outcomes across Barnet.

#### A. Existing services

##### Essential Services

Signposting for issues such weight management and health checks.

##### Advanced Services

Some of the existing Advanced Services could be better used within Barnet, 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 Barnet. Highlighting the service availability in community pharmacies may help to reduce the deficit.

##### Enhanced Services

The London Vaccination Service could be reviewed and expanded to include some of the childhood vaccinations, with a view to improving uptake by providing better access to services during supplementary hours (evenings and weekends).

##### Locally Commissioned Services

Sexual health services are not commissioned in community pharmacies in Barnet (except EHC). Of respondents to the public questionnaire, 63% indicated that they would wish to see such services available from community pharmacies. Based on the identified health

needs around sexual health, expansion of the EHC services to include STI screening and/or treatment may be beneficial. In addition, coupling such services with the Advanced hepatitis C testing service could be advantageous.

## **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. The commissioner questionnaire indicated a willingness to commission some services.

Based on the results of the three questionnaires, it would seem appropriate to investigate the provision of some new services from the existing community pharmacy infrastructure in Barnet.

### **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 Barnet based on the identified health needs, including:

- Hypertension case-finding service
- This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a ‘clinic check’). The second stage, where clinically indicated, is offering 24-hour ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to inform a potential diagnosis of hypertension.
- The diagnosis gap for hypertension in Barnet is greater than the London and England averages.
- Hepatitis C testing service
- The service is focused on provision of Point-of-Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.
- Barnet has a higher Hep C detection rate than the England average, and premature mortality from Hep C-related liver disease is lower than the England average. Linking the screening for Hep C to Needle Exchange or supervised consumption services currently provided from community pharmacies may be of benefit in Barnet
- Stop Smoking
- There is a new Stop Smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at stop smoking support for those beginning a

programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care (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, Chronic Obstructive Pulmonary Disease (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 Barnet as well as in London and England.
- In Barnet it is estimated that just over 10% of the population are active 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 Barnet then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE&I or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Barnet or in the NHS LTP.

### **Possible disease-specific services**

- Weight management
- There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation or coupled with programmes for other ill health e.g. cardiovascular disease or diabetes.
- In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight.
- 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.
- The diagnosis gap for diabetes in Barnet is greater than the London and England average.
- 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 which the pharmacist can utilise.
- Local 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.
- Chlamydia and HIV screening
- Chlamydia screening is a service that is commonly provided by many community pharmacies across England. The chlamydia detection rate in Barnet has been increasing in recent years but remains lower than the England and London averages, indicating that such a service could be considered. 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 Emergency Hormonal Contraception service.
- Cardiovascular
- AF screening service (multiple areas). This service provides patients at high risk of atrial fibrillation with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for AF using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service
- Respiratory
- Asthma inhaler technique (Greater Manchester) The purpose of the Improving Inhaler Technique through Community Pharmacy service is to provide a brief intervention service to patients receiving inhaled medication for respiratory

disease. The service is available to patients registered with a GP practice in Greater Manchester presenting a prescription for inhaled respiratory medication for the treatment of asthma or COPD to a participating pharmacy.

## **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 new Advanced Services**

Smoking cessation, hepatitis C screening and hypertension case-finding can meet the health needs of Barnet, albeit in targeted localities.

### **3. Consider the provision of new Locally Commissioned Services**

To meet specific health needs in Barnet, e.g. NHS Health Checks, diabetes, weight management, sexual health, and respiratory, cardiovascular, or cancer screening.