



# Pharmaceutical Needs Assessment 2025 – 2028

Barnet Health and Wellbeing Board

# Contents

Executive Summary .....	9
1 Introduction .....	12
1.1 Background .....	12
1.2 Purpose .....	12
1.3 Pharmacy market .....	13
1.4 National context .....	14
1.5 Pharmacy Services NHS Overview .....	14
1.6 Community Pharmacy Contractual Framework .....	15
1.7 Working across the North Central London Integrated Care System .....	16
1.8 Barnet strategic objectives .....	18
2 The Health System in Barnet .....	19
2.1 General practice .....	19
2.2 GP enhanced services .....	19
2.3 Primary Care Networks (including GP enhanced access arrangements) .....	19
2.4 GP out-of-hours .....	21
2.5 Urgent treatment centre and walk-in centres .....	21
2.6 Hospital services .....	21
Figure 1: Map showing the locations of hospitals, urgent treatment centres and walk in centres for Barnet .....	22
3 Pharmaceutical Needs Assessment process .....	23
3.1 PNA development group .....	23
3.2 Determination of localities .....	23
3.3 Necessary pharmaceutical services .....	24
3.4 Other relevant services .....	24
3.5 Other NHS services .....	25
3.6 Assessing health needs .....	26
3.7 Current provision within Barnet .....	26
3.8 Future provision .....	26
3.9 Stakeholder engagement .....	27
3.10 Statutory consultation .....	27
3.11 Recommendations and update from the previous PNA 2022 – 2025 .....	27
4 An Overview of Health Needs in London Borough of Barnet .....	29
4.1 Introduction .....	29
4.2 Population profile .....	29
Table 1: Population by broad ethnic group by locality, 2021 .....	31

4.2.1	Predicted population growth .....	31
	Figure 3: Forecasted population change by 2041 .....	32
	Figure 4: Population growth and forecasts by ward (pre-2019 ward boundaries) 32	
	Figure 5: Projected population change by age group (2018-2041) .....	33
4.2.2	Protected characteristics and vulnerable populations.....	33
	Figure 6: Children in care, 2023/24 .....	35
4.3	Life expectancy .....	35
	Figure 7: Life expectancy at birth (males), 2021-2023 .....	36
	Figure 9: Healthy Life expectancy at birth (males), 2021-2023 .....	37
	Figure 11: Inequality in life expectancy at birth (males), 2021-23 .....	38
	Figure 12: Inequality in life expectancy at birth (females), 2021-23 .....	38
	Figure 13: Disability free life expectancy at birth (males), 2018-2020 .....	39
	Figure 14: Disability free life expectancy at birth (females), 2018-2020 .....	39
4.4	Wider determinants of Health.....	40
	Figure 15: Index of Multiple Deprivation – LSOA Barnet, 2019.....	41
4.4.1	Income.....	42
4.4.2	Employment.....	42
4.4.3	Education, skills, qualifications .....	43
4.4.4	Housing and homelessness.....	43
	Figure 16: Homelessness: households in temporary accommodation, 2023/24	44
	Figure 17: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023/24.....	44
4.4.5	Crime .....	45
4.4.6	Domestic abuse related incidents and crimes .....	45
	Figure 18: Domestic abuse-related incidents and crimes, 2023/24.....	46
4.4.7	Prison populations .....	46
	Figure 19: First time entrants to the youth justice system, 2023 .....	46
4.5	Housing and regeneration .....	47
	Figure 20: Local Plan Growth Areas .....	48
4.6	Transport.....	49
	Figure 21 – Transport Plan Proposals map.....	50
4.7	Modifiable risk factors affecting health outcomes.....	50
4.7.1	Smoking.....	50
	Figure 22: Smoking Prevalence in adults (18+) – current smokers (APS - 3 year range), 2021-2023.....	51
4.7.2	Alcohol.....	51
	Figure 23: Admission episodes for alcohol-specific conditions 2023/24.....	52

4.7.3	Healthy weight.....	52
	Figure 24: Percentage of adults (aged 18+) classified as overweight or obese, 2023/24 .....	53
4.7.4	Physical activity .....	53
	Figure 25: Percentage of physically inactive adults (19 + yrs), 2023/24 .....	54
4.7.5	Sexual health.....	54
	Figure 26: STI diagnosis rate per 100,000 population, 2023.....	55
	Figure 27: Sexual health indicators for Barnet, 2023 .....	55
4.7.6	Teenage pregnancy.....	56
	Figure 28: Under 18s conception rate, 2021 .....	56
4.7.7	Oral health .....	56
	Figure 29: Visually obvious tooth decay in three-year olds, 2019/20 .....	57
	Figure 30: Visually obvious tooth decay in five-year olds, 2023/24 .....	57
4.8	Cancers.....	57
	Figure 31: Under-75 mortality rate from cancer, 2023.....	58
4.9	Long-term conditions.....	58
4.9.1	Cardiovascular disease .....	59
	Figure 32: QOF prevalence of CHD, 2023/24 .....	60
	Figure 33: QOF prevalence of stroke, 2023/24 .....	60
4.9.2	Hypertension .....	61
	Figure 34: QOF prevalence of hypertension, 2023/24 .....	61
4.9.3	Chronic kidney disease.....	61
	Figure 35: QOF prevalence of CKD, 2023/24 .....	62
4.9.4	Diabetes .....	62
	Figure 36: QOF prevalence of diabetes, 2023/24 .....	63
4.9.5	Respiratory .....	63
	Figure 37: QOF prevalence of COPD, 2023/24 .....	64
	Figure 38: QOF prevalence of asthma, 2023/24 .....	64
4.9.6	Older people .....	65
4.9.7	Dementia .....	66
	Figure 39: Estimated dementia diagnosis rate (aged 65+), 2024 .....	66
4.9.8	Rheumatoid arthritis and osteoporosis .....	67
	Figure 40: QOF prevalence of rheumatoid arthritis, 2023/24 .....	67
	Figure 41: QOF prevalence osteoporosis (aged 50+), 2023/24 .....	68
4.9.9	Visually impaired .....	68
	Figure 42: Rate of people registered blind or partially sighted, 2022/23 .....	68
4.10	Mental health and mental wellbeing.....	69

Figure 43: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24 .....	69
4.11 Learning disabilities .....	69
Figure 44: QOF prevalence of persons living with a learning disability (all ages), 2023/24 .....	70
4.12 Health protection.....	71
4.12.1 Seasonal influenza and COVID-19.....	71
4.12.2 Population vaccination coverage .....	71
Figure 45: Population vaccination coverage, 2023/24.....	73
4.14 Accidental injuries .....	73
Figure 46: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023/24 .....	73
4.15 Summary of health needs analysis .....	74
5 Current Provision of Pharmaceutical Services .....	75
5.1 Overview .....	75
Figure 46: Locations of pharmacies within the Barnet HWB boundary .....	76
Table 2: List of pharmacies and map index.....	77
5.1.1 Core hours.....	79
5.1.2 Supplementary hours .....	79
5.2 100-hour pharmacies .....	79
5.3 Pharmacy Access Scheme .....	79
5.4 Dispensing appliance contractors .....	80
5.5 Distance selling pharmacies.....	80
5.6 Dispensing doctors.....	81
5.7 Hospital pharmacy services .....	81
5.8 Out of area providers of pharmaceutical services .....	81
5.9 Government Consultations.....	81
5.9.1 Pharmacy supervision .....	81
5.9.2 Hub and Spoke dispensing.....	82
5.9.3 Independent prescribing .....	82
6 Access to Community Pharmacy Services in Barnet .....	83
6.1 Number, type of pharmacies and geographical distribution .....	83
Table 3: Distribution of community pharmacies, by locality.....	83
Table 4: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality .....	84
6.2 Dispensing activity in Barnet .....	84
Table 5: Average number of items dispensed per pharmacy in Barnet, 2023/24 .....	84
6.3 Access to pharmacies by opening hours.....	85

6.4	Ease of access to pharmacies .....	85
6.4.1	Weekday opening.....	86
	Figure 47: Access to pharmacies by travel time on foot – weekday daytime ....	87
	Table 6: Access to pharmacies by travel time on foot – weekday daytime .....	87
	Figure 48: Access to pharmacies by travel time on public transport – weekday morning .....	88
	Table 7: Access to pharmacies by travel time on public transport – weekday morning .....	88
	Figure 49: Access to pharmacies by travel time by car – weekday daytime ....	89
	Table 8: Access to pharmacies by travel time by car – weekday daytime.....	89
	Figure 50: Map showing travel time by public transport weekday evenings after 6pm	91
	Table 9: Travel time by public transport weekday evenings after 6pm.....	91
	Figure 51: Map showing travel time by car weekday evenings after 6pm Monday to Friday .....	92
	Table 10: Travel time by car weekday evenings after 6pm Monday to Friday...	92
6.4.2	Weekend opening.....	93
	Figure 52: Map showing travel time by public transport on Saturday afternoon	94
	Table 11: Travel time by public transport on Saturday afternoon.....	94
	Figure 53: Map showing travel time by car during Saturday daytime .....	95
	Table 12: Travel time by car during Saturday daytime .....	95
	Figure 54: Map showing travel time by car on Saturday evening .....	96
	Table 13: Travel time by car during Saturday evening .....	96
	Figure 55: Map showing travel time by public transport on Saturday evening ..	97
	Table 14: Travel time by public transport on Saturday evening .....	97
	Figure 56: Map showing travel time by car Sunday morning.....	99
	Table 15: Travel time by car Sunday morning.....	99
	Figure 57: Map showing travel time by public transport Sunday afternoon .....	100
	Table 16: Travel time by public transport Sunday afternoon .....	100
6.4.3	Access to pharmaceutical services during urgent treatment centre and walk-in centre opening hours .....	101
	Figure 58: Access to pharmacies on Sunday evenings.....	101
6.4.4	Access to pharmacy services out of the Barnet area.....	102
6.4.5	Care home proximity to pharmacies in Barnet.....	103
	Figure 60: Location of pharmacies and care homes within Barnet.....	104
	Table 17: List of pharmacies and care homes and map index .....	105
6.4.6	Feedback from the public regarding pharmacy opening hours .....	107
6.5	Disability access.....	107

6.6	Access to translation services .....	108
7	Pharmaceutical Services Overview .....	109
7.1	Essential Services .....	109
7.1.1	Digital solutions .....	110
7.2	Advanced services .....	111
	Table 18: Number of community pharmacies providing advanced services in Barnet	111
7.2.1	Appliance use review (AUR) .....	112
7.2.2	Influenza vaccination service .....	112
7.2.3	Hypertension case-finding service (HCFS) .....	112
7.2.4	Lateral flow device (LFD) tests supply service .....	113
7.2.5	New medicine service (NMS) .....	113
7.2.6	Pharmacy contraception service (PCS) .....	113
7.2.7	Pharmacy First service .....	114
7.2.8	Smoking cessation advanced service .....	115
7.2.9	Stoma appliance customisation service (SAC) .....	115
7.3	National enhanced services .....	115
7.3.1	COVID-19 vaccination programme .....	116
7.4	ICB enhanced services .....	116
7.4.1	On demand availability of palliative care and antimicrobial drugs from community pharmacies .....	116
7.4.2	Self-care medicines scheme (SCMS) .....	117
7.4.3	Bank holiday rota .....	117
8	Barnet Locally Commissioned Services .....	118
8.1	Barnet Public Health commissioned services .....	118
8.1.1	Barnet stop smoking service .....	118
8.1.2	Drug and alcohol dependence services .....	118
8.1.3	Sexual health service .....	119
	Table 19: Provision of local authority commissioned services, by locality .....	120
8.2	Non-commissioned services .....	120
8.3	Collection and delivery services .....	121
8.4	Monitored dosage systems .....	121
9	Current and Future Pharmacist Role .....	122
10	Engagement and Consultation .....	124
10.1	Stakeholder engagement .....	124
10.1.1	Overview of response to the public survey .....	124
	Table 20: Factors that are important in choice of pharmacy .....	124

Table 21: Services people use at their pharmacy .....	125
Table 22: Awareness of pharmacy services.....	125
10.1.2 Overview of response to pharmaceutical service providers survey ...	126
Table 23: Pharmacies providing or interested in providing advanced services	127
Table 24: Pharmacies delivering or intending to deliver other services.....	127
Table 25: Pharmacies providing or intending to provide non-commissioned services.....	129
10.2 Formal consultation.....	129
11 Summary of Findings.....	131
Table 26: Number of pharmacies by opening time in each locality .....	131
11.1 Chipping Barnet .....	131
11.2 Finchley & Golders Green.....	132
11.3 Hendon .....	132
11.4 Other findings .....	132
12 Statement of Pharmaceutical Needs Assessment.....	134
Appendix 1 - PCNs, GP Practices and Surgeries Including Dispensing Practices .	136
Appendix 2 - Membership of Steering Committee .....	140
Appendix 3 - Details of Larger Housing Developments Anticipated in Lifespan of PNA.....	141
Appendix 4 - Questionnaire to Pharmaceutical Contractors.....	142
Appendix 5 - Equality Impact Assessment .....	150
Appendix 6 - Community Engagement Questionnaire Results.....	160
Appendix 7 - Pharmacy Addresses .....	171
Appendix 8 - Consultation on the Barnet Draft Pharmaceutical Needs Assessment .....	176
Appendix 9 - Future Opportunities for Community Pharmacy Service Provision in Barnet.....	183
Appendix 10 – Abbreviations.....	188
Appendix 11 – References and Data Sources .....	190



# Executive Summary

The Health and Social Care Act 2012<sup>(1)</sup> transferred responsibility for developing and maintaining Pharmacy Needs Assessments (PNAs) from Primary Care Trusts (PCTs) to Health and Wellbeing Boards. Under this legislation, each board was mandated to publish its first PNA by April 1, 2015, with subsequent updates required every three years or sooner if significant changes in service provision arise, provided an earlier review is justified. The previous PNA<sup>(2)</sup> for Barnet was published on October 1, 2022, with the next update scheduled for release by October 1, 2025.

PNAs play an important part in public health and healthcare planning. They are strategic documents used to inform the development of local healthcare planning and commissioning of services. PNAs assess the availability and accessibility of pharmaceutical services, taking into account the health needs of the local population, identifying where there may be a lack of pharmaceutical services or unmet needs.

The Health and Care Act 2022<sup>(3)</sup> restructured the commissioning of community pharmacy services, shifting responsibility from NHS England (NHSE) to Integrated Care Boards (ICBs), while NHSE retained oversight. As of April 1, 2023, NHS North Central London (NCL) ICB assumed this role. The PNA remains a crucial document for the ICB in evaluating applications for inclusion in the pharmaceutical list and plays a key role in commissioning enhanced community pharmacy and locally tailored services.

To develop this PNA, Barnet Council commissioned NECS (North of England Commissioning Support), an independent subject matter expert organisation. NECS collaborated with Barnet Council's Public Health team, which led the development process. A steering group, comprising representatives from NCL ICB, Barnet Council, Middlesex Pharmaceutical Group and Healthwatch Barnet provided strategic guidance. Their collective aim was to assess current service provision, address commissioning challenges, and set future priorities for community pharmacy services in Barnet.

A statutory consultation was conducted between 22 May 2025 to 21 July 2025, gathering input from statutory consultees, the public, and other stakeholders. The final PNA integrates this feedback and aligns with the health priorities outlined in Barnet's Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup>. The reference section in Appendix 11 details data sources utilised in the production of this PNA. Unless otherwise stated, the information relating to services is correct as of April 2025.

This PNA examines the current provision of pharmacy services in Barnet and evaluates potential gaps in service delivery.

This PNA covers the following areas:

- An overview of the PNA process, including the identification of localities.
- An analysis of current and future health needs.
- A description of community pharmacies in Barnet.
- An evaluation of existing service provision, accessibility, and any gaps.
- Insights into potential future roles for community pharmacies.
- An assessment of community pharmacy's contributions to the Health and Wellbeing Strategy<sup>(5)</sup>.
- Key findings from stakeholder engagement and the statutory consultation.
- A summary of findings and the PNA statement.

The 2013 NHS (Pharmaceutical and Local Pharmaceutical) regulations<sup>(6)</sup> require the health and wellbeing board to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation. For the purpose of this PNA, the Health and Wellbeing Board has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework<sup>(7)</sup>. Essential services are mandatory for community pharmacies.

Relevant services are those pharmaceutical services, other than necessary services, that contribute to meeting the health and well-being needs of the population. Barnet Health and Wellbeing Board has identified Advanced Services and Enhanced Services as relevant services that secure improvements or better access to pharmaceutical services, contributing to meeting the need for pharmaceutical services in the HWB area.

Services provided by pharmacies located in neighbouring Health and Wellbeing Board areas are considered relevant Services where they play a role in meeting patient needs.

### **Pharmaceutical service providers in Barnet**

Barnet has 71 community pharmacies (as of March 2025) for a population of around 408,682 (based on ONS mid-2022 ward-level population estimates<sup>(8)</sup>). This includes one LPS pharmacy. Combining these, Barnet has an average of 17.6 community pharmacies per 100,000 population, compared with 18.3 per 100,000 in England. There is also one dispensing appliance contractor (DAC) as described in section 5.4. Wherever possible, this document uses Greater London Authority (GLA) population estimates (central fertility and 10-year migration assumptions)<sup>(9)</sup> as the base

population. Where national or alternative comparisons are needed, data from the Office for National Statistics (ONS) has been used instead.

## **Conclusions:**

### **Provision of necessary services**

- There is **no current gap** in the provision of Necessary Services **during normal working hours** across Barnet to meet the needs of the population.
- There is **no current gap** in the provision of Necessary Services **outside normal working hours** across Barnet to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Barnet

### **Improvements and better access**

- 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.
- 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.
- 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

# **1 Introduction**

## **1.1 Background**

The Health Act 2009<sup>(10)</sup> established a legal requirement for all Primary Care Trusts (PCTs) to publish a Pharmaceutical Needs Assessment (PNA) by 1 February 2011. Subsequently, the Health and Social Care Act 2012<sup>(1)</sup> transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards (HWBs).

Under this framework, each HWB was mandated to publish its first PNA by 1 April 2015. Thereafter, updates must be issued every three years following the previous publication or sooner if significant changes affect pharmaceutical service availability, provided an early update is warranted.

Barnet Health and Wellbeing Board last published its PNA in October 2022<sup>(2)</sup> and has now prepared an updated version for release by 1 October 2025.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> define the statutory requirements for PNAs. The development of this PNA adhered to the guidance outlined in the PNA Information Pack for Local Authority Health and Wellbeing Boards<sup>(11)</sup>, published by the Department of Health in October 2021.

As stipulated by these regulations, the PNA must include a statement identifying any pharmaceutical services that the HWB has determined are lacking within its area but are deemed necessary to:

- address a current need,
- meet a future need in specified circumstances
- provide improvements or better access if implemented or
- provide future improvements or better access in specified future circumstances

This PNA relates to community pharmacies (including distance selling pharmacies and dispensing appliance contractors) and dispensing GP practices. Prison pharmacy and hospital pharmacy are beyond the scope of the PNA.

## **1.2 Purpose**

The PNA provides a comprehensive evaluation of both current and future pharmaceutical needs within the local population. It outlines the area's health needs (Section 4), assesses the availability of existing pharmaceutical services, and identifies any service gaps (Sections 7 and 8). Additionally, it highlights potential new services to address unmet health needs and support the objectives of the Health and Wellbeing Strategy 2025 – 2035<sup>(5)</sup>.

The PNA is informed by the Joint Strategic Needs Assessment (JSNA)<sup>(4)</sup> and serves as a key strategic commissioning document, primarily guiding North Central London Integrated Care Board (NCL ICB) in determining applications for inclusion in the pharmaceutical list, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup>.

Beyond this primary function, the PNA is also instrumental in:

- Ensuring that decisions regarding market entry for pharmaceutical services are based on robust and relevant data.
- Informing commissioning plans for pharmaceutical services that could be delivered by community pharmacists or other providers to meet local needs - these services may be commissioned by local authorities, NHS England, or NCL ICB (Sections 7 and 8).
- Supporting the commissioning of high-quality pharmaceutical services, including locally enhanced services.
- Ensuring that pharmaceutical and medicines optimisation services align with the health priorities outlined in the Health and Wellbeing Strategy.<sup>(5)</sup>
- Promoting opportunities for community pharmacies to play a vital role in improving the health and well-being of Barnet residents.

### **1.3 Pharmacy market**

Community pharmacies (including distance selling pharmacies and dispensing appliance contractors) play a crucial role in dispensing medications, medical appliances, and devices to NHS patients. While they operate independently from the NHS, they deliver essential healthcare services on its behalf to the public.

Under the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013<sup>(6)</sup>, individuals or entities—such as pharmacists, appliance dispensers, or, in some rural areas, GPs—who wish to provide NHS pharmaceutical services must apply through Primary Care Support England (PCSE) for inclusion on the Pharmaceutical List. Applicants must demonstrate their ability to meet a pharmaceutical need as outlined in the PNA. However, some exceptions exist, such as applications for distance selling pharmacies (i.e., internet or mail-order services).

There are five types of market entry applications for inclusion on the Pharmaceutical List:

- Meeting a current need identified in the PNA.
- Addressing a future need projected in the PNA.
- Enhancing current access to pharmaceutical services.
- Improving future access to meet anticipated demand.
- Providing an unforeseen benefit, where an applicant presents evidence of an unanticipated need not identified in the existing PNA.

Community pharmacies and appliance contractors are responsible for dispensing medications, appliances, and medical devices to NHS patients. They are not a direct part of the NHS but provide essential services on behalf of the NHS to the general public.

## **1.4 National context**

The NHS Long Term Plan in 2019<sup>(12)</sup> set out the ambition to accelerate the redesign of patient care to future proof the NHS for the decade ahead. The plan acknowledged the essential role pharmacists play within a health and care system with a commitment to community pharmacy.

The government has developed a new plan for the NHS – Fit for the Future: 10-year Health Plan for England<sup>(13)</sup>. The first step in developing the plan was Lord Darzi's independent report on the State of the NHS in England<sup>(14)</sup>. The report was published in September 2024, and it identified challenges faced by the health service which will be addressed by the plan. Recent announcements suggest that there will be future changes to the architecture of the NHS during the lifespan of this PNA, including abolition of NHSE, to help build the health service for the future.

Building directly on Lord Darzi's findings, the NHS 10-Year Health Plan<sup>(13)</sup> outlines a vision to unlock the "huge potential" he identified by transforming community pharmacies into integrated, clinically active "neighbourhood health service" centres. These enhanced roles will see pharmacies contribute more significantly to prevention, long-term condition management, and local care delivery - addressing the risks Darzi warned of by shifting resources and services closer to where patients need them most.

HWBs, along with relevant partners, should continue to ensure that community pharmacy services continue to meet the needs of their populations.

## **1.5 Pharmacy Services NHS Overview**

The NHS Business Services Authority (NHSBSA) published a report on General Pharmaceutical Services in England 2015/16 – 2023/24<sup>(15)</sup>.

This report notes that there were more than 12,009 community pharmacies in England providing accessible healthcare alongside the dispensing of medicines. For a typical pharmacy, NHS income accounts for around 90% of their total income<sup>(16)</sup>.

Community pharmacies in England provide a range of services including:

- Dispensing and repeat dispensing
- Support for self-care
- Signposting patients to other healthcare professionals
- Participation in set public health campaigns (e.g. to promote healthy lifestyles)

- Disposal of unwanted medicines.

Key findings of General Pharmaceutical Services in England 2015/16 - 2023/24<sup>(15)</sup> indicated that:

- There were 12,009 active community pharmacies and 112 active appliance contractors in England during 2023/24. This is the first increase shown since 2017/19. It is important to note that if a pharmacy has opened, submitted a prescription to the NHSBSA and then closed again in the same year, it would still be classed as an active pharmacy. When a pharmacy contract changes providers, it can remain in the same premises but may be given a new organisation code. This measure uses the pharmacy organisation code to determine active pharmacies.
- The number of items dispensed by community pharmacies in England between 2022-23 and 2023/24 increased by 3.15% from 1.08 billion to 1.11 billion. Overall, the number of items dispensed is 11.8% higher than the 995 million items dispensed in 2015/16.
- 1.08 billion prescription items were dispensed via the Electronic Prescription Service (EPS) in 2023/24, 96.1% of all items dispensed in the year. This is an increase of 60.7 percentage points from 2015/16.
- The cost of drugs and appliances reimbursed to community pharmacies and appliance contractors totalled £10.2 billion in 2023/24. Costs reimbursed to contractors increased in 2023/24 for the fifth consecutive year. Costs increased by 4.97% between 2022-23 and 2023/24 from £9.72 billion to £10.2 billion, the highest costs in 9 years.
- The number of vaccines administered by pharmacies as part of the Influenza Vaccination advanced service decreased in 2023/24 after increasing every year since the service began in 2015/16. In 2023/24 there were 3.77 million vaccines administered by 9,170 community pharmacies, at an average of 412 vaccines per pharmacy. This was a decrease of 24.7% on the 5.01 million vaccines administered in 2022/23.
- New medicines services (NMSs) have shown sizable increases for the last three financial years. Thirteen additional conditions were added to the specification list in September 2021. The number of NMSs claimed in 2023/24 has increased by 42% from 2022-23.
- Pharmacy First, which was introduced on 31<sup>st</sup> January 2024, continues to grow with over 750,000 interactions nationally in September 2024 compared with an average of 141,000 per month in the first 3 months.

## **1.6 Community Pharmacy Contractual Framework**

The Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Pharmaceutical Services Negotiating Committee (PSNC) agreed a five-year plan, 2019-2024, the Community Pharmacy Contractual

Framework (CPCF)<sup>(17)</sup> which described a vision for how community pharmacy will support delivery of the NHS Long Term Plan<sup>(12)</sup>.

In April 2025, agreement was reached between the Department of Health and Social Care (DHSC), NHS England and Community Pharmacy England (CPE), on the funding arrangements for both the Community Pharmacy Contractual Framework (CPCF) for 2024 to 2025 and 2025 to 2026<sup>(7)</sup>, and Pharmacy First. These new arrangements aim to reflect joint ambition to focus on stabilising medicines supply and pharmacy funding for this core function. This funding also provides an uplift to key clinical service fees, while supporting Pharmacy First to continue to grow and embed at pace.

At the time of publication of the 2025-28 PNA there was no community pharmacy contractual framework in place to support delivery of the NHS 10 Year Health Plan<sup>(13)</sup>. It is clear however that the role of community pharmacy within healthcare systems is evolving, and that there may be consequent changes in pharmaceutical need. These will become clearer in the future.

The success of the Pharmacy Quality Scheme (PQS) across the CPCF in 2019-2024 was recognised within the review of the CPCF with a targeted PQS being reinstated from 1st April 2025.

The criterial focus included:

- Being signed up to deliver Pharmacy First pathway and the pharmacy contraception service
- Develop or update a palliative and end of life care action plan
- Referral of patients aged 5 to 15 years who do not have a spacer and all patients using 3 or more short-acting bronchodilators without any corticosteroid inhaler in 6 months
- Pharmacy First – completion of clinical audit and ensure all registered professionals have completed appropriate training.
- Emergency contraception: ensure relevant staff have completed appropriate training
- New medicine service: ensure relevant staff have completed relevant depression training
- Enhanced Disclosure and Barring Service (DBS) checks undertaken for all registered pharmacy professionals within the last 3 years

## **1.7 Working across the North Central London Integrated Care System**

Integrated care systems (ICSs) were set up in 2022 to facilitate joint working across local partners, such as the NHS, councils, voluntary sector organisations and others. Their aim is to improve health and care services – with a focus on prevention, better



outcomes and reducing health inequalities. They achieve this by creating services based on local need.

The 42 ICSs in England are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. ICSs were legally established on 1 July 2022, covering all of England. These arrangements built on partnerships that were already in place across the country.

They aim to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

Integrated care boards (ICBs) are NHS organisations responsible for planning health services for their local population. There is one ICB in each ICS area. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices, to agree a joint five-year plan which says how the NHS will contribute to the integrated care partnership's integrated care strategy.

The NHS organisations and upper-tier local authorities in each ICS run a joint committee called an integrated care partnership (ICP). This is a broad alliance of partners who all have a role in improving local health, care and wellbeing. They may also include social care providers, the voluntary, community and social enterprise sector and others with a role in improving health and wellbeing for local people such as education, housing, employment or police and fire services.

Each ICP must develop a long-term strategy to improve health and social care services and people's health and wellbeing in the area. They may also take on additional responsibilities, as agreed locally between the members.

Community pharmacy is a vital part of the NHS, and North Central London Integrated Care Board (ICB) recognises its key role in delivering safe, effective, and accessible care. The ICB is committed to embedding clinical pharmacy services across the system and ensuring they are well integrated with other care settings. This integration is essential for delivering joined-up, high-quality care for patients.

The ICB sees the expansion of clinical services in community pharmacies as a major opportunity to improve access to primary care. By enabling pharmacies to provide more clinical support, we can better meet the health needs of our population and ensure community pharmacy plays a central role alongside other health and care services.

Community pharmacy is a key partner in delivering the ambition around neighbourhood health, supporting local population health priorities, working in

collaboration with GPs, hospitals, local authorities, voluntary sector organisations and, most importantly, patients

## **1.8 Barnet strategic objectives**

The Health and Care Act 2022<sup>(3)</sup> established Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) as part of the health and care system. The Integrated Care Partnership (ICP) brings together Barnet Council, NCL ICB, NHS providers and others partners to foster collaboration among health service commissioners, public health, and social care providers. This partnership aims to enhance the health and wellbeing of the Barnet residents.

Health and Wellbeing Boards continue to play a key role in setting the strategic direction to improve the health and wellbeing of people in their communities.

As part of its responsibilities, the board develops a JSNA<sup>(4)</sup>, which evaluates the health and wellbeing of Barnet population and compares it with national averages. Alongside the JSNA, the PNA is also an integral component of understanding health needs to inform the development of the Joint Health and Wellbeing Strategy<sup>(5)</sup>.

The Barnet Joint Health and Wellbeing Strategy 2025 – 2035<sup>(5)</sup> focuses on achieving better health outcomes for all, enabling people to make healthier choices through creating opportunities, empowering individuals and communities and shaping the places in which people live, work or study.

The areas of focus are:

- Start and grow well
- Live and age well
- Better places
- Better health for all

## **2 The Health System in Barnet**

### **2.1 General practice**

There are 48 GP Practices (plus 6 branch surgeries) in Barnet delivering primary medical services (Appendix 1); all are open for the same core hours of 8am until 6.30pm, Mondays to Fridays.

### **2.2 GP enhanced services**

NHS England or ICBs may commission “enhanced services” from general practice. These are primary medical services (other than essential services, additional services or out of hours services) that go beyond what is required through the GP core contract. These have previously been referred to as Directed Enhanced Services (DES), National Enhanced Services (NES) or Local Enhanced Services (LES).

Enhanced services that are currently available with national specifications produced by NHS England are:

- Targeted immunisation programmes
- Weight Management

NCL ICB commissions the following enhanced services for practices in Barnet:

- Gonadotrophin Releasing Hormone (GnRH) Analogue Injections
- Methotrexate Monitoring

Community pharmacies could and many do, help to deliver elements of the enhanced services by providing advice and support, helping with self-care and signposting to other services. Community pharmacies make a significant contribution to improving access to the COVID-19 and seasonal influenza vaccines for targeted groups of patients. For other immunisation programmes, community pharmacies can support uptake by promoting the benefits of immunisation and providing accurate information and advice.

### **2.3 Primary Care Networks (including GP enhanced access arrangements)**

Primary Care Networks (PCNs) are geographically based teams, led by GP practices in the PCN area and delivering services to registered populations of between 30,000 and 50,000 patients. Appendix 1 details the GP surgeries within Barnet and which PCN they are a member of.

PCNs have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system. In Barnet, there are 7 PCNs.

A PCN has four key functions:

- a) co-ordinate, organise and deploy shared resources to support and improve resilience and care delivery at both PCN and practice level
- b) improve health outcomes for its patients through effective population health management and reducing health inequalities
- c) target resource and efforts in the most effective way to meet patient need, which includes delivering proactive care; and
- d) collaborate with non-GP providers to provide better care, as part of an integrated neighbourhood team.

Mechanisms of delivering this are outlined in the Network Contract Directly Enhanced Service (DES) Specification<sup>(18)</sup> and includes:

1. Improving Health Outcomes and Reducing Health Inequalities:
  - Population Health Management
  - Health Inequalities
  - CVD prevention and diagnosis
  - Early Cancer diagnosis
2. Targeting resource and efforts:
  - Proactive care (for frailty)
  - Structured Medication Reviews (SMRs) and Medicines Optimisation
  - Social Prescribing
  - Enhanced Health in Care Homes (EHCH)
3. Delivering Enhanced Access to GP services

Within Barnet, PCNs ensure enhanced access for their patients is in place between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. In Barnet, the NCL Bridging Access Service (previously known as the NCL Extended Access Hubs) provides general practice appointments that are outside both the core GP opening hours and the enhanced access service offered through DES contract. The service runs Saturday 5pm – 8pm and Sunday & Bank Holidays 8am – 8pm. Appointments are managed by telephone or video call but where there is a need for a face-to-face appointment. The bridging access service has two hubs in Barnet (at Wentworth Medical Practice and Oak Lodge Medical Centre).

Community pharmacy services play an important role in supporting the services provided by general practice and the PCNs as reflected by the changes in the essential, advanced and locally commissioned services as described later in this report.

## **2.4 GP out-of-hours**

The GP out-of-hours service in Barnet is provided by London Central and West (LCW). The service is part of the NHS 111 Integrated Care Service in North Central London. The London Ambulance Service is the lead provider, working with others under an alliance model.

The service is accessed by calling NHS 111. The service includes telephone triage and if required appointments at an urgent care centre or by home visiting. Home visiting runs from 18:30 – 08:00 weekdays and 24 hours at the weekend.

Appointments at urgent care / walk in centre bases are from 19:30 – midnight, with two bases also open throughout the night to 08:00. The bases in North Central London are:

- Barnet – Finchley Hospital
- Camden – Royal Free Hospital
- Enfield – Chase Farm Hospital
- Haringey – The Laurels (hosts a range of services including GP practice)
- Islington – Whittington Hospital

## **2.5 Urgent treatment centre and walk-in centres**

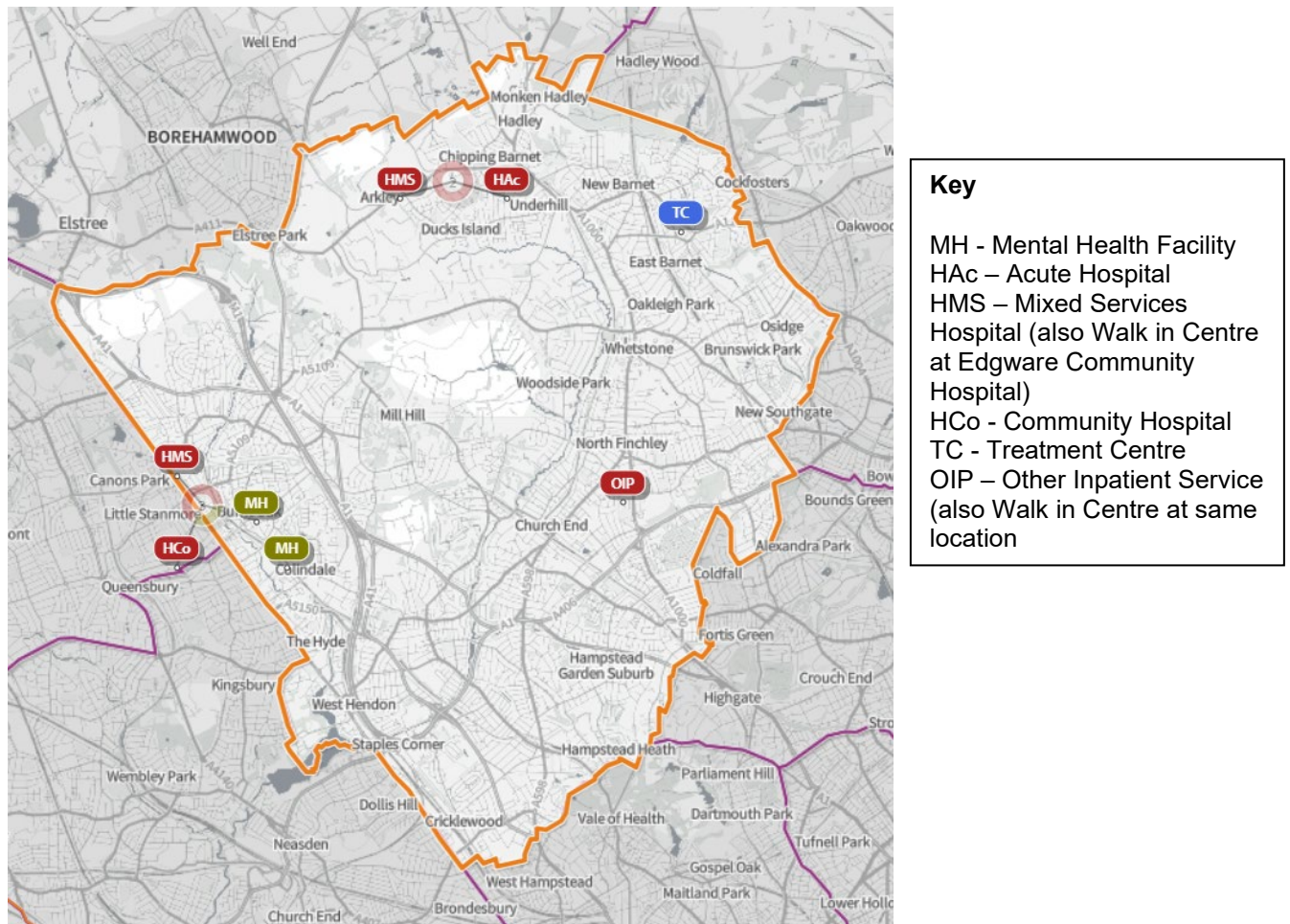
There are two walk-in centres in Barnet, located at Edgware Community Hospital and Finchley Memorial Hospital. The services are both open 8am to 8pm, 7 days a week. Outside of these hours, an adult with a minor injury or illness will be given an appointment to attend the UTC the following day. Appointments can be booked via the NHS 111 service, with the last patient booking at 7pm.

The Barnet Urgent Treatment Centre is located on the Barnet Hospital site and is open from 8am to midnight every day. Minor injuries are seen from 8am onwards. However, minor illnesses are seen by GPs, who start at 10am. Outside of these hours, an adult with a minor injury or illness will be given an appointment to attend the UTC the following day.

## **2.6 Hospital services**

The population of Barnet is mainly served by Royal Free London NHS Foundation Trust. The Barnet Hospital site is located within the borough. Whittington Health NHS Trust also serves residents in the Southeast of the borough at the Whittington Hospital site. North London NHS Foundation Trust provides inpatient mental health services for the residents of Barnet. It also provides community support including crisis resolution and home treatment. Hospital pharmacies do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

**Figure 1: Map showing the locations of hospitals, urgent treatment centres and walk in centres for Barnet**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

### **3 Pharmaceutical Needs Assessment process**

#### **3.1 PNA development group**

As set out within section 1 of this PNA, the legislation that describes the duties of the Health and Wellbeing Board in regard to PNAs is the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> (as amended). As well as describing what each PNA was required to take into account when they were first developed and published, these 2013 Regulations also describe how each local PNA must be maintained by the HWB during its life.

The public health team in Barnet Council oversaw the development of this PNA on behalf of the Barnet Health and Wellbeing Board. In the process of undertaking the PNA, a steering group was established in February 2025. The core membership of the group included representatives from the public health, NCL ICB, Middlesex Pharmaceutical Group of Local Pharmaceutical Committees (LPCs) and Healthwatch Barnet. Membership is set out in Appendix 2.

The steering group agreed the following:

- Terms of reference of the steering group, including the frequency of meetings
- Determination of localities for the PNA
- Definition of necessary pharmaceutical services, other relevant services and other NHS services
- Content of a PNA questionnaire to pharmacists in Barnet
- Timeline of the PNA process
- Structure of the PNA document
- Process and questionnaires for engagement and consultation
- Appropriate governance, including declaration of interests, and reporting arrangements.

The group was responsible for overseeing the completion of the PNA and ensuring it met the minimum requirements set out in the regulations.

#### **3.2 Determination of localities**

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> state that, in making its assessment of needs, the Health and Wellbeing Board should have regard to the different needs of different localities in its area. In accordance with this, the steering group considered how to assess these different needs and concluded that the most appropriate means of dividing the Barnet area was to use the localities adopted in the previous PNA. The three localities in Barnet for the purposes of the PNA are Hendon, Chipping Barnet and Finchley & Golders Green.

### **3.3 Necessary pharmaceutical services**

The 2013 regulations<sup>(6)</sup> require the health and wellbeing board to include a statement of necessary pharmaceutical services.

Necessary services are those pharmaceutical services that are considered key to meet the pharmaceutical needs of the population. They form the baseline level of services that must be provided to ensure adequate access to medicines and related healthcare. The classification helps in decision-making about pharmacy applications, service commissioning, and resource allocation.

For the purpose of this PNA, the Health and Wellbeing Board has agreed that as in the previous PNA, necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework. Essential services are mandatory for community pharmacies.

At the time of publication, the Essential services are:

- Dispensing medicines
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles (Public Health)
- Signposting
- Support for self-care
- Healthy Living Pharmacies
- Discharge medicines service
- Dispensing of appliances (in the "normal course of business").

The statement of pharmaceutical service provision in section 12 is based on this definition of necessary pharmaceutical services.

### **3.4 Other relevant services**

Pharmaceutical services not included as necessary services have been deemed by the HWB as other relevant services. These are pharmaceutical services that the HWB is satisfied are not necessary to meet the need for pharmaceutical services, but their provision contributes to meeting the health and wellbeing needs of the population. The provision of these has secured improvements, or better access, to pharmaceutical services for the population of Barnet.

The HWB has determined that relevant services for the purposes to this PNA are Advanced services and Enhanced services within the NHS CPCF, and ICB-commissioned enhanced services. These are:

- Appliance Use Review



- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service
- The COVID-19 Vaccination Programme
- Palliative care medicines and antimicrobial drugs
- Self-Care Medicines Scheme (SCMS)
- Bank holiday rota

The HWB has also determined that services provided by pharmacies located in neighbouring HWB areas are considered relevant services where they play a role in meeting patient needs, particularly in border regions.

The statement of pharmaceutical service provision in section 12 is based on this definition of other relevant services.

### **3.5 Other NHS services**

Other NHS services that the HWB considers affect the need for pharmaceutical services are deemed to be:

- a) those NHS services that reduce the need for pharmaceutical services, particularly the dispensing service, including:
  - hospital pharmacies
  - personal administration of items by GP practices
  - public health services commissioned by the local authority:
    - Stop smoking
    - Supervised self-administration (SSA) of methadone and buprenorphine
    - Needle exchange
    - Emergency hormonal contraception
    - Condom distribution
  - Other ICB commissioned pharmacy services that do not meet the definition of enhanced services (see Section 8)
  - Influenza and Covid-19 vaccination by GP practices.
- b) NHS services that increase the demand for pharmaceutical services including:
  - GP out of hours services (where a prescription is issued)
  - walk-in centres and minor injury units (where a prescription is issued)
  - community nursing prescribing

- dental services.

The statement of pharmaceutical service provision in section 12 is based on this definition of other NHS services.

### **3.6 Assessing health needs**

The Local Government and the Public Involvement in Health Act 2007<sup>(19)</sup> created the duty to undertake JSNAs. From April 2008, this duty was carried out by with local authorities and PCTs. The Health and Social Care Act 2012<sup>(1)</sup> transferred this duty, to local authorities and CCGs to be exercised by Health and Wellbeing Boards, with the Health and Care Act 2022<sup>(3)</sup> transferring the CCG's responsibilities to ICBs.

This PNA is directly aligned to the Barnet JSNA<sup>(4)</sup> and the statement of health needs, presented in section 4 of this document, are consistent with it.

### **3.7 Current provision within Barnet**

In order to assess the adequacy of provision of pharmaceutical services and other services provided by community pharmacies, the current provision of such services was identified and mapped using the previous PNA as a baseline, with updated information being provided by the ICB and the public health service in Barnet.

The information was then supplemented using a questionnaire made available to all community pharmacies including the distance selling pharmacy. The survey was undertaken between 18<sup>th</sup> March – 7<sup>th</sup> April 2025.

A total of 32 out of 73 pharmacies responded, giving a response rate of 44%.

A summary of the findings from the survey is described in section 10 with detail within Appendix 4

### **3.8 Future provision**

This PNA seeks to assess the current and future needs of the area, identifying any gaps in pharmaceutical services. Any such gaps may highlight the need for necessary provision or may require provision in specified future circumstances. In considering the future needs of the area and identifying any gaps in service the PNA has, in accordance with Regulation 9 (1) and (2)<sup>(6)</sup>, had regard to:

- The demography of Barnet
- Whether there is sufficient choice regarding obtaining pharmaceutical services within Barnet
- The different needs of the localities within Barnet
- The pharmaceutical services provided in the area of any neighbouring HWBs
- Any other NHS services provided for the population in or outside of Barnet

- Likely changes to the demography of Barnet and/or the risks to the health or well-being of people in Barnet.

The Equality Act (2010)<sup>(20)</sup> requires that in making this assessment, the needs of different population groups have been taken into account. This final PNA has been subject to an equality impact assessment; this is included as Appendix 5. The questionnaire for community pharmacies also provided the opportunity for pharmacy contractors to comment on services not currently provided, that they felt could contribute to meeting the health needs of the local population. Therefore, only the views of those who responded to the survey have been considered in this regard.

### **3.9 Stakeholder engagement**

The views of the public were gathered in the form of a questionnaire on pharmacy services. The questionnaire was made available between 18<sup>th</sup> March – 7<sup>th</sup> April 2025 and promoted using the Council's social media and Healthwatch Barnet.

In total, 149 questionnaire responses were received. These have been considered as part of this PNA. Section 10 and Appendix 5 of this document provide a summary of the analysis and outcomes of the public engagement.

### **3.10 Statutory consultation**

The formal consultation on the draft PNA for London Borough of Barnet ran from 22 May to 21 July 2025 in line with the guidance on developing PNAs.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013)<sup>(6)</sup>, all statutory consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire. Feedback received was considered in the development of the PNA.

In total, seven questionnaire responses were received along with additional feedback from the London Pharmacy Commissioning Hub on behalf of NCL ICB. These have been considered as part of this PNA. Section 10 and Appendix 8 of this document provide a summary of the outcomes of the consultation, including changes made to the PNA following the consultation.

### **3.11 Recommendations and update from the previous PNA 2022 – 2025**

Following development of the PNA 2022-2025<sup>(2)</sup> Barnet HWB made the following statements:

**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:**

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.

**Improvements and better access:**

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.

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.

A full analysis has not been conducted on which future locally commissioned services 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.

Since the 2022 PNA, there has been a loss of 3 pharmacies.

## **4 An Overview of Health Needs in London Borough of Barnet**

This section includes information from the latest published Barnet JSNA<sup>(4)</sup> and data from the Office for Health Improvement and Disparities Fingertips tool<sup>(21)</sup>. Data from both sources was based on the most up to date information available when accessed in April 2025.

The JSNA provides a summary of the health needs of Barnet and highlights relevant issues for the commissioning of pharmacy services, building on the recommendations of the JSNA. For more detailed information on health needs, the JSNA can be accessed at: <https://open.barnet.gov.uk/joint-strategic-needs-assessment-2024/>

Throughout this section, London and England are used to give a direct comparison.

### **4.1 Introduction**

Barnet is a local authority in London, England. The estimated population (2023) is 408,862<sup>(22)</sup>.

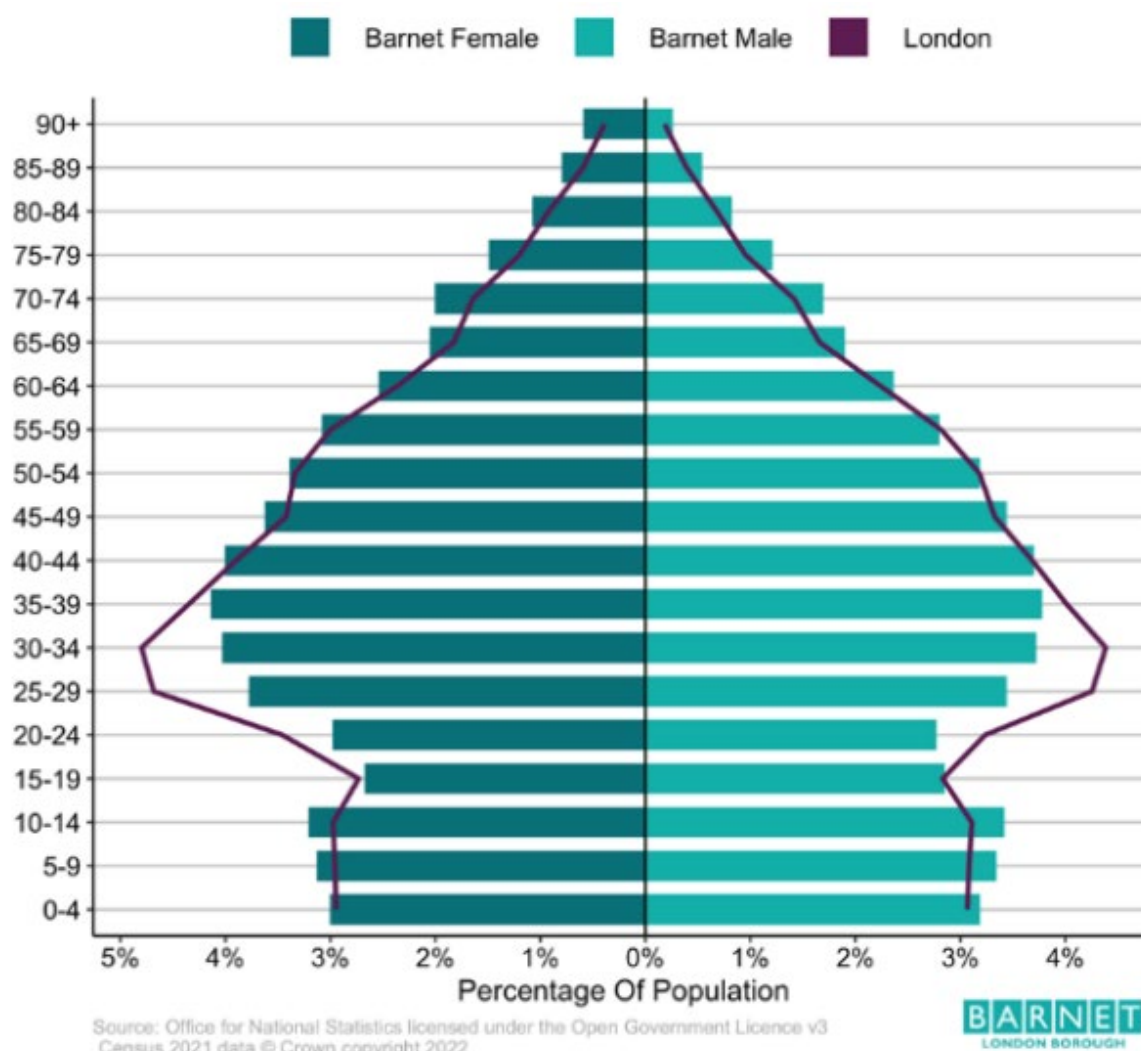
This population is spread over three localities: Chipping Barnet, Finchley and Golders Green, and Hendon. Hendon has the largest number of residents by population, accounting for 163,648 (40%), Finchley and Golders Green has the second largest population, accounting for 129,951 (31%), and Chipping Barnet has the smallest population, accounting for 119,263 (29%)<sup>(22)</sup>.

### **4.2 Population profile**

According to ONS estimates, between 2013 and 2023, the population of Barnet increased by 8.7%, from 368,611 in 2013 to 408,862 in 2023<sup>(22)</sup>.

Between the last two censuses, the average (median) age of Barnet increased by 2.6 years, from 35.7 to 38.3 years of age<sup>(23)</sup>. Figure 2 below shows the Population Profile across Barnet in 2021, with a comparison to London, split in 5-year age groups.

**Figure 2: Barnet Population Profile 2021**



**Source: Barnet - State of the Borough<sup>(24)</sup>**

In 2021, 3.8% of Barnet's population identified their ethnic group within the "Mixed or Multiple" category. 63.6% of people in Barnet identified their ethnic group within the "White" category, whilst 14.2% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category. The percentage of people who identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category increase was 6.6%<sup>(22)</sup>.

Table 1 shows the population by broad ethnic group across the four localities.

**Table 1: Population by broad ethnic group by locality, 2021**

Area	Asian/ Asian British	Black/ African/ Caribbean/ Black British	Mixed/ multiple ethnic group	Other ethnic group	White
Chipping Barnet	16.4%	6.3%	6.1%	7.6%	63.6%
Finchley & Golders Green	17.2%	5.9%	5.3%	11.2%	60.5%
Hendon	23.5%	10.9%	4.9%	10.4%	50.3%
England	9.6%	4.2%	3.0%	2.2%	81.1%

**Source: ONS Census, 2021<sup>(22)</sup>**

Barnet's ethnic demographic profile continues to change. Between 2011 and 2021, it changed as follows<sup>(22)</sup>:

- White Residents: Decreased from 64.1% in 2011 to 57.7% in 2021.
- Asian Residents: Increased from 18.5% to 19.3%.
- Black Residents: Slight increase from 7.7% to 7.9%.
- Mixed Background Residents: Rose from 4.8% to 5.4%.
- Other Ethnic Groups: Significant rise from 4.9% to 9.8%

#### **4.2.1 Predicted population growth**

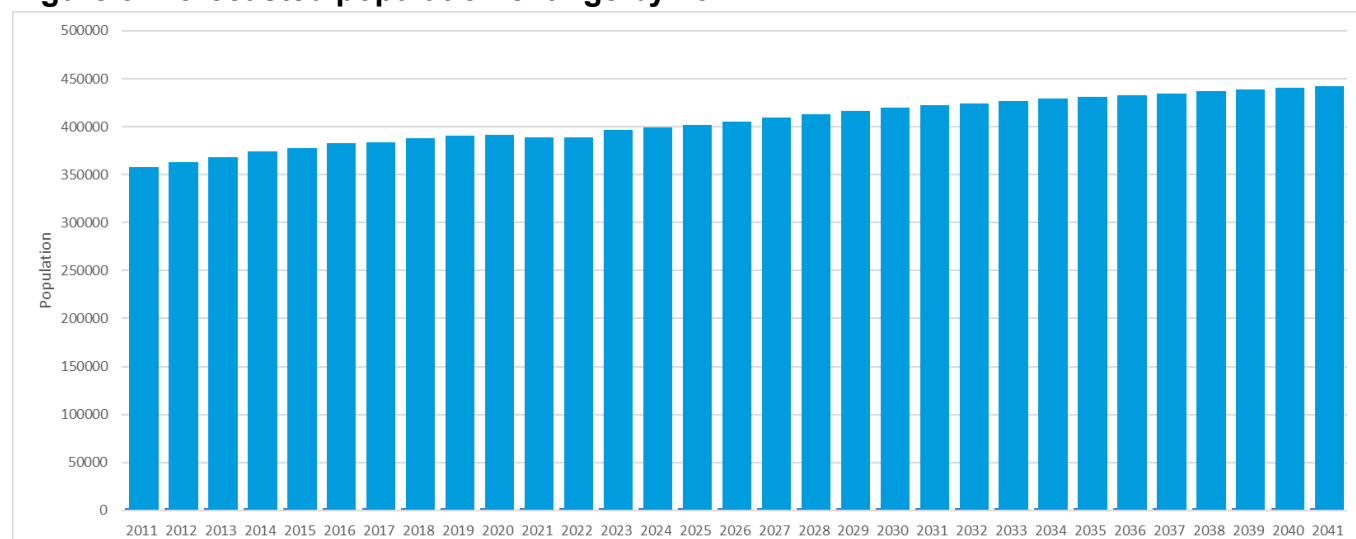
Barnet Growth Strategy 2020 – 2030<sup>(25)</sup> seeks to offer greater local opportunities, create better places, encourage more active lifestyles and over time increase the health and wellbeing of Barnet's residents whilst responding to future challenges such as changes in demography. It sets out that by 2030 London's population will have reached 10 million and Barnet will have grown to become home to over 400,000 people.

The predicted growth is generally attributed to several factors such as: older residents are living longer and staying independent in their homes; student population fluctuation; and domestic and non-domestic migration.

Figures 3, 4, and 5 show population size and projections for the borough of Barnet. The Greater London Authority population growth estimates<sup>(9)</sup> have been used for this section as they are housing led and likely to give a more accurate view of local population growth. The projections are based on a 10-year period of past migration and Central fertility scenario.

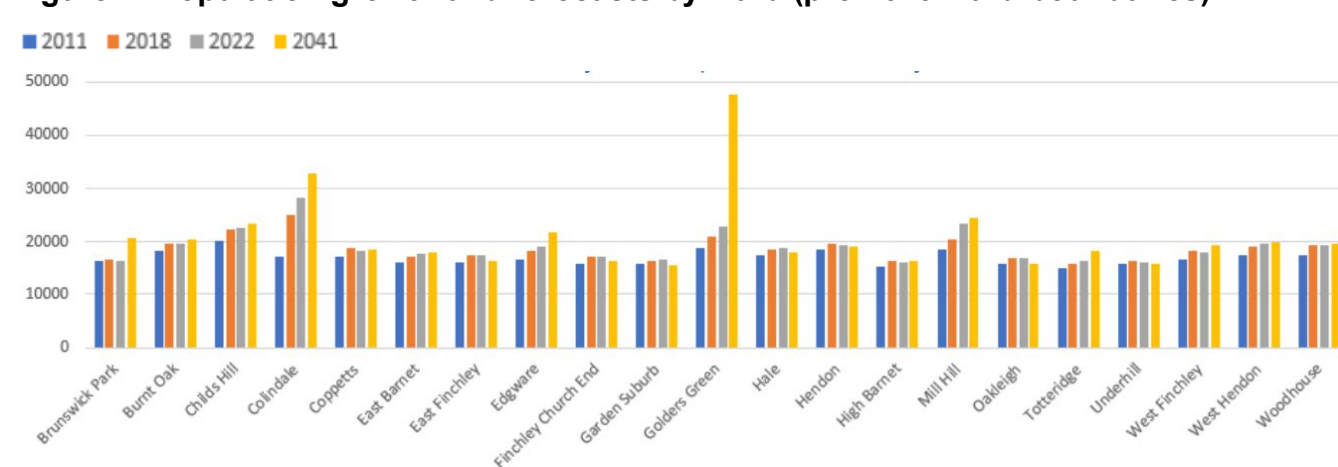
Overall population growth between 2025 and 2041 is 9.9% from 402,061 in 2025 to 442,006 in 2041. People aged 65 and over will see an increase of 38.6% from 61,343 in 2011 to 85,020 in 2041. Conversely, those aged under 18 will decrease by 3.3% from 89,641 in 2025 to 86,682 in 2041<sup>(9)</sup>.

**Figure 3: Forecasted population change by 2041**



Source: GLA 2022-based Demographic Projections<sup>(9)</sup>

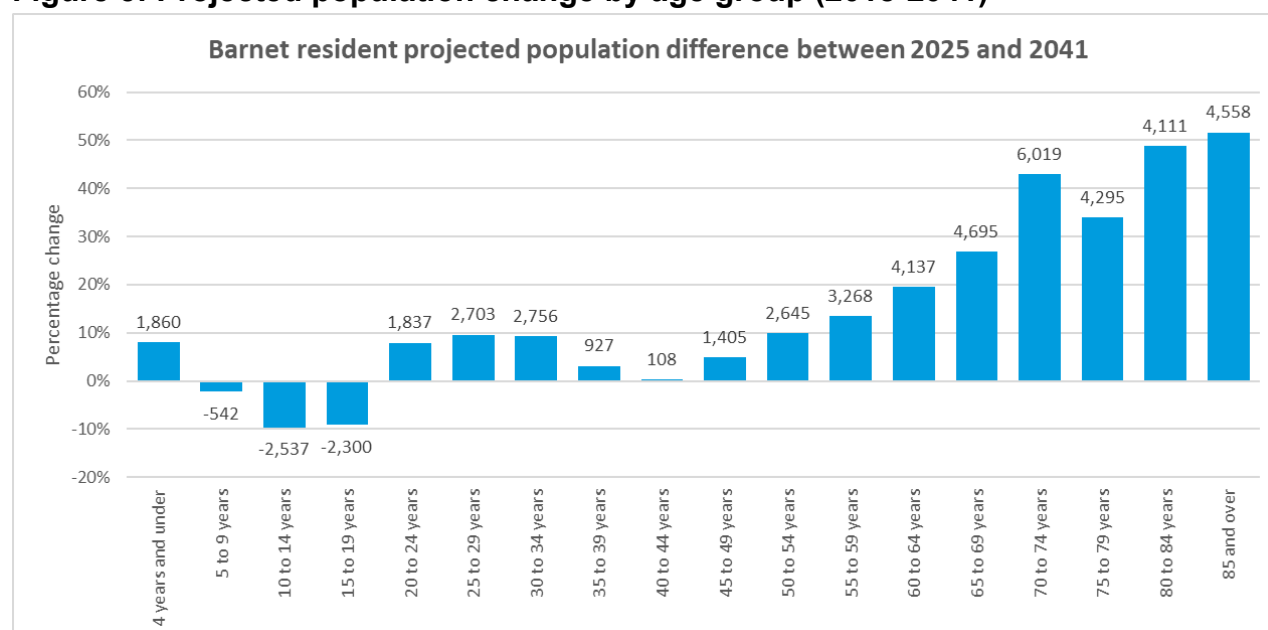
**Figure 4: Population growth and forecasts by ward (pre-2019 ward boundaries)**



Source: Housing Strategy Evidence Base<sup>(26)</sup>



**Figure 5: Projected population change by age group (2018-2041)**



Source: GLA 2022-based Demographic Projections<sup>(9)</sup>

## 4.2.2 Protected characteristics and vulnerable populations

In addition to the age and ethnicity of the resident population, there are other sections of the population and communities who can be defined as 'vulnerable' or have additional needs, and visitors to the area who potentially need healthcare services. These individuals often experience barriers to accessing universal health care services and poorer outcomes, but also increase demands on services in local areas which need to be considered.

### Daytime population

Within Barnet, the daytime population (in 2014) was 356,003 people, with an estimated 24,909 of those as tourists<sup>(27)</sup>. This highlights the resident, working and visiting volume of people in Barnet, who may, at some point require access to health care to varying extents, including pharmacy. This does not take into account seasonal peaks and is based upon an average day.

### Prisons and Offender Populations

Although there are not prisons located within Barnet, individuals leaving prison establishments across the country and being repatriated to the Barnet area may need consideration. Evidence suggests that people leaving prison establishments experience difficulties with a range of health and social factors. For example, less than half of individuals (45.9%) leaving prison and resettling in the London area in 2023-2024 were documented as being in settled, secured accommodation<sup>(28)</sup> which, as discussed below in the housing section of this document, can lead to additional health needs. Within London, the continuity of substance misuse care within the

community following prison release was the lowest in the country (26.0%), increasing risk of overdose and the need for unplanned healthcare or premature mortality<sup>(28)</sup>.

## **Asylum Seekers**

Based upon the Immigration System Statistics from the Home Office (December 2024)<sup>(29)</sup>, in Barnet, there were 3,506 people seeking asylum. These data are made up of three specific programmes; Homes for Ukraine scheme, Afghanistan resettlement programme and Supported asylum scheme. The majority of these individuals are within contingency housing across Barnet.

## **Gypsy, Roma and Traveller Population**

Based upon the census 2021 data, less than 0.2% of the Gypsy, Roma or Traveller community within England and Wales reside within in Barnet<sup>(30)</sup>. Across England and Wales, 71,440 people identified as Gypsy or Irish Traveller<sup>(30)</sup>.

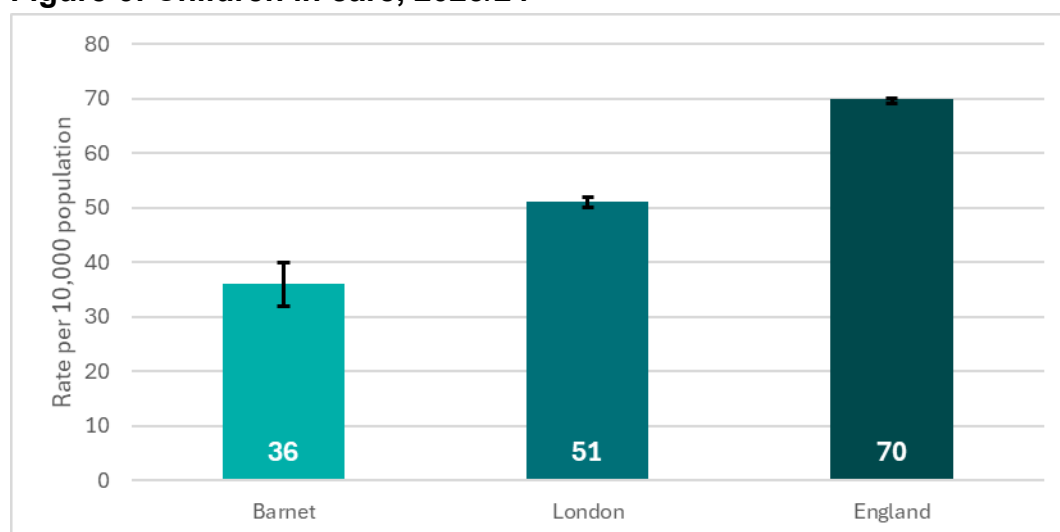
Although the number of Gypsy, Roma or Traveller individuals within Barnet is relatively small compared with other vulnerable groups, we know they are more likely to report poorer health compared to the wider population, regardless of age and gender<sup>(30)</sup>. Individuals from these communities are more likely to have multiple long-term conditions, including Musculoskeletal issues. In 2022, 20.5% of the Gypsy, Roma or Traveller population across England reported multiple long-term conditions<sup>(31)</sup>.

Children from Gypsy, Roma or Traveller ethnic groups are more likely to experience poor educational attainment, which in turn can contribute to poorer health outcomes.

## **Children in care**

Figure 6 shows the rate of Children in Care in 2023/24 per 100,000 in Barnet, London and England. The rate for Barnet was 36.0 per 100,000 children which is significantly lower than the London rate of 51.0 per 100,000 and the England average of 70.0 per 100,000 across England.

**Figure 6: Children in care, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

### **Children with special educational needs populations**

Pupils with Special Educational Need or Disabilities (SEND) face barriers that make it harder for them to learn than most pupils of the same age. In addition, they often experience poorer outcomes than their peers in educational achievement, physical and mental health status, social opportunities, and transition to adulthood. In 2023/24, 16.4% of school pupils in Barnet were identified as having Special Educational Needs, this is lower than the London (17.6%) and England (18.4%) average<sup>(21)</sup>.

### **4.3 Life expectancy**

Life expectancy at birth is a measure of the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy at birth shows the years a person can expect to live in good health (rather than in poor health). The relevance of these is that increasing age profile can lead to an increase in long-term care and needs or a reduction in healthy life expectancy can result in greater health needs within the working age group, impacting on healthcare services, employment and other social needs.

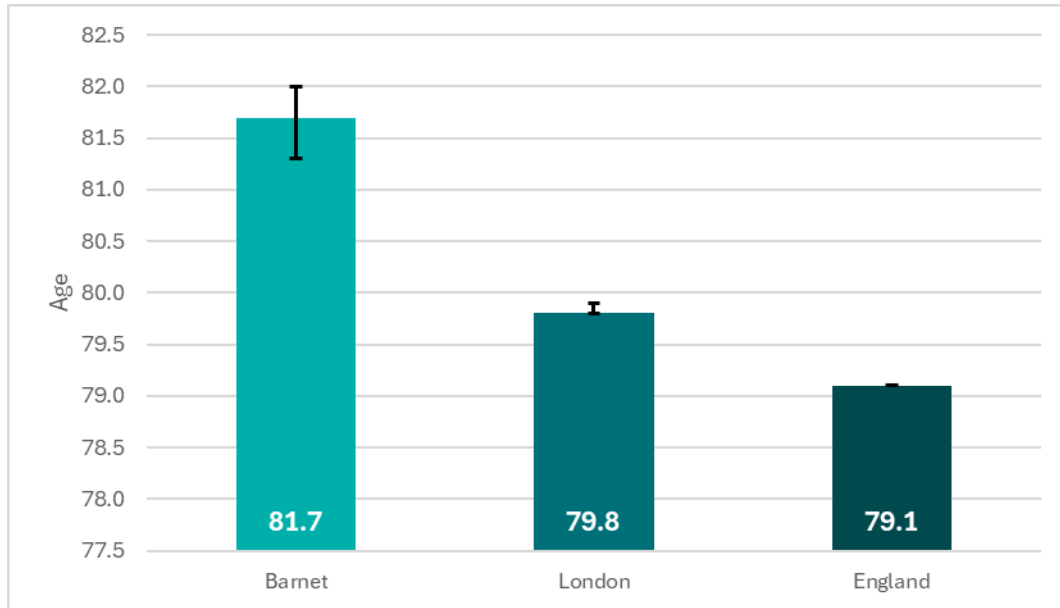
Disability-free life expectancy at birth is a measure of the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that limits activities.

Figure 7 and Figure 8 shows the life expectancy at birth for both males and females across Barnet, London and England. These use the most recently available data (2021-2023).

- The life expectancy at birth for males in Barnet is 81.7 which is significantly higher than London (79.8) and the England average (79.1).

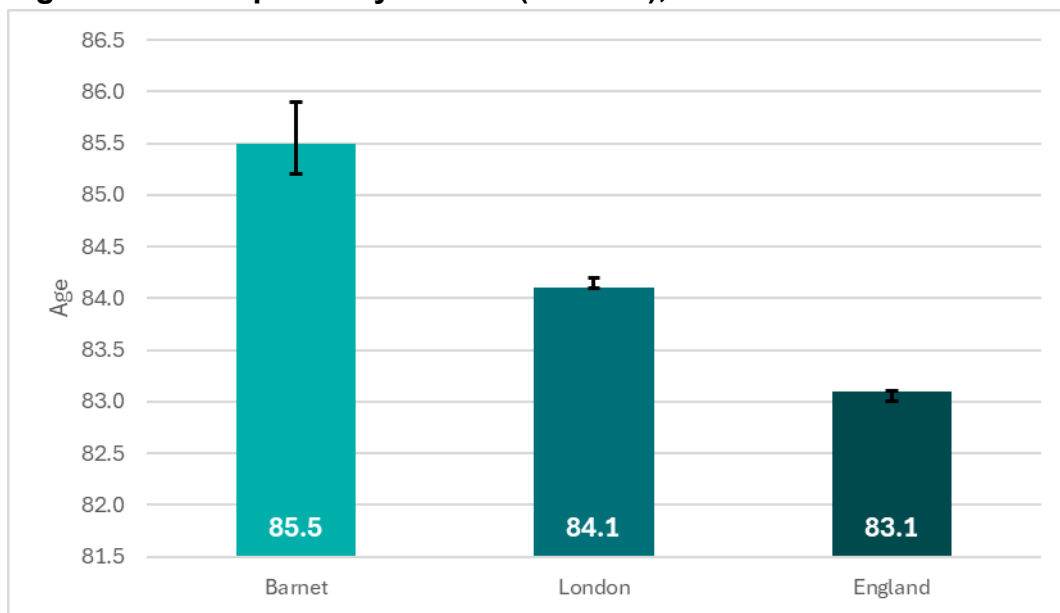
- The life expectancy at birth for females in Barnet is 85.5, significantly higher than London (84.1) and the England average (83.1).

**Figure 7: Life expectancy at birth (males), 2021-2023**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 8: Life expectancy at birth (females), 2021-2023**



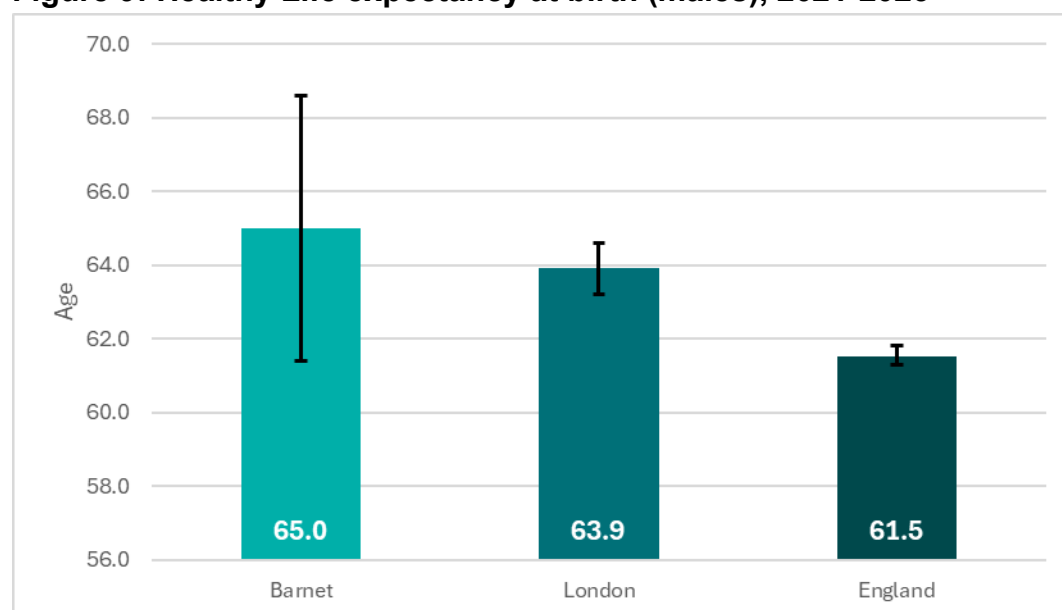
Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

Figure 9 and Figure 10 shows the healthy life expectancy at birth for both males and females across Barnet, London and England. These use the most recently available data (2021-2023).

- Healthy life expectancy at birth for males in Barnet is 65.0 which is statistically similar to London (63.9) and the England average (61.5).

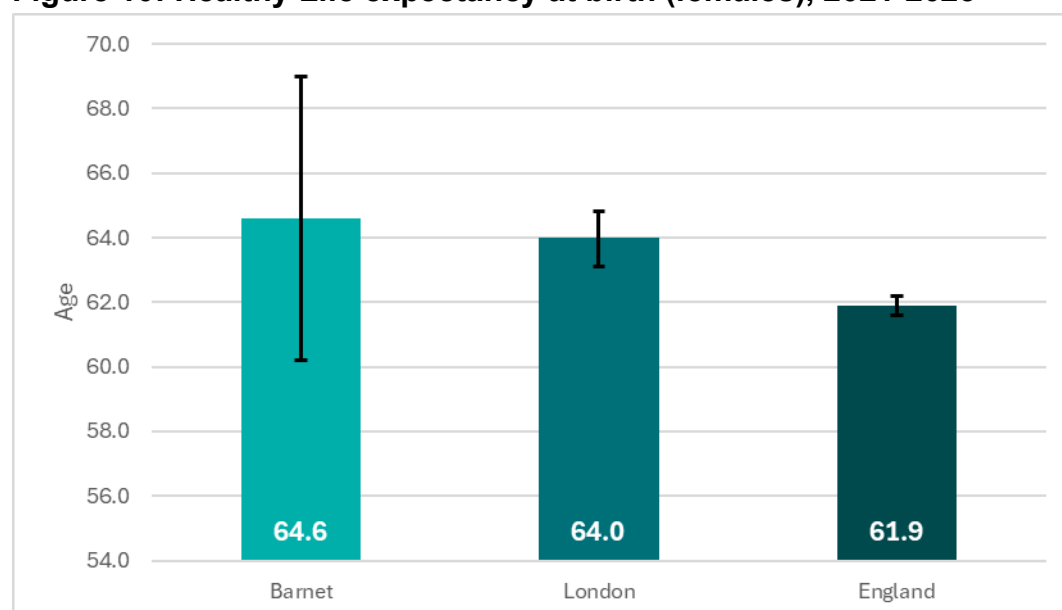
- Healthy life expectancy at birth for females in Barnet is 64.6, also statistically similar to London (64.0) and the England average (61.9).

**Figure 9: Healthy Life expectancy at birth (males), 2021-2023**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 10: Healthy Life expectancy at birth (females), 2021-2023**



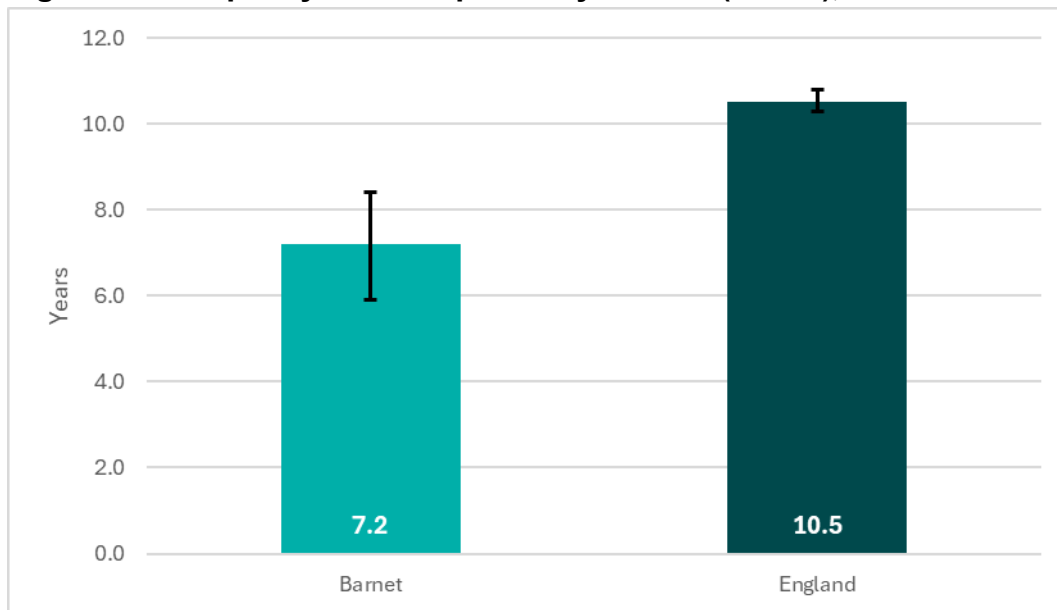
Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

Figure 11 and Figure 12 shows the slope index of inequality (SII) life expectancy in males and females in Barnet, London and England respectively. The SII is a measure of the social gradient in an indicator, i.e. how much an indicator varies with deprivation. It takes account of health inequalities across the whole range of deprivation within an area and summarises this in a single number. This represents

the range in indicator values across the social gradient from most to least deprived. This is the most recent data for the period 2018-2020.

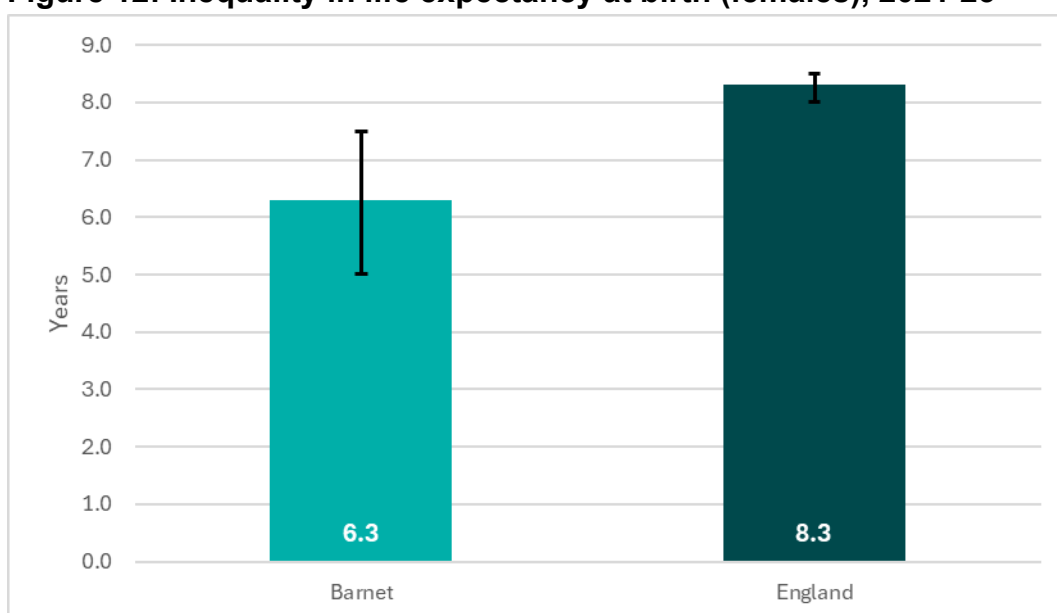
- Figure 11 shows the inequality in life expectancy at birth for males in Barnet is 7.2 years, meaning that males in the most deprived wards of Barnet die 7.2 years earlier than males in the most affluent wards. This is significantly lower than the England average (10.2 years).
- Figure 12 shows the inequality in life expectancy at birth for females in Barnet is 6.3 years, which is significantly lower than the England average (8.3 years).

**Figure 11: Inequality in life expectancy at birth (males), 2021-23**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 12: Inequality in life expectancy at birth (females), 2021-23**

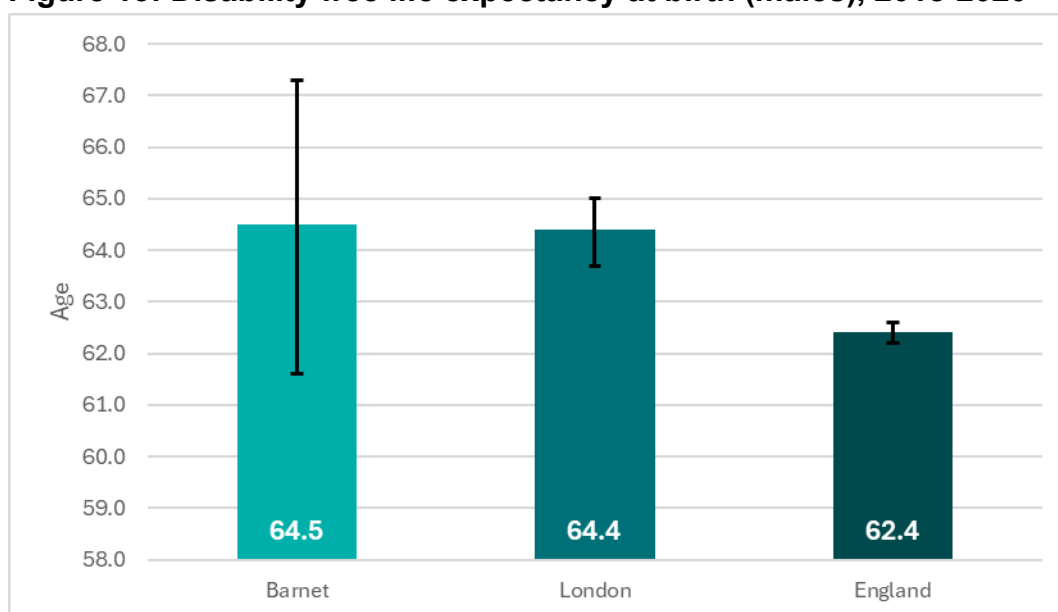


Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

Figure 13 and Figure 14 shows the disability free life expectancy at birth for both males and females across Barnet, London and England. These use the most recently available data (2018-20).

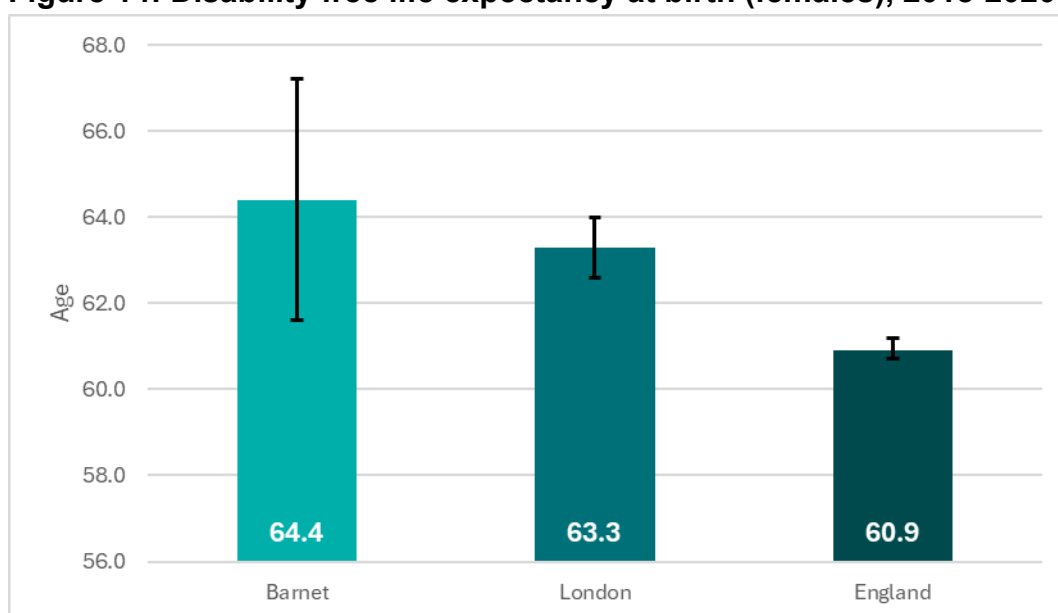
- The disability free life expectancy at birth for males in Barnet is 64.5 which is statistically similar to London (64.4) and the England average (62.4).
- The disability free life expectancy at birth for females in Barnet is 64.4 which is statistically similar to London (63.3) but significantly higher than the England average (60.9).

**Figure 13: Disability free life expectancy at birth (males), 2018-2020**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 14: Disability free life expectancy at birth (females), 2018-2020**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

#### 4.4 Wider determinants of Health

Health is determined by a complex interaction between individual characteristics, lifestyle, and the physical, social and economic environment. Evidence suggests that the social determinants of health contribute more than healthcare in ensuring a healthy population.

The reason there are different health outcomes in different areas of Barnet is because health inequalities are strongly linked to deprivation. There is a substantial amount of evidence showing that people living in the most deprived areas have poorer health and health outcomes than those in the more affluent areas. People living in more deprived areas are likely to have a higher exposure to negative influences on health, and to lack resources to avoid their effects.

The Index of Multiple Deprivation 2019 (IMD2019)<sup>(32)</sup> measures socioeconomic disadvantage across seven domains:

- Income
- Employment
- Health
- Education
- Barriers to housing and services
- Crime
- Living environment

The overall IMD2019 is a weighted average of the indices for the seven domains. Data is published by Lower Super Output Area (LSOA) - Super Output Areas are a geographic hierarchy designed to improve the reporting of small area statistics; Lower Super Output Areas have an average population of 1500.

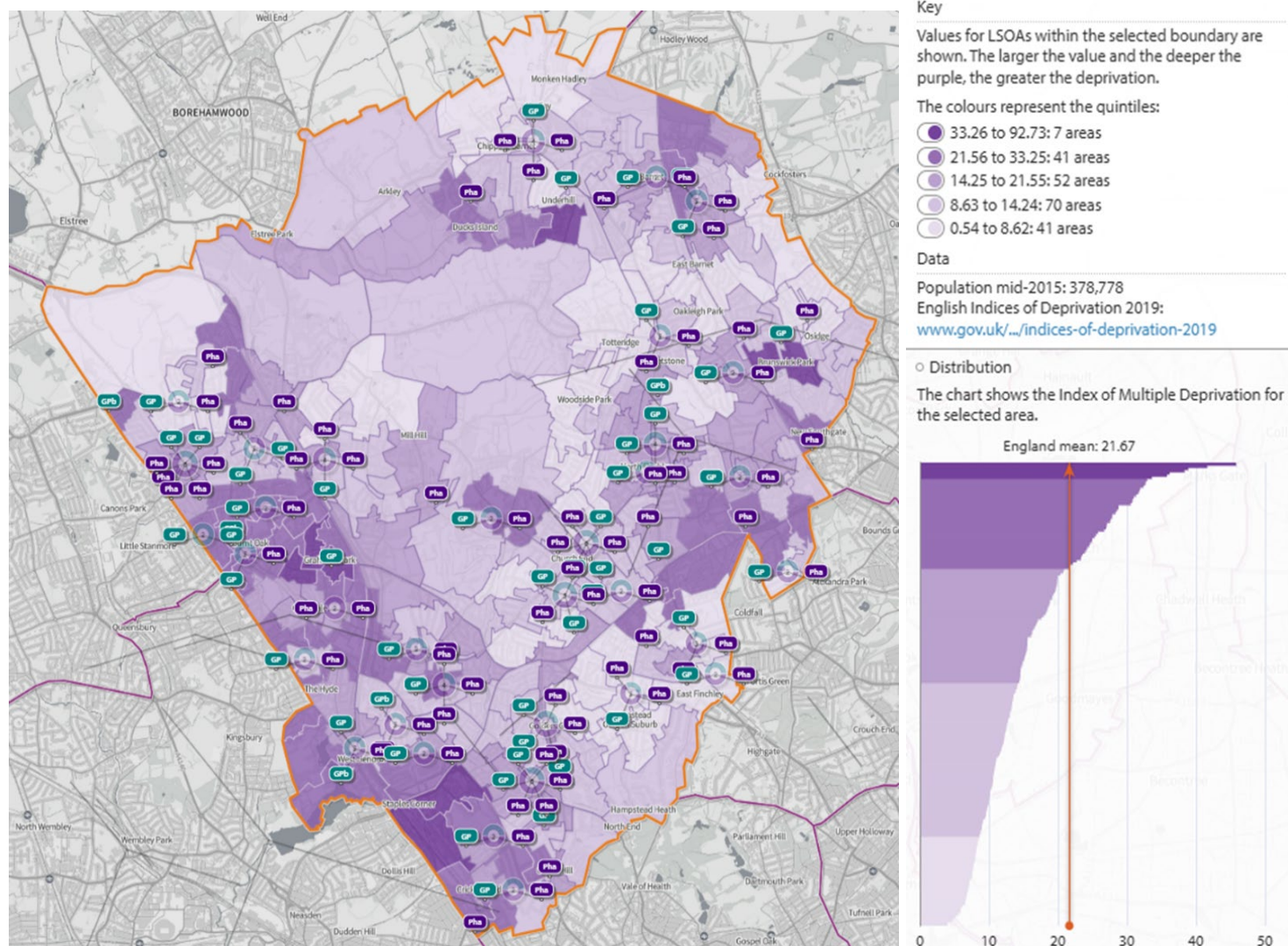
Barnet is in the fourth less deprived decile for overall score for deprivation relative to all other local authorities in England (2019)<sup>(32)</sup>, but this does mask increasing deprivation in some areas. The most deprived areas fall within the wards of Colindale North, Underhill, Brunswick Park and Cricklewood<sup>(32)</sup>.

A key focus of the HWB is supporting communities to maintain happy and healthy lives for as long as possible. Barnet want to make the region the healthiest borough in London, where everyone who lives, works or studies locally can achieve the best possible health. Key to this is to tackle health inequalities so that life expectancy, and the number of years people spend living in good health, is not varied between different areas. The Health and Wellbeing Strategy<sup>(5)</sup> commits to reducing health inequalities and the contributing factors to ill health – the “wider determinates of health.”

Figure 15 below shows IMD by LSOA for Barnet.



**Figure 15: Index of Multiple Deprivation – LSOA Barnet, 2019**



GP: GP Practice  
 GPb: GP branch surgery  
 Pha: Pharmacy

© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

#### 4.4.1 Income

The impacts of economic disadvantage and low income are far-reaching. Households in employment may still be in poverty, as income may not be sufficient to meet the costs of accommodation and daily living. Low-income households are particularly vulnerable to changes in the cost of living and increased health risks associated with poverty.

In Barnet, 11.1% of the population was income-deprived in 2019. Of the 316 local authorities in England (excluding the Isles of Scilly), Barnet is ranked 149<sup>th</sup> most income deprived<sup>(33)</sup>. The average salary in Barnet is £2,739 per month, this is higher than the England average<sup>(34)</sup>.

11.5% of children under 16 are in relative low-income families in Barnet (2022/23) compared with 15.8% for London and 19.8% for England<sup>(21)</sup>. When housing costs are taken into consideration, data from 2021/22 suggests that this increases considerably to 24.8% in Barnet (two-fold increase) compared with 31% for England (11.2%pt increase)<sup>(35)</sup>.

1.9% of households lack central heating in Barnet compared with 2% across England<sup>(36)</sup>. In 2022, 12,865 households were living in fuel poverty – 9.9% compared to a national average of 13.1%<sup>(21)</sup>.

#### 4.4.2 Employment

Good work improves health and wellbeing across people's lives and protects against social exclusion. Conversely, poor work and unemployment has an adverse effect on health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

ONS reports on employment<sup>(37)</sup> note that:

- Percentage of people in employment in 2023 in Barnet (67.8%) was lower than the England average (76.0%). The variation between Barnet and the England average is driven mostly by the proportion of people identified as economically inactive.
- Economic inactivity includes two sub measures: Economic inactivity due to sickness or disability, and Economic inactivity due to other reasons. There is a higher proportion of people meeting the 'other' classification in Barnet compared with the England average and a lower proportion economically inactive due to sickness. These individuals include people of working age who have chosen not to work, possibly due to early retirement or other financial reasons.
- The percentage of out of work benefit claimants (Job Seekers Allowance, Universal Credit) in Barnet in 2024 was 4.9%, higher than the England average of 4.1%.

The percentage of working days lost due to sickness was the same in Barnet (1.1%) compared to England in 2020-2022<sup>(21)</sup>.

#### **4.4.3 Education, skills, qualifications**

Education and health and wellbeing are intrinsically linked. Education is strongly associated with healthy life expectancy, morbidity and health behaviours. Educational attainment plays an important role in health by shaping opportunities, employment, and income. Low educational attainment is correlated with poorer life outcomes and poor health.

The average levels of education, skills and qualifications in Barnet are more favourable than the national average:

- 12% of people have no qualifications in Barnet compared with 15% across England<sup>(38)</sup>.
- 0.9% of 16-17 years olds in Barnet were not in education, employment or training (NEET) in 2023/24, compared to 5.2% in England<sup>(21)</sup>.

#### **4.4.4 Housing and homelessness**

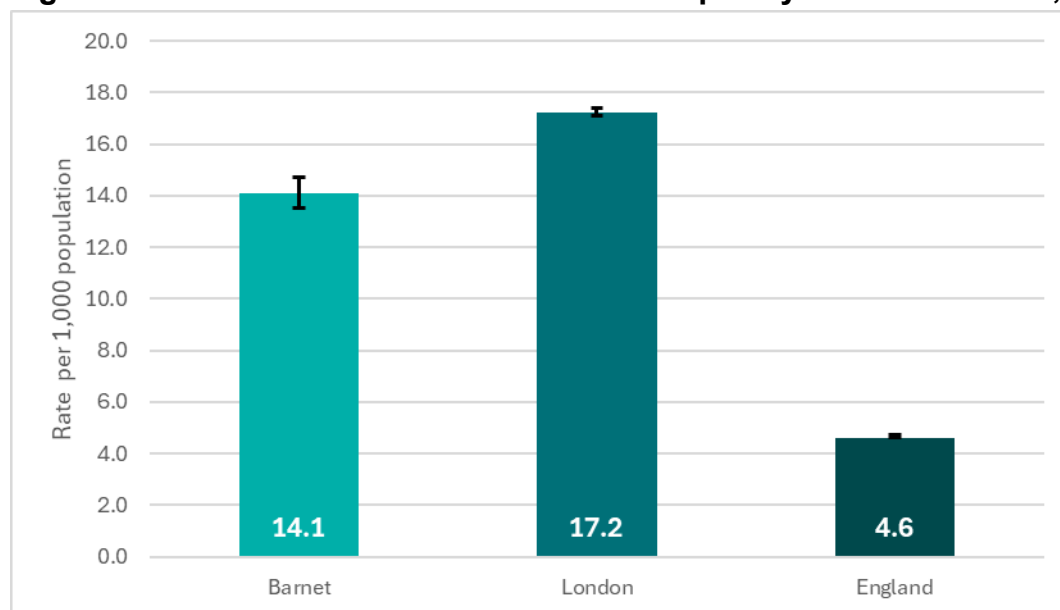
Data from government homeless statistics relating from October 2024 to December 2024 highlighted 2,463 households were in temporary accommodation in Barnet, 1,308 of which included children<sup>(39)</sup>.

Just less than half (47%) of the temporary accommodation provided was classified as Nightly paid, privately managed accommodation, self-contained. Approximately a third was from local authority or housing association stock<sup>(39)</sup>.

The top causes of homelessness in Barnet include the end of a rental tenancy agreement, being asked to leave accommodation by family or friends, and domestic abuse. Barnet Council has been given a grant of more than £300,000 from the government to tackle the housing crisis and prevent homelessness. Recent figures show that there are currently 2,834 households living in temporary accommodation (allocated by councils to homeless individuals and families with a housing need) secured by Barnet Homes, a rise of 23% (531) from 2,303 in January 2024<sup>(40)</sup>.

Figure 16 shows the rate (per 1,000) households in temporary accommodation across Barnet, London and in England. The 2023/24 rates for Barnet were 14.1 per 1,000 people. This is significantly lower than London (17.2 per 1,000) but significantly higher than the England average of 4.6 per 1,000.

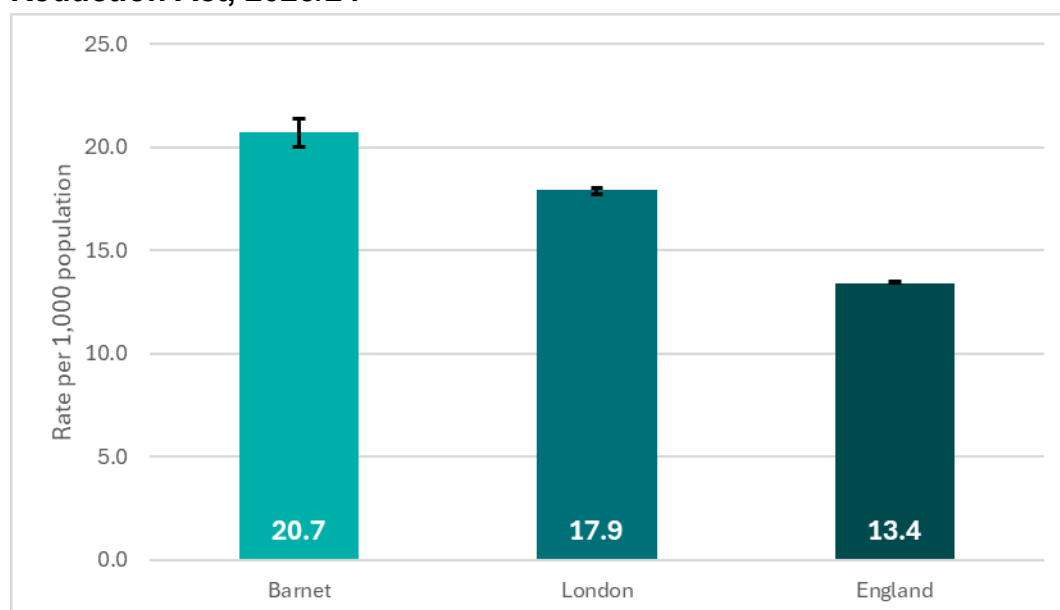
**Figure 16: Homelessness: households in temporary accommodation, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

Prevention duties under the homeless act include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless. Figure 17 shows the rate (per 1,000) households owed a duty under the Homelessness Reduction Act across Barnet, London and in England. The 2023/24 rates for Barnet were 20.7 per 1,000 households. This is significantly higher than London (17.9 per 1,000) and significantly higher than the England average of 13.4 per 1,000 households.

**Figure 17: Homelessness: households owed a duty under the Homelessness Reduction Act, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

By reviewing and remodelling the Barnet Homes Housing Options Service, Barnet Homes will provide tailored support to different households such as singles, families and vulnerable adults underpinned by the integration of the tenancy sustainment team to prevent homelessness. Its Temporary Accommodation Reduction Team are working to move more households into longer term suitable accommodation and Barnet Homes are building on the success of its Private Sector Team (let2barnet), to procure 3,000 properties to discharge its homelessness duty directly into the private rented sector by 2024<sup>(41)</sup>.

#### **4.4.5 Crime**

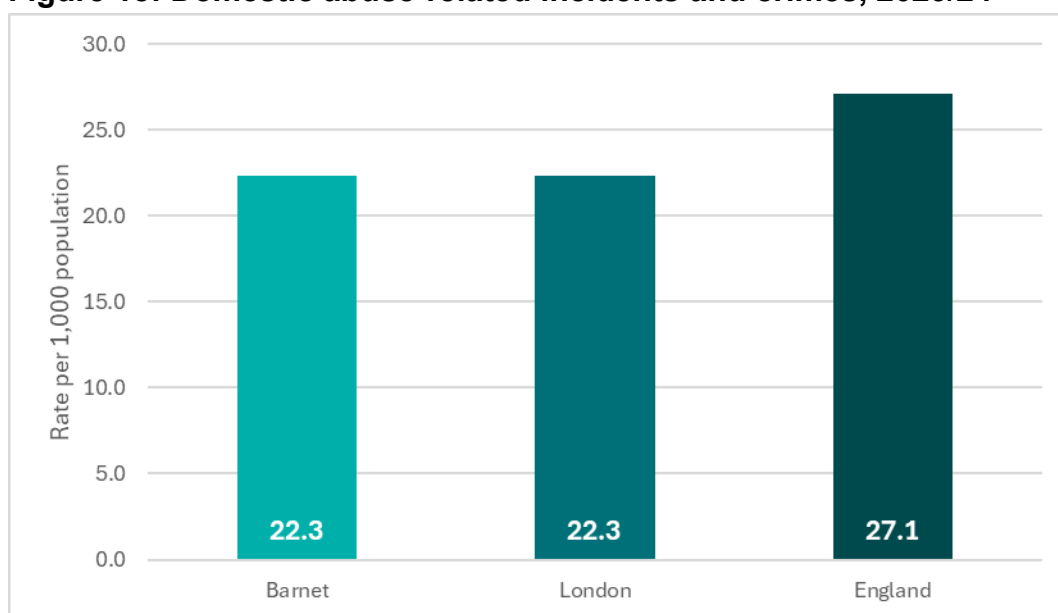
Crime can have a wide-ranging effect on people's health. In Barnet, indicators relating to crime are lower than England as a whole:

- The crime rate in Barnet is 74.5 per 1000 population, compared to 88.6 for England, according to figures published by the ONS for the year ending March 2024<sup>(42)</sup>.
- In the year ending March 2024, there were 28,995 incidents of crime, a 669 increase in incidents when compared to the previous year<sup>(42)</sup>.
- Between the year ending April 2023 and the year ending March 2024, there was an overall 2.3% increase in crime in Barnet. In England, crime decreased by 3.6% year on year<sup>(42)</sup>.

#### **4.4.6 Domestic abuse related incidents and crimes**

Figure 18 shows the rate per 1,000 of domestic abuse related incidents and crimes in 2023/24 across Barnet and England. The rates for Barnet were 22.3 per 1,000 compared to 22.3 per 1,000 in London and 27.1 per 1,000 for England (statistical significance is not calculated for this indicator).

**Figure 18: Domestic abuse-related incidents and crimes, 2023/24**



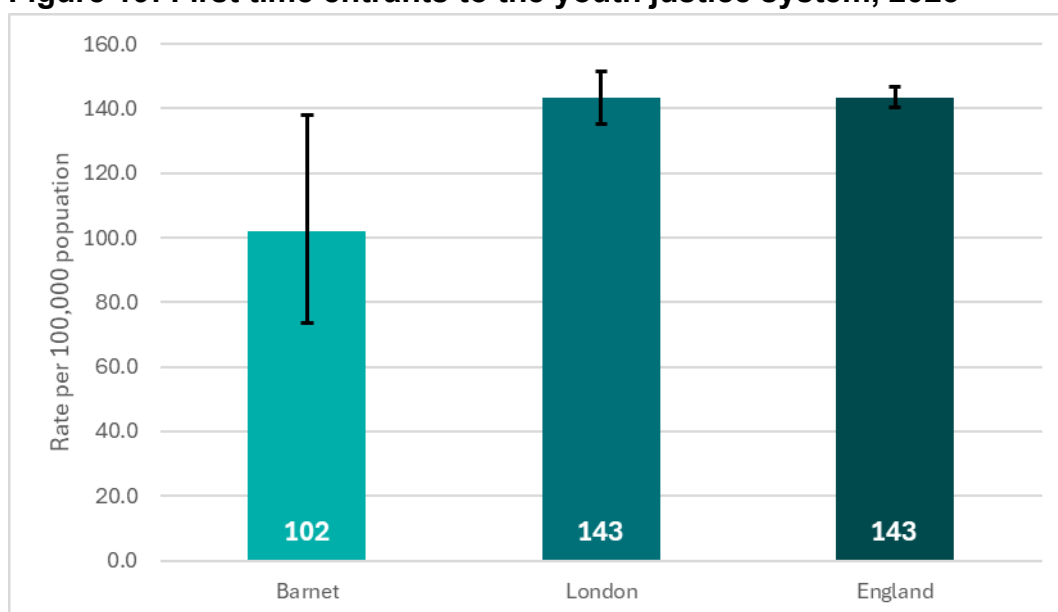
Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

#### 4.4.7 Prison populations

A first-time entrant to the youth justice system is a child aged between 10 and 17 who received their first caution or court sentence and was residing in England and Wales at the time of their first offence.

Figure 19 shows the rate per 100,000 of first-time entrants to the youth justice system in 2023 across Barnet, London and in England. The rates for Barnet were 102 per 100,000. This is similar to London (143 per 100,000) but significantly lower than the England value (143 per 100,000).

**Figure 19: First time entrants to the youth justice system, 2023**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

## 4.5 Housing and regeneration

Providing a suitable mix of good quality housing that, in meeting the changing needs of the local community, remains affordable and can serve future generations remains a significant challenge in Barnet.

It is important that the size and mix of homes delivered reflects the changing demographic and economic makeup of Barnet. The Local Plan 2021 – 2036<sup>(42)</sup> seeks to address this with development and efficient use of previously developed land and Barnet's existing housing stock.

The Housing Strategy for 2023-28<sup>(44)</sup> sets Barnet's strategic direction for housing activity in the borough and highlights that there is not currently enough suitable housing for everyone to have a safe, secure, and affordable home. The Housing Strategy focuses on five key priorities:

- Prevent homelessness and support rough sleepers off the streets.
- Deliver the right homes in the right places.
- Ensure safe, sustainable council housing.
- Raise quality and standards in the private rented sector.
- Support living well by promoting healthy homes and wellbeing.

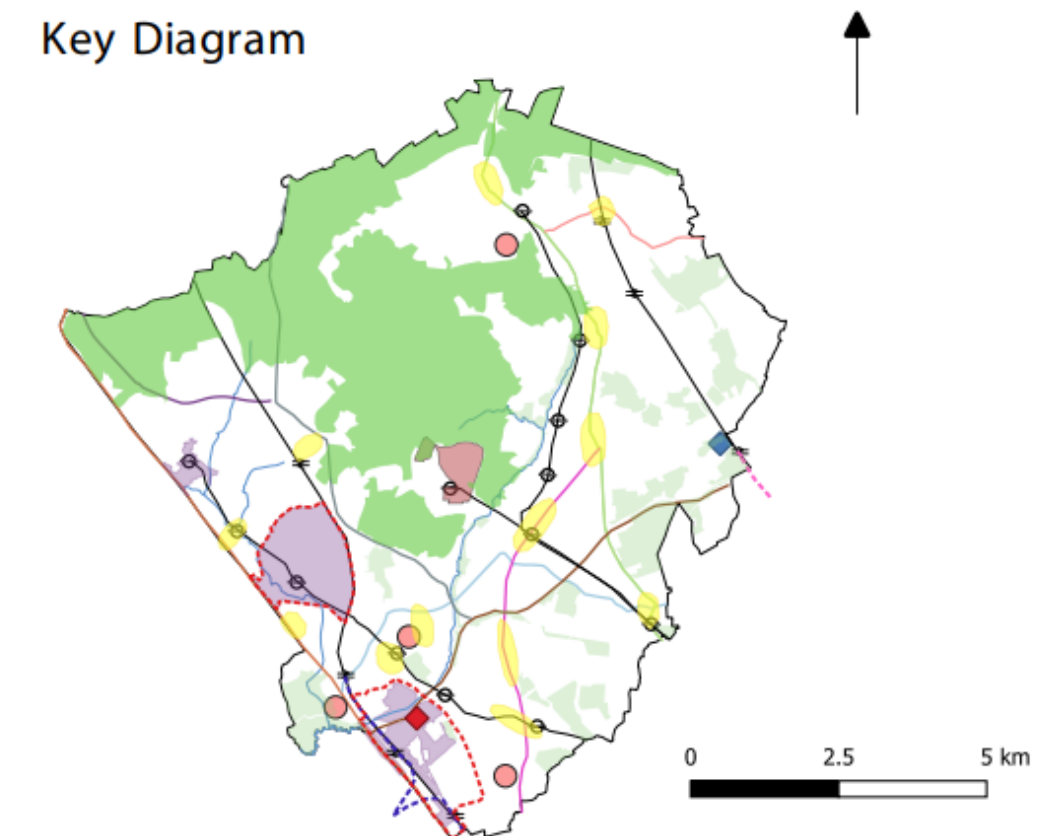
The Local Plan<sup>(43)</sup> recognises that delivery of housing must be accompanied by investment in transport, education, health, leisure, open spaces, green corridors and new employment opportunities. Provision of good quality, affordable rented homes is also a challenge as house prices have continued to rise in the borough and demand for rental properties has increased.

The Local Plan<sup>(43)</sup> sets out a vision that by 2036, Barnet will have successfully demonstrated the benefits that good, well-planned growth can deliver. Growth will be directed into the most sustainable locations with good public transport and active travel choices. These include Brent Cross, Colindale, New Southgate and Mill Hill East as well as our main town centres at Burnt Oak, Chipping Barnet, Cricklewood, Edgware, Finchley Central, Golders Green, and North Finchley. Outside these locations, growth has been supported in places with capacity for change and where local character and distinctiveness are recognised<sup>(43)</sup>. Appendix 3 details the larger residential developments anticipated over the lifespan of this PNA.

Over the Local Plan lifespan, a minimum of 35,460 new homes will be delivered<sup>(43)</sup>. Key areas for growth are shown in figure 20. This has been taken into account when developing this PNA.

**Figure 20: Local Plan Growth Areas**

## Key Diagram



© Crown copyright and database rights 2022 OS 100017674. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which the London Borough of Barnet makes it available. You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form. T party rights to enforce the terms of this licence shall be reserved to OS.

### Legend

- |  |   |
|--|---|
| <span style="display: inline-block; width: 15px; height: 10px; background-color: #90EE90; border: 1px solid black;"></span> Green Belt   | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #FF6347;"></span> A110 East Barnet Road   |
| <span style="display: inline-block; width: 20px; height: 10px; background-color: #90EE90; border: 1px solid black;"></span> Metropolitan Open Land   | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #800080;"></span> A41 Edgware Way Watford Way Hendon Way  |
| <span style="display: inline-block; width: 20px; height: 10px; border: 2px dashed red;"></span> Opportunity Areas  | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #A0522D;"></span> A406 North Circular Road  |
| <span style="display: inline-block; width: 10px; height: 10px; background-color: #DC143C; border: 1px solid black; transform: rotate(45deg);"></span> Brent Cross Metropolitan Town Centre | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #FF69B4;"></span> A598 Ballards Road Regents Park Road Finchley Road  |
| <span style="display: inline-block; width: 15px; height: 10px; background-color: #FFB6C1; border: 1px solid black;"></span> Mill Hill East Area  | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #9ACD32;"></span> A1000 Great North Road/ High Road   |
| <span style="display: inline-block; width: 15px; height: 10px; background-color: #DDA0DD; border: 1px solid black;"></span> Growth Area  | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #6495ED;"></span> A504 Hendon Lane  |
| <span style="display: inline-block; width: 15px; height: 10px; background-color: #FFFF00; border: 1px solid black;"></span> District Centre  | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #FF8C00;"></span> A5 Edgware Road   |
| <span style="display: inline-block; width: 10px; height: 10px; background-color: #FFA07A; border: 1px solid black; border-radius: 50%;"></span> Estate renewal and infill                  | <span style="display: inline-block; width: 20px; border-bottom: 2px solid #4682B4;"></span> Waterways   |
| <span style="display: inline-block; width: 20px; border-bottom: 2px dashed magenta;"></span> Crossrail 2   | <span style="display: inline-block; width: 20px; border-bottom: 2px solid black;"></span> Borough Boundary  |
| <span style="display: inline-block; width: 20px; border-bottom: 2px dashed blue;"></span> West London Orbital  | <span style="display: inline-block; width: 10px; height: 10px; background-color: #4682B4; border: 1px solid black; transform: rotate(45deg);"></span> New Southgate Opportunity Area. |
| <span style="display: inline-block; width: 10px; height: 10px; background-color: black; border: 1px solid black; transform: rotate(45deg);"></span> Railway Station                        |   |
| <span style="display: inline-block; width: 10px; height: 10px; background-color: black; border: 1px solid black; border-radius: 50%;"></span> Underground Station                          |   |
| <span style="display: inline-block; width: 20px; border-bottom: 2px solid black;"></span> Train lines  |   |
| <span style="display: inline-block; width: 20px; border-bottom: 2px solid black;"></span> A1 Great North Way Watford Way   |   |

**Source: Local Plan<sup>(42)</sup>**



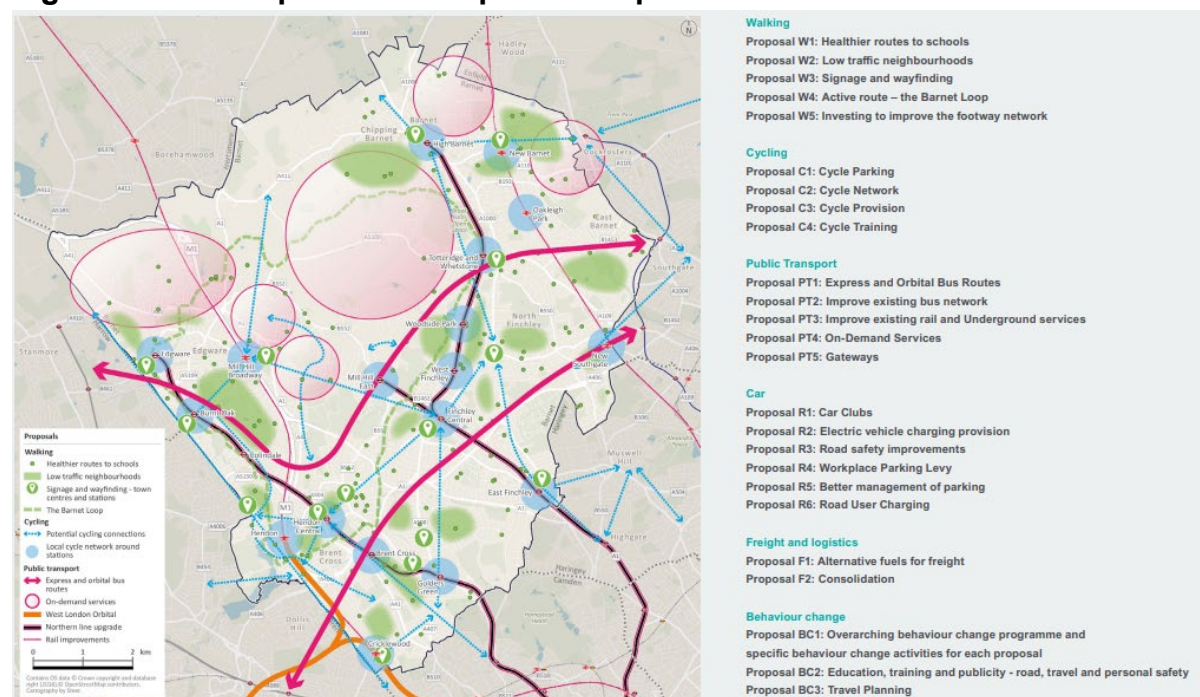
## 4.6 Transport

The Long-Term Transport Strategy<sup>(45)</sup> is part of Barnet Council's wider strategy to create a prosperous, inclusive, and healthy future for the borough. It sets out a vision for transport in Barnet and a roadmap for achieving this vision, supporting other Council policies such as the Growth Strategy<sup>(25)</sup>, the Joint Health and Wellbeing Strategy<sup>(5)</sup> and the Local Plan<sup>(42)</sup>. This is depicted in figure 21.

The Transport Strategy has 5 objectives:

- Objective 1: Barnet's transport network contributes to the creation of better places to live, work and visit, allows local businesses to thrive sustainably, and is flexible, adapting to future opportunities presented by technology and change in travel patterns.
- Objective 2: Transport in Barnet keeps the borough moving, enabling people and goods to move within and through the borough efficiently using high quality orbital and radial links. Transport should facilitate life in Barnet: both leisure and work, now and in the future.
- Objective 3: The transport system is as accessible as possible regardless of age, ability and income, and the negative impacts of transport are minimised. Everyone in Barnet, regardless of where they live, who they are or their level of income, should be able to get where they want to go, without disproportionately impacting others.
- Objective 4: Transport contributes positively to the health of the borough, by prioritising active travel and ensuring continued improvement in air quality.
- Objective 5: The road network and transport system in Barnet is safe and residents and visitors feel safe across all transport modes

**Figure 21 – Transport Plan Proposals map**



Source: Transport Strategy<sup>(45)</sup>

## 4.7 Modifiable risk factors affecting health outcomes

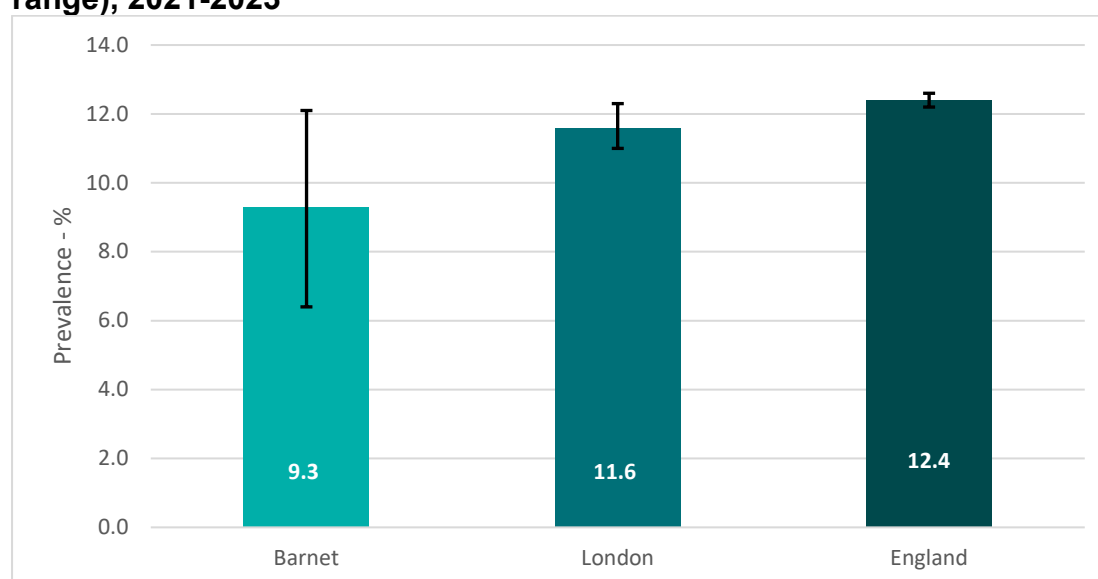
The King's Fund<sup>(46)</sup> examined how four modifiable risk factors – smoking, excessive alcohol use, poor diet, and low levels of physical activity – occur together in the population and how this distribution has changed over time. The report found that people with no qualifications are currently more than five times as likely as those with higher education to engage in all four behaviours.

### 4.7.1 Smoking

Smoking is identified as the greatest contributor to premature death and disease. It is estimated that up to half the difference in life expectancy between the most and least affluent groups is associated with smoking.

Figure 22 shows the proportion of the adult population who were self-reported smokers in the Annual Population Survey (APS) 2021-2023, it is based upon the average over the three year period. The proportion of adults (aged 18 and over) who were smokers in Barnet within the recent reporting period was 9.3%, This is similar to London (11.6%) but significantly lower than the England average (12.4%)

**Figure 22: Smoking Prevalence in adults (18+) – current smokers (APS - 3 year range), 2021-2023**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

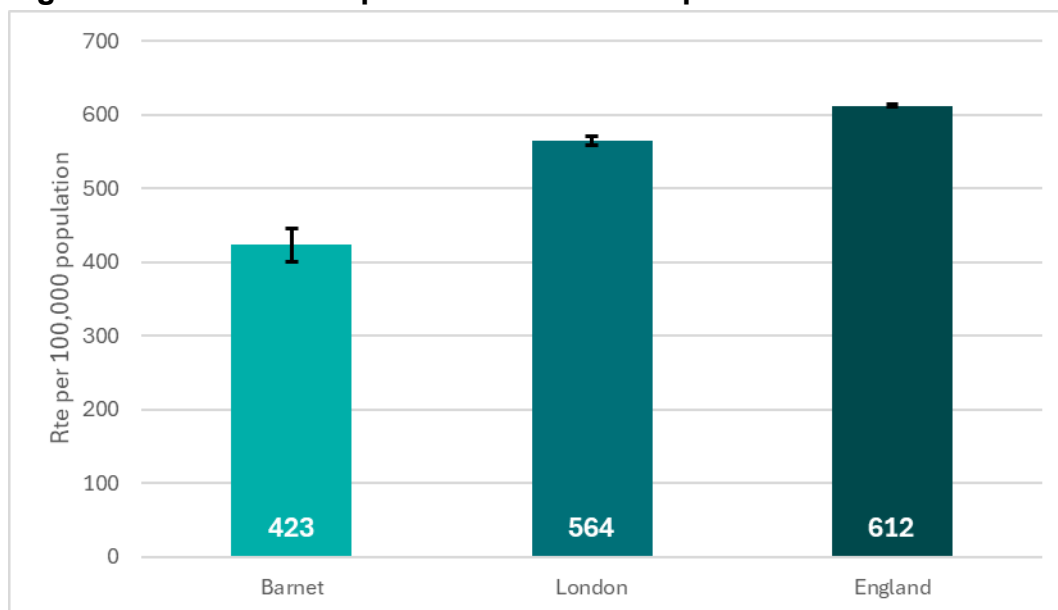
How pharmacies support:

- Nicotine Replacement Therapy
- Active Intervention Smoking Cessation
- Smoking Cessation Advanced Service
- Supporting annual public health campaigns
- Promotion of Healthy Lifestyles and advice, signposting to Local Authority provided Stop Smoking Services

#### **4.7.2 Alcohol**

Figure 23 shows the admission episodes for alcohol-specific conditions in Barnet, London and England recorded in 2023/24. The rates for Barnet were 423 per 100,000 population which is significantly lower than London (564 per 100,000), and the England average of 612 per 100,000.

**Figure 23: Admission episodes for alcohol-specific conditions 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

- Healthy Lifestyle advice
- Signposting to services

### 4.7.3 Healthy weight

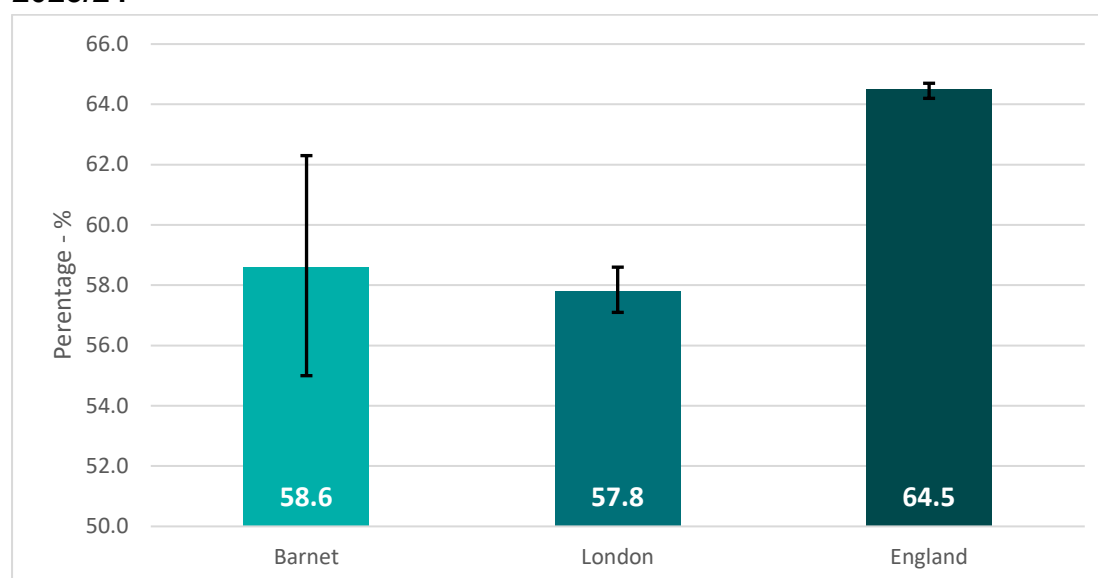
Overweight and living with obesity are one of the most significant and complex public health challenges. It can have a significant impact on individual and family health and wellbeing, business and education, and contribute to significant costs across health, social care and a wide range of services.

Overweight and obesity are terms that refer to having excess body fat, which is related to a wide range of diseases, most commonly:

- Type 2 diabetes
- Hypertension (high blood pressure)
- Some cancers
- Heart disease
- Stroke
- Liver disease

Figure 24 shows the percentage of adults classified as overweight or living with obesity in Barnet, London and England in 2023/24. The data used adjusted self-reported rates of obesity (derived from the Sport England, Active Lives Survey), taken from OHID Fingertips. The rates for Barnet were 58.6%, similar to London (57.8%) but significantly lower than the rate for England (64.5%).

**Figure 24: Percentage of adults (aged 18+) classified as overweight or obese, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

In the three-year period 2021-22 to 2023-24, 19.4% of children in Reception (aged 4-5 years old) in Barnet were living with excess weight (overweight, including obesity), significantly lower than London (20.9%) and the England average (21.9%).

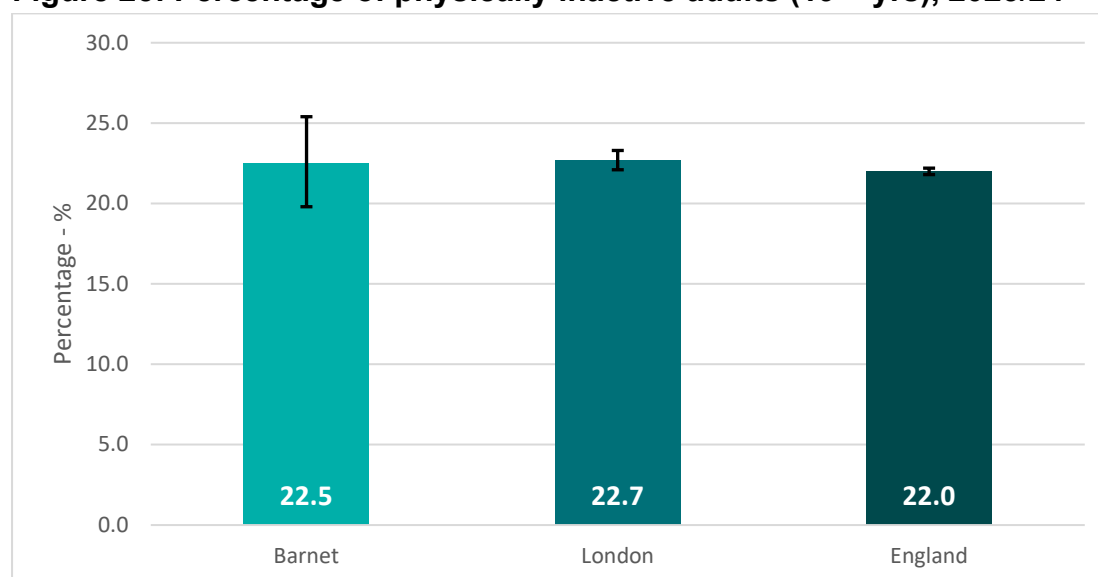
In the three-year period 2021-22 to 2023-24, 34.5% of Year 6 children in Barnet (aged 10-11 years old) were living with excess weight (overweight, including obesity), significantly lower than London (39.0%) and the England average of 36.7%.

#### **4.7.4 Physical activity**

The Chief Medical Officer (CMO) for England currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity or frequency<sup>(47)</sup>.

Figure 25 shows the percentage of physically inactive adults or the proportion of individuals not currently meeting the CMO guidelines in Barnet, London and England in 2023/24. The rates for Barnet were 22.5% which is similar to London (22.7%) and the England average (22.0%).

**Figure 25: Percentage of physically inactive adults (19 + yrs), 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

**How pharmacies support:**

- Healthy Lifestyle Advice - offering information, advice and support
- NHS Weight Management Programme referral
- Hypertension case finding service
- Supporting annual public health campaigns

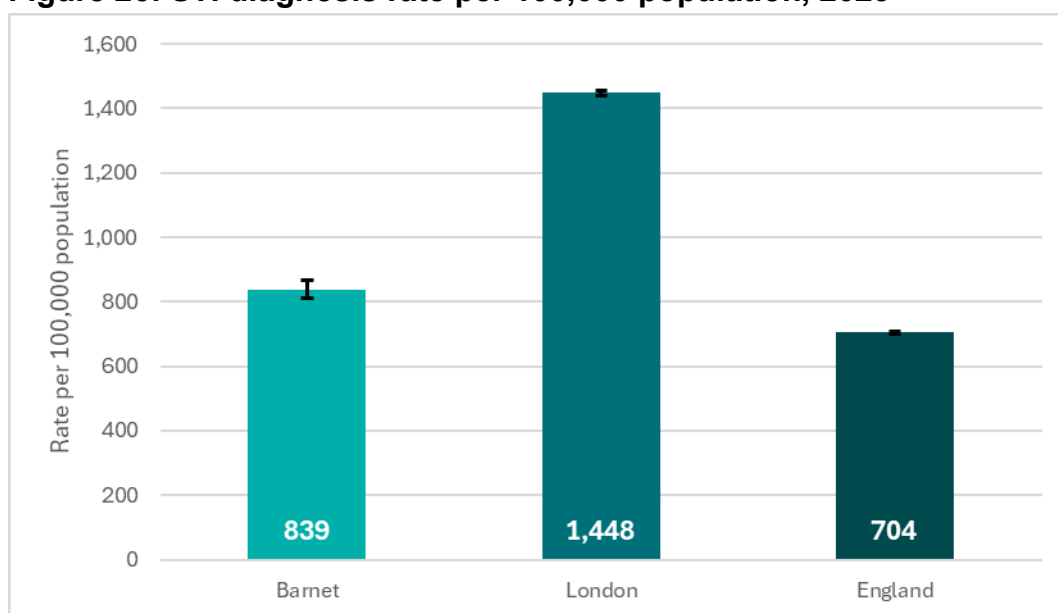
#### **4.7.5 Sexual health**

Good sexual health is also an important public health issue and is fundamental to wellbeing and health. Poor sexual health can cause social, economic, emotional, and health costs as well as stark health inequalities. Several key population groups can be identified for whom there are greater risks of experiencing sexual ill health including gay, bisexual or other men who have sex with men, Black and minority ethnic groups, and women of reproductive age.

Sexually transmitted infections can affect anyone but are more common among those aged under 25 years. Many sexual infections have long lasting effects on health, including cervical cancer and infertility.

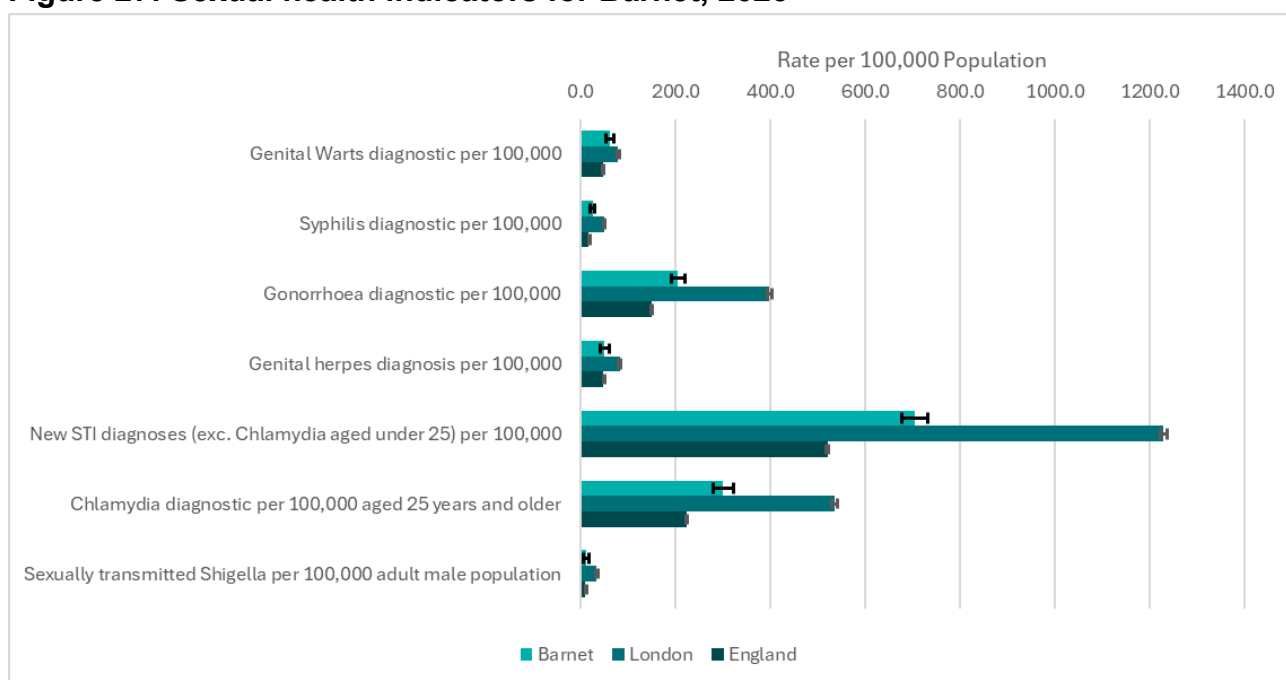
Figures 26 and 27 show the STI diagnosis rate per 100,000 people in Barnet, London and England in 2023. The rates for Barnet were 839 per 100,000 people significantly lower than the rate for London (1,448 per 100,000) but significantly higher than the rate for England (704 per 100,000 people).

**Figure 26: STI diagnosis rate per 100,000 population, 2023**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 27: Sexual health indicators for Barnet, 2023**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment, and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

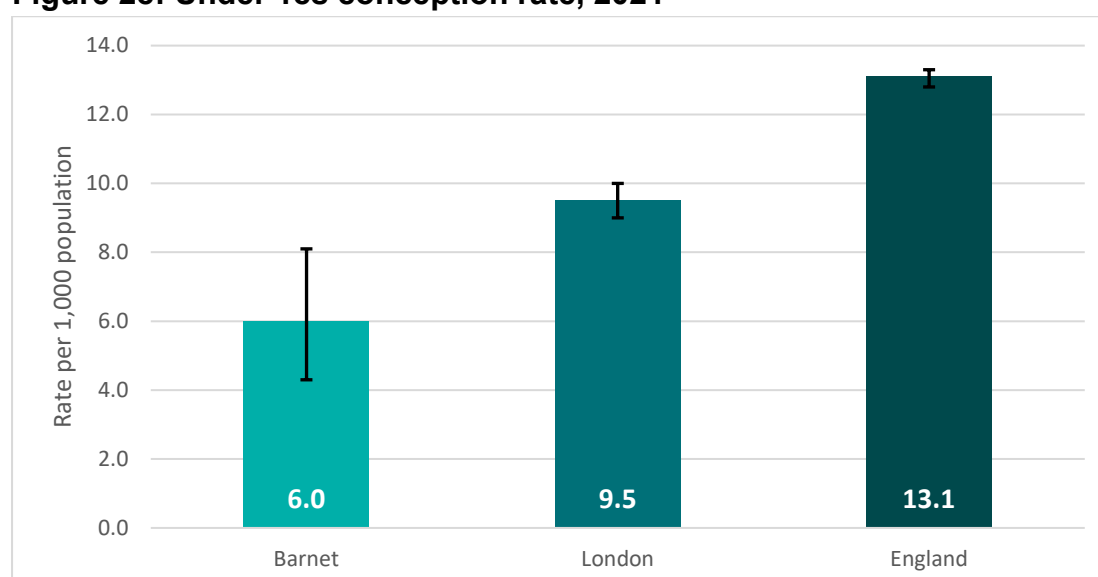
### 4.7.6 Teenage pregnancy

Areas of deprivation often have the highest teenage conception rates. Consequently, deprived areas can have comparatively high incidence of teenage maternities and can be therefore disproportionately affected by the poorer outcomes associated with teenage conceptions.

Children born to mothers under 20 have higher rates of infant mortality and are at increased risk of low birthweight which impacts on the child's long-term health. Teenage mothers are also three times more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Figure 28 shows that the under-18 conception rate in 2021 for Barnet, London and England. The rates per 1,000 for Barnet were 6.0 per 1,000 population, significantly lower than London (9.5 per 1,000 population) and the England average (13.1 per 1,000 population).

**Figure 28: Under 18s conception rate, 2021**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

- Provision of free condoms (C-card scheme)
- Free emergency hormonal contraception
- Pregnancy testing
- Referral on for further contraception services
- Dual screening service

### 4.7.7 Oral health

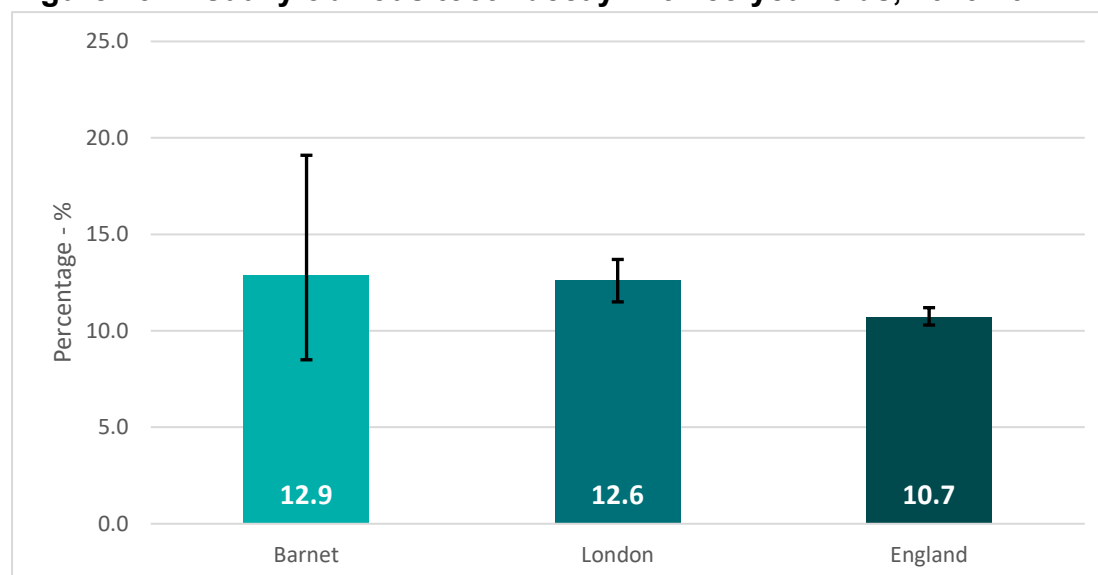
Figures 29 and 30 show the proportion of visually obvious tooth decay in Barnet, London and England for both three-year-olds and five-year-olds. The percentage of



three-year-olds with experience of visually obvious tooth decay in Barnet was 12.9. This is similar to London (12.6) and the England average of 10.7.

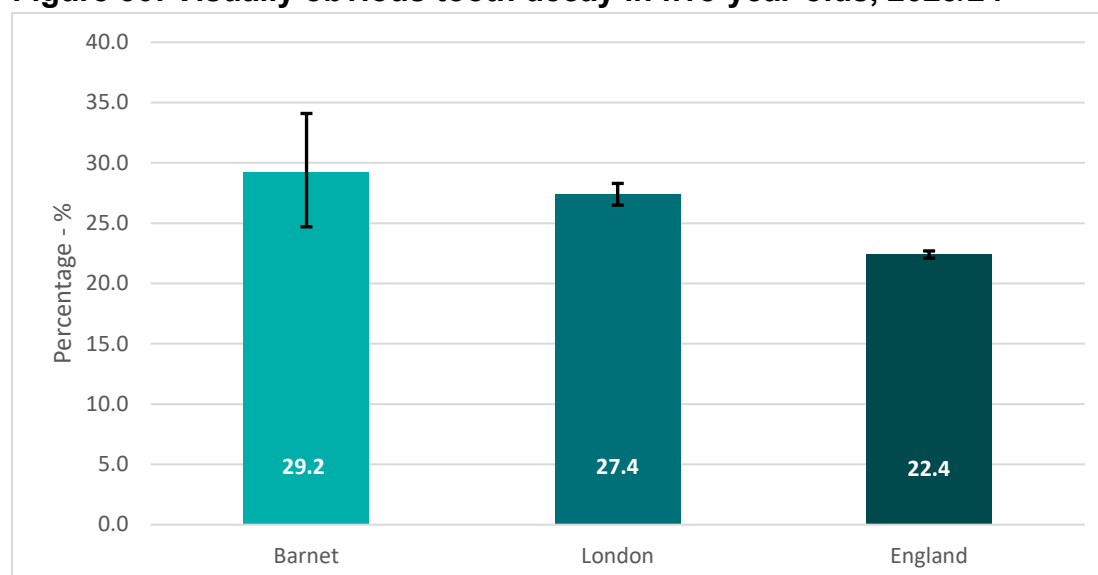
The percentage of five-year-olds with experience of visually obvious tooth decay in Barnet was 29.2. This is similar compared to London (27.4) but significantly higher than the England average of 22.4.

**Figure 29: Visually obvious tooth decay in three-year-olds, 2019/20**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 30: Visually obvious tooth decay in five-year-olds, 2023/24**



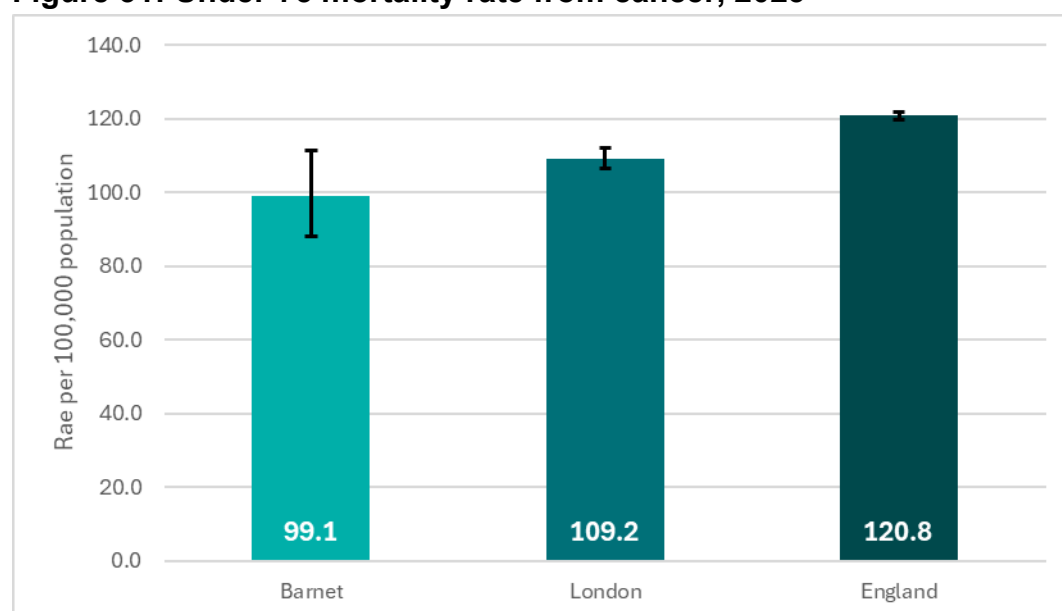
Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

## 4.8 Cancers

Death rates from all cancers have decreased significantly over the last two decades due to a combination of early detection and improved treatment.

Figure 31 shows the under-75 mortality rate from cancer in 2023 for Barnet compared to London and the England average. The standardised mortality rate per 100,000 people under-75 who died from cancer (99.1) was similar in Barnet compared to the rate in London (109.2) but significantly lower than the rate for England (120.8).

**Figure 31: Under-75 mortality rate from cancer, 2023**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

- Advice and support
- Signposting
- Medicines optimisation
- New medicine service
- Discharge medicine service

## 4.9 Long-term conditions

A long-term condition is a condition that cannot at present be cured but is controlled by medication and/or other treatment/therapies. The NHS Long Term Plan<sup>(12)</sup> has a strong focus on the treatment and prevention of illness by supporting patients to adopt improved healthy behaviours. This will both help people to live longer, healthier lives and reduce the demand for treatment and care.

Focusing in particular on services to support patients to overcome tobacco addiction, treat alcohol dependence and to prevent and treat obesity – especially in areas with the highest rates of ill health. The prevalence of long-term conditions increases with age and the proportion of the population with multiple long-term conditions also increases with age. People from lower socio-economic groups have increased risk of

developing long-term conditions; better management can help to reduce health inequalities.

For all the conditions discussed below, the identification of people who already have, or who are at risk of developing, disease followed by successful management of their conditions is important to the efforts to reduce premature mortality, morbidity and inequalities in health. Data from this section is predominantly obtained from the Quality and Outcomes Framework (QOF). It should be noted that this only includes patients who are recorded on GP practice disease registers.

#### **4.9.1 Cardiovascular disease**

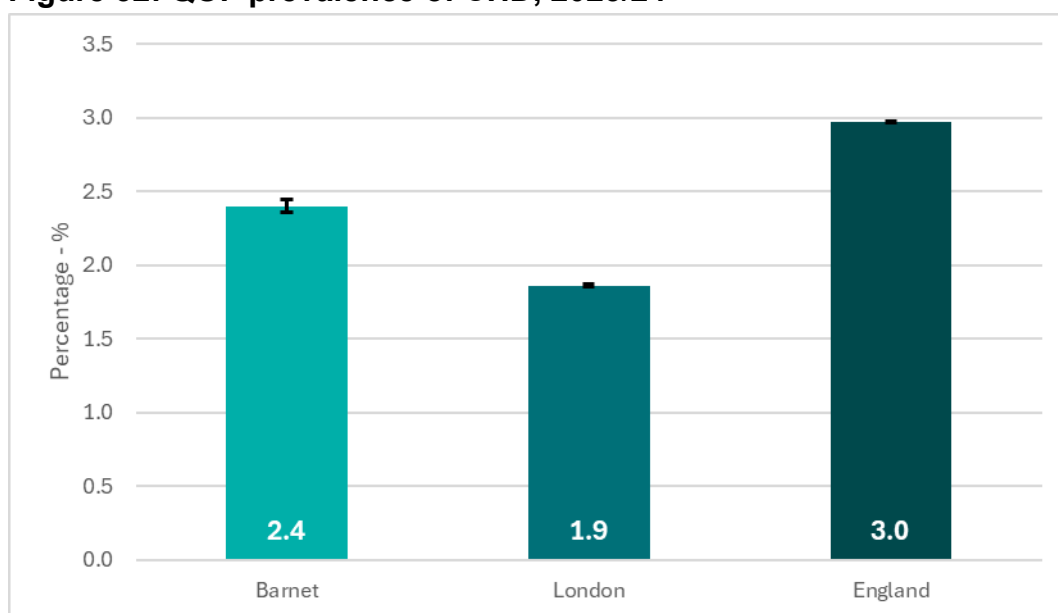
Cardiovascular disease (CVD) includes several different problems of the heart and circulatory system, such as coronary heart disease (CHD), stroke and peripheral vascular disease (PVD). It is strongly linked with other conditions such as diabetes and chronic kidney disease and is more prevalent in lower socio-economic and minority ethnic groups.

Death rates from cardiovascular disease have decreased significantly over the last two decades due to a systematic approach to secondary prevention and improved treatment.

Figure 32 and figure 33 shows the QOF prevalence for coronary heart disease (CHD) and Stroke in 2023/24 in Barnet, London and England. The recorded (diagnosed) prevalence for key cardiovascular long-term conditions is as follows:

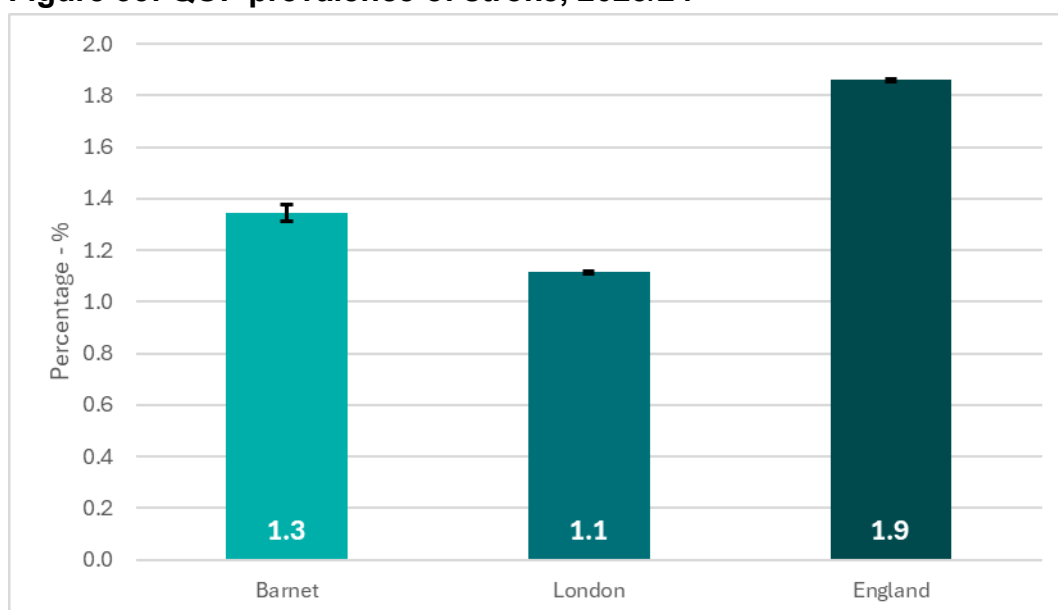
- CHD prevalence in Barnet is 2.4%, which is significantly higher than London (1.9%) but significantly lower than the England average (3.0%).
- Stroke (all ages) prevalence in Barnet (1.3%) is significantly higher than London (1.1%) but significantly lower than the England average (1.9%).

**Figure 32: QOF prevalence of CHD, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

**Figure 33: QOF prevalence of stroke, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

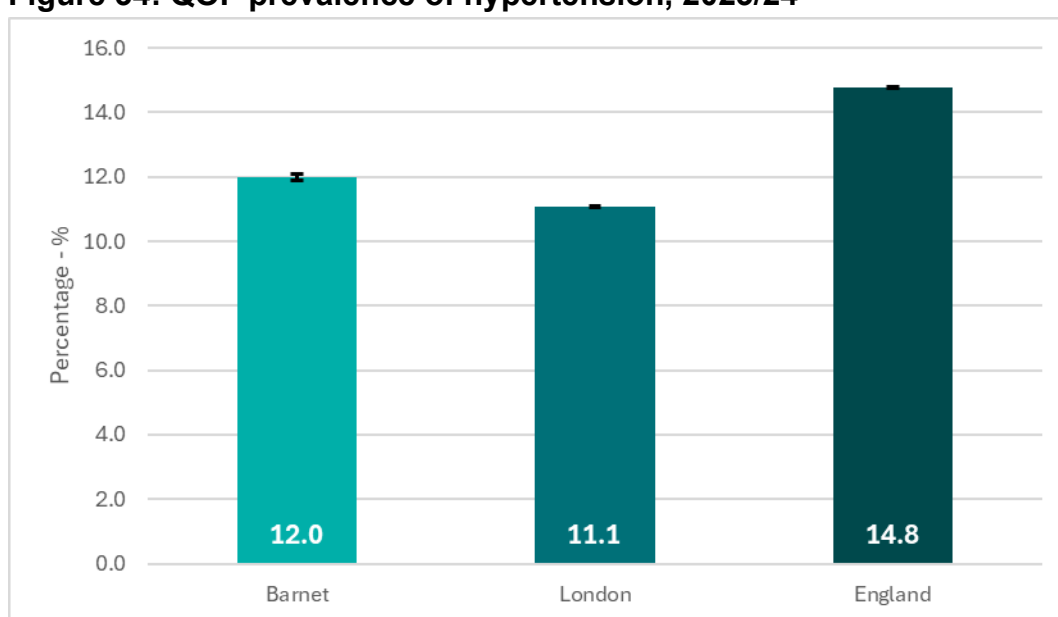
- Education and support
- Signposting to preventative services e.g. smoking cessation, weight management
- New medicine service – using this to support patients with hypertension management/adherence to new medication
- Discharge medicine service
- Hypertension case finding service

### 4.9.2 Hypertension

A measurement of blood pressure indicates the pressure that circulating blood puts on the walls of blood vessels. A blood pressure of 140/90 mmHg or greater is usually used to indicate hypertension (high blood pressure) because persistent levels above this start to be associated with increased risk of cardiovascular events. Uncontrolled hypertension is a major risk factor for stroke, heart attack, heart failure, aneurysms and chronic kidney disease.

Figure 34 shows the QOF prevalence for hypertension (all ages) in 2023/24 in Barnet (12.0%) was significantly higher than London (11.1%) but significantly lower than the England average (14.8%).

**Figure 34: QOF prevalence of hypertension, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

- Signposting to preventative services e.g. smoking cessation, weight management
- Hypertension case finding service
- Medicines Optimisation
- New medicine service
- Discharge medicine service

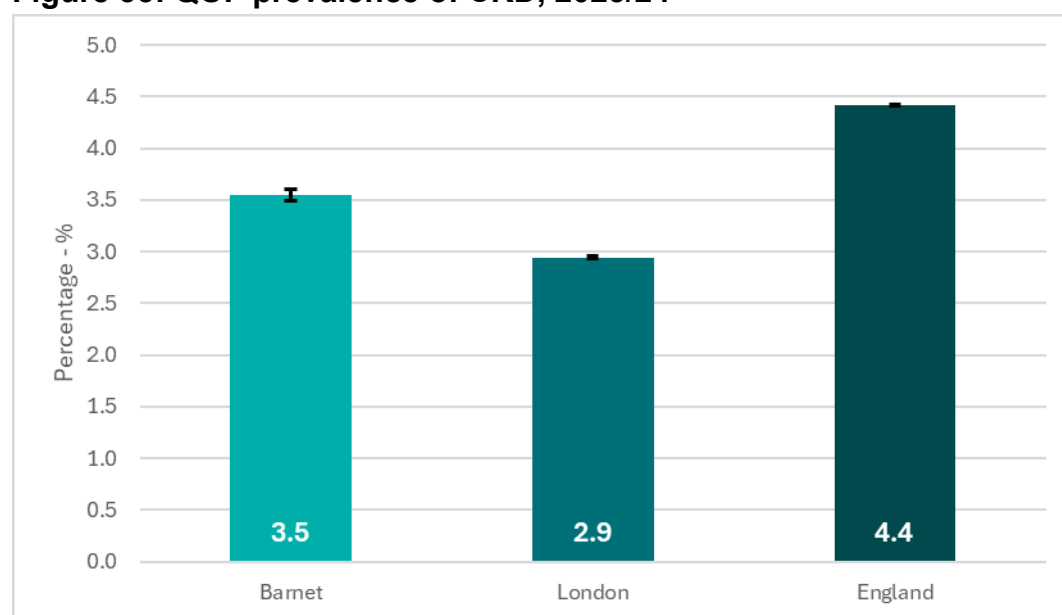
### 4.9.3 Chronic kidney disease

Chronic kidney disease (CKD) is the progressive loss of kidney function over time, due to damage or disease. It becomes more common with increasing age and is more common in people from Black and South Asian ethnic communities. Chronic kidney disease is usually caused by other conditions that put a strain on the kidneys such as high blood pressure, diabetes, high cholesterol, infection, inflammation,

blockage due to kidney stones or an enlarged prostate, long-term use of some medicines or certain inherited conditions. People with chronic kidney disease are at increased risk of cardiovascular diseases.

Figure 35 shows the QOF prevalence for chronic kidney disease (CKD) for people aged 18 years and over in 2023/24 in Barnet is 3.5% which is significantly higher than London (2.9%) but significantly lower and the England average (4.4%).

**Figure 35: QOF prevalence of CKD, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

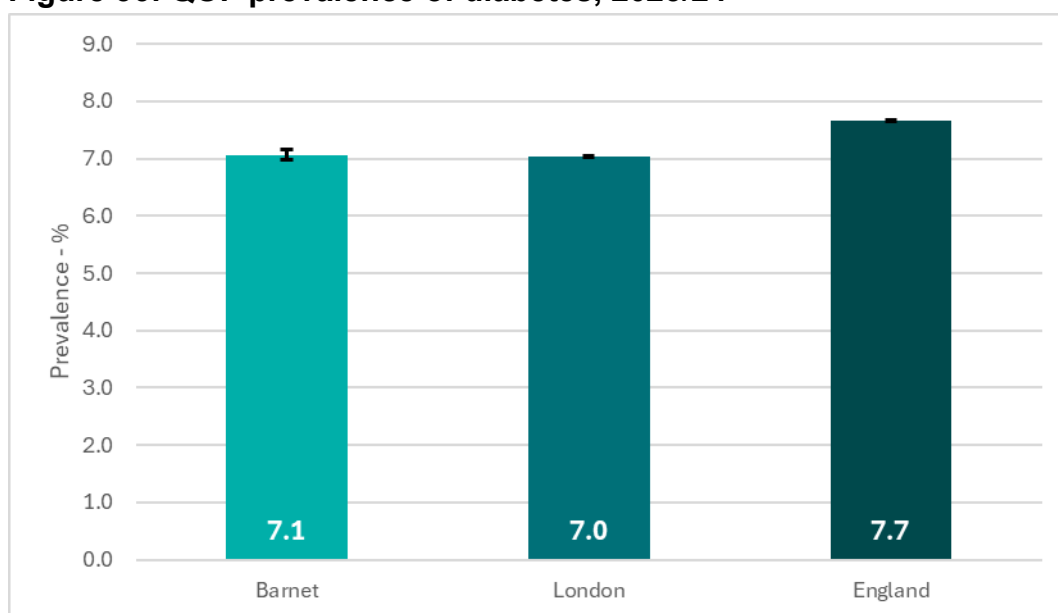
- Hypertension case finding
- New medicine service
- Over the counter medicines advice

#### 4.9.4 Diabetes

Diabetes is a chronic and progressive disease that can have a significant impact on health and wellbeing. It can affect infants, children, young people and adults of all ages, and is becoming more common. Diabetes can result in premature death, ill-health and disability, yet these can often be prevented or delayed by high quality care. Type 1 diabetes is genetic and Type 2 diabetes can develop. Preventing Type 2 diabetes (the most common form) requires action to identify those at risk who have non-diabetic hyperglycaemia and prevention activities to tackle obesity, diet and physical activity.

Figure 36 shows the QOF prevalence for diabetes for people aged 17 years and over in 2023/24. Barnet is 7.1%, similar to London (7.0%), yet significantly lower than the England average (7.7%).

**Figure 36: QOF prevalence of diabetes, 2023/24**



**Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>**

How pharmacies support:

- Lifestyle advice and support including low carbohydrate diet and exercise
- Signposting to preventative services e.g. smoking cessation, weight management
- Healthy living advice

#### **4.9.5 Respiratory**

Respiratory diseases (those affecting the airways and lungs) are diagnosed in 1 in 5 people and are the third leading cause of death in the UK, after cardiovascular disease and cancer. They are also a major driver of health inequalities, and much of this disease is largely preventable. Respiratory disease covers a wide variety of conditions, including asthma and chronic obstructive pulmonary disease (COPD), lung cancer, infections such as pneumonia and influenza, and less common diseases such as interstitial lung disease and mesothelioma.

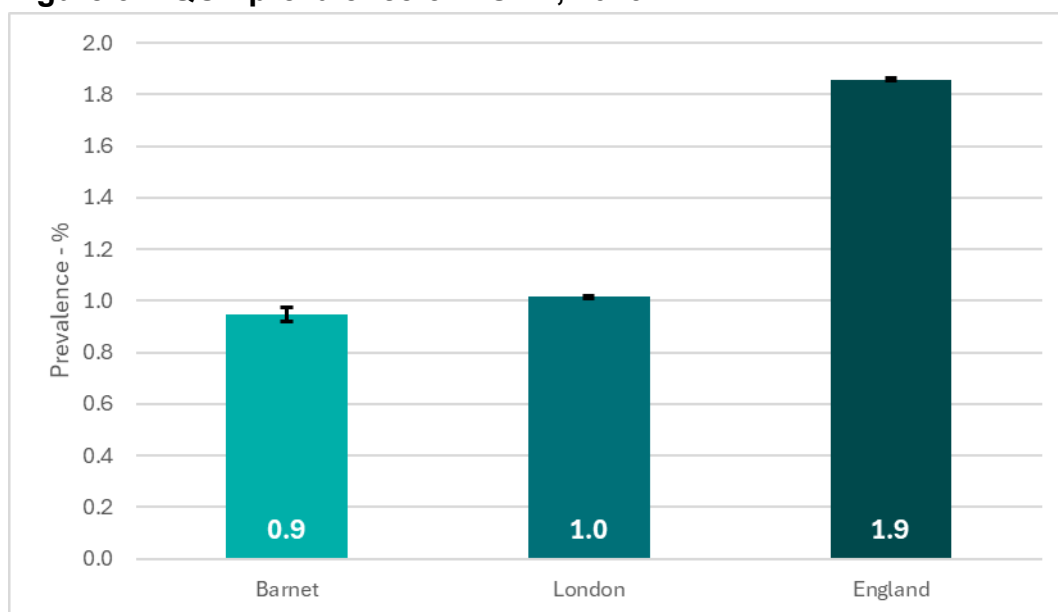
Chronic obstructive pulmonary disease (COPD) is a progressive disease which covers a range of conditions, including bronchitis and emphysema. Its symptoms include cough and breathlessness; over time it can become increasingly severe, having a major impact on mobility and quality of life as it impacts on people's ability to undertake routine activities. In the final stages it can result in heart failure and respiratory failure. Because of its disabling effects, it impacts not only on the person with the disease but also on those who provide informal care to that person. The biggest risk factor for the development and progression of COPD is smoking, so prevention is linked to smoking cessation activities and broader tobacco control.

Asthma is a long-term condition which affects the airways. In England, 1 in 11 people are currently receiving treatment for asthma.

Figure 37 and figure 38 show the QOF prevalence of COPD and asthma in 2023/24 in Barnet. The prevalence of COPD in Barnet (0.9%) is significantly lower than London (1.0%) and the England average of 1.9%.

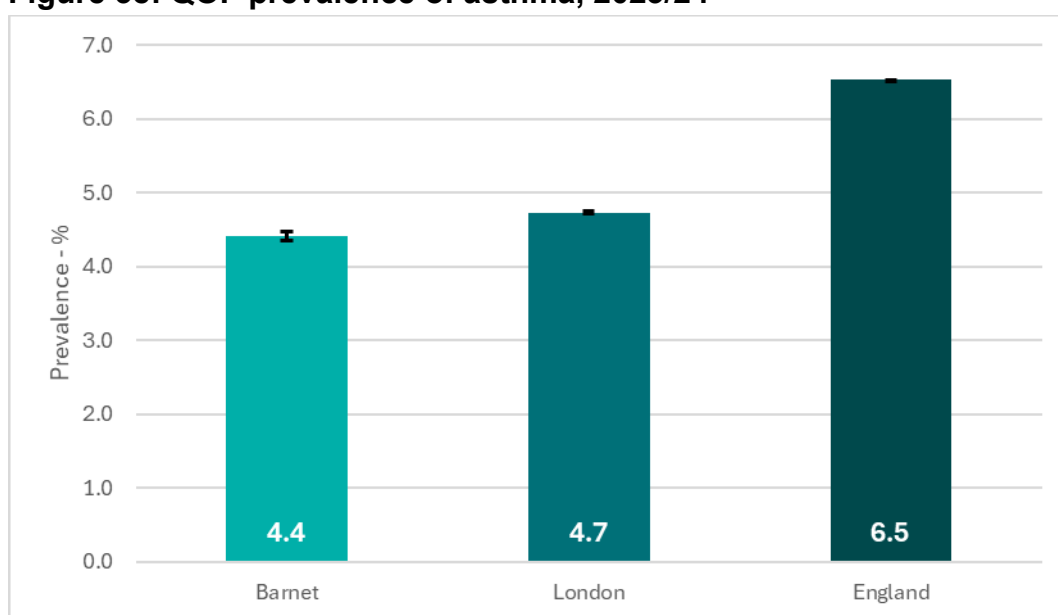
The recorded (diagnosed) prevalence for asthma in people aged 6 years and over in Barnet was 4.4%, significantly lower than London (4.7%) and the England average (6.5%).

**Figure 37: QOF prevalence of COPD, 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 38: QOF prevalence of asthma, 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>



How pharmacies support:

- Advice and support
- Signposting to smoking cessation services
- Correct inhaler technique
- New medicine service
- Discharge medicine service

#### **4.9.6 Older people**

As more people live longer, who we perceive to be an older person and what ageing well means has changed. Greater numbers of older people continue in employment and plan for an active retirement. The contribution of older people to the community and economy is well evidenced and the contribution the environment plays in healthy ageing such as healthy towns, cities, and settings is well recognised.

However, although we are adding years to life, healthy life expectancy describes a different picture with significant variation seen across England. Declines in mortality rates have not been matched by declines in morbidity and marked inequalities between the least deprived and the most deprived communities remain. Over 4 million (or 40%) of people in the UK over the age of 65 have limiting long-term conditions. These include conditions such as diabetes, heart disease, respiratory disease, cancer and dementia.

The UK population is projected to continue growing and will reach over 74 million by 2039. The population in the UK is ageing with 18% aged 65 and over and 2.4% aged 85 and over. This poses significant challenges not only to the health and social care sector but also economic challenges in terms of employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.

How pharmacies support:

- New medicine service
- Discharge medicine service
- Repeat prescription service
- Reasonable adjustments to aid medicine compliance (large print, non-child-proof lids, reminder charts)
- Provision of medicine in compliance aids (Not a commissioned service but may be reasonable adjustment to meet person's needs)
- Advice to carers and supported living services regarding medicines
- Care home advice and support

### 4.9.7 Dementia

Dementia is a group of related symptoms associated with an on-going decline of brain functioning. This may include problems with memory loss, confusion, mood changes, and difficulty with day-to-day tasks.

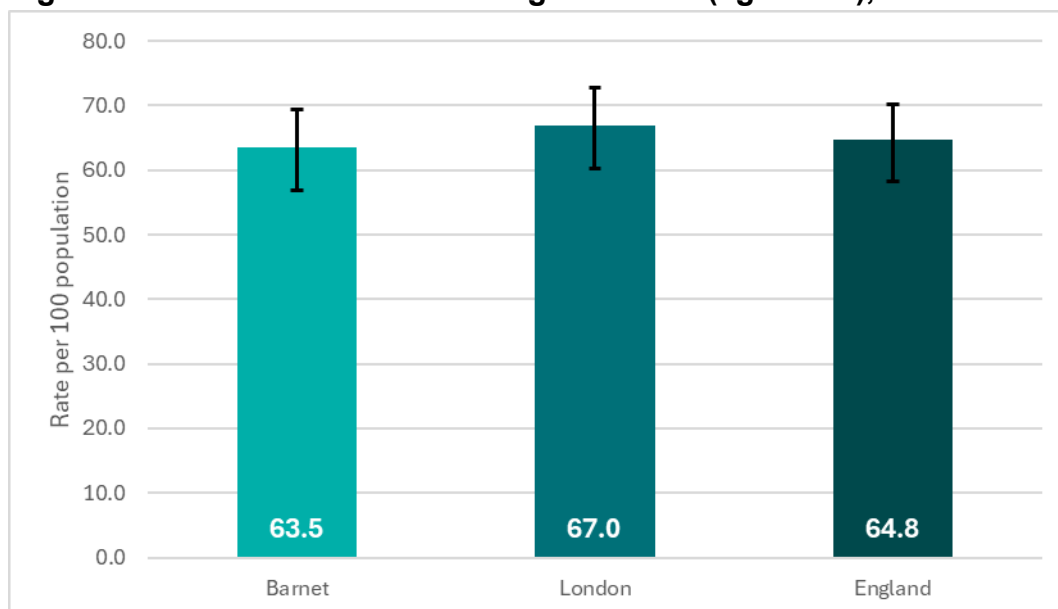
The biggest risk factor for dementia is age; the older you are the more likely you are to develop the condition. But dementia is not an inevitable part of ageing. Although it is not possible to completely prevent dementia, leading a healthy lifestyle and taking regular exercise can lower the risk.

There are different types of dementia; all of them are progressive and impact on daily life. Alzheimer's disease and vascular dementia together make up the majority of cases. Although there is no cure for dementia, early diagnosis and the right treatment can slow its progress, help to maintain mental function, giving time to prepare and plan for the future.

Locally the number of cases of dementia is predicted to increase as the proportion of older people in the population grows. Even after diagnosis, people continue to live at home for many years, often with support from family carers. Accurate diagnosis of dementia is the first step to getting help and support.

Figure 39 shows the estimated dementia diagnosis rate (aged 65+) per 100 people in 2024 in Barnet was 63.5, similar to London (67.0) and the England average of 64.8.

**Figure 39: Estimated dementia diagnosis rate (aged 65+), 2024**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

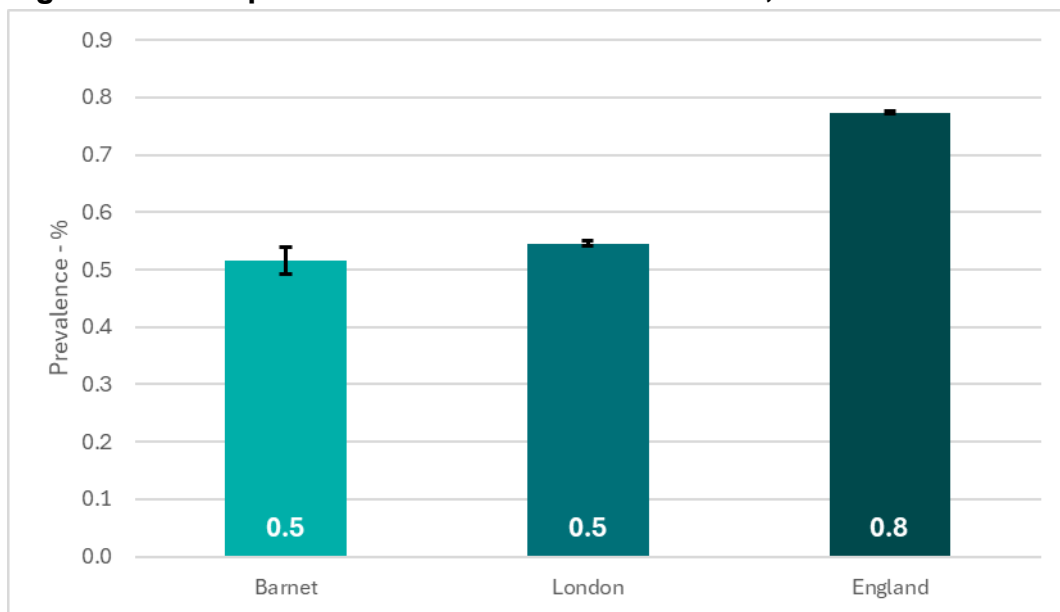
#### 4.9.8 Rheumatoid arthritis and osteoporosis

Figure 40 and figure 41 show the Quality Outcome Framework (QOF) prevalence of rheumatoid arthritis and osteoporosis (aged 50+) in 2023/24 in Barnet, London and England.

The recorded (diagnosed) prevalence for rheumatoid arthritis in Barnet was 0.5%, similar to London (0.5%) but significantly lower than the England average (0.8%).

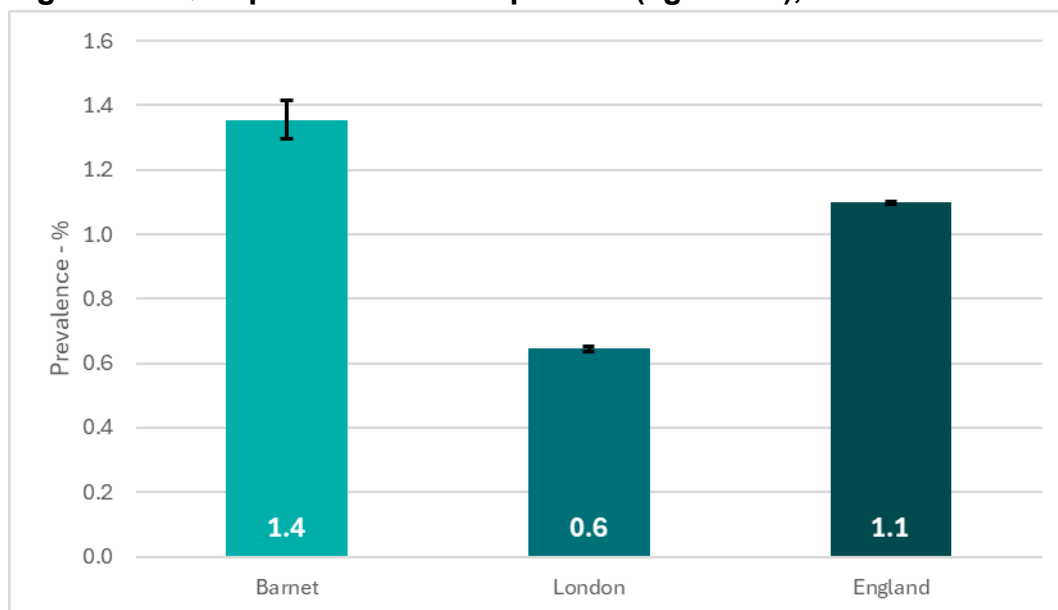
The recorded prevalence for Osteoporosis in those aged 50 years and over in Barnet was 1.4%, significantly higher than London (0.6%) and the England average (1.1%).

**Figure 40: QOF prevalence of rheumatoid arthritis, 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

**Figure 41: QOF prevalence osteoporosis (aged 50+), 2023/24**

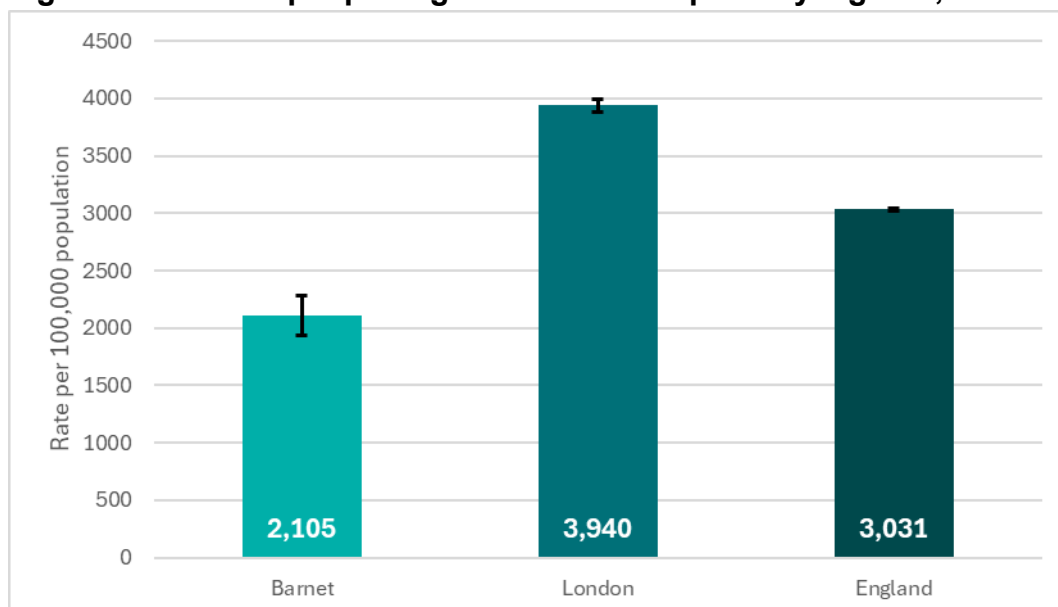


Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

#### 4.9.9 Visually impaired

Figure 42 shows the rate of people aged 75+ reporting blindness or partial sight in Barnet, 2022/23 compared with London and England. The recorded number of people in Barnet was 2,105 per 100,000 people, significantly lower than the 3,940 per 100,000 in London, and the England average of 3,031 per 100,000.

**Figure 42: Rate of people registered blind or partially sighted, 2022/23**



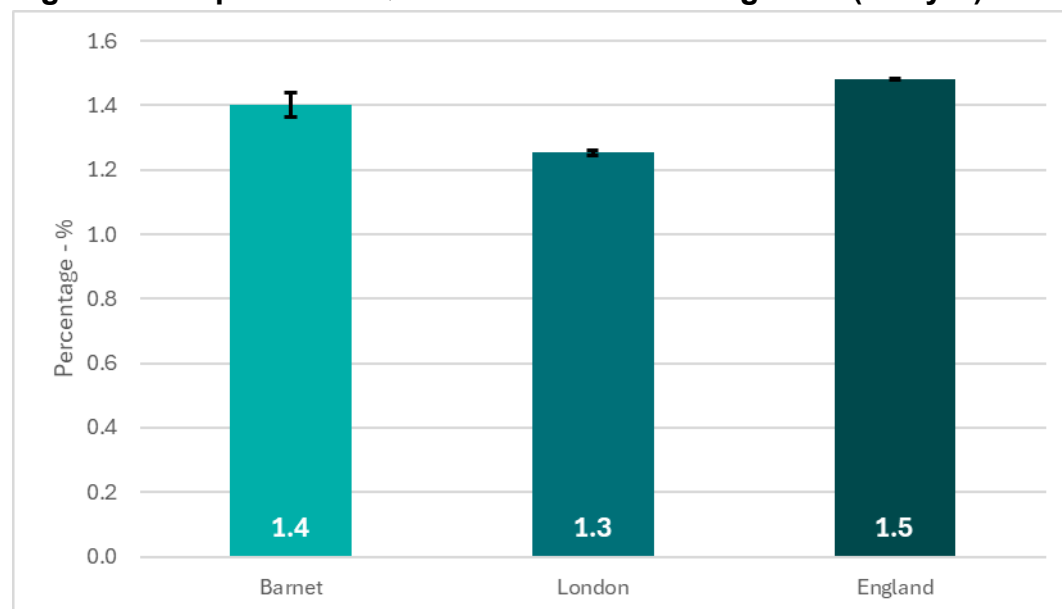
Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

## 4.10 Mental health and mental wellbeing

In recent years, there has been increasing recognition of the impact of mental illness on the population. Interaction between physical and psychological symptoms is becoming better understood and the inequalities in health outcomes for people with mental health problems are being quantified. We know that people with long-term physical illnesses suffer more complications if they also develop mental health problems.

Figure 43 shows the QOF prevalence of depression – new diagnosis in people aged 18 and over in 2023/24 in Barnet. The prevalence for a new diagnosis of depression in Barnet was 1.4%, significantly higher than London (1.3%) but significantly lower than the England average of 1.5%.

**Figure 43: Depression: QOF incidence - new diagnosis (18+ yrs) 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

## 4.11 Learning disabilities

A learning disability affects the way a person understands information and how they communicate, which means they can have difficulty understanding new or complex information, learning new skills and coping independently.

Learning disabilities can be mild, moderate or severe. Some people with a learning disability live independently without much support; others need help to carry out most daily activities. Many people with learning disabilities also have physical and/or sensory impairments, and some might behave in a way that others find difficult or upsetting (called behaviour that 'challenges').

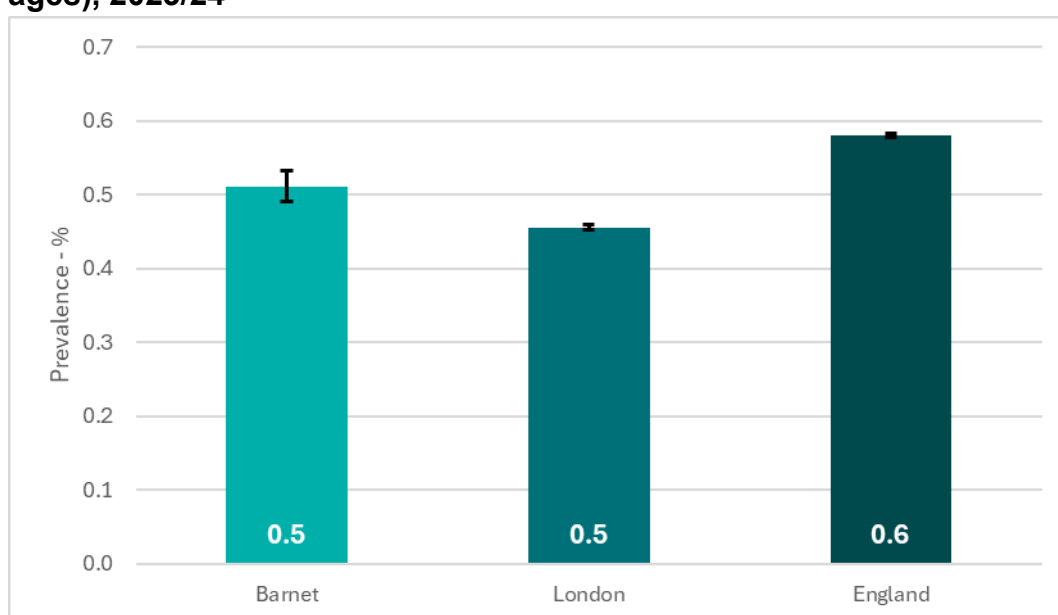
People with learning disabilities can become socially excluded and vulnerable. They have greater health needs than the rest of the population as they are more likely to have:

- Mental illness
- Chronic health problems
- Epilepsy
- Physical disabilities and sensory impairments.

Based on their greater health needs, it is critical that people with a learning disability have full access to health and care services and full access to preventative services and be provided with reasonable adjustment where necessary.

Figure 44 shows the QOF prevalence of people living with a learning disability in 2023/24 in Barnet, London and England. The recorded (diagnosed) prevalence for people living with a learning disability in Barnet was 0.5%, similar to the London average (0.5%) but lower than the England average (0.6%). Although Barnet and London are both shown to have a prevalence of 0.5% (when rounded), the underlying data indicates a wider statistically significant difference for Barnet.

**Figure 44: QOF prevalence of persons living with a learning disability (all ages), 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

How pharmacies support:

- Information, advice and support on self-management and signposting to services
- Compliance aid assessment and other adjustments to support independence with medicines
- Repeat prescription service
- New medicine service
- Discharge medicine service

## **4.12 Health protection**

### **4.12.1 Seasonal influenza and COVID-19**

Immunisation programmes help to protect individuals and communities from diseases, and changes are made to immunisation programmes in response to emerging and changing risks from vaccine preventable illnesses.

Community pharmacies make a significant contribution to the seasonal influenza and COVID-19 immunisation campaigns and continued support for this remains critical in protecting the population.

### **4.12.2 Population vaccination coverage**

Rotaviruses are the most common cause of diarrhoeal disease among infants and young children. Nearly every child in the world is infected with a rotavirus at least once by the age of five. Immunity develops with each infection, so subsequent infections are less severe. Adults are rarely affected.

The MMR vaccine is a vaccine against measles, mumps, and rubella (German measles), abbreviated as MMR. The first dose is generally given to children around 9 months to 15 months of age, with a second dose at 15 months to 6 years of age, with at least four weeks between the doses.

Diphtheria, tetanus, and acellular pertussis vaccine (also known as DTaP) combined with inactivated poliovirus vaccine (also known as IPV) is a combination vaccine that is given to protect against infections caused by diphtheria, tetanus (lockjaw), pertussis (whooping cough), and poliovirus.

The DTaP/IPV/Hib/HepB vaccine, also commonly known as the '6-in-1 vaccine', helps protect your baby against six serious diseases: Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), and hepatitis B.

Figure 45 shows the population vaccination coverage of the seven vaccination indicators by Barnet, London and England.

**Rotavirus (Rota) (1 year):** the population vaccination coverage in Barnet was 83.6% which is the same as London (83.6%) but significantly lower than the England average (88.5%).

**MMR for two doses (5 years old):** the population vaccination coverage in Barnet was 72.9%, which is similar to London (73.3%) but significantly lower than the England average of 83.9%.

**MMR for one dose (5 years old):** the population vaccination coverage in Barnet was 85.3%, which is similar to London (85.2%) but significantly lower than the England average (91.9%).

**Influenza (at risk individuals):** the population vaccination coverage in Barnet was 33.7%, which is significantly lower than London (34.7%) and the England average (41.4%).

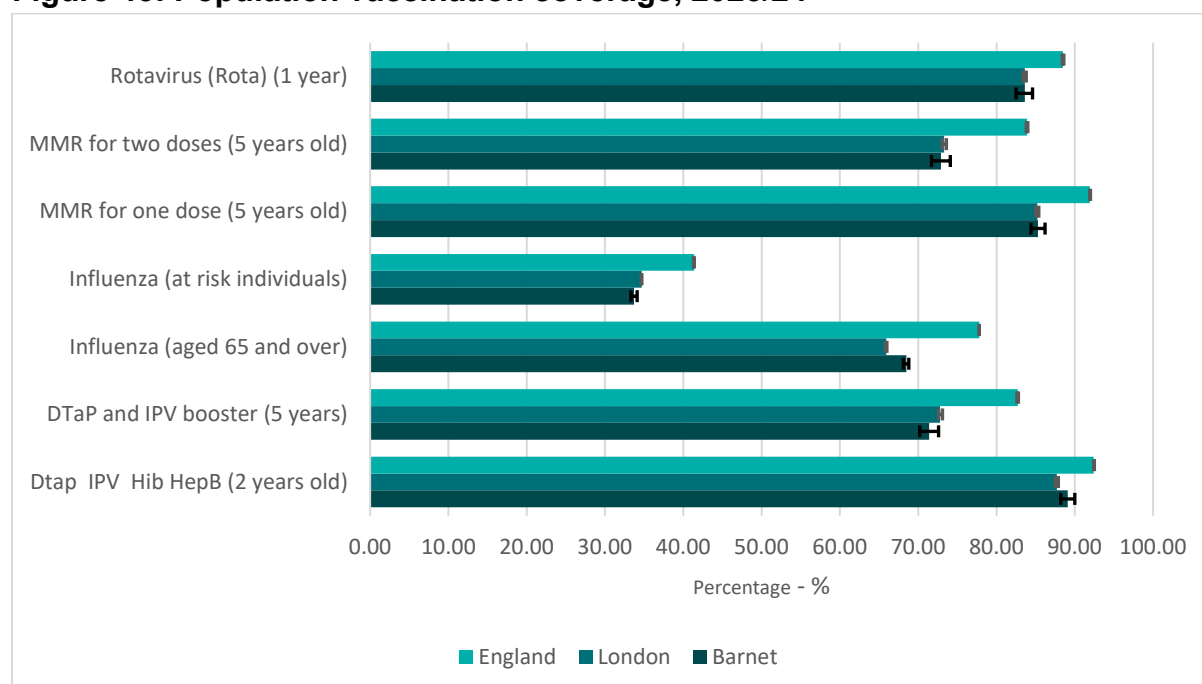
**Influenza (aged 65 and over):** the population vaccination coverage in Barnet was 68.5%, which is significantly higher than London (65.9%) but significantly lower than the England average (77.8%).

**DTaP and IPV booster (5 years):** the population vaccination coverage in Barnet was 71.4%, which is similar to London (72.8%) but significantly lower than the England average (82.7%).

**DTaP IPV Hib HepB (2 years old):** the population vaccination coverage in Barnet was 89.1%, which is similar to London (87.7%) but significantly lower than the England average (92.4%)



**Figure 45: Population vaccination coverage, 2023/24**

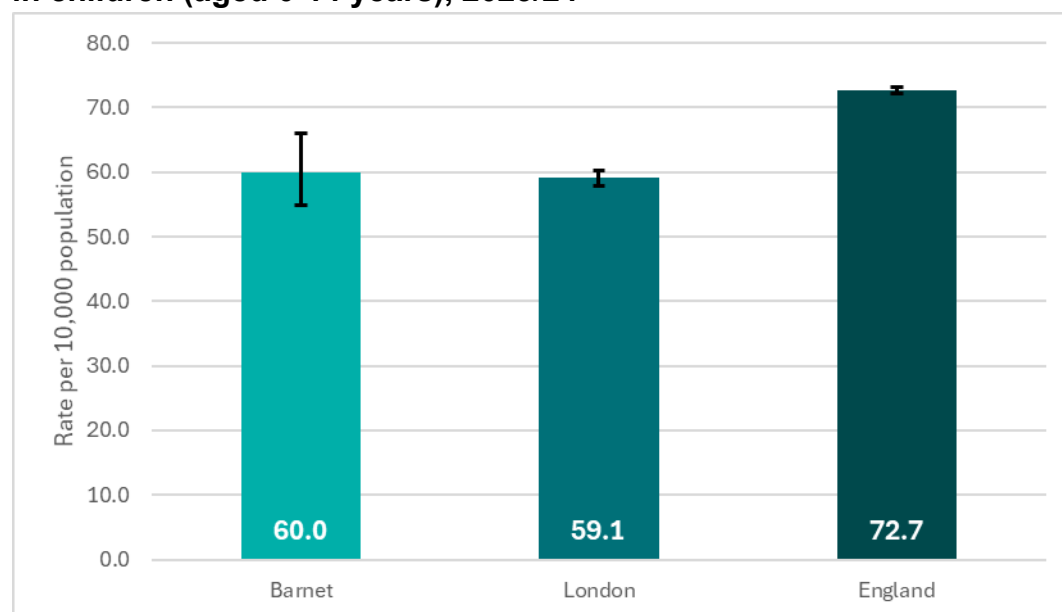


Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

#### 4.14 Accidental injuries

Figure 46 shows the prevalence of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) in 2023/24 in Barnet, London and England. The prevalence rate in Barnet was 60.0 per 10,000 children, similar to the London rate of 59.1 per 10,000, but significantly lower than the England average of 72.7 per 10,000 children.

**Figure 46: Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years), 2023/24**



Source: OHID Fingertips, [accessed April 2025]<sup>(21)</sup>

#### **4.15 Summary of health needs analysis**

Community pharmacies can, and do, make a significant contribution to improving the health of the population in Barnet.

The diversity of the population of Barnet continues to increase, with more people from ethnicities other than White British residing in the borough. The number of people seeking asylum, people requiring temporary accommodation and aging population, all lead to changing healthcare needs.

The life expectancy at birth for males and females in Barnet is significantly higher than the London and England rate, but there are inequalities based upon deprivation. Also, despite the life expectancy at birth being significantly higher than the London and England rates, the Healthy life expectancy at birth does not vary significantly. This suggests that the population of Barnet are living longer than some elsewhere in the Country, but they may be doing so for longer in poor health.

Rates of smoking, alcohol hospital admissions and adults living with Obesity are similar to the London rates but lower than the England average.

The children of Reception age (aged 4-5 years) in Barnet have a lower percentage of those overweight (including obesity) than London and the England average. For children in year 6, the rate is also lower than London and England.

The rate of sexually transmitted infections is low for London but significantly higher than the England average.

The prevalence of long-term condition in Barnet is generally higher than the prevalence for London but lower than the England average, particularly for coronary heart disease (CHD), Stroke and chronic kidney disease (CKD).

The rate of osteoporosis is significantly higher in Barnet.

The increasingly ageing population will have an impact on demand for pharmaceutical services. Older patients often have more complex health needs and will require more support with their medicines and to access pharmaceutical services.

## **5 Current Provision of Pharmaceutical Services**

### **5.1 Overview**

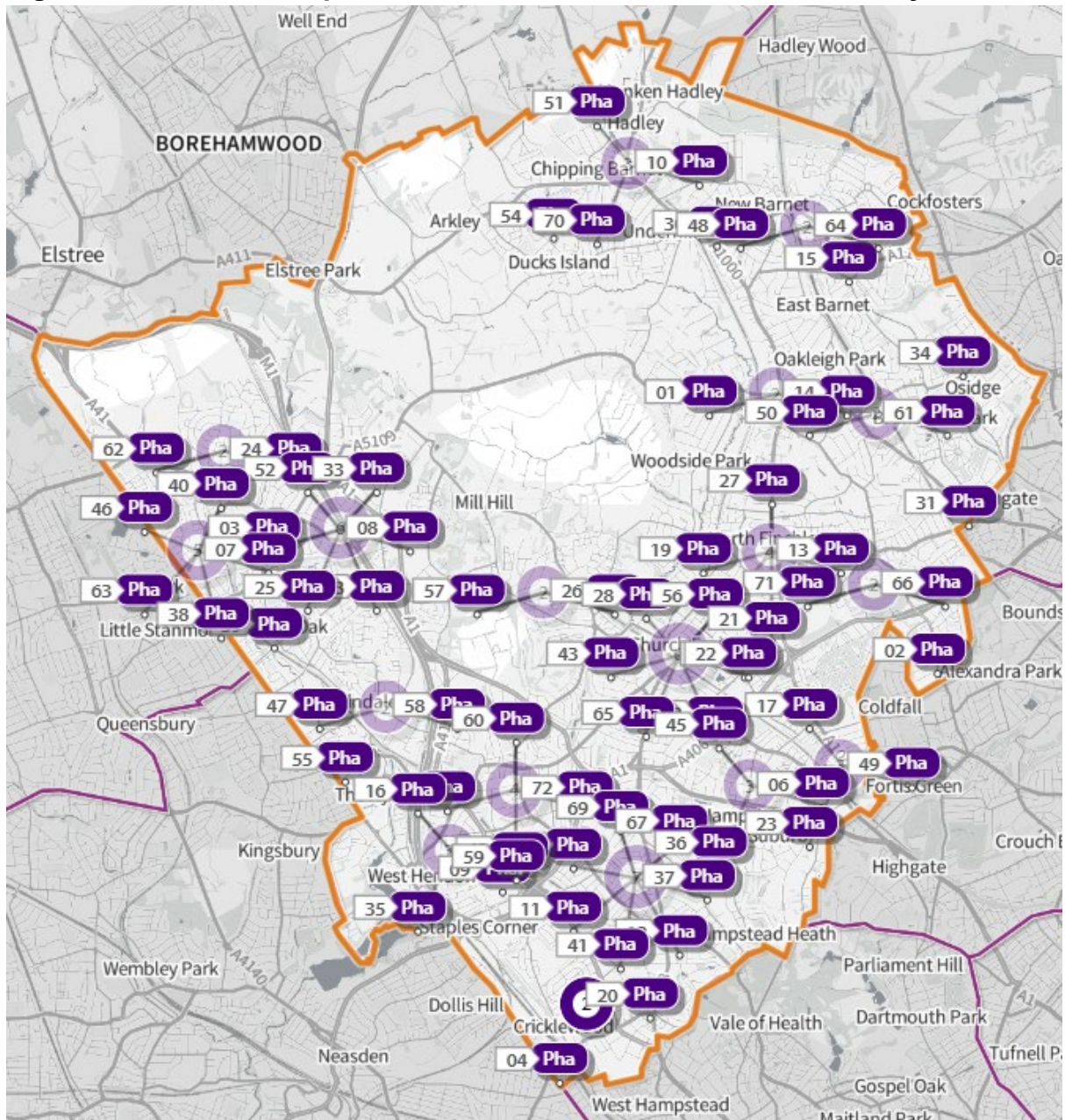
The London Pharmacy Commissioning Hub (LPCH) is responsible for administering pharmacy services and maintaining up-to-date information on the opening hours of all pharmacies, on behalf of NCL ICB.

The information reflects the number of pharmacies at the time the data was reported in February 2025.

Figure 46 illustrates the locations of pharmacies across the borough and table 2 lists the pharmacies and the map index.

A table listing the current pharmacy services and key opening times is attached in Appendix 7.

**Figure 46: Locations of pharmacies within the Barnet HWB boundary**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 2: List of pharmacies and map index**

Map index	Code	Name	Locality	Map index	Code	Name	Locality
1	FJX68	AE Lipkin	Chipping Barnet	37	FPN49	I Warman-Freed	Finchley and Golders Green
2	FAD37	Abbott Pharmacy	Chipping Barnet	38	FW144	Jade (Derek Clarke) Pharmacy	Hendon
3	FDN63	Acorn Pharmacy	Hendon	39	FRC27	Heron Pharmacy	Hendon
4	FLX71	Akhtar S	Finchley and Golders Green	40	FR774	Jade Pharmacy (Avenue)	Hendon
5	FMC90	Akshar Pharmacies <sup>1</sup>	Finchley and Golders Green	41	FD675	Jethros Healthcare Pharmacy	Finchley and Golders Green
6	FF072	Bishops Pharmacy	Finchley and Golders Green	42	FRA69	John Wilson Chemists	Hendon
7	FQH33	Boots	Hendon	43	FW276	Kings Pharmacy	Finchley and Golders Green
8	FYY65	Boots	Hendon	44	FYT22	Landys Chemist	Finchley and Golders Green
9	FAT67	Boots	Hendon	45	FRT44	Links Pharmacy	Finchley and Golders Green
10	FKE11	Boots	Chipping Barnet	46	FRL51	Mango Pharmacy	Hendon
11	FH899	Boots	Finchley and Golders Green	47	FJR97	Mcparland HA Ltd	Hendon
12	FV910	Boots	Finchley and Golders Green	48	FE533	Mountford Chemists	Chipping Barnet
13	FJ034	Boots	Finchley and Golders Green	49	FMG52	Oakdale Pharmacy	Finchley and Golders Green
14	FWQ30	Boots	Chipping Barnet	50	FJN47	Oakleigh Pharmacy	Chipping Barnet
15	FDV53	Brand-Russell Chemists	Chipping Barnet	51	FNC29	Parry Jones Pharmacy	Chipping Barnet
16	FN742	Broadway Chemist	Hendon	52	FRR41	Pharmco Pharmacy	Hendon
17	FNY79	CW Andrew	Finchley and Golders Green	53	FJX05	Pickles Chemists	Finchley and Golders Green
18	FHC96	Care Chemists	Hendon	54	FXG34	Prima Pharmacy	Chipping Barnet
19	FED28	Carters Pharmacy	Finchley and Golders Green	55	FPY15	Procure Pharmacy	Hendon
20	FD668	Castle Chemist	Finchley and Golders Green	56	FKX25	Reena Pharmacy	Finchley and Golders Green
21	FV847	Charles Sampson Pharmacy	Finchley and Golders Green	57	FVX21	Regent Pharmacy	Hendon
22	FJ758	Cootes Pharmacy	Finchley and Golders Green	58	FDA28	Respond Healthcare Ltd	Hendon
23	FF506	Cootes Pharmacy	Finchley and Golders Green	59	FAK52	Sabel Chemist	Hendon
24	FEW83	Cullimore Chemist	Hendon	60	FFG86	Sabel Chemist	Hendon
25	FJT13	Day Lewis Pharmacy	Hendon	61	FGC52	Shore Pharmacy	Chipping Barnet
26	FVF89	Day Lewis Pharmacy	Hendon	62	FJ287	Singer Pharmacy	Hendon
27	FV015	Fairview Pharmacy	Finchley and Golders Green	63	FYL45	Superdrug Pharmacy	Hendon

<sup>1</sup> Akshar Pharmacies (FMC90) is now Mediline Pharmacy (FR269)

Map index	Code	Name	Locality		Map index	Code	Name	Locality
28	FEV23	Gateway Chemist	Finchley and Golders Green		64	FC275	Svr Pharmacy	Chipping Barnet
29	FL266	Gordon Smith Pharmacy	Finchley and Golders Green		65	FQJ62	Tesco In-Store Pharmacy	Finchley and Golders Green
30	FC163	Greenfield Chemist	Chipping Barnet		66	FTR70	Tesco In-Store Pharmacy	Finchley and Golders Green
31	FQR66	H Haria Chemists	Chipping Barnet		67	FH555	Victoria Pharmacy	Finchley and Golders Green
32	FA675	HC Heard Chemists	Hendon		68	FQJ10	W Price (Chemist)	Finchley and Golders Green
33	FAG10	Hale Pharmacy	Hendon		69	FP809	Westlake Pharmacy	Finchley and Golders Green
34	FQT71	Hampden Square Pharmacy	Chipping Barnet		70	FDW42	Wilkinson Chemist	Chipping Barnet
35	FLG64	Hendon Pharmacy	Hendon		71	FXJ92	Woodhouse Pharmacy	Finchley and Golders Green
36	FE907	Hugh Lloyd Dispensing Chemist	Finchley and Golders Green		72	FR940	Zaxgate Ltd	Hendon

### **5.1.1 Core hours**

72 community pharmacy contractors provide Essential Services (see section 7 essential services) as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). Most community pharmacies provide a core of 40 hours per week although some pharmacies in Barnet are contracted to provide more core hours.

Core opening hours can only be changed by first applying to the ICB and as with all applications, these may be granted or refused.

### **5.1.2 Supplementary hours**

These are provided on a voluntary basis by the pharmacy contractor often based on patient need and business viability. As such, they are additional to the core hours provided. Supplementary hours can be amended by giving the ICB a minimum of 5 weeks' notice of the intended change where a decrease in hours will occur.

Although notification must also be given to the ICB for an increase in hours, there is no notice period stated, however owners are encouraged to give as much notice as possible.

66 pharmacies in Barnet currently provide some supplementary hours, ranging from 2 to 50 hours per week.

## **5.2 100-hour pharmacies**

100-hour pharmacies were required to open for at least 100 hours per week until May 2023 when the Department of Health and Social Care (DHSC) introduced a number of changes to the regulations. Amongst those changes was the option for 100-hour pharmacies to reduce their weekly opening hours to no less than 72, subject to various requirements, which included continuation of 7-day provision and late opening on weekdays. The changes were introduced in an effort to maintain the availability of this provision against a backdrop of pharmacy closures. 100-hour pharmacies were seen as particularly vulnerable to closure due to higher operating costs.

Barnet has no 100-hour contracted pharmacies.

## **5.3 Pharmacy Access Scheme**

In October 2016, as part of the renewed funding package for community pharmacies in England, the Department of Health and Social Care (DHSC) introduced a Pharmacy Access Scheme (PhAS). This was to give patients access to NHS community pharmacy services in areas where there are fewer pharmacies with higher health needs, so that no area need be left without access to NHS community pharmaceutical services.

This scheme has been updated from January 2022, with revised criteria, and is based on both the dispensing volume of the pharmacy, and distance from the next nearest pharmacy

There are no PhAS providers in Barnet.

#### **5.4 Dispensing appliance contractors**

Dispensing appliance contractors (DAC) specialise in the supply of prescribed appliances such as catheter, stoma and incontinence products and dressings. These items are usually delivered direct to the patient's home. Community pharmacies can also provide this service, in accordance with the pharmaceutical regulations.

Dispensing appliance contractors are different to pharmacy contractors because they only dispense prescriptions for appliances and cannot dispense prescriptions for medicines. They tend to operate remotely and on a national level, receiving prescriptions either via the post or the electronic prescription service, and arranging for dispensed items to be delivered to the patient. They are not therefore directly linked to the provision of pharmaceutical services in any specific locality so are not considered as part of the needs assessment.

There are no changes from the previous PNA and 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.

#### **5.5 Distance selling pharmacies**

Distance selling pharmacies (DSP) are required to deliver the full range of essential services, though the 2013 regulations<sup>(6)</sup> do not allow them to provide essential services to people on a face-to-face basis on the premises of the pharmacy. They will receive prescriptions either via the electronic prescription service or through the post, dispense them at the pharmacy and then deliver them free of charge to the patient.

They must provide essential services to anyone, anywhere in England, where requested to do so and may choose to provide advanced services, but when doing so must ensure that they do not provide any essential services whilst the patient is at the pharmacy premises.

As of 31<sup>st</sup> March 2024, there were 409 distance selling premises in England, based in 115 health and wellbeing board areas. This is an increase on the figures for 2020-21 when there were 372 DSPs in England.



Not every health and wellbeing board therefore has one in their area, however it is likely that some of their residents will use one.

There is one DSP in the Barnet HWB area:

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

It should be noted that this pharmacy is in the process of relocating from Barnet to Brent. The pharmacy is therefore not included in this PNA.

There is a pending application for a further DSP in Barnet.

## **5.6 Dispensing doctors**

NHS legislation provides that in certain rural areas (classified as controlled localities) general practitioners may apply to dispense NHS prescriptions. A reserved location is designated, in a controlled locality, where the total patient population within 1.6 km (one mile) of the proposed location of a new pharmacy is less than 2,750 at the time an application is received. Patients living in these areas have the choice of having their prescriptions dispensed from a pharmacy or from a dispensing GP, if one is available within their practice. Where an application for a new pharmacy is made in a controlled locality, a determination must also be made as to whether the location of the pharmacy is in a reserved location.

There are no dispensing GP practices in Barnet.

## **5.7 Hospital pharmacy services**

NHS hospital trusts and private hospitals do not provide services under the community pharmacy contractual framework and are therefore outside the scope of the PNA.

## **5.8 Out of area providers of pharmaceutical services**

Consideration has been given to pharmaceutical services provided by community pharmacy contractors outside of the Barnet area that provide dispensing services to the registered population of Barnet. This is detailed in section 6.2

## **5.9 Government Consultations**

### **5.9.1 Pharmacy supervision**

The Government has recently undertaken a consultation exercise to gather views on a proposed change to the regulations on pharmacy supervision. The changes, if enacted, would allow greater delegation of tasks in a community pharmacy, allowing the pharmacist to focus more on clinical services and other patient facing activity. This could free up capacity and enable community pharmacists to deliver a wider range of NHS services.

The results of the consultation have not been shared at the time of writing.

### **5.9.2 Hub and Spoke dispensing**

Hub and spoke dispensing occur when a community pharmacy 'spoke' sends prescriptions to another pharmacy 'hub' to be dispensed and is used currently by pharmacy multiples to free up pharmacist time at the spoke and achieve economies of scale at the hub. Legislation permits this provided certain conditions are met, but both parties must be part of the same legal entity.

Following a government consultation in 2022, the government has committed to a change in legislation from 1 January 2025. The change allows hub and spoke dispensing across different legal entities. This will allow independent pharmacies to develop similar models, which levels the playing field across the sector.

This change should create and/or preserve capacity for pharmacists to deliver patient-facing services.

### **5.9.3 Independent prescribing**

Independent prescribing by pharmacists has been available since 2006, and in recent years there has been a drive to upskill the current pharmacist workforce, enabling a large number of pharmacists to qualify as independent prescribers. Alongside this, newly registered pharmacists qualifying from 2026 will automatically become independent prescribers following changes made by schools of pharmacy to reflect this significant change to pharmacists' workload.

Despite there being a number of independent prescribing pharmacists working in community pharmacy in England, there are currently no clinical services commissioned nationally by NHS England that enable NHS prescriptions to be issued by independent prescribing pharmacists working in community pharmacy. In 2024, NHS England and integrated care boards (ICBs) have continued to develop the Community Pharmacy Independent Prescribing Pathfinder Programme, designed to establish a framework for the commissioning of community pharmacy services that incorporate independent prescribing. There is currently a pathfinder site located within Barnet.

Over the next few years, there could be a significant change to the delivery of community pharmacy services, as the skills and capabilities of community pharmacists are utilised to build on clinical services already commissioned as advanced pharmaceutical services, or to add into locally commissioned services.

## 6 Access to Community Pharmacy Services in Barnet

Since the last PNA in 2022 the following significant changes to pharmacy provision in Barnet include:

- Closure of Lloyds Pharmacy, Sainsbury Store, 66 East Barnet Road, EN4 8RQ
- Closure of Lloyds Pharmacy, Sainsbury Store, Hyde Estate Road, NW9 6JX
- Consolidation of Torrington Park H.C.C. Ltd, 16 Torrington Park, North Finchley, London (closing site) with Carter's Pharmacy, 321 Ballards Lane, North Finchley, London, N12 8LT (remaining site)

Also, as noted in Section 5.5, the DSP Lakes Pharmacy, Cavendish House, Ground Floor, 13 Lodge Road, Hendon, London, NW4 4DD, is in the process of relocating out of Barnet to Brent.

None of these pharmacies held 100-hour contracts.

### 6.1 Number, type of pharmacies and geographical distribution

Table 3 shows the number and types of pharmacies across each of the three localities. Finchley and Golders Green locality contains the highest number of pharmacies and Chipping Barnet has the lowest.

**Table 3: Distribution of community pharmacies, by locality**

Locality	Number of community pharmacies			
	40 hour	Distance selling	100-hour	TOTAL
Chipping Barnet	16	0	0	16
Finchley and Golders Green	29	0	0	29
Hendon	27	0	0	27
<b>TOTAL</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>72</b>

Sources: LPCH<sup>(48)</sup>

**Table 4: Average number of pharmacies per 100,000 population and persons per pharmacy, by locality**

Locality	No. of community pharmacies	2022 population estimate**	Pharmacies per 100,000 population	Persons per pharmacy
Chipping Barnet	16*	119,263	13.4	7,454
Finchley and Golders Green	29*	125,951	23.0	4,343
Hendon	27*	163,468	16.5	6,054
<b>Barnet</b>	<b>72*</b>	<b>408,862</b>	<b>17.6</b>	<b>5,679</b>
<b>London</b>	<b>1,724**</b>	<b>8,866,180</b>	<b>19.4</b>	<b>5,143</b>
<b>``ENGLAND</b>	<b>10,430**</b>	<b>57,112,542</b>	<b>18.3</b>	<b>5,476</b>

Source: ONS<sup>(8)</sup>, \*LPCH<sup>(48)</sup>, \*\* NHSBSA Q3 24/25 Consolidated List<sup>(49)</sup>

Consideration of the number of pharmacies compared to the resident population, based on population estimates per locality is shown in Table 4. This shows that overall, Barnet has a similar number of pharmacies per 100,000 population compared to the England average, but a lower number than the London average. However, when broken down to localities within Barnet, the Finchley and Golders Green locality has a comparatively higher provision of pharmacies.

## 6.2 Dispensing activity in Barnet

To assess the average dispensing activity levels in Barnet community pharmacies, data from the NHS Business Services Authority on prescribing and dispensing activity<sup>(50)</sup> was mapped to Barnet using pharmacy codes and addresses.

**Table 5: Average number of items dispensed per pharmacy in Barnet, 2023/24**

	No of pharmacies	Number of prescription items dispensed by pharmacies (2023/24)	Average no. of prescription items dispensed per pharmacy (2023/24)
Barnet	72	5,704,136	79,224
England	10,430	1,113,000,000	106,711

Sources: NCL ICB, NHSBSA Q3 24/25 Consolidated List<sup>(49)</sup>, NHSBSA Dispensing Data<sup>(50)</sup>

The figures show that pharmacies in Barnet dispense lower than average numbers of items than the national average.

Further analysis of this prescribing and dispensing data indicated that in 2023/24, 74.6% of the items prescribed by GP practices in Barnet were dispensed by pharmacies in the Barnet area, 4% were dispensed in other North Central London boroughs and 21.4% were dispensed "out of area".

To counter this information, Barnet pharmacies also dispense some prescriptions that are sourced from prescribers located out of the council's boundaries. In 2023/24, 19.9% of the dispensing activity of pharmacies in Barnet was from prescribers out of area.

Out of area dispensing may be due to people choosing to use a DSP for their medicine supplies or people who live on the boundaries of the area accessing pharmacies which are convenient to visit but are in a neighbouring HWB area.

### **6.3 Access to pharmacies by opening hours**

As described in section 5.2, standard community pharmacy contractors are required to open for a minimum of 40 core hours per week, unless a reduction is agreed with NHSE. These core hours are provided as part of essential pharmacy services.

In Barnet, 12 pharmacies are contracted for more than 40 core hours per week, and 62 pharmacies choose to provide supplementary hours to meet the needs of their populations. These extra hours range from 1.5 hours per week to 43 hours per week.

In Barnet, there are currently:

- 52 pharmacies open on Saturday mornings,
- 37 pharmacies which remain open after 1pm on Saturday afternoons,
- 18 pharmacies that are open on Sundays.

These operating hours allow pharmacies greater scope to respond to local population needs and preferences.

### **6.4 Ease of access to pharmacies**

The following sections provide a summary of the opening hours of community pharmacies in Barnet, split between weekdays and weekend provision. For the weekdays a pharmacy has been counted as being open during a particular time slot if it is open on three out of the five days. Full information regarding opening hours is described in Appendix 7 including any variations to this general overview.

Where maps and tables have been included to illustrate travel times to pharmacies and population within the boundaries, these have been taken from SHAPE Atlas<sup>(51)</sup>.

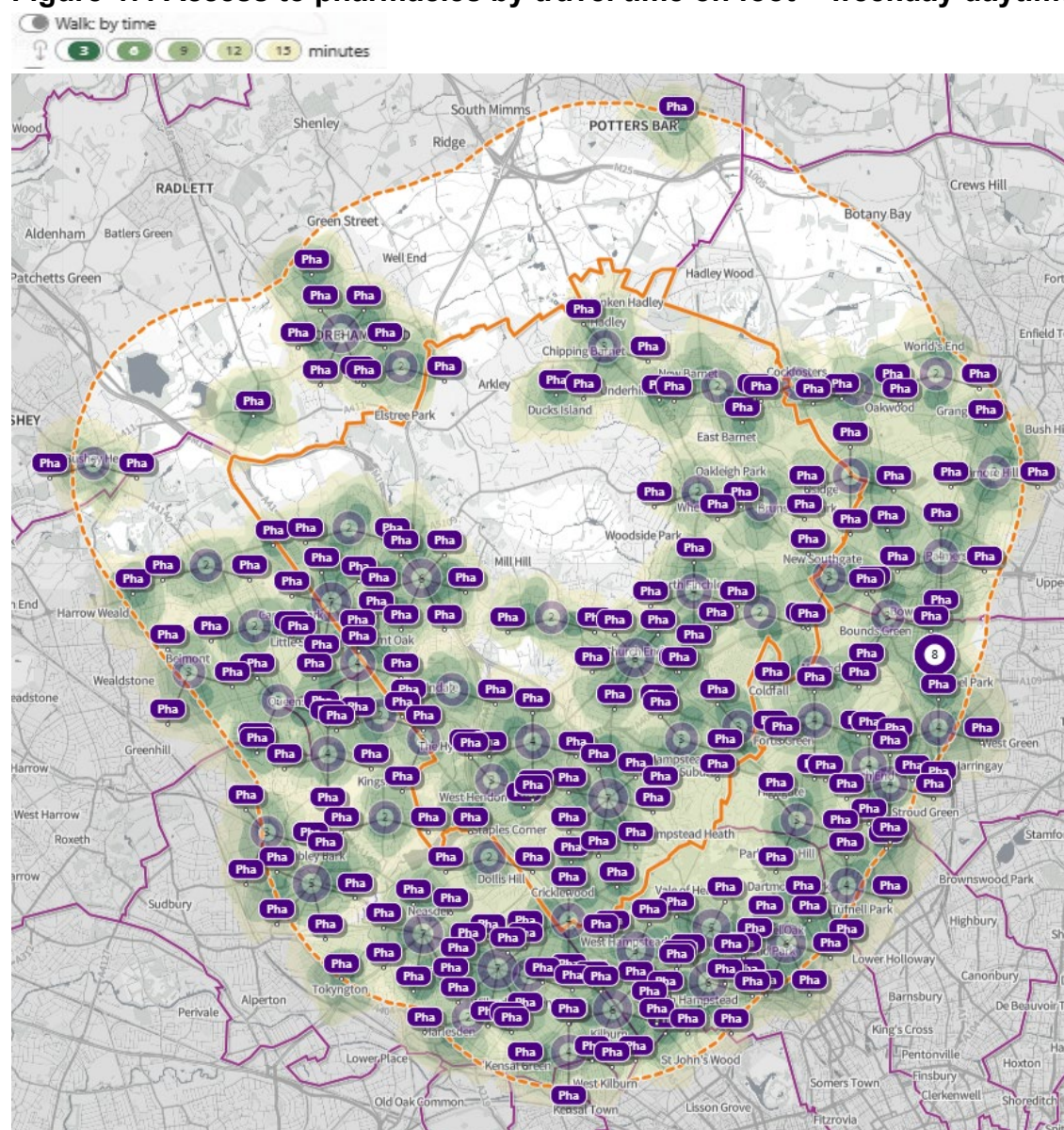
### **6.4.1 Weekday opening**

There is extensive access to community pharmacy across Barnet during the hours from 9am until 6pm on weekdays in all localities. 68 pharmacies remain open without closing for lunchtime.

#### **6.4.1.1 Weekday daytime**

Most community pharmacies in Barnet are open from 9am on Weekday mornings, except for four which open between 9.30am and 10am. Some pharmacies offer earlier opening times, which are often provided as supplementary hours. Ten pharmacies are open before 9am. During the weekday daytime, there is adequate access to pharmacies across all localities, with 97.5% of the population able to get to their nearest pharmacy within 15 minutes' walk, and all residents in all areas able to access a pharmacy within 15 minutes using public or private transport (see figures 47, 48 & 49).

**Figure 47: Access to pharmacies by travel time on foot – weekday daytime**



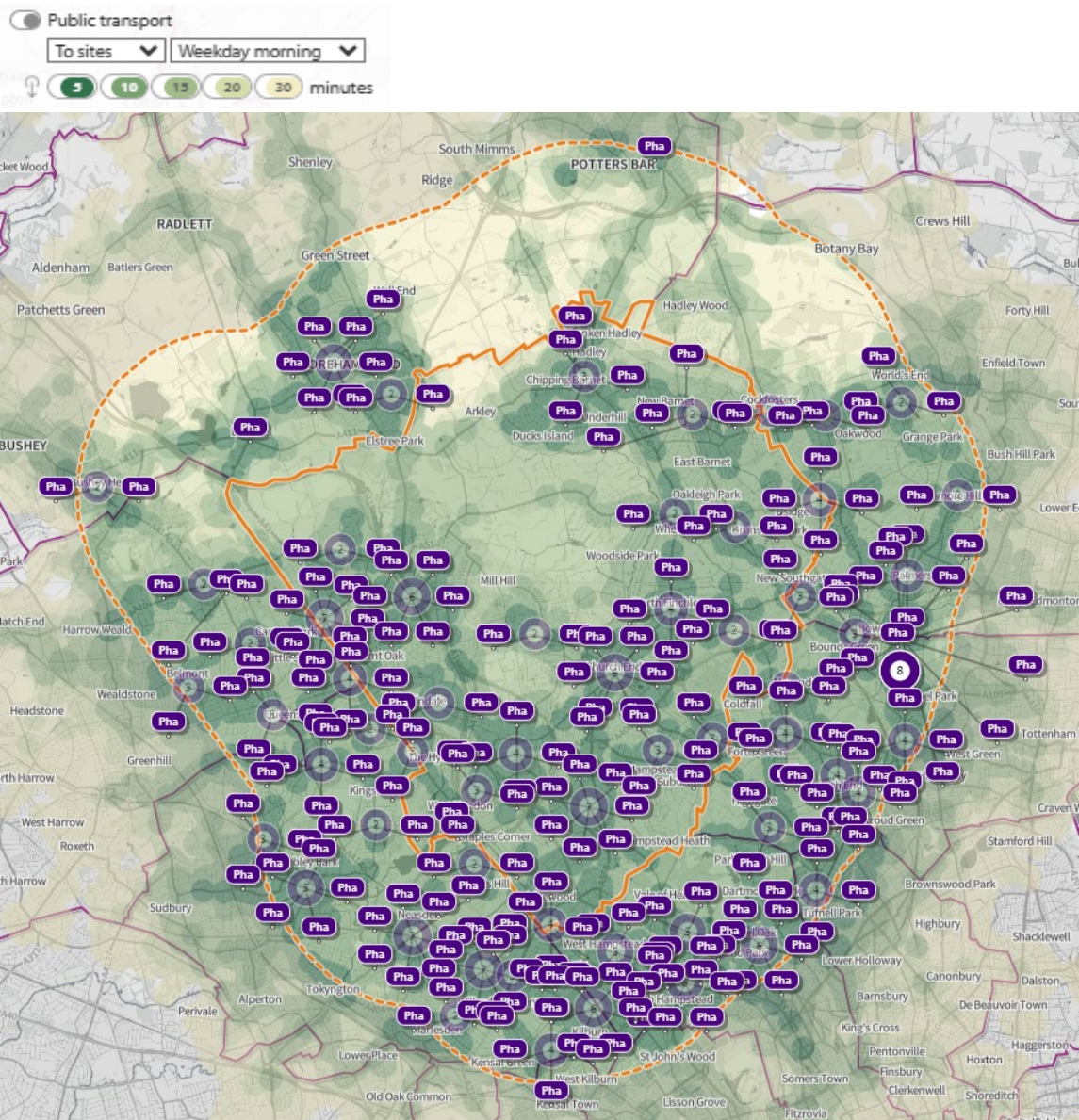
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 6: Access to pharmacies by travel time on foot – weekday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
3	135,599	253,502	389,101	34.8%
6	265,666	123,435	389,101	68.3%
9	327,839	61,262	389,101	84.3%
12	368,815	20,286	389,101	94.8%
15	379,222	9,879	389,101	97.5%



**Figure 48: Access to pharmacies by travel time on public transport – weekday morning**



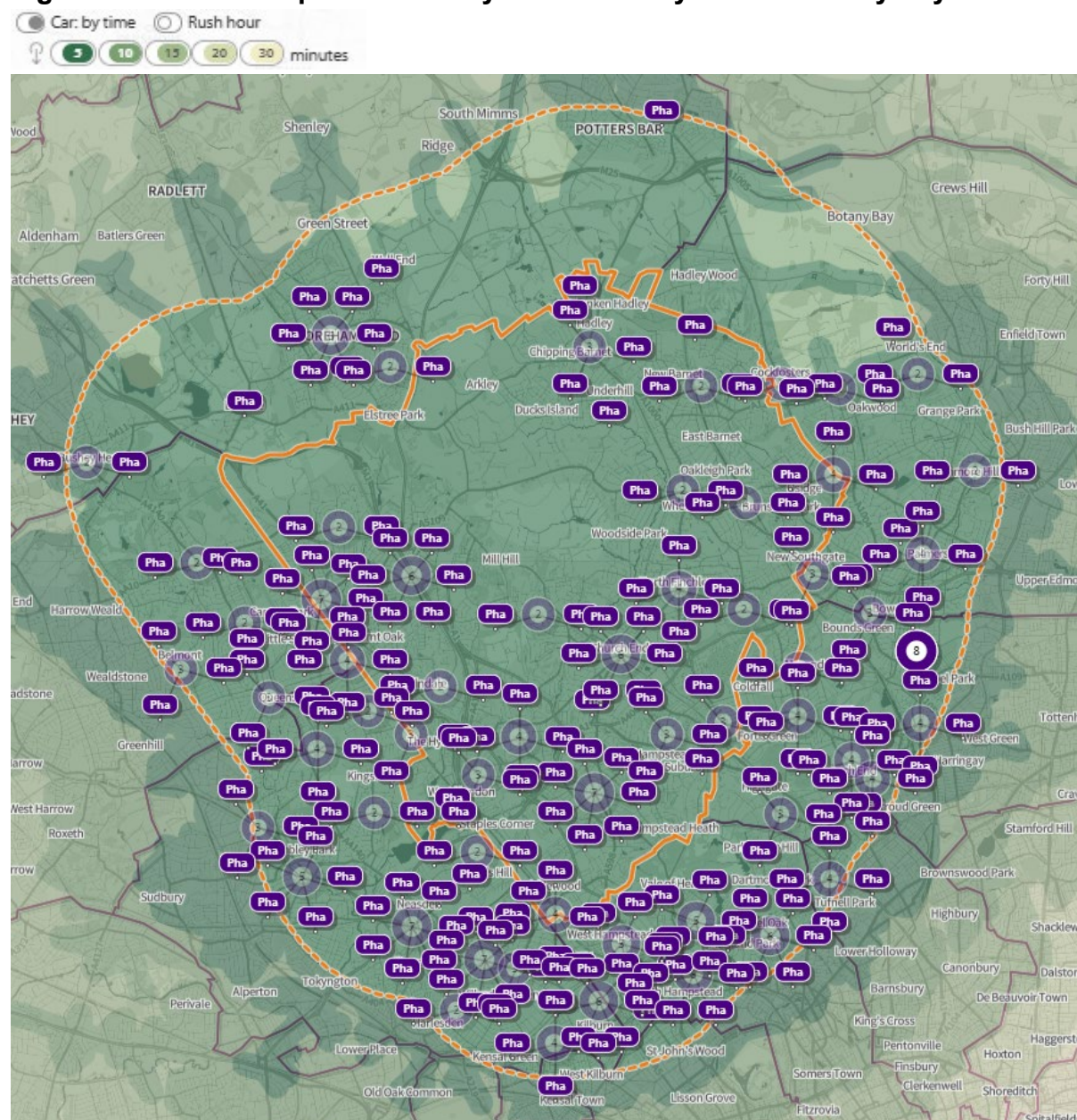
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 7: Access to pharmacies by travel time on public transport – weekday morning**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	263,592	125,509	389,101	67.7%
10	387,611	1,490	389,101	99.6%
15	389,101	0	389,101	100.0%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%



**Figure 49: Access to pharmacies by travel time by car – weekday daytime**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 8: Access to pharmacies by travel time by car – weekday daytime**

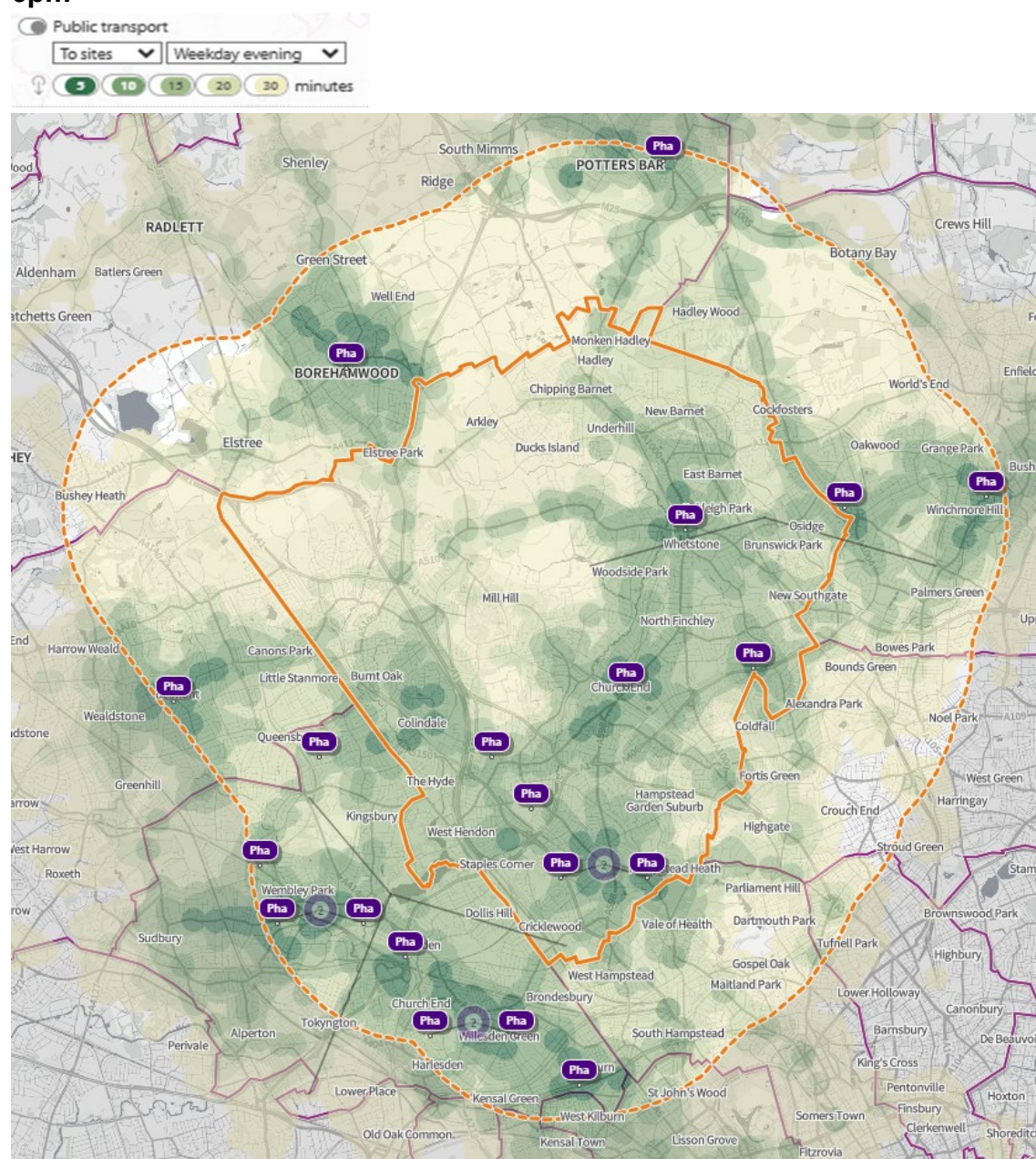
Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	389,101	0	389,101	100.0%
10	389,101	0	389,101	100.0%
15	389,101	0	389,101	100.0%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%

#### **6.4.1.2 Weekday evenings**

Most pharmacies (64) remain open until at least 6pm after which there is a reduction in provision. However, 17 pharmacies remain open after 6pm and figure 50 illustrates that all local residents have access to a pharmacy within 30 minutes via public transport and within 10 minutes by private transport (see figure 51).



**Figure 50: Map showing travel time by public transport weekday evenings after 6pm**



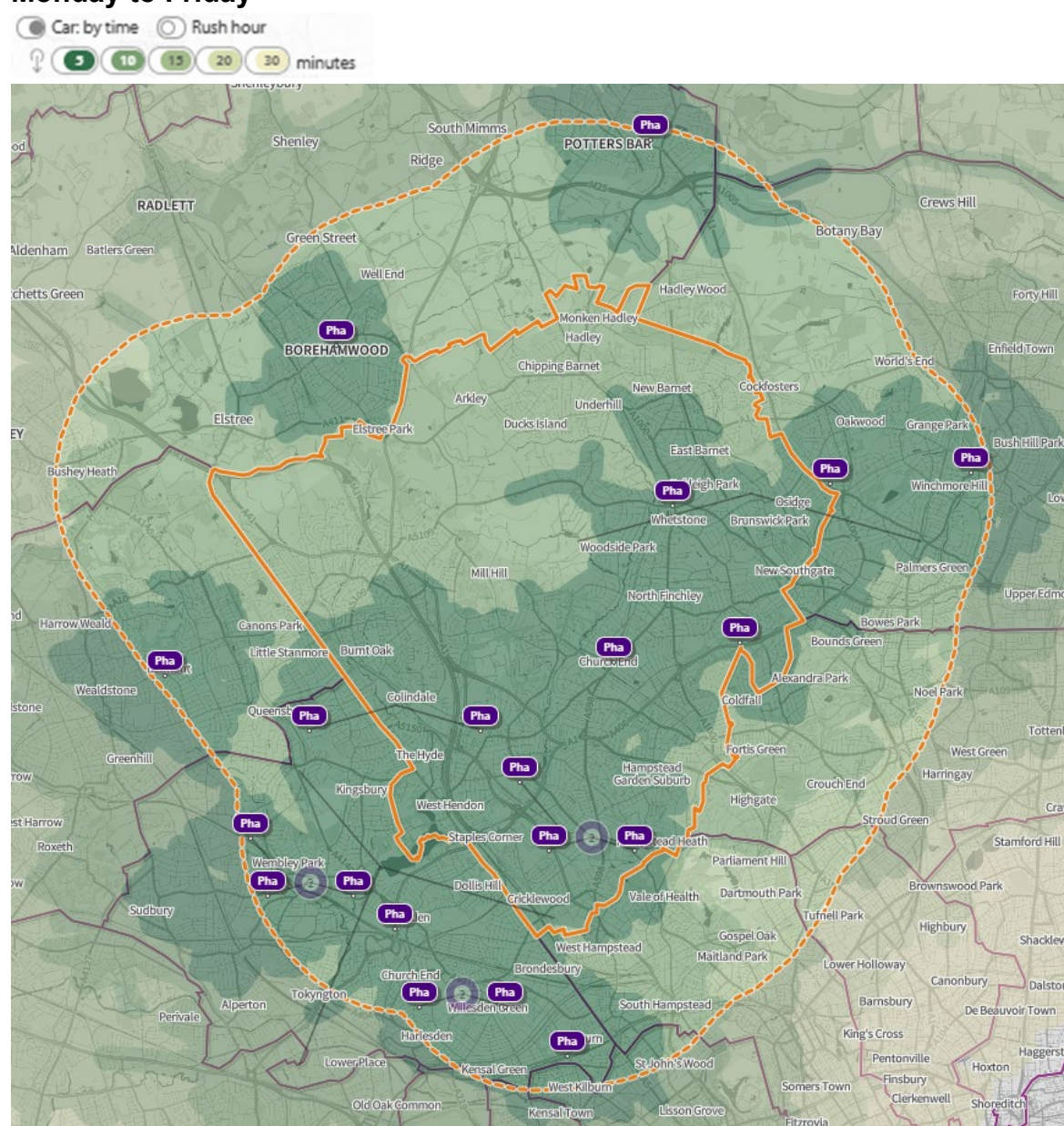
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 9: Travel time by public transport weekday evenings after 6pm**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	39,769	349,332	389101	10.2%
10	176,169	212,932	389101	45.3%
15	301,800	87,301	389101	77.6%
20	358,970	30,131	389101	92.3%
30	389,101	0	389101	100.0%



**Figure 51: Map showing travel time by car weekday evenings after 6pm Monday to Friday**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 10: Travel time by car weekday evenings after 6pm Monday to Friday**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	311,474	77,627	389,101	80.0%
10	389,101	0	389,101	100.0%
15	389,101	0	389,101	100.0%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%

Section 6.4.3 gives an overview of provision of pharmacy services close to urgent treatment centres and the walk-in centre, located outside of Barnet.

## **6.4.2 Weekend opening**

### **6.4.2.1 Saturday opening**

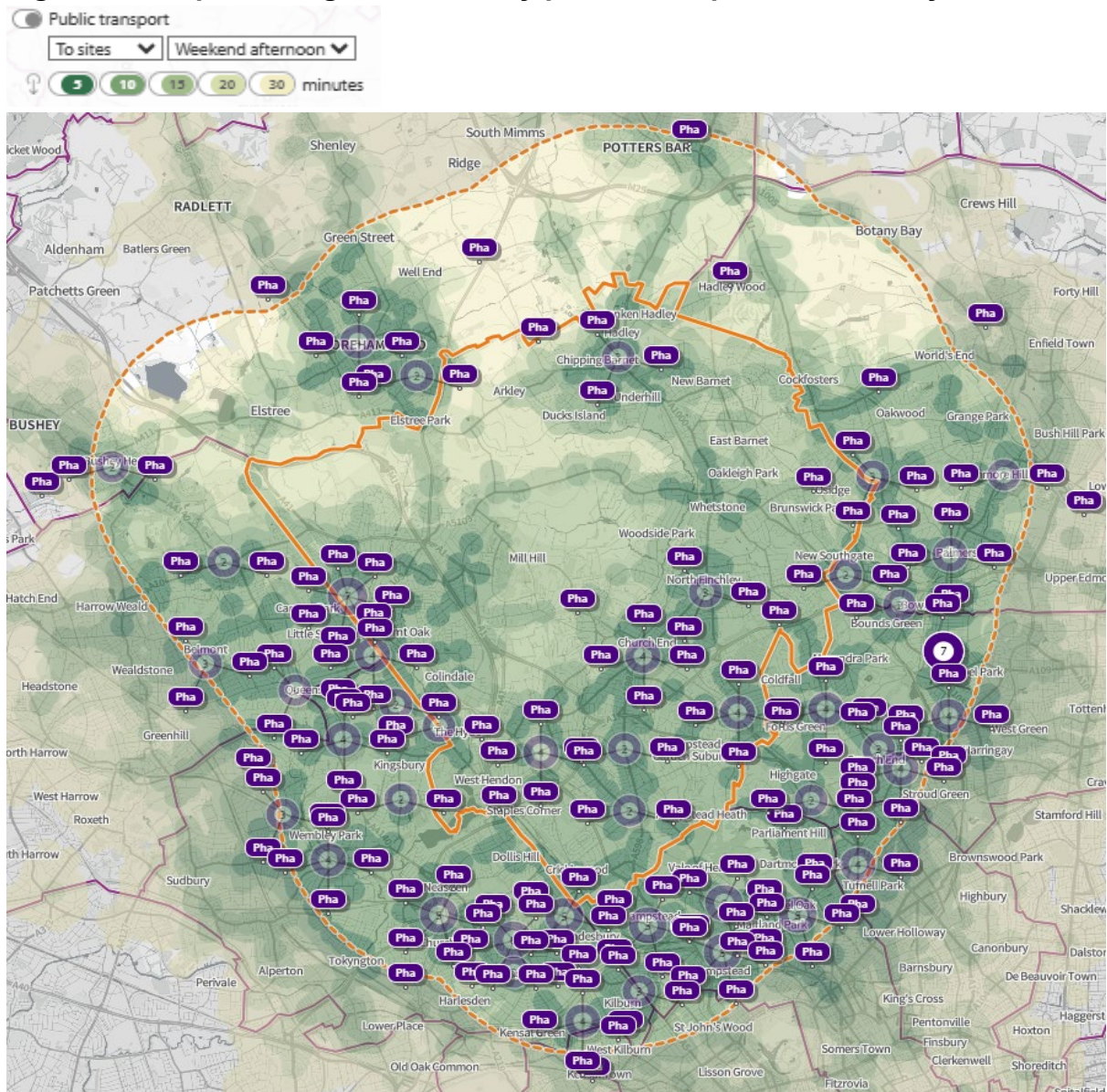
In total, 52 pharmacies open on Saturday mornings. This reduces to 37 pharmacies that remain open on Saturday afternoons after 2pm. 100% of the Barnet population are within a 30-minute travel time via public transport on Saturday afternoons (see figure 52), and within 10 minutes by private transport (see figure 53).

After 6pm, 10 pharmacies remain open. 100% of residents are within a 10-minute journey time by car to the nearest pharmacy (see figure 54), and 100% are within a 30-minute journey time by public transport (see figure 55).

Access on Saturdays is considered adequate in all localities.



Figure 52: Map showing travel time by public transport on Saturday afternoon



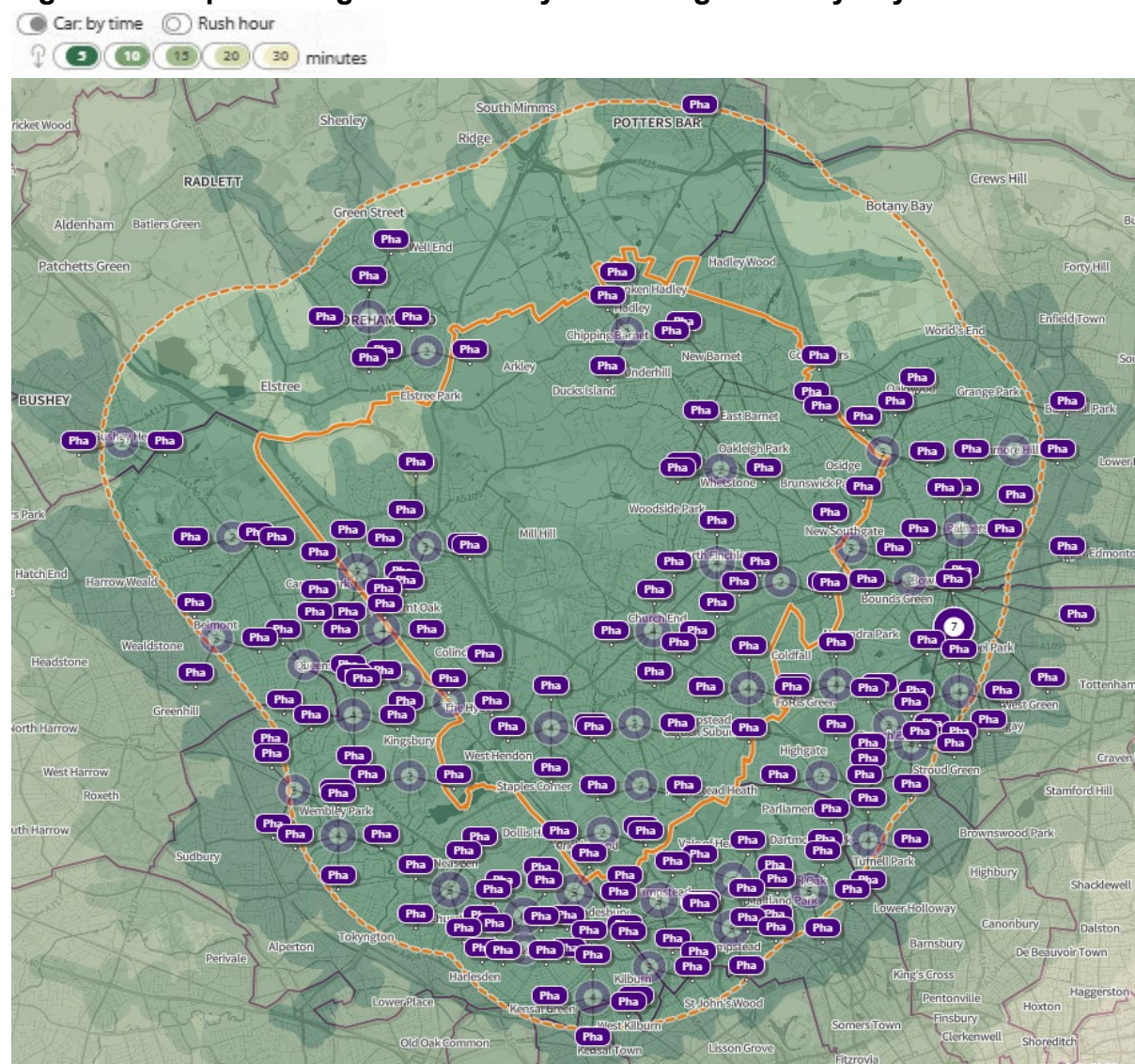
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

Table 11: Travel time by public transport on Saturday afternoon

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	158,384	230,717	389,101	40.7%
10	355,527	33,574	389,101	91.4%
15	389,101	0	389,101	100.0%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%



**Figure 53: Map showing travel time by car during Saturday daytime**



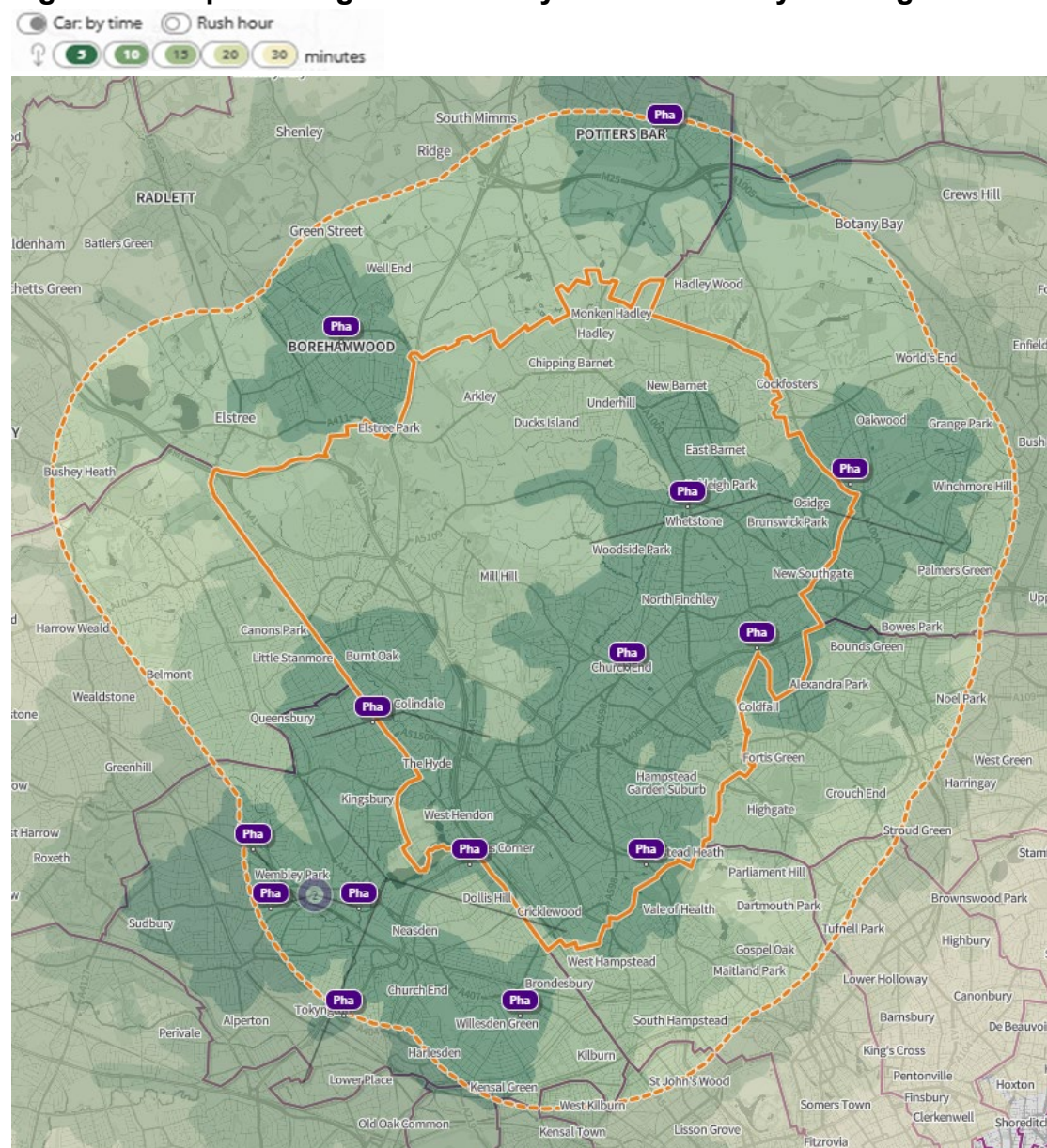
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 12: Travel time by car during Saturday daytime**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	389,101	0	389,101	100.0%
10	389,101	0	389,101	100.0%
15	389,101	0	389,101	100.0%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%



**Figure 54: Map showing travel time by car on Saturday evening**



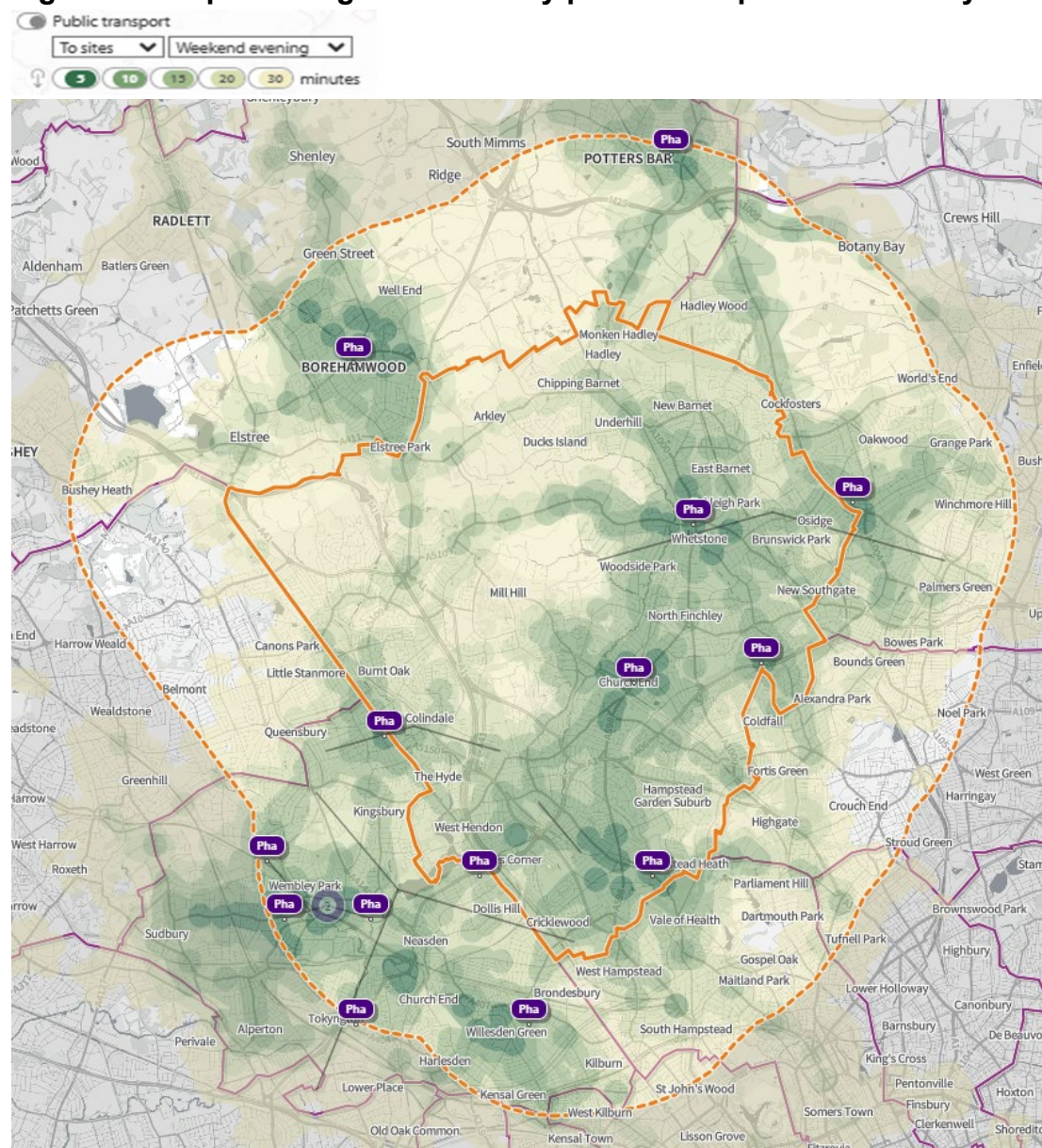
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 13: Travel time by car during Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	296,991	92,110	389,101	76.3%
10	389,101	0	389,101	100.0%
15	389,101	0	389,101	100.0%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%



**Figure 55: Map showing travel time by public transport on Saturday evening**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 14: Travel time by public transport on Saturday evening**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	28,065	361,036	389,101	7.2%
10	143,711	245,390	389,101	36.9%
15	274,907	114,194	389,101	70.7%
20	352,051	37,050	389,101	90.5%
30	389,101	0	389,101	100.0%

#### **6.4.2.2 Sunday opening**

In total, 18 pharmacies in Barnet open on Sundays.

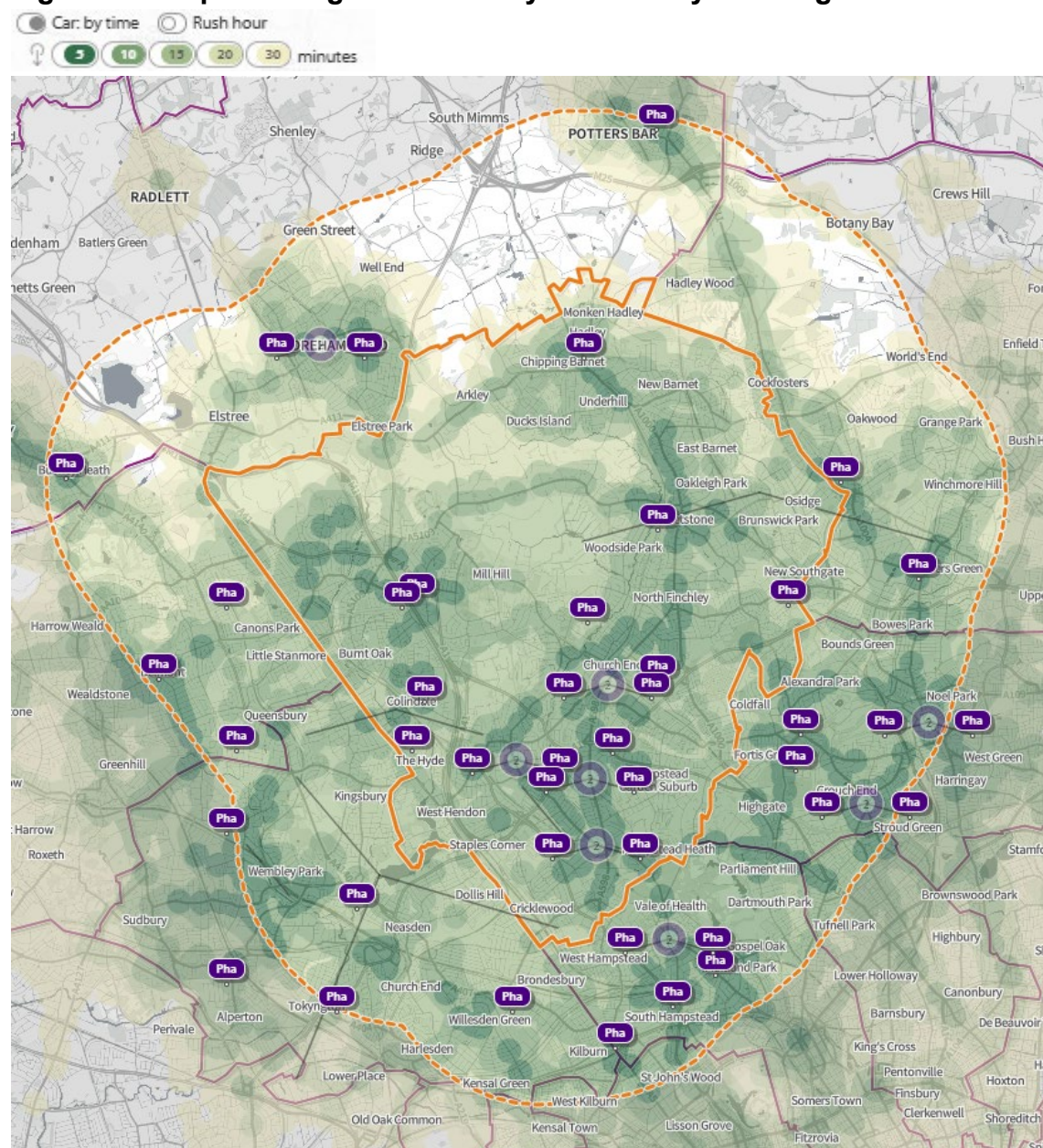
Figure 56 shows that 100% of residents across Barnet are within a 20-minute journey time to their nearest pharmacy by car and 93.3% are within a 30-minute public transport journey time (see figure 57).

Three pharmacies are open on Sundays after 5pm and one doesn't close until 10pm.

Access on Sundays is considered adequate in all localities.



**Figure 56: Map showing travel time by car Sunday morning**



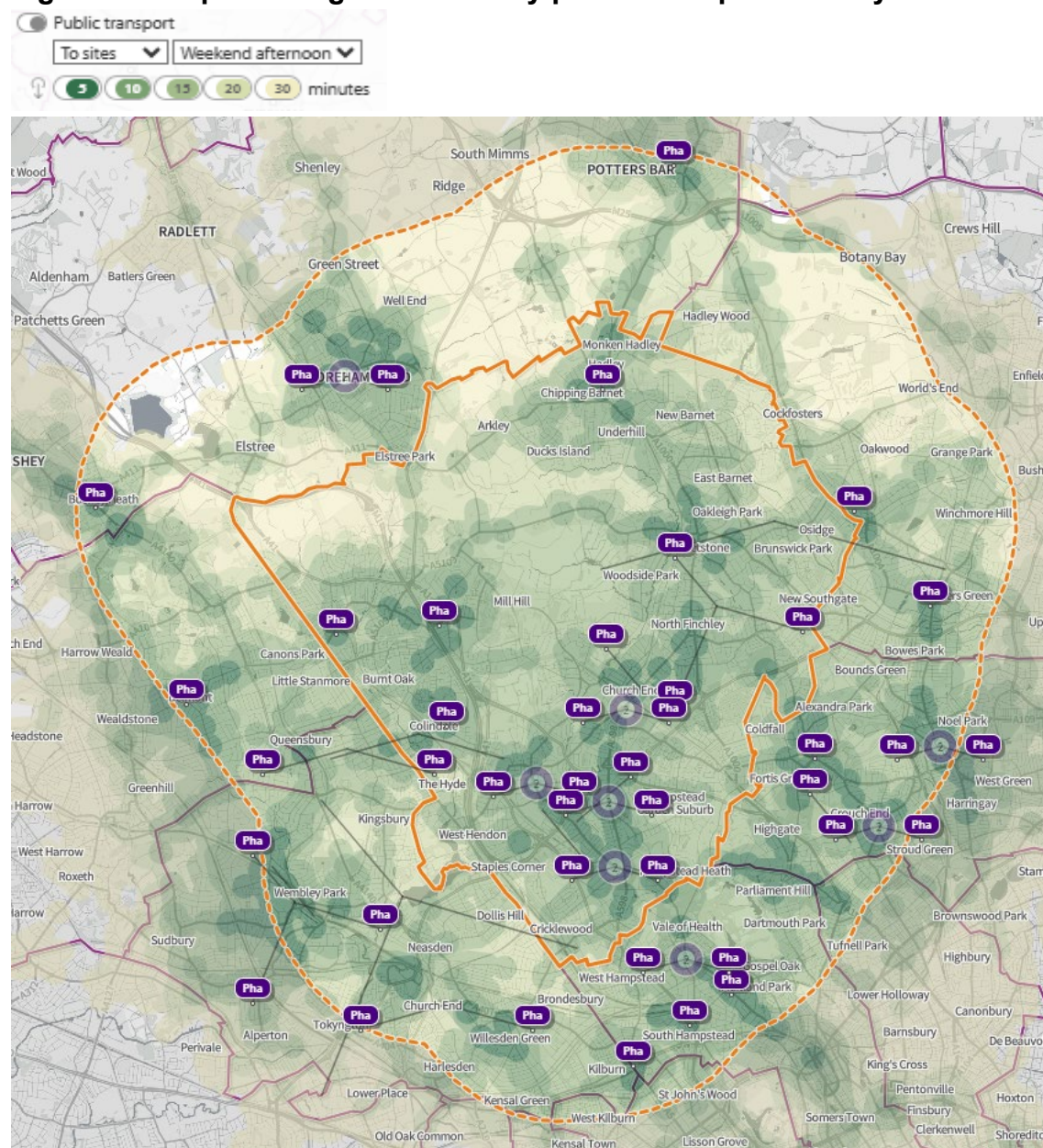
© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 15: Travel time by car Sunday morning**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	112103	276998	389101	28.8%
10	333448	55653	389101	85.7%
15	385998	3103	389101	99.2%
20	389101	0	389101	100.0%
30	389101	0	389101	100.0%



**Figure 57: Map showing travel time by public transport Sunday afternoon**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

**Table 16: Travel time by public transport Sunday afternoon**

Travel Time (mins)	Number in time boundary	Number outside time boundary	Population	% in time boundary
5	86,377	302,724	389,101	22.2%
10	271,295	117,806	389,101	69.7%
15	374,829	14,272	389,101	96.3%
20	389,101	0	389,101	100.0%
30	389,101	0	389,101	100.0%

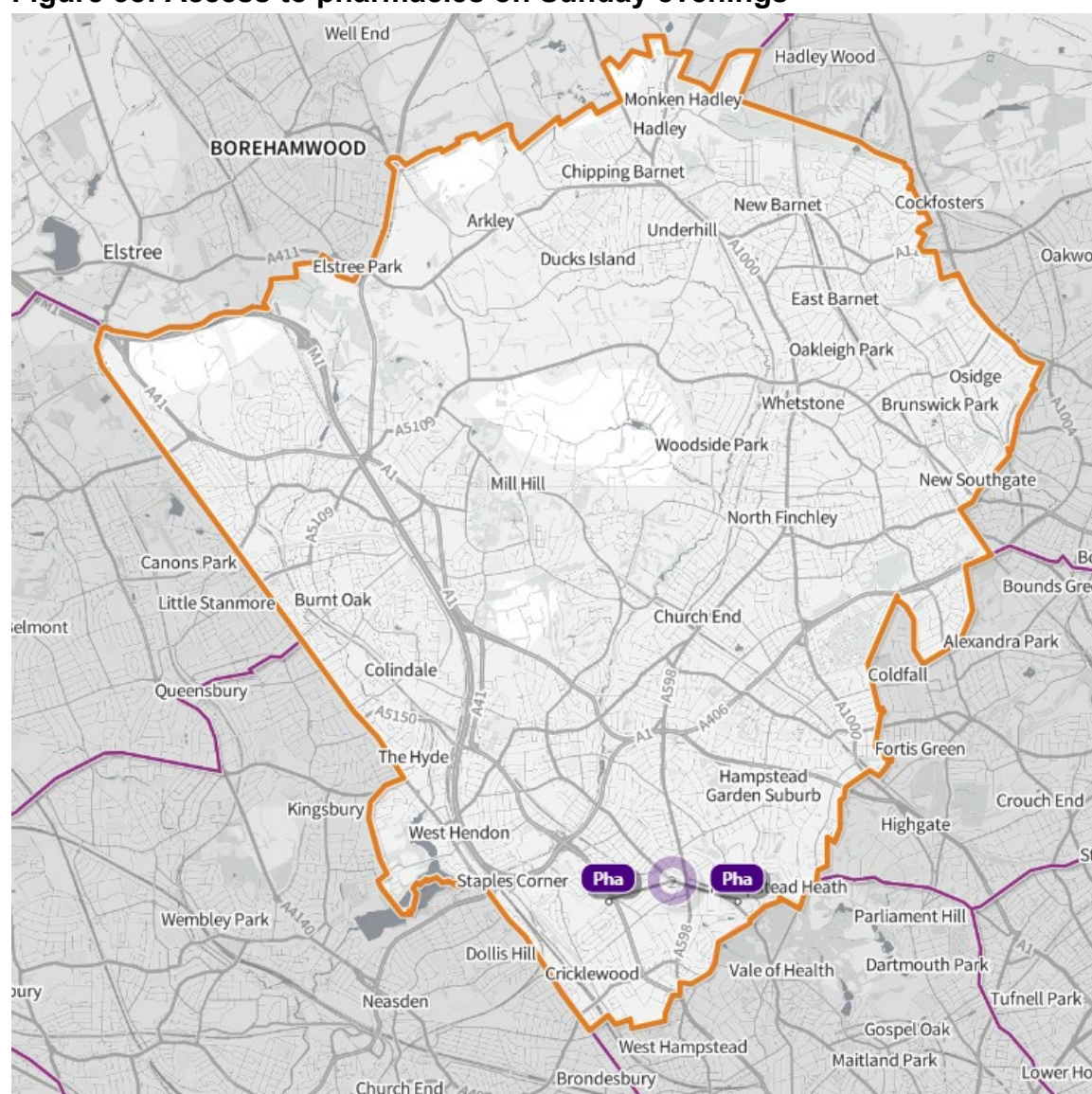


### 6.4.3 Access to pharmaceutical services during urgent treatment centre and walk-in centre opening hours

The urgent treatment centre for the residents of Barnet is located at the Barnet Hospital site. There are also two walk-in centres at Edgware Community Hospital and Finchley Memorial Hospital. There is also provision in neighbouring health and wellbeing board areas.

There is adequate provision for accessing prescribed medicines close to the Barnet sites for weekdays, Saturdays and Sundays. Figure 58 below shows access on Sunday evenings (when the fewest number of pharmacies are open).

**Figure 58: Access to pharmacies on Sunday evenings**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

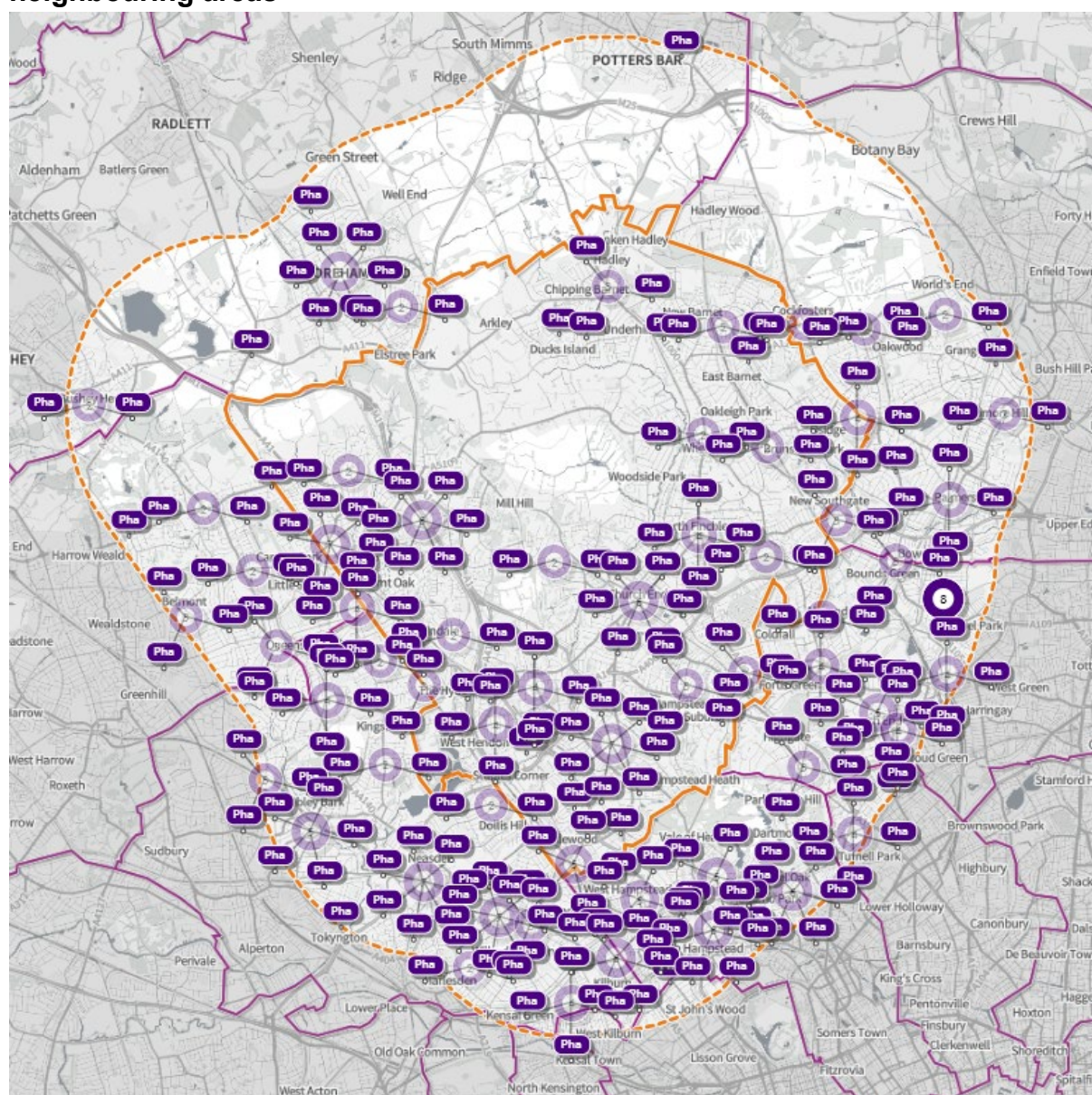


#### 6.4.4 Access to pharmacy services out of the Barnet area

It is important to note that pharmacy services that are out of the Barnet area may provide additional alternatives for people to access medicines and advice.

In particular, there may be pharmacies close to residents who live on or close to the borough boundaries. Figure 59 demonstrates the pharmacy locations within the Barnet boundaries and the neighbouring areas.

**Figure 59: Location of pharmacies within Barnet and 3km over the border in to neighbouring areas**



© Crown copyright and database rights 2024 Ordnance Survey 100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form

Other options for accessing pharmacy services include choosing to have prescriptions dispensed closer to someone's place of work for convenience or to utilise distance selling pharmacy services.

In addition, some prescriptions may be specialist items which services such as dispensing appliance contractors can supply. This may also be facilitated using out of area provision.

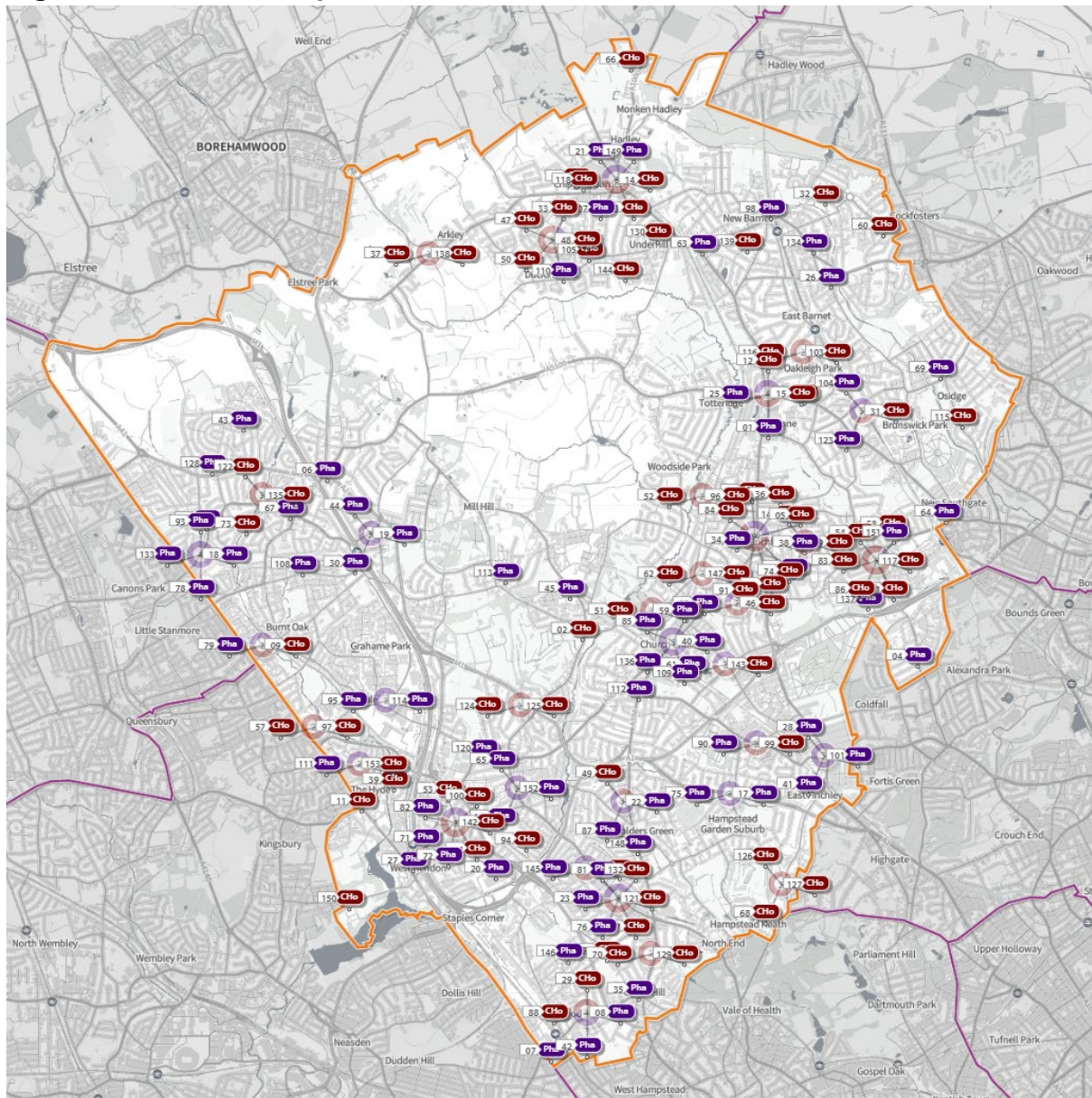
#### **6.4.5 Care home proximity to pharmacies in Barnet**

Barnet has a high number of care homes with residents likely to have significant pharmaceutical need. Whilst this may theoretically increase demand on local services, many care homes use pharmaceutical services from elsewhere in the UK to meet the bulk of their requirements. Local pharmacies are however, still important for example, to dispense prescriptions needed urgently. There is no evidence to suggest that current levels of provision are inadequate.

Figure 60 and table 17 below show the locations of care homes and pharmacies in Barnet.



**Figure 60: Location of pharmacies and care homes within Barnet**



© Crown copyright and database rights 2024 OS AC100016969. You are permitted to use this data solely to enable you to respond to, or interact with, the organisation that provided you with the data. You are not permitted to copy, sub-licence, distribute or sell any of this data to third parties in any form.



**Table 17: List of pharmacies and care homes and map index**

Map index	Type	Code	Name	Map index	Type	Code	Name
2	Care Home	VLR11	Abbey Healthcare- Aarandale Manor	1	Pharmacy	FJX68	AE Lipkin
3	Care Home	VM39V	Abbey Ravenscroft Park Nursing Home	4	Pharmacy	FAD37	Abbott Pharmacy
5	Care Home	VM8RD	Acacia Lodge	6	Pharmacy	FDN63	Acorn Pharmacy
9	Care Home	VM7W9	Appletree Court Care Home	7	Pharmacy	FLX71	Akhtar S
10	Care Home	VNLR0	Ashfield Care Home	8	Pharmacy	FMC90	Akshar Pharmacies
11	Care Home	VM5GN	Ashton Lodge Care Home	17	Pharmacy	FF072	Bishops Pharmacy
12	Care Home	VLVR9	Athenaeum Residential Care Home	18	Pharmacy	FQH33	Boots
13	Care Home	VNM1E	Barnet Grange Care Home	19	Pharmacy	FYY65	Boots
14	Care Home	VNQ9N	Barnet Grange Care Home	20	Pharmacy	FAT67	Boots
15	Care Home	VNHWT	Baxendale Care Home	21	Pharmacy	FKE11	Boots
16	Care Home	VL0GP	Baytree Lodge	22	Pharmacy	FH899	Boots
29	Care Home	VNFRJ	Candlewood House Care Home	23	Pharmacy	FV910	Boots
31	Care Home	VL1GK	Caretech Community Services (No 2) Limited - 42 Russell Lane	24	Pharmacy	FJ034	Boots
32	Care Home	VL18Y	Caretech Community Services (No 2) Limited - 88 Park Road	25	Pharmacy	FWQ30	Boots
33	Care Home	VLTTQ	Carlton Court Care Home	26	Pharmacy	FDV53	Brand-Russell Chemists Ltd
36	Care Home	VL0KM	Catherine Lodge	27	Pharmacy	FN742	Broadway Chemist
37	Care Home	VLK73	Cedar House	28	Pharmacy	FNY79	CW Andrew
39	Care Home	VM4V5	Colin Garden Lodge	30	Pharmacy	FHC96	Care Chemists
46	Care Home	VNDME	Dell Field Court	34	Pharmacy	FED28	Carters Pharmacy
47	Care Home	VM8W6	Dimensions 27 Sampson Avenue	35	Pharmacy	FD668	Castle Chemist
48	Care Home	VL157	Dimensions 4 Matlock Close	38	Pharmacy	FV847	Charles Sampson Pharmacy
49	Care Home	VL0PV	Eastside House	40	Pharmacy	FJ758	Cootes Pharmacy
50	Care Home	VL0Q7	Eleanor Palmer Trust Home	41	Pharmacy	FF506	Cootes Pharmacy
51	Care Home	VL0QK	Elm Park Lodge	42	Pharmacy	FR269	Cricklewood Pharmacy
52	Care Home	VL0QL	Elmhurst Residential Home	43	Pharmacy	FEW83	Cullimore Chemist
53	Care Home	VNVNE	Elmstead House	44	Pharmacy	FJT13	Day Lewis Pharmacy
54	Care Home	VM6FP	Fairford Court	45	Pharmacy	FVF89	Day Lewis Pharmacy
56	Care Home	VLWNF	Fernbank Nursing Home	55	Pharmacy	FV015	Fairview Pharmacy
57	Care Home	VNVD1	Foxlands House	59	Pharmacy	FEV23	Gateway Chemist
58	Care Home	VLCH	Friern Residential Care Home	61	Pharmacy	FL266	Gordon Smith Pharmacy
60	Care Home	VL0TY	Glasson House	63	Pharmacy	FC163	Greenfield Chemist
62	Care Home	VNV3A	Grace House Residential Care Home	64	Pharmacy	FQR66	H Haria Chemists
66	Care Home	VLK9C	Hadley Lawns Care Home	65	Pharmacy	FA675	HC Heard Chemists
68	Care Home	VNJ36	Hammerson House	67	Pharmacy	FAG10	Hale Pharmacy
70	Care Home	VNL45	Heathgrove Lodge Care Home	69	Pharmacy	FQT71	Hampden Square Pharmacy
73	Care Home	VLK9P	Henry Nihill House	71	Pharmacy	FJW05	Hendon Pharmacy
74	Care Home	VL0YQ	Hilton Lodge	72	Pharmacy	FLG64	Hendon Pharmacy
77	Care Home	VL14N	Jack Gardner House	75	Pharmacy	FE907	Hugh Lloyd Pharmacy
83	Care Home	VM6FR	Kemble House	76	Pharmacy	FPN49	I Warman Freed
84	Care Home	VLKAC	Kenwood Care Home	78	Pharmacy	FW144	Jade (Derek Clarke) Pharmacy
86	Care Home	VL0Q9	Kun Mor and George Kiss Home	79	Pharmacy	FRC27	Jade Pharmacy

Map index	Type	Code	Name
88	Care Home	VLKAT	Lansdowne Care Home
89	Care Home	VM73W	Limes Residential Care Home
91	Care Home	VLT47	Lyndhurst
92	Care Home	VLKC7	Magnolia Court
94	Care Home	VNFNA	Maple House
96	Care Home	VNDMF	Meadowside Care Home
97	Care Home	VNVCP	Meridan House
99	Care Home	VL16W	Nazareth House - East Finchley
100	Care Home	VLTPH	Norwood - 159a Station Road
102	Care Home	VM7JF	Oakleigh House
103	Care Home	VNE71	Oakleigh Park Care Home
105	Care Home	VLR1H	Olive House
106	Care Home	VLXL2	Otto Schiff
115	Care Home	VL1FF	Roland Residential Care Homes - 163 Hampden Way
116	Care Home	VLYT4	Roseacres
117	Care Home	VL1G1	Rosetrees
118	Care Home	VL7YP	SENSE - Hyde Close Flats
121	Care Home	VLKDY	Service to the Aged
122	Care Home	VL0JK	Shaftesbury Brookside House
124	Care Home	VNMWX	Signature at Hendon Hall
125	Care Home	VNR2C	Signature at Hendon Hall
126	Care Home	VNRTN	Signature at Highgate
127	Care Home	VNW8J	Signature at Highgate
129	Care Home	VLKE8	Sonesta Nursing Home Limited
130	Care Home	VL1K1	St Christopher's House
131	Care Home	VLKAN	Stella & Harry Freedman House
132	Care Home	VNKWV	Sunridge Court
135	Care Home	VL1KV	Sydmar Lodge
138	Care Home	VLK5N	The Arkley Care Home
139	Care Home	VLWQ8	The Cedar Gardens Care Limited
140	Care Home	VL12R	The Lavenders
141	Care Home	VL1LK	Trinity House
142	Care Home	VM17M	Trinity House Annexe
143	Care Home	VNWDQ	Two Rivers
144	Care Home	VM1YH	Valley Way Respite Service
147	Care Home	VL0R0	Walsingham Support - 49 Essex Park
150	Care Home	VL1P5	Woodfield House
153	Care Home	VM4V6	Zinia House

Map index	Type	Code	Name
80	Pharmacy	FR774	Jade Pharmacy (Avenue)
81	Pharmacy	FD675	Jethros Healthcare Pharmacy
82	Pharmacy	FK271	John Wilson Chemist
85	Pharmacy	FW276	Kings Pharmacy
87	Pharmacy	FYT22	Landys Chemist
90	Pharmacy	FRT44	Links Pharmacy
93	Pharmacy	FRL51	Mango Pharmacy
95	Pharmacy	FJR97	Mcparland HA Ltd
98	Pharmacy	FE533	Mountford Chemists
101	Pharmacy	FMG52	Oakdale Pharmacy
104	Pharmacy	FJN47	Oakleigh Pharmacy
107	Pharmacy	FNC29	Parry Jones Pharmacy
108	Pharmacy	FRR41	Pharmco
109	Pharmacy	FJX05	Pickles Chemist
110	Pharmacy	FXG34	Prima Pharmacy
111	Pharmacy	FPY15	Procure Pharmacy
112	Pharmacy	FKX25	Reena Pharmacy
113	Pharmacy	FVX21	Regent Pharmacy
114	Pharmacy	FDA28	Respond Healthcare
119	Pharmacy	FAK52	Sabel Chemist
120	Pharmacy	FFG86	Sabel Chemist Limited
123	Pharmacy	FGC52	Shore Pharmacy
128	Pharmacy	FJ287	Singer Pharmacy
133	Pharmacy	FYL45	Superdrug Pharmacy
134	Pharmacy	FC275	Svr Pharmacy
136	Pharmacy	FQJ62	Tesco Instore Pharmacy
137	Pharmacy	FTR70	Tesco Instore Pharmacy
145	Pharmacy	FH555	Victoria Pharmacy
146	Pharmacy	FQJ10	W Price (Chemist)
148	Pharmacy	FP809	Westlake Pharmacy
149	Pharmacy	FDW42	Wilkinson Chemist
151	Pharmacy	FXJ92	Woodhouse Pharmacy
152	Pharmacy	FR940	Zaxgate Ltd

#### **6.4.6 Feedback from the public regarding pharmacy opening hours**

84% of those responding to the question about pharmacy opening hours on the questionnaire stated that their local pharmacy had convenient opening hours. 13% (15 respondents) felt their local pharmacy open hours were not convenient for them, and 3% (3 respondents) were unsure.

The questionnaire also included a question about what time(s) people found more convenient to visit a pharmacy. 86% (95 respondents) found weekday daytimes (8am to 4:59pm) to be convenient.

#### **6.5 Disability access**

To comply with the Equality Act 2010<sup>(20)</sup>, community pharmacies must make reasonable provision for access by patients who have disabilities. It sets out a framework which requires service providers to ensure they do not discriminate against persons with a disability. A person is regarded as having a disability if they have a physical or mental impairment which has a substantial adverse effect on that person's ability to carry out day to day activities. If there are obstacles to accessing a service, then the service provider must consider what reasonable adjustments are needed to overcome that obstacle.

Common adjustments in community pharmacies include:

- Easy open containers
- Large print labels
- Being conscious of placement of labels and position of braille
- Reminder charts, showing which times of day medicines are to be taken
- Monitored dosage system (MDS) to improve their adherence to medicines taking.

Most community pharmacies have made arrangements to ensure that those with a disability can access their pharmacy and consultation rooms. As part of the NHSE regulations and guidance almost all pharmacies now comply with the need to have a consultation room as specified in order to deliver advanced services.

The requirements for the consultation room are that it is:

- Clearly designated as a room for confidential conversations, for example a sign is attached to the door to the room saying Consultation room
- Distinct from the general public areas of the pharmacy premises
- A room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

## **6.6 Access to translation services**

NHSE has worked with professionals and the public to work out what good quality interpreting (spoken word or British Sign Language (BSL)) and translation (written word or braille transcription) services look like with primary medical care services (GP surgeries) in mind, but this may also be applicable to other settings, such as other primary care settings.

## 7 Pharmaceutical Services Overview

The requirements for the commissioning of pharmaceutical services are set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013<sup>(52)</sup>.

NHS England (NHSE) commissions pharmaceutical services via the national Community Pharmacy Contractual Framework (CPCF)<sup>(7)</sup>. Community pharmacies provide three tiers of pharmaceutical service which have been identified in regulations. These are:

- **Essential Services:** services all community pharmacies are required to provide.
- **Advanced Services:** services to support patients with safe and effective use of medicines or appliances that all community pharmacies may choose to provide providing they meet the requirements set out in the directions.
- **National Enhanced Services:** nationally specified services that are commissioned by NHS England. Currently, there is just one such service – COVID-19 vaccination programme.

See Appendix 7 for a full list of all pharmacies and the services they provide.

In addition, a Local Pharmaceutical Service (LPS) contract allows NHSE to commission community pharmaceutical services tailored to meet specific local requirements. It provides flexibility to include a broader or narrower range of services (including services not traditionally associated with pharmacy) than is possible under the national pharmacy contract arrangements.

In Barnet there is one LPS pharmacy, Fairview Pharmacy, operating at Finchley Memorial Hospital, Granville Road N12 0JE and this contract is due to expire in September 2026. The review of this contract is out of scope of this PNA, though it should be noted that discussions to review the contract are taking place.

Locally commissioned community pharmacy services can also be contracted via different routes and by different commissioners, including Local Authorities and the Integrated Care board (ICB).

### 7.1 Essential Services

The CPCF states that all pharmacies are required to provide the essential services. The essential services are:

- Dispensing medicines

- Repeat Dispensing, i.e. a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time
- Disposal of unwanted medicines returned to the pharmacy by someone living at home, in a children's home, or in a residential care home
- Promotion of healthy lifestyles, which includes providing advice and participating in NHSE health campaigns
- Signposting people who require advice, treatment, or support that the pharmacy cannot provide to another provider of health or social care services
- Support for self-care which may include advising on over the counter medicines or changes to the person's lifestyle
- Healthy Living Pharmacies - aimed at achieving consistent provision of a broad range of health promotion interventions to meet local need, improving the health and wellbeing of the local population, and helping to reduce health inequalities
- Discharge medicines service. This service was introduced in 2021 and aims to reduce the risk of medication problems when a person is discharged from hospital. The service has been identified by NHSE's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital
- Dispensing of appliances (in the "normal course of business")

Dispensing appliance contractors have a narrower range of services that they must provide:

- Dispensing of prescriptions.
- Dispensing of repeat prescriptions.
- For certain appliances, offer to deliver them to the patient and provide access to expert clinical advice.
- Where the contractor cannot provide a particular appliance, signposting or referring a patient to another provider of appliances who can.

### **7.1.1 Digital solutions**

Under the terms of service, community pharmacies are now required to have digital solutions in place to provide connectivity across healthcare settings.

Staff working at the pharmacy can access a patient's NHS Summary Care Record (SCR) via the National Care Records Service (NCRS), and that access is consistent and reliable during the pharmacy's opening hours, in so far as that is within the control of the contractor. Subject to the normal patient consent requirements, those registered professionals should access patients' SCRs whenever providing pharmaceutical services to the extent that they consider, in their clinical judgement,

that it is appropriate to do so for example: prescription queries, advising patients on suitable medication, providing emergency supplies.

## 7.2 Advanced services

In addition to the Essential services, the NHS CPCF allows for the provision of 'Advanced services'. Community pharmacies can choose to provide any of these services, providing they meet the service requirements including accreditation of the pharmacist providing the service and/or specific requirements regarding premises. They are commissioned by NHSE and the specification and payment is agreed nationally. Advanced services currently (2025) include:

- Appliance Use Review
- Influenza Vaccination Service
- Hypertension Case-Finding Service
- Lateral Flow Device Tests Supply Service
- New Medicine Service
- Pharmacy Contraception Service
- Pharmacy First Service
- Smoking Cessation Service
- Stoma Appliance Customisation Service

Local information about whether a pharmacy is signed up to deliver an advanced service was obtained from the LPCH<sup>(48)</sup>, in February 2025. For some services, this information was unavailable, and activity data from NHSBSA<sup>(53)</sup> was used with the assumption that zero activity indicated the pharmacy was not signed up to deliver the service. It should also be noted that some pharmacies may be signed up to deliver the service but may not have actively delivered the service. Table 18 shows the number of pharmacies providing each of the advanced services.

**Table 18: Number of community pharmacies providing advanced services in Barnet**

Pharmacy Advanced service	Number of pharmacies providing this service
Appliance Use Review	0
Influenza Vaccination Service	62
Hypertension Case-Finding Service	63
Lateral Flow Device Tests Supply Service	27
New Medicines Service	66
Pharmacy Contraception Service	46
Pharmacy First Service	69
Smoking Cessation Service	21
Stoma Appliance Customisation service	2

Source: LPCH<sup>(48)</sup>, NHSBSA Dispensing Contractors' Data<sup>(53)</sup>

### **7.2.1 Appliance use review (AUR)**

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. Alternatively, where clinically appropriate and with the agreement of the patient, AURs can be provided by telephone or video consultation (in circumstances where the conversation cannot be overheard by others - except by someone whom the patient wants to hear the conversation, for example a carer). AURs should improve the patient's knowledge and use of any 'specified appliance'.

This service is usually provided by the mail order appliance contractors as a specialism of the services although this service could also be provided by local community pharmacies. In Barnet, no pharmacies appear to be delivering this service based on the NHSBSA dispensing contractors' data<sup>(53)</sup>.

### **7.2.2 Influenza vaccination service**

Community pharmacy has been providing influenza vaccinations under a nationally commissioned service since September 2015. Each year from September through to March the NHS runs a seasonal influenza vaccination campaign aiming to vaccinate all patients who are at risk of developing more serious complications from the virus. The accessibility of pharmacies, their extended opening hours, and the option to walk in without an appointment have proved popular with patients seeking vaccinations.

NHSBSA data<sup>(53)</sup> indicated that 62 of the community pharmacies in Barnet provided the influenza vaccination service (details listed in Appendix 7).

### **7.2.3 Hypertension case-finding service (HCFS)**

The HCFS was commenced as an Advanced service in October 2021 to support the programme of identification of undiagnosed cardiovascular disease. Previously only being provided by pharmacists and pharmacy technicians, from December 2023, the service was further extended to be provided by suitably trained and competent non-registered pharmacy staff. The service aims to:

- Identify people with high blood pressure aged 40 years or older (who have previously not had a confirmed diagnosis of hypertension), and to refer them to general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements.
- Provide another opportunity to promote healthy behaviours to patients.

Information from LPCH<sup>(48)</sup> indicated that 63 pharmacies were signed up to deliver the HCFS in Barnet.



#### **7.2.4 Lateral flow device (LFD) tests supply service**

The NHS offers COVID-19 treatment to people with COVID-19 who are at risk of becoming seriously ill. To access treatment, eligible patients first need to be able to test themselves by using an LFD test if they develop symptoms suggestive of COVID-19. It is therefore important that they have LFD tests at their home in advance of developing symptoms, so they can promptly undertake a test.

The LFD tests supply service was introduced in November 2023 to provide eligible patients with access to LFD tests. It replaced a similar service known as 'COVID-19 Lateral Flow Device Distribution Service', or 'Pharmacy Collect'.

If a patient tests positive, they are advised to call their general practice, NHS 111, or hospital specialist as soon as possible. The test result will be used to inform a clinical assessment to determine whether the patient is suitable for, and will benefit from, NICE recommended COVID-19 treatments.

NHSBSA data<sup>(53)</sup> indicated that 27 pharmacies were signed up to provide LFD in Barnet.

#### **7.2.5 New medicine service (NMS)**

In England, around 15 million people have a long-term condition (LTC), and the optimal use of appropriately prescribed medicines is vital to the management of most LTCs. However, reviews conducted across different disease states and different countries are consistent in estimating that between 30 and 50 per cent of prescribed medicines are not taken as recommended. This represents a failure to translate the technological benefits of new medicines into health gain for individuals. Sub-optimal medicines use can lead to inadequate management of the LTC and a cost to the patient, the NHS and society.

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

NHSBSA data<sup>(53)</sup> indicates that 66 community pharmacies were signed up to provide NMS in Barnet.

#### **7.2.6 Pharmacy contraception service (PCS)**

The service provides an opportunity for community pharmacy to help address health inequalities by providing wider healthcare access in their communities and signposting service users into local sexual health services in line with NICE Guidelines (NG102)<sup>(54)</sup>.

The objectives of the service are to:

- Provide a model for community pharmacy teams to initiate provision of Oral Contraception (OC), **and to continue** the provision of OC supplies initiated in primary care (including general practice and pharmacies) or sexual health clinics and equivalent. Both initiation and ongoing supply are undertaken using PGDs to support the review and supply process; and
- Establish an integrated pathway between existing services and community pharmacies that provides people with greater choice and access when considering continuing their current form of OC.

The service aims to provide:

- Greater choice from where people can access contraception services; and
- Extra capacity in primary care and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

The service involves community pharmacists providing:

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation; and
- Ongoing supply: where a person has been supplied with OC by a primary care provider, or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The supplies are authorised via a PGD, with appropriate checks, such as the measurement of the patient's blood pressure and body mass index, being undertaken where necessary.

Information from LPCH<sup>(48)</sup> indicates that 46 community pharmacies were signed up to provide PCS in Barnet.

Note that Barnet council also commissions the supply of emergency contraception and other sexual health services via community pharmacy. This is described in more detail in Section 8.

### **7.2.7 Pharmacy First service**

The Pharmacy First service, which commenced on 31st January 2024 and replaces the Community Pharmacist Consultation Service (CPCS), involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions (age restrictions apply): sinusitis, sore throat, acute otitis media, infected insect bites, impetigo, shingles, and uncomplicated UTI in women.

Consultations for these seven clinical pathways can be provided to patients self-presenting to the pharmacy as well as those referred electronically by NHS 111, general practices and others.

The service also incorporates the elements of the CPCS, i.e. minor illness consultations with a pharmacist, and the supply of urgent medicines (and appliances), both following an electronic referral from NHS 111, general practices (urgent supply referrals are not allowed from general practices) and other authorised healthcare providers (i.e. patients are not able to present to the pharmacy without an electronic referral).

Following the contractual settlement, further changes to the Pharmacy First Service included "bundling" requirements such that providers must provide the Hypertension Case Finding Service (HCFS) and Pharmacy Contraception Service (PCS) in order for them to receive Pharmacy First monthly payments (from June 2025).

Information from LPCH<sup>(48)</sup> indicates that 69 pharmacies in Barnet are signed up to provide this service.

### **7.2.8 Smoking cessation advanced service**

The smoking cessation advanced service commenced in March 2022 for people referred to community pharmacies by hospital services. 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. It supplements other locally commissioned smoking cessation services, such as the Barnet council commissioned Public Health-commissioned Stop Smoking Service detailed in section 8 of this document.

Information from LPCH<sup>(48)</sup> indicates that 21 pharmacies in Barnet are signed up to provide this service.

### **7.2.9 Stoma appliance customisation service (SAC)**

The Stoma Appliance Customisation service is based on modifying stoma appliance(s) to suit 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.

As with the AUR service, this is typically undertaken by mail order appliance contractors. NHSBSA data<sup>(53)</sup> indicates that two pharmacies in Barnet are signed up to provide the service.

## **7.3 National enhanced services**

In December 2021, provisions were made within the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup> for a new type of Enhanced service, the National Enhanced Service (NES). Under this type of service, NHSE commissions an Enhanced service that is nationally specified. This requires NHSE to

consult with Community Pharmacy England (CPE) on matters relating to the service specification and remuneration for the service.

This differs from a Local Enhanced Service (LES) that is locally developed and designed to meet local health needs, and for which NHSE would consult with Community Pharmacy England. A NES allows the agreement of standard conditions nationally, while still allowing the flexibility for local decisions to commission the service to meet local population needs, as part of a nationally coordinated programme.

At the time of writing, there is one NES commissioned by NHSE, the COVID-19 vaccination programme.

### **7.3.1 COVID-19 vaccination programme**

Phase 5 of the vaccination service, the Autumn 2022, Spring 2023, Autumn/Winter 2023/24 and Spring 2024 booster programmes were all commissioned as a NES

Information provided by the ICB suggests that this service was not commissioned in Barnet at the time of writing

## **7.4 ICB enhanced services**

Since the publication of the last PNA, the commissioning of pharmaceutical services has been delegated to ICBs. As a result, ICBs can and, where appropriate, should commission services as enhanced services where they fall within the scope defined in the NHSE Advanced and Enhanced Directions 2013<sup>(52)</sup>. Some services previously commissioned as ICB-locally commissioned services may now be more appropriately classified as enhanced services under these directions.

At the time of preparing this PNA, NCL ICB commissioned the following enhanced services with community pharmacy:

- Palliative care medicines and antimicrobial drugs
- Self-care medicines scheme (SCMS)
- Bank holiday rota

Further details of which pharmacies are delivering these services can be found in Appendix 7.

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

The pharmacy palliative care medicines scheme aims to improve and ensure the availability of palliative care medicines in Barnet through community pharmacies during normal opening hours.

The ICB commissions the on-demand availability of palliative care and antimicrobial drugs from community pharmacies across North Central London. This service aims to ensure that patients receiving palliative care in the community have access to specialised drugs when these are required in an emergency. The service is available within the normal opening hours of the pharmacy contractor. Out of hours centres hold their own supplies to meet the demand outside normal pharmacy opening hours.

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<sup>(55)</sup>.

As of July 2025, five community pharmacies in Barnet are currently participating in this scheme (details listed in Appendix 7) and there are also participating pharmacies in neighbouring boroughs.

#### **7.4.2 Self-care medicines scheme (SCMS)**

Community pharmacies taking part in the new North Central London Self-Care Medicines Scheme (which replaces the Self-Care Pharmacy First Pilot Scheme in Camden, Haringey and Islington), can provide eligible patients with selected free medicines for common minor ailments like allergies, earache or minor injuries. Patients (and their children aged under 16) are eligible to receive this service if they receive free prescriptions in categories relating to income, or they are aged 16, 17, or 18 and in full-time education, part-time education or undertaking an accredited apprenticeship.

As of July 2025, there are currently 25 community pharmacies in Barnet taking part in this scheme (details listed in Appendix 7).

#### **7.4.3 Bank holiday rota**

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. The ICB has managed a 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 future bank holiday arrangements are currently being agreed.

## **8     Barnet Locally Commissioned Services**

Locally commissioned services are not described in the 2013 regulations<sup>(6)</sup>. The term is commonly used to describe services commissioned from community pharmacies by local authorities or ICBs that do not meet the definition of enhanced services set out in the NHSE Advanced and Enhanced Directions 2013<sup>(52)</sup>.

In the Barnet area, pharmacy services are currently commissioned locally by the council's Public Health team.

See Appendix 7 for a list of pharmacies and the services they provide.

### **8.1     Barnet Public Health commissioned services**

As part of its range of public health interventions Barnet Public Health team currently commissions the following services from community pharmacies:

- Stop smoking
- Supervised consumption
- Needle exchange
- Emergency hormonal contraception
- Condom distribution

#### **8.1.1   Barnet stop smoking service**

The aim of the Barnet stop smoking service is to provide individuals who wish to quit smoking with access to stop smoking advice and support as appropriate and in convenient locations. There are a number of different providers of the service, including pharmacies and GP practices, each with an accredited stop smoking practitioner who will provide the service. The service can be accessed without a referral.

Service users will receive up to 6 weeks of free behavioural support with an advisor and provided with a suitable replacement therapy or medication where appropriate.

There are six community pharmacies in Barnet registered to deliver this service (details listed in Appendix 7), compared to nine in the 2022 PNA.

#### **8.1.2   Drug and alcohol dependence services**

##### **8.1.2.1     Supervised consumption**

Substances such as heroin, opium and morphine are known as 'opioids'. Many opioids are 'psychoactive', which means they affect the way the brain works and can change a person's mood or behaviour. Opioid dependence is associated with a wide range of social and health problems, including a high risk of infection and mental health problems. It also presents a danger that a person could take a fatal overdose.

Services are commissioned from community pharmacies to provide a dispensing and supervised consumption scheme for opioid substitutes (such as methadone or buprenorphine) for dependent drug users. To use the services, patients must have been assessed as requiring symptomatic treatment for drug related problems and have made the decision to reduce their illegal opioid use. Substance misuse services prescribe an opioid substitute, tailoring the selected product and dose to the individual's needs. The service is therefore only available to patients who are being treated within the local integrated substance misuse and harm reduction service.

As the pharmacy staff supervise the patient's consumption of the opioid substitute in the pharmacy, risk of illegal diversion or consumption by anybody other than the patient is minimised.

In the period January to March 2025, 39 pharmacies were signed up to deliver the supervised consumption service (details listed in Appendix 7), although just 12 of these had actively provided the service in that time period.

#### **8.1.2.2 Needle exchange**

The aim of the needle exchange scheme is to reduce the spread of blood borne viruses (such as HIV, hepatitis B and hepatitis C) and other infections associated with the use of non-sterile injection equipment. It does so through the provision of sterile injecting equipment and other associated products. It also helps to reduce the risk of needle stick injuries to others by reducing drug related litter through the safe collection and disposal of equipment. In addition, the service provides information and advice, and acts as a gateway to other services, such as drug treatment centres.

The service is currently provided by four community pharmacies in Barnet (details listed in Appendix 7). In the 2022 PNA, five community pharmacies offered this service.

#### **8.1.3 Sexual health service**

Sexual and reproductive health is a vital aspect of public health. Access to appropriate sexual health services and interventions can significantly enhance the health and wellbeing of both individuals and the wider population.

Pharmacies work as part of a wider network of providers, helping to extend access to emergency hormonal contraception (EHC) and condoms across Barnet. Pharmacies can provide an anonymous service in an environment that respects the dignity and confidentiality of the patient.

##### **8.1.3.1 Emergency hormonal contraception**

In Barnet, EHC is available free of charge to young people under the age of 25 from a number of pharmacies who have agreed to provide this service. The supply of

EHC (levonorgestrel and ulipristal) in pharmacies is made via local patient group direction (PGD) arrangements.

In Barnet, there are 15 pharmacies signed up to deliver the free EHC service. Some of these pharmacies are open weekday evenings and weekends, which allows for improved access outside of normal working hours.

### 8.1.3.2 Condom distribution service

Come Correct is the name of the free and confidential scheme for young people under the age of 25, where they can register online for a C-card (condom card), and then visit any location displaying the Come Correct logo for a supply of condoms. There are a number of venues across the borough that can provide the condom supply, including colleges, sexual health clinics and pharmacies. This variety of venue types helps to increase accessibility of condoms to young people in the borough.

Across Barnet, there are 6 pharmacies registered to provide this service. In the previous PNA, 12 pharmacies provided this service.

Table 19 shows provision of local authority commissioned services, broken down by locality.

**Table 19: Provision of local authority commissioned services, by locality**

	Stop smoking service	Supervised consumption	Needle exchange	EHC	Condom distribution
Chipping Barnet	1	9	2	2	0
Finchley & Golders Green	4	16	1	5	2
Hendon	1	14	1	3	4
<b>BARNET</b>	<b>6</b>	<b>39</b>	<b>4</b>	<b>10</b>	<b>6</b>

Source: Barnet Health and Wellbeing Information<sup>(56)</sup>

## 8.2 Non-commissioned services

Community pharmacies provide a range of services which are neither part of the core contract with the NHS, nor commissioned by Local Authority Council, ICB or NHSE. These services may not be aligned with the strategic priorities of the ICB or the council but may be fulfilling a customer generated demand for non-NHS services and are often very valuable for certain patient groups e.g. the housebound. However, these services are provided at the discretion of the pharmacy owner and may or may not incur an additional fee.



As these services are not reimbursed by the NHS, the decision to provide the service is often a commercial one, especially when the service increases the pharmacy's overhead costs. Non-commissioned services identified in the Pharmacist PNA questionnaire included:

- Collection of prescriptions from GP practices
- Delivery of dispensed medicines
- Dispensing of medicines into Monitored Dosage Systems for patients not requiring reasonable adjustments.

### **8.3 Collection and delivery services**

The responses from the pharmacy contractor survey show that 19 out of 32 respondents provide a prescription delivery service. 25 out of the 32 respondents offers a prescription collection service (although as EPS is now used for almost all prescriptions, there is little need for this service).

To gain a clearer understanding of service provision, further information may need to be gathered. This could help identify where these non-commissioned services are being offered and whether there are any gaps in access for patients who may rely on them.

### **8.4 Monitored dosage systems**

Pharmacies are expected to make suitable arrangements or “reasonable adjustment” for patients who have disabilities which ensure that they can take their medicines as instructed by the doctor in line with the Equality Act 2010<sup>(20)</sup>. This will sometimes require the use of monitored dose systems (MDS) to help patients take complicated drug regimens. These are often seen as weekly or monthly cassettes with medication placed in boxes relating to the day and time of the day that the medicine is to be taken.

Family or carers may ask for medicines to be dispensed in MDS, without any assessment of whether this is the most appropriate way of providing the help that the patient needs to safely take their medicines. This is an ideal opportunity for the pharmacy service to engage with the person or their representative to ascertain the most appropriate delivery system for medicines to suit their needs.

NICE guidance NG67<sup>(57)</sup> recognised the role that pharmacists play in supporting people in the community and recommended that “use of a monitored dosage system should only be when an assessment by a health professional (for example, a pharmacist) has been carried out”.

This information sharing should help to identify patients who would benefit from interventions such as the provision of medicines in a MDS and evidence assessments that have been undertaken to support this decision.

## 9 Current and Future Pharmacist Role

Barnet HWB values the contribution that community pharmacy makes to the local health economy through their essential services, advanced services and locally commissioned services. They are an important part of the medicines optimisation approach that helps patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines, reduce wastage, and improve medicines safety.

Barnet Council's Public Health team strongly supports the role that community pharmacy plays in promoting health and healthy lifestyle and in delivering evidence-based interventions for stop smoking, sexual health, and substance misuse.

The national vision for community pharmacy is in line with the local strategy and aspirations that community pharmacy has a critical role to play in the Barnet health system. It is essential that community pharmacy continues to be recognised and supported to support the health needs of the population of Barnet and that the people of Barnet are aware of and fully utilise the services available from their community pharmacies.

The demand on community pharmacy and on community pharmacists and their staff is great and is ever-increasing. The shortage of local pharmacists is acute; there is now increased public demand on pharmacies and their staff, and this has been further exacerbated by the demand for, and recruitment of community pharmacists (and other staff) employed within PCNs and other pharmacy services. It is important to note the pressure that community pharmacies and their staff are under as a result of these two factors. Whilst community pharmacies welcome the introduction of new commissioned services, and have been tenacious, innovative and agile when launching them, locally, it is important for commissioners to be aware of the huge demands being placed on community pharmacy and the capacity of community pharmacy.

The NHS 10 Year Health Plan<sup>(13)</sup> sets out a vision for community pharmacy being an integral part of neighbourhood health services, with a move from a dispensing focussed role to offering more clinical services. This will include:

- More community pharmacists becoming able to independently prescribe
- Management of long-term conditions
- Management of complex medication regimes
- Treatment of obesity, high blood pressure and high cholesterol
- Increased role in vaccine delivery (including human papillomavirus for those who have missed out on the school programme)
- Increased role in screening for risk of cardiovascular disease and diabetes

The plan also includes a move to modernise the approach to dispensing of medicines by using available technology, including dispensing robots, and developing hub and spoke models.

Further consideration is given in Appendix 9 regarding future opportunities for community pharmacy service provision in Barnet, including recommendations to further enhance service provision and therefore maximise the health benefits offered by community pharmacy to the Barnet population.

## 10 Engagement and Consultation

### 10.1 Stakeholder engagement

#### 10.1.1 Overview of response to the public survey

An online questionnaire was produced to enable people in Barnet to feed their views into the PNA. 149 people responded. Seventy-two percent stated they lived in Barnet, 10% work in the borough and 15% live and work in the borough.

90% of those responding to the question about whether they have a regular local community pharmacy stated that they have a regular pharmacy. One percent stated they use an online pharmacy, with 4% stating they use a combination of online and traditional community pharmacies.

63% of those responding to the question about travel stated they travel on foot to the pharmacy, while 22% travelled by car. Six percent used public transport.

14% of respondents use their pharmacy at least once a week and 59% at least once a month.

Table 20 summarises the factors important to respondents when choosing a pharmacy.

**Table 20: Factors that are important in choice of pharmacy**

	<b>Extremely Important</b>	<b>Very Important</b>	<b>Moderately Important</b>	<b>Fairly Important</b>	<b>Not Important at all</b>
Quality of Services	69% (101)	28% (41)	3% (5)	0% (0)	0% (0)
Convenience	56% (58)	37% (34)	7% (7)	1% (1)	0% (0)
Accessibility	43% (64)	30% (45)	23% (32)	2% (3)	3% (4)
Availability of Medication	77% (112)	20% (29)	2% (3)	0% (0)	1% (1)

When asked to what extent do you agree/disagree that your local community pharmacy meets your needs, 89% of those responding tended to agree or strongly agree. Five percent disagreed.

149 people answered the question about services they use at their pharmacy. Table 21 summarises these results:

**Table 21: Services people use at their pharmacy**

Option	Count	Percentage
Collect prescribed medicines and/or products	139	93%
Buy over the counter medicines	99	66%
Advice from your pharmacist e.g. including minor ailments and new medicines	95	64%
Dispose of unwanted medicine	79	53%
Disposal of used medical equipment e.g. needles / syringes	11	7%
Collect Covid-testing kits	15	10%
Access vaccinations e.g. Covid-19 or flu	48	32%
None	0	0%
Other (please specify)	8	5%
Blank	0	0%

Awareness of the full range of services offered by pharmacies varied. Table 22 below summarises awareness (based on 140 responses):

**Table 22: Awareness of pharmacy services**

Service	Count	Percentage
Anticoagulant monitoring service	4	3%
Antiviral distribution service	9	6%
Home delivery service	95	68%
Needle exchange service	17	12%
NHS blood pressure check	74	53%
Palliative medicines	8	6%
Pharmacy First	48	34%
Phlebotomy services	7	5%
Sexual health	28	20%
Self-care medicines	26	19%
Stop smoking service	35	25%
Supervised administration	11	8%
Vaccinations	113	81%

### 10.1.2 Overview of response to pharmaceutical service providers survey

32 of 74 pharmacies responded to the survey, giving a response rate of 43%.

All pharmacies had private consultation room(s), and 88% of those responding had consultation room(s) with wheelchair access. 34% stated they had more than one consultation room available.

6% did not have access to hand-washing facilities during consultations. 31% of those responding to the question stated they have toilet facilities available for customers.

Languages spoken in pharmacies in addition to English were:

- **Gujarati:** 20 mentions
- **Hindi:** 16 mentions
- **Arabic:** 6 mentions
- **Farsi:** 6 mentions
- **Urdu:** 5 mentions
- **Swahili:** 4 mentions
- **Romanian:** 4 mentions
- **Spanish:** 4 mentions
- **Punjabi:** 3 mentions
- **Albanian:** 3 mentions
- **French:** 3 mentions
- **Turkish:** 2 mentions
- **Hebrew:** 2 mentions
- **Portuguese:** 2 mentions
- **Italian:** 2 mentions
- **Yiddish:** 1 mention
- **Hungarian:** 1 mention
- **Sinhala:** 1 mention
- **Lithuanian:** 1 mention
- **Ukrainian:** 1 mention
- **Russian:** 1 mention
- **Dutch:** 1 mention
- **Chinese:** 1 mention
- **Sanskrit:** 1 mention
- **Ghanian (Twi):** 1 mention
- **Greek:** 1 mention
- **Tigrinya:** 1 mention
- **Yoruba:** 1 mention
- **Polish:** 1 mention
- **Pashto:** 1 mention

63% of pharmacies responding dispense all types of appliances, 22% dispense dressings only. 16% do not dispense appliances.

The table below summarises pharmacies responding to state whether they deliver or intend to deliver each advanced service:

**Table 23: Pharmacies providing or interested in providing advanced services**

Advanced Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	97%	0%	3%
Community Pharmacy Blood Pressure Check Service	81%	13%	6%
Pharmacy Contraception Service	53%	43%	3%
Community Pharmacy Smoking Cessation Service	27%	33%	40%
New Medicine Service	97%	0%	3%
Flu Vaccination Service	94%	6%	0%
Appliance Use Review	10%	20%	70%
Stoma Appliance Customisation	17%	13%	70%
Lateral Flow Device (LFD) Service	71%	6%	23%

Table 24 summarises pharmacies responding to state whether they deliver or intend to deliver other services:

**Table 24: Pharmacies delivering or intending to deliver other services**

	Currently providing under contract with NHSE	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	0%	0%	3%	73%	13%	10%
Anti-viral Distribution Service	0%	0%	0%	84%	6%	10%
Chlamydia Testing Service	0%	0%	0%	71%	19%	10%
Chlamydia Treatment Service	0%	0%	0%	86%	3%	10%
Emergency Contraception Service	0%	6%	16%	68%	3%	6%
Home Delivery Service (not appliances)	0%	0%	3%	55%	16%	26%
Medicines Assessment and Compliance Support Service	0%	0%	0%	74%	19%	6%
Minor Ailment Scheme	3%	6%	6%	61%	13%	10%
Needle and Syringe Exchange Service	6%	13%	10%	48%	13%	10%
Not Dispensed Scheme	19%	3%	13%	25%	34%	6%



	<b>Currently providing under contract with NHSE</b>	<b>Currently providing under contract with ICB</b>	<b>Currently providing under contract with Local Authority</b>	<b>Willing to provide if commissioned</b>	<b>Not able or willing to provide</b>	<b>Willing to provide privately</b>
Self-care medicines scheme	0%	3%	10%	32%	45%	10%
Supervised Administration Service	0%	0%	0%	54%	36%	11%
Out of Hours Services	0%	3%	3%	23%	53%	17%
Phlebotomy Service	0%	0%	0%	55%	28%	17%
Seasonal Influenza Vaccination Service	78%	6%	6%	6%	0%	3%
Stop Smoking Service	13%	3%	3%	48%	26%	6%
Vascular Risk Assessment Service	3%	0%	0%	65%	16%	16%
Asthma Medicines Management Service	3%	9%	0%	84%	3%	0%
Other Disease Specific Medicines Management Service	0%	13%	0%	75%	6%	6%
Screening Service: Gonorrhoea	0%	0%	0%	63%	30%	7%
Screening Service: H. pylori	0%	0%	0%	77%	13%	10%
Screening Service: Hepatitis	0%	0%	0%	63%	23%	13%
Screening Service: HIV	0%	0%	0%	60%	30%	10%
Screening Service: Other	0%	0%	0%	64%	29%	7%
Childhood vaccinations	0%	0%	0%	66%	21%	14%
COVID-19 vaccinations	39%	10%	3%	26%	16%	6%
Hepatitis (at risk workers or patients) vaccinations	0%	0%	0%	71%	13%	16%
HPV vaccinations	0%	0%	0%	67%	17%	17%
Meningococcal vaccinations	0%	0%	0%	70%	13%	17%
Pneumococcal vaccinations	10%	0%	14%	52%	10%	14%
Travel vaccinations	0%	0%	3%	67%	7%	23%
Other vaccinations	0%	0%	5%	53%	26%	16%

When asked about provision of non-commissioned services, pharmacies responding for each service stated whether they provide or intend to provide as summarised below:

**Table 25: Pharmacies providing or intending to provide non-commissioned services**

	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	81%	0%	19%
Delivery of dispensed medicines – Selected patient groups	81%	6%	13%
Delivery of dispensed medicines – Selected areas	77%	6%	16%
Delivery of dispensed medicines – Free of charge on request	63%	3%	33%
Delivery of dispensed medicines – With charge	44%	19%	37%
Monitored Dosage Systems – Free of charge on request	84%	0%	16%
Monitored Dosage Systems – with charge	32%	28%	40%

## 10.2 Formal consultation

The formal consultation on the draft PNA for Barent ran from 22 May to 21 July in line with regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013<sup>(6)</sup>.

7 responses were received to the consultation questionnaire, with additional feedback received from the London Pharmacy Commissioning Hub, on behalf of NCL ICB. 29% of the responses received were from members of the public. The feedback received during the consultation process is summarised below:

- 100% of respondents agreed that the PNA reflects the current provision of pharmaceutical services.
- 86% of respondents believed that there were no gaps in provision of pharmaceutical services for Barnet that were not identified in PNA.
- 100% of respondents felt the PNA reflects the needs of the local population.
- 100% felt that the PNA provided enough information to inform future pharmaceutical provision and plans for pharmacies and dispensing appliance contractors
- 86% of respondents agreed with the overall conclusions presented in the PNA.

Themes of comments received were as follows:

- A query about provision in a particular area
- A comment on parking
- Number of pharmacies offering locally commissioned services

A detailed summary of the consultation process including a list of the stakeholders invited to contribute to the process, consultation questions posed, responses and further feedback to the PNA and the HWB response including a list of amendments made to the document is described in Appendix 8.

## 11 Summary of Findings

Health and wellbeing boards should note that opening hours of themselves are not pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services at certain times this would be articulated as an improvement or better access to specified services at specified times.

There are 72 pharmacies in Barnet, most delivered by standard contract (40 hour) pharmacies with 12 pharmacies delivering between 40.5 and 49 hours per week. This is complemented by 62 pharmacies providing supplementary hours covering weekday evenings.

Residents of Barnet have adequate access to community pharmacies, with a similar number of pharmacies per 100,000 population to the England average.

Chipping Barnet has a lower number of pharmacies per 100,000 population compared to the England average, but there is still good provision of necessary services.

**Table 26: Number of pharmacies by opening time in each locality**

Opening Times	Chipping Barnet	Fichley & Golders Green	Hendon
After 6pm weekday	2	3	2
Saturday	12	23	17
Sunday	3	8	7

Source: LPCH

### 11.1 Chipping Barnet

#### Necessary Services: current provision

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays. Whilst there are fewer community pharmacies per 100,00 population than the England average, there is no evidence of issues with pharmacy access.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

Access to pharmaceutical services in neighbouring boroughs and localities is good.

## **11.2 Finchley & Golders Green**

### **Necessary services – current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

Access to pharmaceutical services in neighbouring boroughs and localities is good.

## **11.3 Hendon**

### **Necessary services – current provision**

There are a significant number of pharmacies open beyond core hours to provide pharmaceutical services, including weekday evenings, Saturdays and Sundays.

Travel times to reach these community pharmacies are short, further demonstrating good accessibility to pharmaceutical services.

Access to pharmaceutical services in neighbouring boroughs and localities is good.

## **11.4 Other findings**

Whereas the majority of pharmacies provide additional supplementary hours to the 40 hours of their core contracted service delivery, some pharmacies are open for significantly longer. These pharmacies provide extended and out of hours cover for pharmaceutical services across Barnet, as they open on weekday evenings and both Saturdays and Sundays. In total, 52 pharmacies open on Saturdays across all localities.

Eighteen pharmacies across the three localities are open on Sundays.

Since the 2022 PNA, three pharmacies have closed in the Barnet area, and one DSP is due to relocate out of Barnet. However, there continues to be adequate pharmacy provision across the area, and this does not require additional pharmacy provision through market entry.

A number of community pharmacies provide advanced services that seek to improve the safe and effective use of medicines. In particular, the Pharmacy First, hypertension case-finding and new medicines services are well supported by the community pharmacies in Barnet, with many pharmacies signed up to deliver these services. The contraception, LFD supply and influenza vaccination services are also provided by about a third of the community pharmacies.

Additionally, a range of locally commissioned services are currently being commissioned either totally or in part from community pharmacies. These are; stocking of palliative care medicines and antimicrobial drugs, stop smoking, emergency hormonal contraception, condom distribution supervised consumption and needle exchange.

When community pharmacy provision is taken into account alongside that of other service providers, it is considered that provision of existing locally commissioned services across Barnet is adequate and meets identified health needs. For some services, access and equity of provision could be improved, and other community pharmacies have stated in their survey responses that they would be willing to provide these services if commissioned.

Community pharmacies make a valuable contribution to the objectives of the Barnet Health & Wellbeing Strategy and engagement work shows that people value the services provided by their local community pharmacy.

Community pharmacies may also offer a wide range of non-NHS services. Whilst some of these services are not aligned with the strategic priorities of the ICB or the council, they may be fulfilling a customer generated demand.

It is recognised that out of area provision impacts not only the delivery of dispensing services but also the provision and accessibility of enhanced or locally commissioned services, especially where areas border each other.

The Barnet economy of community pharmacies has been relatively stable since the last PNA, with no changes resulting in identification of gaps, despite some pharmacy closures. However, it is not certain that this stability will continue and any changes occurring in the life of the PNA will need to be considered fully to ensure their impact is understood.

## 12 Statement of Pharmaceutical Needs Assessment

Health and wellbeing boards should note that opening hours of themselves are not pharmaceutical services. Therefore, they should avoid identifying a need for, or improvement or better access to, opening hours. If there is a gap in the provision of services of certain times this would be articulated as an improvement or better access to specified services at specified times.

After considering all the elements of the PNA, Barnet Health and Wellbeing Board makes the following statement:

- For the purpose of this PNA, Barnet Health and Wellbeing Board has agreed that necessary services are defined as the essential services in the NHS Community Pharmacy Contractual Framework (see section 3.3).

### Provision of necessary services

- There is **no current gap** in the provision of Necessary Services **during normal working hours** across Barnet to meet the needs of the population.
- There is **no current gap** in the provision of Necessary Services **outside normal working hours** across Barnet to meet the needs of the population.
- **No gaps** have been identified in the need for pharmaceutical services in **future** circumstances across Barnet. Housing developments planned over the next 3 years will be concentrated in areas where provision of necessary services is adequate.

### Improvements and better access

- 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.
- 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.
- 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.

## **Future opportunities**

While outside the statutory scope of this assessment, Appendix 9 provides further detail on potential opportunities to expand and enhance community pharmacy services. These are based on local health needs, national policy direction, and pharmacy contractor engagement and may assist commissioners in planning future service developments.



## Appendix 1 - PCNs, GP Practices and Surgeries Including Dispensing Practices

Correct as of February 2025

Area	Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Barnet	Oak Lodge Medical Centre	Main	234 Burnt Oak Broadway, Edgware	HA8 0AP	PCN 1D
Barnet	Jai Medical Centre	Main	114 Edgwarebury Lane	HA8 8NB	PCN 1D
Barnet	<i>Branch of Jai Medical Centre</i>	Branch	42 Station Road	NW4 3SU	PCN 1D
Barnet	Wakeman's Hill Surgery	Main	1 Wakeman's Hill Avenue	NW9 0TA	PCN 1D
Barnet	Mulberry Medical Practice	Main	3 Sefton Avenue	NW7 3QB	PCN 1D
Barnet	<i>Branch of Mulberry Medical Practice</i>	Branch	2 Willow Court	HA8 8AG	PCN 1D
Barnet	<i>Branch of Mulberry Medical Practice</i>	Branch	Woodcroft Medical Centre	HA8 0NR	PCN 1D
Barnet	Colindale Medical Centre (Dr Lamba)	Main	61 Colindeep Lane	NW9 6DJ	PCN 1D
Barnet	Hendon Way Surgery	Main	215 W Hendon Broadway	NW9 7DG	PCN 1D
Barnet	The Everglade Medical Practice	Main	Grahame Park Health Centre, The Concourse	NW9 5XT	PCN 1W
Barnet	Watling Medical Centre	Main	108 Watling Avenue, Edgware	HA8 0NR	PCN 1W
Barnet	<i>Branch of Watling Medical Centre</i>	Branch	42 London Road	HA7 4NU	PCN 1W
Barnet	Parkview Surgery	Main	36 Cressingham Road, Edgware	HA8 0RW	PCN 1W
Barnet	Deans Lane Medical Centre	Main	156 Deans Way, Edgware	HA8 9NT	PCN 1W

Area	Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Barnet	The Clinic (Oakleigh Rd North)	Main	280 Oakleigh Road North	N20 0DH	PCN 2
Barnet	The Speedwell Practice	Main	The Health Centre, 16 Torrington Park	N12 9SS	PCN 2
Barnet	Torrington Park Group Practice	Main	16 Torrington Park	N12 9SS	PCN 2
Barnet	St Andrews Medical Practice	Main	50 Oakleigh Road North	N20 9EX	PCN 2
Barnet	The Village Surgery	Main	113 East Barnet Road, Barnet	EN4 8RF	PCN 2
Barnet	Colney Hatch Lane surgery (Doctors Surgery)	Main	192 Colney Hatch Lane	N10 1ET	PCN 2
Barnet	Friern Barnet Medical Centre	Main	16 St. Johns Villas	N11 3BU	PCN 2
Barnet	East Finchley Medical Practice	Main	39 Baronsmere Road	N2 9QD	PCN 2
Barnet	East Barnet Health Centre	Main	East Barnet Health Centre, 149 East Barnet Road	EN4 8QZ	PCN 2
Barnet	Brunswick Park Medical Practice	Main	Brunswick Park Health Centre, Brunswick Park Road	N11 1EY	PCN 2
Barnet	Rosemary Surgery	Main	2 Rosemary Avenue	N3 2QN	PCN 2
Barnet	Woodlands Medical Practice	Main	54 Leopold Road	N2 8BG	PCN 2
Barnet	Lichfield Grove Surgery	Main	64 Lichfield Grove	N3 2JP	PCN 3
Barnet	Squires Lane Medical Practice	Main	2 Squires Lane	N3 2AU	PCN 3
Barnet	The Old Courthouse Surgery	Main	27 Wood Street, Barnet	EN5 4BB	PCN 3
Barnet	Cornwall House Surgery	Main	Cornwall Avenue	N3 1LD	PCN 3
Barnet	Longrove Surgery	Main	6 Vale Dr, Barnet EN5, Barnet	EN5 4HT	PCN 3
Barnet	Wentworth Medical Practice	Main	38 Wentworth Avenue	N3 1YL	PCN 3
Barnet	<i>Branch of Wentworth Medical Practice</i>	Branch	86 Audley Road	NW4 3HB	PCN 3

Area	Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Barnet	<i>Branch of Wentworth Medical Practice</i>	Branch	20 Derwent Crescent	N20 0QQ	PCN 3
Barnet	Addington Medical Centre	Main	46 Station Road, Barnet	EN5 1QH	PCN 3
Barnet	Millway Medical Practice	Main	2 Hartley Avenue	NW7 2HX	PCN 4
Barnet	Penshurst Gardens	Main	39 Penshurst Gardens, Edgware	HA8 9TN	PCN 4
Barnet	Langstone Way Surgery	Main	28 Langstone Way	NW7 1GR	PCN 4
Barnet	Lane End Medical Group	Main	2 Penshurst Gardens, Edgware	HA8 9GJ	PCN 4
Barnet	Greenfield Medical Centre	Main	143 – 145 Cricklewood Lane	NW2 1HS	PCN 5
Barnet	St George's Medical Centre	Main	7 Sunningfields Road	NW4 4QR	PCN 5
Barnet	Pennine Drive Surgery	Main	8 Pennine Drive	NW2 1PA	PCN 5
Barnet	Ravenscroft Medical Centre	Main	166-168 Golders Green Road	NW11 8BB	PCN 5
Barnet	The Phoenix Practice	Main	7 Brampton Grove	NW4 4AE	PCN 5
Barnet	Dr Azim & Partners	Main	67 Elliot Road	NW4 3EB	PCN 5
Barnet	Heathfielde Medical Centre	Main	8 Lyttleton Road	N2 0EQ	PCN 6
Barnet	PHGH Doctors	Main	Temple Fortune Health Centre, 23 Temple Fortune Lane	NW11 7TE	PCN 6
Barnet	Supreme Medical Centre	Main	Ground Floor Supreme House	N3 2JX	PCN 6
Barnet	The Practice @ 188	Main	188 Golders Green Road	NW11 9AY	PCN 6

Area	Practice Name	Main/ Branch	Address Line 1	Post Code	PCN
Barnet	Adler & Rosenberg (682 Finchley Road)	Main	682 Finchley Road	NW11 7NP	PCN 6
Barnet	Temple Fortune Medical Group	Main	Temple Fortune Health Centre, 23 Temple Fortune Lane	NW11 7TE	PCN 6
Barnet	Mountfield Surgery	Main	55 Mountfield Road	N3 3NR	PCN 6
Barnet	Hodford Road Surgery	Main	73 Hodford Road	NW11 8NH	PCN 6

## Appendix 2 - Membership of Steering Committee

- Andy Reay, Senior Strategic Lead Pharmacist, North of England Commissioning Support **(Chair)**
- Donna Bradbury, Transformation and Delivery Manager, North of England Commissioning Support
- Emma Beevers, Strategic Lead Pharmacy Technician, North of England Care System Support
- Kurt Ramsden, Senior Medicines Optimisation Pharmacist, North of England Care System Support
- Dan Sanderson, Principal Information Analyst, North of England Commissioning Support Unit
- Janet Djomba, Director of Public Health, Barnet Council
- Alexis Karamanos, Senior Public Health Analyst, Barnet Council
- Claire O'Callaghan, Health and Wellbeing Policy Manager, Barnet Council
- Gerald Alexander, Chair, Community Pharmacy Barnet, Enfield and Haringey, Middlesex Pharmaceutical Group of LPCs
- Michael Levitan, CEO, Middlesex LPCs
- Saijal Ladd, Prescribing Advisor, NCL ICB
- Kristina Petrou, Head of Medicines Strategy and Programmes, NCL ICB
- Nick Dattani, Clinical Director of Place, NCL ICB
- Sarah Campbell, Healthwatch Lead, Healthwatch Barnet

## Appendix 3 - Details of Larger Housing Developments Anticipated in Lifespan of PNA

Site Address	Ward	2025-26 anticipated number of units	2026-27 anticipated number of units	2027-28 anticipated number of units	2028-29 anticipated number of units
Crown Honda, Hyde Estate Road, NW9 6JX	West Hendon		166		304
Allum Way Totteridge & Whetstone station/High Rd/Download Close/Allum Way N20	Totteridge & Woodside			150	150
Colindale Station Colindale Avenue NW9 5HR	Colindale South			100	113
Douglas Bader Park Estate, Clayton Field, NW9 5SE	Colindale South			286	
Grahame Park - Stage B	Colindale South		115	179	212
Colindale Telephone Exchange The Hyde, NW9 6LB	Colindale South		244		
B&Q, Broadway Retail Park, NW2 1ES	Cricklewood		200	200	300
Sainsburys The Hyde NW9 6JX	Colindale South	200	300	300	309
Colindale Gardens (Remainder of Stage 2) and Stage 3	Colindale South	212	378	258	258
West Hendon Estate	West Hendon	115	116	394	
Beaufort Park REMAINING Phases (Blocks D1-D7)	Burnt Oak	295			
Brent Cross Cricklewood - Brent Cross Town	Cricklewood	560	351	667	778
Edgware Underground & Bus Stations, HA8 7AW	Edgware			463	463
Finchley Central Station N3 2RY	Finchley Church End			14	135
Mill Hill East (Millbrook Park) Phases 7 and 8	Totteridge & Woodside	80	80		
Dollis Valley - Phases 4 and 5	Underhill	-83	55	55	55
High Barnet Station Carpark Great North Road EN5 5RP	High Barnet			92	100
IBSA House The Ridgeway NW7 1RN	Mill Hill		197		
North London Business Park, N11 1NP	Brunswick Park		360	190	200
Victoria Quarter - The Former East Barnet Gas Works	East Barnet	180	191		
Tesco Coppetts Centre Colney Hatch Lane N12 0SH	Friern Barnet			97	100
231 Colney Hatch Lane N11 3DG	Friern Barnet		104	100	
Watchtower House & Kingdom Hall The Ridgeway NW7 1RS	Totteridge & Woodside	184			

## Appendix 4 - Questionnaire to Pharmaceutical Contractors

The questionnaire for pharmaceutical contractors ran from 4 – 31 March 2025.

Total responses received: 32

Response rate: 44%

### Premises Details:

(Q1-5) Answered – 32; Skipped – 0.

**Is this pharmacy a 100-hour pharmacy that has applied to reduce hours to not less than 72hrs?**

Responses: 32

Response Option	Response Count	Percentage Count
Yes	0	0%
No	32	100%

**May the LPC update its records with information returned by this survey?**

Responses: 32

Response Option	Response Count	Percentage Count
Yes	32	100%
No	0	0%

### Contact details:

Answered - 31, skipped -1

### Languages spoken in addition to English:

- **Gujarati:** 20 mentions
- **Hindi:** 16 mentions
- **Arabic:** 6 mentions
- **Farsi:** 6 mentions
- **Urdu:** 5 mentions
- **Swahili:** 4 mentions
- **Romanian:** 4 mentions
- **Spanish:** 4 mentions
- **Punjabi:** 3 mentions
- **Albanian:** 3 mentions
- **French:** 3 mentions
- **Ghanian (Twi):** 1 mention
- **Greek:** 1 mention
- **Tigrinya:** 1 mention
- **Yoruba:** 1 mention
- **Polish:** 1 mention
- **Pashto:** 1 mention
- **Yiddish:** 1 mention
- **Turkish:** 2 mentions
- **Hebrew:** 2 mentions
- **Portuguese:** 2 mentions
- **Italian:** 2 mentions
- **Hungarian:** 1 mention
- **Sinhala:** 1 mention
- **Lithuanian:** 1 mention
- **Ukrainian:** 1 mention
- **Russian:** 1 mention
- **Dutch:** 1 mention
- **Chinese:** 1 mention
- **Sanskrit:** 1 mention

The languages most frequently mentioned are **Gujarati** and **Hindi**

### Is there a consultation room?

Responses: 32

Response Options	Response Count	Response Percentage
Yes- including wheelchair access	28	88%
Yes- without wheelchair access	4	13%
No- have submitted a request to the ICB (former NHS England regional team) that the premises are too small for a consultation room	0	0%
No- the ICB (former NHS England regional team) has approved the request that the premises are too small for a consultation room	0	0%
Other, please specify	0	0%



**Is there more than one consultation room available on the premises?**

Responses: 32

Response Options	Response Count	Response Percentage
Yes, please specify how many	11	34%
No	21	66%

- 2 rooms – 8 responses
- 3 rooms – 2 responses
- One respondent stated one room

**Where there is a consultation room, is it a closed room?**

Responses: 32

Response Options	Response Count	Response Percentage
Yes, please specify how many	32	100%
No	0	0%
Other, please specify	0	0%

**During consultations, are there hand-washing facilities?**

Responses: 32

Response Options	Response Count	Response Percentage
Yes, in the consultation area	26	81%
Yes, close to the consultation area	4	13%
None	2	6%

**Do patients attending consultations have access to toilet facilities**

Responses: 32

Response Options	Response Count	Response Percentage
Yes	10	31%
No	22	69%

**Does the pharmacy dispense appliances (in addition to normal prescriptions)?**

Responses: 32

Response Options	Response Count	Response Percentage
Yes- all types	20	63%
Yes- excluding stoma appliances	0	0%
Yes- excluding incontinence appliances	0	0%
Yes- excluding stoma and incontinence appliances	0	0%
Yes- just dressings	7	22%
None	5	16%
Other, please specify	0	0%

**Does the pharmacy provide the following Advanced Services?**

Advanced Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Pharmacy First	97%	0%	3%
Community Pharmacy Blood Pressure Check Service	81%	13%	6%
Pharmacy Contraception Service	53%	43%	3%
Community Pharmacy Smoking Cessation Service	27%	33%	40%
New Medicine Service	97%	0%	3%
Influenza Vaccination Service	94%	6%	0%
Appliance Use Review	10%	20%	70%
Stoma Appliance Customisation	17%	13%	70%
Lateral Flow Device (LFD) Service	71%	6%	23%

**Have you delivered the Pharmacy First service in the last three months?**

Responses: 32

Response Options	Response Count	Response Percentage
Yes- often	25	78%
Yes- occasionally	6	19%
Yes- rarely	1	3%
No	0	0%

## Have you ever provided the Discharge Medicines Service (DMS)?

Responses: 32

Response Options	Response Count	Response Percentage
Yes- often	15	47%
Yes- rarely	17	53%
No	0	0%

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

	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	0%	0%	3%	73%	13%	10%
Anti-viral Distribution Service	0%	0%	0%	84%	6%	10%
Chlamydia Testing Service	0%	0%	0%	71%	19%	10%
Chlamydia Treatment Service	0%	0%	0%	86%	3%	10%
Emergency Contraception Service	0%	6%	16%	68%	3%	6%
Home Delivery Service (not appliances)	0%	0%	3%	55%	16%	26%
Medicines Assessment and Compliance Support Service	0%	0%	0%	74%	19%	6%
Minor Ailment Scheme	3%	6%	6%	61%	13%	10%
Needle and Syringe Exchange Service	6%	13%	10%	48%	13%	10%
Not Dispensed Scheme	19%	3%	13%	25%	34%	6%
Self-care medicines scheme	0%	3%	10%	32%	45%	10%
Supervised Administration Service	0%	0%	0%	54%	36%	11%
Out of Hours Services	0%	3%	3%	23%	53%	17%
Phlebotomy Service	0%	0%	0%	55%	28%	17%
Seasonal Influenza Vaccination Service	78%	6%	6%	6%	0%	3%
Stop Smoking Service	13%	3%	3%	48%	26%	6%
Vascular Risk Assessment Service	3%	0%	0%	65%	16%	16%

	Currently providing under contract with NHS England	Currently providing under contract with ICB	Currently providing under contract with Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Asthma Medicines Management Service	3%	9%	0%	84%	3%	0%
Other Disease Specific Medicines Management Service	0%	13%	0%	75%	6%	6%
Screening Service: Gonorrhoea	0%	0%	0%	63%	30%	7%
Screening Service: H. pylori	0%	0%	0%	77%	13%	10%
Screening Service: Hepatitis	0%	0%	0%	63%	23%	13%
Screening Service: HIV	0%	0%	0%	60%	30%	10%
Screening Service: Other	0%	0%	0%	64%	29%	7%
Childhood vaccinations	0%	0%	0%	66%	21%	14%
COVID-19 vaccinations	39%	10%	3%	26%	16%	6%
Hepatitis (at risk workers or patients) vaccinations	0%	0%	0%	71%	13%	16%
HPV vaccinations	0%	0%	0%	67%	17%	17%
Meningococcal vaccinations	0%	0%	0%	70%	13%	17%
Pneumococcal vaccinations	10%	0%	14%	52%	10%	14%
Travel vaccinations	0%	0%	3%	67%	7%	23%
Other vaccinations	0%	0%	5%	53%	26%	16%

## Does the pharmacy provide any of the following non-commissioned services?

Service	Yes	Intending to begin within next 12 months	No - not intending to provide
Collection of prescriptions from GP practices	81%	0%	19%
Delivery of dispensed medicines – Selected patient groups	81%	6%	13%
Delivery of dispensed medicines – Selected areas	77%	6%	16%
Delivery of dispensed medicines – Free of charge on request	63%	3%	33%
Delivery of dispensed medicines – With charge	44%	19%	37%
Monitored Dosage Systems – Free of charge on request	84%	0%	16%
Monitored Dosage Systems – with charge	32%	28%	40%

### Summary of comments:

#### Delivery Services:

- Eligibility: Primarily offered to existing, housebound, elderly, or seriously unwell patients who cannot access the pharmacy and have no regular support.
- Service Radius: Most pharmacies limit deliveries to 1–5 miles (e.g. EN4, EN5, N20 postcodes – areas such as Whetstone, Totteridge, High Barnet, Southgate, Hadley). Some mention ranges up to 10–20 miles, and a few operate nationwide.
- Delivery Charges:
  - Free delivery is available for patients registered before January 2023 or those meeting specific criteria (under the Equality Act, e.g. housebound or elderly with no regular assistance).
  - New patients are sometimes charged for delivery.
  - Some pharmacies are considering stopping free delivery altogether due to sustainability concerns.
  - Some pharmacies deliver on foot by staff, and only when essential.

#### Monitored Dosage Systems (MDS) / Dosette Boxes:

- Provided free of charge only for patients with a 7-day prescription who:
  - Qualify under the Equality Act.
  - Do not have regular domiciliary support.
- Pharmacies note a growing demand for MDS and express a wish to expand this service if additional funding were available.

**Other comments:**

- Needle Exchange: There is a clear need for needle exchange services in the area, though few pharmacies currently offer them.
- Urgent Needs: Some pharmacies deliver urgent dressings for district nurses and support patients who are post-surgical, isolating due to illness (e.g., COVID-19), or otherwise unable to visit in person.
- Service approach varies:
  - Some pharmacies apply strict criteria to determine eligibility.
  - Others do not differentiate between patient groups and provide delivery more broadly.

**Are there any services you would like to provide that are not currently commissioned in your area?**

Responses: 30

Response Options	Response Count	Response Percentage
Yes	8	27%
No	22	73%

**Responses highlighted the following services:**

- Independent prescribing
- Health checks
- Phlebotomy
- Other vaccinations
- Sexual health
- Services to drug users
- Minor ailments
- Other services if commissioned

## Appendix 5 - Equality Impact Assessment



### Equalities Impact Assessment (EqIA)

1. Responsibility for the EqIA	
Title of proposal	Barnet Pharmaceutical Needs Assessment
Name and job title of completing officer	Alexis Karamanos, Senior Public Health Intelligence Analyst
Head of service area responsible	Dr Janet Djomba, Director of Public Health
Equalities Champion supporting the EqIA	
Performance Management rep	Stephen Revert, Performance & Risk Manager
HR rep (for employment related issues)	
Representative (s) from external stakeholders	

2. Description of proposal	
Is this a: (Please tick all that apply)	
New policy /strategy / function / procedure / service <input type="checkbox"/>	Review of Policy /strategy / function / procedure / service <input type="checkbox"/>
Budget Saving <input type="checkbox"/> If budget saving please specify value below: £139,000	Other <input checked="" type="checkbox"/> If other please specify below: An assessment of service provision – no proposals for change

## Aims and Objectives

Under the Pharmaceutical Regulations 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep an up-to-date statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). Barnet's last PNA was published in 2022 and the next PNA is due to be published by 1 October 2025.

The PNA is a report of the current and future need for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. This mapping of pharmaceutical services against local health needs provides Barnet HWB with a framework for the strategic development and commissioning of services. The main objectives of the PNA are:

- To provide a clear picture of the current services provided by community pharmacies and identify gaps in service provision in relation to NHS pharmaceutical services.
- To be able to plan for future services to be delivered by community pharmacies and ensure any important gaps in services are addressed
- To provide robust and relevant information on which to base decisions about applications for market entry in accordance with The National Health Service (Pharmaceutical Services) Regulations 2013

## Delivery of Savings

There are no savings attached to the PNA as the PNA contains no proposals for change. However, PNAs do highlight the needs of the population and the range of services offered by community pharmacies and uptake of services has the potential to support prevention and reduce the need for costly specialist treatment.

## Benefits or Changes

The 2025 PNA for Barnet assesses the provision of pharmaceutical services within Barnet and finds that there are no gaps in the provision of pharmaceutical services to meet the needs of the population of Barnet (including considering anticipated changes to the population 2025-2028). While the PNA itself does not contain any proposals for change, PNAs can help support efforts to reduce health inequalities and improve the health and wellbeing of the population by identifying potential gaps or unmet needs and making recommendations to inform future commissioning decisions. It is anticipated that the PNA will have a positive impact of all residents of Barnet, including those with protected characteristics, as defined by the Equality Act 2010. No negative impacts of the PNA have been identified. Several positive benefits were identified including:

- Raising awareness of access needs for those people with disabilities;
- Consideration of the health needs of people within protected characteristic groups;
- Consideration of the needs and access to services for those in deprived communities;
- The possibility of improving pharmacy services for the local population by highlighting different needs and pharmacy service offer to inform planning and decision making in the future for stakeholder organisations.



### 3. Supporting evidence

What existing data informs your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis

Protected group	<p><b>What does the data tell you?</b>  <i>Provide a summary of any relevant demographic data about the borough's population using the <a href="#">Barnet Ward Profile</a> / <a href="#">Barnet Open Data</a> ). However, where possible you should provide more specific data about the demographics of service users /residents who may be impacted by the change. If the change impacts on staff provide data about the council's workforce</i></p>	<p><b>What do people tell you?</b>  <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.</i></p>
Age	<p>ONS and Greater London Authority Population estimates and projections broken down by age group were utilised to understand current and future needs. Overall population growth between 2025 and 2041 is expected to be 9.9%. People aged 65 and over will see an increase of 38.6%. Conversely, those aged under 18 will decrease by 3.3%. This poses potential challenges not only to the health and social care sector but also economic challenges in terms of for employability and business growth. Prevention and early intervention offer opportunities to reduce long-term conditions and increase healthy life expectancy.</p>	<p>Public engagement work took place and a 60-day statutory consultation is also planned. For some older people, the offer of delivery services and monitored dosage system are important.</p>
Disability	<p>12.8% of Barnet's population are disabled under the Equality Act (2010), with their day-to day activities being limited a little (7.1%) or a lot (5.7%). This is a 1.2% decrease from the 2011 Census. The disabled population is higher among older age groups – 34% of females and 19.1% of males aged 85 years and older.</p>	<p>Contractor questionnaire collected information about facilities for those with disabilities. Public questionnaire collected information about any access issues for those with disabilities. 8% of people reported access issues, with parking and small spaces / heavy doors mentioned.</p>
Gender reassignment	<p>Not applicable (PNA does not impact on this group)</p>	<p>Not applicable (PNA does not impact on this group)</p>

<b>Marriage and Civil Partnership</b>	Not applicable (PNA does not impact on this group)	Not applicable (PNA does not impact on this group)
<b>Pregnancy and Maternity</b>	Not applicable (PNA does not impact on this group)	Not applicable (PNA does not impact on this group)
<b>Race/ Ethnicity</b>	ONS and Greater London Authority Population estimates and projections broken down by ethnicity were utilised to understand current and future needs. In 2021, 3.8% of Barnet residents identified their ethnic group within the "Mixed or Multiple" category, 63.6% within the "White" category, 14.2% within the "Asian, Asian British or Asian Welsh" category. The percentage of people who identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category was 6.6%. This was also broken down further by locality. Health needs of ethnic groups were consider for example CKD which is more common in Black and South Asian groups.	Public engagement work took place and a 60-day statutory consultation is also planned. Contractor engagement work considered languages spoken. There were no mentions of language causing problems with access – translation and interpretation facilities are available.
<b>Religion or belief</b>	Not applicable (PNA does not impact on this group)	Not applicable (PNA does not impact on this group)
<b>Sex</b>	ONS and Greater London Authority Population estimates and projections broken down by age group were utilised to understand current and future needs. Healthy life expectancy at birth for males in Barnet is 65.0 compared to England average of 61.5. Healthy life expectancy at birth for females in Barnet is 64.6, compared to the England average of 61.9. The inequality in life expectancy at birth for males in Barnet is 6.7 years, meaning that males in the most deprived wards of Barnet die 6.7 years earlier than males in the most affluent wards The inequality in life expectancy at birth for females in Barnet is 5.7 years,	Public engagement work took place and a 60-day statutory consultation is also planned. A contractor questionnaire also considered the offer of services targeted on the basis of sex.
<b>Sexual Orientation</b>	Not applicable (PNA does not impact on this group)	Not applicable (PNA does not impact on this group)
<b>Other relevant groups</b>	Not applicable	Not applicable

## 4. Assessing impact

What does the evidence tell you about the impact your proposal may have on groups with protected characteristics?

Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by offering more services relevant to a younger / older age group. The PNA sought views from the public, examined provision of advanced and enhanced services and population data. The recommendations in the PNA seek to maintain or improve these services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	The contractor survey included collecting information regarding facilities and reasonable adjustments pharmacies have in place to help people with disabilities access services. The PNA also incorporates views of the public on access for people for disabilities which pharmacies can utilise alongside other information to consider other adaptations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	The PNA does not contain any proposals for changes that affect this characteristic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and Civil Partnership	The PNA does not contain any proposals for changes that affect this characteristic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	The PNA does not contain any proposals for changes that affect this characteristic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Race/ Ethnicity</b>	The PNA considered current racial diversity and predicted changes. Some diseases are more prevalent in some groups. Equalities monitoring as part of the public survey also considered race. The contractor survey also collected information regarding languages spoken. This also raises awareness of access to translation services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion or belief</b>	The PNA does not contain any proposals for changes that affect this characteristic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Sex</b>	Pharmacies can tailor the additional services they provide to meet the needs of their population, for example by considering services offered based on demographics. Information regarding provision of these services was collected and considered in the PNA and this can be utilised by pharmacies and commissioners in developing proposals to improve access in the future.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Orientation</b>	The PNA does not contain any proposals for changes that affect this characteristic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Other key groups		Positive impact	Negative impact		No impact
Are there any other vulnerable groups that might be affected by the proposal? <i>These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed</i>			Minor	Major	
Key groups	Deprivation and health needs including several long terms conditions were also considered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Cumulative impact	
Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics? <input type="checkbox"/> Yes      No <input checked="" type="checkbox"/>	
If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below           	

## 7. Actions to mitigate or remove negative impact

Only complete this section if your proposals may have a negative impact on groups with protected characteristics. These need to be included in the relevant service plan for mainstreaming and performance management purposes.

Group affected	Potential negative impact	Mitigation measures <i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	Monitoring <i>How will you assess whether these measures are successfully mitigating the impact?</i>	Deadline date	Lead Officer
Age, disability, race	Not applicable				

## 8. Outcome of the Equalities Impact Assessment (EqIA)

Please select one of the following four outcomes

☒ **Proceed with no changes**

The EqIA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed

☐ **Proceed with adjustments**

Adjustments are required to remove/mitigate negative impacts identified by the assessment

☐ **Negative impact but proceed anyway**

This EqIA has identified negative impacts that are not possible to mitigate. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below

☐ **Do not proceed**

This EqIA has identified negative impacts that cannot be mitigated and it is not possible to continue. Outline the reasons for this and the information used to reach this decision in the space below

**Reasons for decision**

The PNA does not contain any proposals for change that would impact on any groups. The PNA has determined that the provision of pharmaceutical services in Barnet is adequate to meet current and anticipated future needs. The PNA itself is a strategic document that is intended to be utilised by stakeholder organisations in planning and decision making of pharmaceutical services. This can help highlight the need to consider different groups, further understanding of the needs of different groups and raise awareness of the breadth of services offered by community pharmacy and the important role pharmacists play in improving the health and wellbeing of the local population. Any proposals for future change of improvements would be subject to a further equality impact assessment.

## Sign-off

9. Sign off and approval by Head of Service / Strategic lead		
Name : Dr Janet Djomba		Job title : Director of Public Health
<input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA		Date of approval: 12/05/2025
<input type="checkbox"/> Tick this box to indicate if EqIA has been published Date EqIA was published: ..... Embed link to published EqIA:		Date of next review:



## Appendix 6 - Community Engagement Questionnaire Results

The public engagement questionnaire was open from 18 March to 7 April 2025. There were 149 responses to the public questionnaire

### Do you use pharmacies?

Option	Count	Percentage
Yes	147	99%
No	2	1%
Blank	0	0%

### Do you have a regular or preferred local community pharmacy which you use?

Option	Count	Percentage
Yes	134	90%
No	7	5%
Prefer internet / Online pharmacy	1	1%
I use combination (online/traditional)	6	4%
Other (please specify)	1	1%
Blank	0	0%

### Why do you choose the pharmacy that you most commonly use?

Option	Count	Percentage
Convenient opening hours	53	36%
Convenient location	120	81%
Helpful staff	93	62%
Services offered	59	40%
Other (please specify)	10	7%
Blank	0	0%

Other comments included:

- Home delivery (2)
- Short queues
- Online pharmacies cheaper (2)
- Close to GP surgery
- [Named chain store] gives me confidence

**To what extent do you agree that your local community pharmacy meets your needs?**

Option	Count	Percentage
Strongly agree	75	51%
Tend to agree	56	38%
Neither agree nor disagree	10	7%
Tend to disagree	6	4%
Strongly disagree	1	1%
Don't know	0	0%

**Which services do you use at a pharmacy?**

Option	Count	Percentage
Collect prescribed medicines and/or products	139	93%
Buy over the counter medicines	99	66%
Advice from your pharmacist e.g. including minor ailments and new medicines	95	64%
Dispose of unwanted medicine	79	53%
Disposal of used medical equipment e.g. needles / syringes	11	7%
Collect Covid-testing kits	15	10%
Access vaccinations e.g. Covid-19 or flu	48	32%
None	0	0%
Other (please specify)	8	5%
Blank	0	0%

Other services used were:

- Delivery service (3)
- Dosette boxes
- Dispose of empty medicine packs

### Which services are you aware that pharmacies offer?

Service	Count	Percentage
Anticoagulant monitoring service	4	3%
Antiviral distribution service	9	6%
Home delivery service	95	68%
Needle exchange service	17	12%
NHS blood pressure check	74	53%
Palliative medicines	8	6%
Pharmacy First	48	34%
Phlebotomy services	7	5%
Sexual health	28	20%
Self-care medicines	26	19%
Stop smoking service	35	25%
Supervised administration	11	8%
Vaccinations	113	81%

### How often do you use your pharmacy?

Option	Count	Percentage
At least once per week	21	14%
At least once per month	87	59%
At least once every 3 months	30	20%
At least once every 6 months	6	4%
At least once a year	1	1%
Less than once a year	1	1%
Other	2	1%

### How important are the following factors when choosing a pharmacy?

	Extremely Important	Very Important	Moderately Important	Fairly Important	Not Important at all
Quality of Services	69% (101)	28% (41)	3% (5)	0% (0)	0% (0)
Convenience	56% (58)	37% (34)	7% (7)	1% (1)	0% (0)
Accessibility	43% (64)	30% (45)	23% (32)	2% (3)	3% (4)
Availability of Medication	77% (112)	20% (29)	2% (3)	0% (0)	1% (1)

**How do you normally travel to the pharmacy? (select the most common option you use)**

Option	Count	Percentage
Car or taxi	32	22%
On foot	92	63%
Bus	9	6%
Train	0	0%
Tube	0	0%
Delivered / collected by someone else	11	7%

**How long does it usually take you to get to the pharmacy?**

Option	Count	Percentage
0-5 minutes	40	28%
6-10 minutes	56	39%
11-15 minutes	32	22%
16-20 minutes	10	7%
More than 20 minutes	6	4%

**How easy is it for you to get to the pharmacy by your chosen transport method?**

Option	Very easy	Easy	Neither easy nor difficult	Quite Difficult	Very Difficult	Don't know/NA
On foot	75 (53%)	35 (25%)	12 (8%)	8 (6%)	4 (3%)	8 (6%)
Public transport	33 (28%)	18 (15%)	11 (9%)	11 (9%)	8 (7%)	39 (33.0%)
By car or taxi	52 (41%)	22 (17%)	17 (13%)	7 (6%)	4 (3%)	25 (20%)

**Does your pharmacy have access for disabled people and others with access requirements?**

Option	Yes	No	Don't know
Wheelchair / pushchair access	74 (50%)	18 (12%)	56 (38%)
Parking	34 (23%)	81 (56%)	30 (21%)
Help for sensory impairments	8 (6%)	16 (11%)	119 (83%)
Automatic doors	56 (38%)	73 (50%)	18 (12%)

**Do you have any difficulties in accessing your pharmacy?**

Option	Count	Percentage
Yes	12	8%
No	135	92%

- Small, challenge to get in, very heavy door
- No parking spaces and parking even with a blue badge almost impossible

**Does your usual pharmacy have language/interpretation facilities?**

Option	Count	Percentage
Yes	3	2%
No	11	7%
Don't know	135	91%

**If there is a pharmacy closer or more convenient which you don't use, please describe the reasons you do not use this pharmacy:**

- Choose pharmacy with personal touch (5)
- Online pharmacy offers all I need
- Convenient to use the one near my GP surgery (3)
- Staff treat me with respect and courtesy at pharmacy I choose
- Poor customer service (8)
- Price
- Waiting times / queues (2)
- Parking (3)
- Better opening times elsewhere (3)
- Too far from work
- Deliver (2)
- Across busy road
- Prefer smaller pharmacies (2)
- Prefer larger pharmacies (2)
- Offer emergency medications
- Unable to get m donations
- No reason
- Prescription unavailable

**Does your local pharmacy have convenient opening hours for you?**

Option	Count	Percentage
Yes	121	82%
No	21	14%
Not sure	5	3%

## What time is most convenient for you to visit a pharmacy?

Option	Count	Percentage
Weekdays (8am – 4.59pm)	121	84%
Weekday evenings (5pm to 7.59pm)	45	31%
Weekdays overnight (8pm to 7.59am)	12	8%
Saturdays (8am – 4.59pm)	86	60%
Saturdays (5pm to 7.59pm)	23	16%
Saturdays (8pm to 7.59am)	13	9%
Sundays (8am – 4.59pm)	60	42%
Sundays (5pm to 7.59pm)	23	16%
Sundays (8pm to 7.59am)	16	11%

## Other comments on pharmacy provision thematic analysis:

### Service Quality and Professionalism (18 references):

- **Positive Staff Interactions:** Multiple comments highlight the helpfulness and professionalism of pharmacy staff. Many respondents express satisfaction with the personal care provided by pharmacists, with phrases like “very helpful,” “knowledgeable,” “kind and helpful,” and “exceptional in the help they provide.”

### Access and Convenience (15 references):

- **Proximity & Convenience:** Respondents mention that their local pharmacies are easily accessible and provide convenient services such as prescription text notifications, home delivery, and proximity to essential services.
- **Issues with Access:** However, there are several concerns about limited operating hours (closed weekends or during lunch), long waits, and the challenge of reaching pharmacies when needed, especially for people without personal transportation.

### Stock and Availability (10 references):

- **Medication Availability Issues:** Multiple respondents note that pharmacies often don’t have the medications they need, and it’s only discovered at the time of collection. There are also comments on lack of communication about stock issues.
- **Frustration Over Stock Shortages:** Several people mentioned being disappointed by the lack of timely communication about stock issues.

### Pharmacy Infrastructure and Operational Issues (12 references):

- **Operational Problems:** Many respondents pointed out that their pharmacies are often understaffed, poorly organized, or too small to handle high demand, leading to long waits and inefficient service.
- **Staffing and Wait Times:** There's also mention of the turnover of staff, causing frustration due to lack of continuity or familiarity.

#### **Support and Financial Sustainability (9 references):**

- **Concerns About Viability:** Several comments raise concerns about the long-term sustainability of pharmacies, particularly due to reduced funding or the closure of other local pharmacies. Some express the fear that local pharmacies may not survive without better support.
- **Calls for More Support:** Some respondents hope that pharmacies can be better funded by the NHS or that more pharmacies will be added.

#### **Technology and Innovation (6 references):**

- **Use of Digital Tools:** Some comments suggest incorporating online services, such as virtual consultations, to help with medication adherence and enhance patient understanding. The idea of improving accessibility for people with mobility issues through digital means was highlighted.
- **Online Pharmacy Services:** Some respondents propose services that could alleviate pressure on physical pharmacies.

#### **The Role of Pharmacies in the Healthcare System (8 references):**

- **Lifeline for Healthcare:** Several respondents emphasised how local pharmacies are crucial for accessing healthcare, particularly when it is difficult to get an appointment with a GP. They see pharmacies as vital for medical advice and treatments.

#### **Areas for Improvement (7 references):**

- **Suggestions for Enhancement:** There are several suggestions for improving pharmacy services, such as extending weekend hours, improving prescription collection systems, and better communication about stock availability.
- **Improvements in Staff and Infrastructure:** Some comments suggest adding more staff to reduce wait times and enhance customer service.

#### **Parking and Accessibility Issues (3 references):**

- **Difficulties with Parking:** A few comments raised concerns about the difficulty of accessing the pharmacy due to poor parking availability, particularly for elderly patients or those with mobility issues.

### Overnight Access and Extended Hours (4 references):

- **Need for Late or Overnight Pharmacies:** Some respondents mention the lack of accessible 24-hour or overnight pharmacies and the inconvenience of having to rely on others to pick up medications.

**Which ward do you live in? If you live outside Barnet please select other and specify (select one option only)**

Option	Count	Percentage
Barnet Vale	7	5%
Brunswick Park	7	5%
Burnt Oak	5	3%
Childs Hill	4	3%
Colindale North	4	3%
Colindale South	1	1%
Cricklewood	2	1%
East Barnet	9	6%
East Finchley	8	5%
Edgware	3	2%
Edgwarebury	4	3%
Finchley Church End	9	6%
Friern Barnet	6	4%
Garden Suburb	7	5%
Golders Green	2	1%
Hendon	3	2%
High Barnet	12	8%
Mill Hill	8	5%
Totteridge Woodside	10	7%
Underhill	6	4%
West Finchley	9	6%
West Hendon	2	1%
Whetstone	1	1%
Woodhouse	9	6%
Other (please specify)	11	7%

Other:

- New Barnet (4)
- Chipping Barnet
- Work in Barnet
- Work in North Finchley
- North Finchley (2)
- Temple Fortune (2)
- Harrow



### What is your sex?

Option	Count	Percentage
Male	39	26%
Female	104	70%
I use another term	2	1%
Prefer not to say	3	2%

### Is the gender you identify with the same as your sex registered at birth?

Option	Count	Percentage
Yes	141	96%
No	2	1%
Prefer not to say	4	3%

### What is your age?

Option	Count	Percentage
Under 16	0	0%
16-24	2	1%
25-34	6	4%
35-44	9	6%
45-54	21	14%
55-64	23	15%
65-74	46	31%
75-84	34	23%
85 and over	2	1%
Prefer not to say	6	4%

### What is your ethnic group?

Option	Count	Percentage
Bangladeshi	1	1%
Chinese	0	0%
Indian	6	4%
Pakistani	1	1%
Any other Asian Background (please specify)	1	1%
African	4	3%
Caribbean	1	1%
Any other Black, Black British, Caribbean or African background (please specify)	0	0%
White and Asian	0	0%
White and Black African	0	0%
White and Black Caribbean	0	0%

Option	Count	Percentage
Any other Mixed or Multiple Background (please specify)	0	0%
English/Welsh/Scottish/Northern Irish/British	87	59%
Irish	3	2%
Gypsy or Irish Traveller	0	0%
Roma	0	0%
Any other White background (please specify)	23	16%
Arab	0	0%
Kurdish	0	0%
Turkish	3	2%
Any other ethnic group (please specify)	3	2%
Prefer not to say	14	10%

Other:

- European (4)
- Romanian
- Jewish
- North American
- Scandinavian
- White Irish/German
- White (2)
- Greek
- South African
- Mediterranean
- British/French/Greek Cypriot

**Which of the following describes your sexual orientation?**

Option	Count	Percentage
Bisexual	1	1%
Gay/Lesbian	4	3%
Heterosexual/straight	122	82%
Other	2	1%
Prefer not to say	19	13%

**Do you consider yourself to be disabled or have a long-term illness (e.g. cancer, diabetes, mental health condition)?**

Option	Count	Percentage
Yes	55	37%
No	87	59%
Prefer not to say	6	4%

If 'yes' please select a definition below:

Option	Count	Percentage
Sensory impairment (e.g. sight or hearing)	6	10%
Mental health condition	2	3%
Physical impairment	15	24%
Non-visible health condition/impairment (e.g. cancer, HIV)	13	21%
Learning difficulties	1	2%
Other (please state)	16	26%
Prefer not to say	9	15%

Other:

- None (2)
- Arthritis
- Osteoporosis
- Hypertension
- Osteoarthritis
- COPD
- Hearing impairment
- Autism
- Bony deformities
- Diabetic
- Asthma
- MS
- Epilepsy

**Are you a carer?**

Option	Count	Percentage
Yes	32	21%
No	113	76%
Prefer not to say	4	3%

**Do you live or work in the borough?**

Option	Count	Percentage
I live in the borough	107	72%
I work in the borough	15	10%
I live and work in the borough	22	15%
I do not live or work in the borough	2	1%
Other link to the borough (please specify)	2	1%

Other comments indicated that the respondents are retired.

## Appendix 7 - Pharmacy Addresses

### Chipping Barnet locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobial	Stop smoking EHC	Supervised consumption	Needle exchange	Condom distribution
Abbott Pharmacy	FAD37	Community	101 Colney Hatch Lane, Muswell Hill, London	N10 1LR	09:00-18:30	Closed	Closed	-	-	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	-	-	-	-	-	-	-	-
Boots	FKE11	Community	142 High Street, Barnet, Hertfordshire	EN5 5XP	09:00-18:00	09:00-18:00	10:30-16:30	-	-	Y	-	-	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	-	-	-	-	-	Y	-	-
Brand-Russell Chemists	FDV53	Community	280 East Barnet Road, East Barnet, Hertfordshire	EN4 8TD	09:00-17:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-
Greenfield Chemist	FC163	Community	16 Greenhill Parade, New Barnet, Hertfordshire	EN5 1ES	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	Y	Y	-	Y	Y	-
H Haria Chemists	FQR66	Community	25 Friern Barnet Road, New Southgate, London	N11 1NE	09:00-19:00	09:00-13:00	Closed	-	-	-	-	-	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	-	-	-	Y	-	-
Mountford Chemists	FE533	Community	11 East Barnet Road, New Barnet, Hertfordshire	EN4 8RR	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-
Oakleigh Pharmacy	FJN47	Community	253 Oakleigh Road North, Whetstone, London	N20 0TX	09:00-18:30	Closed	Closed	-	-	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	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	Y	-	-	-
Prima Pharmacy	FXG34	Community	171 Bells Hill, Barnet, Hertfordshire	EN5 2TB	09:00-13:00 14:00-18:00	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Shore Pharmacy	FGC52	Community	79 Russell Lane, Whetstone, London	N20 0BA	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	-	-
SVR Pharmacy	FC275	Community	141-147 East Barnet Road, East Barnet, Hertfordshire	EN4 8QZ	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	-	-
Tesco In-Store Pharmacy	FTR70	Community	Coppetts Centre, North Circular Road, North Finchley	N12 0SH	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	Y	-	-	-	-
Wilkinson Chemist	FDW42	Community	190 High Street, Barnet, Hertfordshire	EN5 5SZ	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	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 hours	PhAS	NHSE Advanced										ICB		LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobia	Stop smoking	EHC	Supervised consumption	Needle exchange
Akhtar S	FLX71	Community	134 Cricklewood Broadway, London,	NW2 3EE	09:30-18:30	09:30-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y	-	-
Akshar Pharmacies*	FMC90	Community	91 Cricklewood Lane, Cricklewood, London	NW2 1HR	09:00-18:30	09:00-13:00	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Bishops Pharmacy	FF072	Community	7 Lyttelton Road, Hampstead Garden Suburb, East Finchley	N2 0DW	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	-	-	Y	-	-
Boots	FH899	Community	21 Temple Fortune Parade, Golders Green Road, London	NW11 0QS	09:00-18:30	09:00-18:30	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-
Boots	FJ034	Community	788 High Road, North Finchley, London	N12 9QR	09:00-18:30	09:00-18:30	10:30-16:30	-	-	Y	-	-	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	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	-	Y
Castle Chemist	FD668	Community	364 Cricklewood Lane, London	NW2 2QJ	09:00-18:00	09:30-17:00	Closed	-	-	Y	-	-	Y	Y	-	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	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	Y
Cootes Pharmacy	FJ758	Community	110-112 Ballards Lane, Finchley, London	N3 2DN	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	-	-
CW Andrew	FNY79	Community	32 High Road, East Finchley, London	N2 9PJ	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-
Fairview Pharmacy	FV015	LPS	Finchley Memorial Hospital, Granville Rd, London	N12 0JE	09:00-18:00	10:00-16:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	Y	-	-
Gateway Chemist	FEV23	Community	334 Regents Park Road, London	N3 2LN	09:00-18:00	10:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	-	-	-

\*Akshar Pharmacies (FMC90) is now Mediline Pharmacy (FR269)

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobials	Stop smoking EHC	Supervised consumption	Needle exchange	Condom distribution
Gordon Smith Pharmacy	FL266	Community	176 Long Lane, London,	N3 2RA	09:00-17:45	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	-	-
Hugh Lloyd Dispensing Chemist	FE907	Community	34 Market Place, Falloden Way, Hampstead Garden Suburb	NW11 6JJ	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
I Warman-Freed	FPN49	Community	45 Golders Green Road, Golders Green, London	NW11 8EL	08:30-22:00	11:00-20:00	08:30-22:00	-	-	Y	-	-	Y	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	Y	Y	-	-	Y	-	-	-	-	-	-
Kings Pharmacy	FW276	Community	27 Ballards Lane, Finchley, London	N3 1XP	09:00-18:30	09:30-14:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	-	-
Landys Chemist	FYT22	Community	1191 Finchley Road, London	NW11 0AA	08:30-18:00	08:30-18:00	10:00-14:00	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-
Links Pharmacy	FRT44	Community	129 East End Road, London,	N2 0SZ	09:00-18:30	09:00-14:30	Closed	-	-	-	-	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-	Y	-
Oakdale Pharmacy	FMG52	Community	15 Viceroy Parade, 71 High Road, East Finchley	N2 8AQ	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	Y	-	-	-
Pickles Chemists	FJX05	Community	73 Ballards Lane, Finchley, London	N3 1XT	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y	Y	Y
Reena Pharmacy	FKX25	Community	222 Regents Park Road, Finchley, London	N3 3HP	09:00-18:00	09:00-14:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	-	-	Y	-
Tesco In-Store Pharmacy**	FQJ62	Community	21-29 Ballards Lane, Finchley	N3 1XP	08:00-20:00	08:00-20:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Victoria Pharmacy	FH555	Community	229 Golders Green Road, Golders Green, London	NW11 9ES	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	-	Y	-
W Price (Chemist)	FQJ10	Community	8 Pennine Parade, Pennine Drive, Cricklewood	NW2 1NT	09:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Westlake Pharmacy	FP809	Community	1015 Finchley Road, Golders Green, London	NW11 7ES	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	-
Woodhouse Pharmacy	FXJ92	Community	209 Woodhouse Road, Friern Barnet, London	N12 9AY	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	-	Y	Y	-

\*\*Since the development of the PNA, Tesco (FQJ62) has changed their opening hours to Mon-Sat 09:00-13:00 and 14:00-19:00, Sun 10:00-14:00

## Hendon locality

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA			
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobial	Stop smoking EHC	Supervised consumption	Needle exchange	Condom distribution
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	-	Y	-	-
Boots	FAT67	Community	Brent Cross Shopping Ctre, Hendon, London	NW4 3FB	09:30-20:00	09:00-20:00	12:00-18:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Boots	FQH33	Community	Broadwalk Shopping Ctr, Station Road, Edgware	HA8 7BD	09:00-19:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	-	-
Boots	FYY65	Community	32-34 The Broadway, Mill Hill, London	NW7 3LH	09:00-18:30	09:00-18:00	10:00-16:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	-	-	-
Broadway Chemist	FN742	Community	204 The Broadway, London,	NW9 7EE	08:30-18:30	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-
Care Chemists	FHC96	Community	31 The Broadway, Mill Hill, London	NW7 3DA	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	-	Y	-	-
Cullimore Chemist	FEW83	Community	13-15 Glengall Road, Edgware, Middlesex	HA8 8TB	08:00-19:00	09:00-13:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	Y	Y	-	-	Y	-	-	-
Day Lewis Pharmacy	FJT13	Community	Venture House, Hartley Avenue, Millhill	NW7 2HX	08:00-18:30	Closed	Closed	-	-	Y	-	-	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	-	-	-	-	-	-	-	-	-
HA McParland Ltd	FJR97	Community	2, Heath Parade, Lanacre Avenue, Hendon, London	NW9 5ZN	08:00-19:30	09:00-17:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	Y	-	-	-	-	Y	-	-
Hale Pharmacy	FAG10	Community	143 Hale Lane, Edgware, Middlesex	HA8 9QW	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	Y	Y	Y	Y	Y	-	Y	-	-	-	-	-	-	-
HC Heard Chemists	FA675	Community	94 Brent Street, Hendon, London	NW4 2ES	09:00-19:00	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-
Hendon Pharmacy	FLG64	Community	52 Vivian Avenue, Hendon, London	NW4 3XH	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-

Pharmacy Name	ODS number	Pharmacy Type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hours	PhAS	NHSE Advanced										ICB		LA				
										NMS	AUR	SAC	Pharmacy First	Contraception	Flu vaccination	Hypertension case-finding	Lateral Flow Device Tests	Stop smoking	Self-care medicines scheme	Bank holiday	Palliative care and antimicrobial	Stop smoking EHC	Supervised consumption	Needle exchange	Condom distribution	
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
Jade (Derek Clarke) Pharmacy	FW144	Community	85 Station Road, Edgware, Middlesex	HA8 7JH	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	-	-	-	-	-	Y	Y	-	
Jade Pharmacy (Avenue)	FR774	Community	189 Station Road, Edgware, Middlesex	HA8 7JX	09:00-19:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	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	-	-	-	-	-	-	
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	-	-	-	-	Y	-	-
Pharmco Pharmacy	FRR41	Community	199 Deansbrook Road, Burnt Oak, Edgware	HA8 9BU	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-	-	-	-
Procare Pharmacy	FPY15	Community	11 Sheaveshill Parade, Sheaveshill Avenue, Colindale	NW9 6RS	09:00-18:30	09:00-14:00	Closed	-	-	Y	-	-	Y	Y	Y	Y	Y	Y	Y	-	-	-	-	Y	-	-
Regent Pharmacy	FVX21	Community	7 Salcombe Gardens, Mill Hill, London	NW7 2NU	09:00-13:30 14:30-18:00	Closed	Closed	-	-	Y	-	-	Y	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	FFG86	Community	9 Church Road, Hendon, London	NW4 4EB	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	Y	-	-	-	-	Y	-	Y
Sabel Chemist	FAK52	Community	116 Brent Street, Hendon, London	NW4 2DT	09:30-18:30	10:00-14:00	10:00-14:00	-	-	Y	-	-	Y	Y	Y	Y	Y	-	Y	-	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	-	Y	-	-	-	-	-	Y	-	-
Superdrug Pharmacy	FYL45	Community	Unit 24, Broadwalk Shopping Centre, 150 Station Road	HA8 7BD	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	Y	Y	Y	-	-	-	-	-	Y	-	Y	-	-
Zaxgate Ltd	FR940	Community	14-15 Sentinal Square, Brent Street, Hendon	NW4 2EL	09:00-18:15	09:00-18:15	11:00-14:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	-	-	-	-	Y	-	-



## **Appendix 8 - Consultation on the Barnet Draft Pharmaceutical Needs Assessment**

The formal consultation on the draft PNA for Barnet ran from 22 May 2025 to 21 July 2025 in line with the guidance on developing PNAs and section 242 of the Health Service Act 2012, which stipulates the need to involve Health and Wellbeing Boards in scrutinising Health Services.

In keeping with the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations (2013) the following stakeholders were consulted during this time:

- Middlesex Group of Local Pharmaceutical Committees
- Barnet Local Medical Committee
- All persons on the pharmaceutical lists in Barnet
- NHS North Central London Integrated Care Board
- London Pharmacy Commissioning Hub on behalf of NCL ICB
- Central and North West London NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- North London NHS Foundation Trust
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Foundation Trust
- London Central and West
- London Ambulance Service
- Camden Health and Wellbeing Board
- Enfield Health and Wellbeing Board
- Haringey Health and Wellbeing Board
- Hertfordshire Health and Wellbeing Board
- Harrow Health and Wellbeing Board
- Brent Health and Wellbeing Board
- Healthwatch Barnet

All consultees received an email containing a copy of the draft PNA, along with information about the consultation and a link to the consultation questionnaire.

### **Findings of the consultation:**

There were seven responses to the consultation questionnaire, with additional feedback received from the London Pharmacy Commissioning Hub on behalf of NCL ICB. Below is a summary of the responses given.

**Are you responding as:**

Option	No. of responses	Percentage
A member of the public	2	29%
A local pharmacy	3	43%
Integrated Care Board	1	14%
A health or social care provider	1	14%

Organisations responding were:

- Royal National Orthopaedic Hospital NHS Trust
- Parry Jones Pharmacy
- Links Pharmacy
- NCL ICB

**Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within Barnet?**

Option	No. of responses	Percentage
Yes	7	100%
No	0	0%

**Are there any gaps in service provision (when, where and which services are available) that have not been identified in the pharmaceutical needs assessment?**

Option	No. of responses	Percentage
Yes	1	14%
No	6	86%

If yes, please specify the gaps:

Comment	Response
What is the provision of pharmaceutical services between ha8 8af and wd6 3bl?	There are no pharmacies in the immediate vicinity of these two postcodes in the Barnet HWB area, which is one of the least densely populated areas of the borough. The nearest Barnet pharmacies are located approximately 1.6km to 2.5km from HA8 8AF. However, there are a number of other pharmacies which are closer to these postcodes located in neighbouring HWB areas. Travel time analysis showed that pharmaceutical services provision was adequate in Barnet with 97.5% of the population able to walk to their nearest pharmacy within 15 minutes and 100% able to get to their nearest pharmacy within 15 minutes via public transport.

**Does the draft pharmaceutical needs assessment reflect the needs of Barnet's population?**

Option	No. of responses	Percentage
Yes	7	100%
No	0	0%

**Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?**

Option	No. of responses	Percentage
Yes	7	100%
No	0	0%

**Do you agree with the conclusions of the pharmaceutical needs assessment?**

Option	No. of responses	Percentage
Yes	6	86%
No	1	14%

If no, please specify why:

Comment	Response
<p>Question re gap above needs understanding before conclusions can be agreed with</p> <p>[What is the provision of pharmaceutical services between ha8 8af and wd6 3bl?]</p>	<p>There are no pharmacies in the immediate vicinity of these two postcodes in the Barnet HWB area, which is one of the least densely populated areas of the borough. The nearest Barnet pharmacies are located approximately 1.6km to 2.5km from HA8 8AF. However, there are a number of other pharmacies which are closer to these postcodes located in neighbouring HWB areas. Travel time analysis showed that pharmaceutical services provision was adequate in Barnet with 97.5% of the population able to walk to their nearest pharmacy within 15 minutes and 100% able to get to their nearest pharmacy within 15 minutes via public transport.</p>

Do you have any other comments?

Comment	Response
<p>On the high street there is not enough parking available for the public to access two main pharmacies.</p>	<p>We recognise that convenient access, including sufficient parking, plays an important role in enabling people to make full use of local pharmacy services.</p> <p>While parking provision falls outside the direct scope of this PNA, we will note this concern in the final report as it may impact patient access at these two pharmacies, particularly for those with mobility issues or limited transport options.</p>
<p>Barnet needs to be more proactive with locally commissioned pharmacy services compared to other surrounding areas but also compared to the rest of England</p>	<p>Thank you for your comment. Appendix 9 details future opportunities for community pharmacy in Barnet, and the provision of locally commissioned services is included here.</p>
<p>Please protect our pharmacies. We cannot survive without them, just like we cannot survive without food and drink.</p>	<p>We fully recognise the vital role that community pharmacies play in supporting the health and wellbeing of local residents. The PNA aims to ensure that pharmacy services are available, accessible, and aligned with the needs of the population. While the PNA itself does not make commissioning or funding decisions, it provides important evidence to support the ongoing provision and development of pharmacy services across Barnet.</p>

**Feedback from the London Pharmacy Commissioning Hub on behalf of NCL ICB:**

<b>Comment</b>	<b>Response</b>
FVX21 – Regent Pharmacy – our list includes a lunch break 1.30pm to 2.30pm on weekdays. FXG34 – Prima Pharmacy – our list includes a lunch break 1pm to 2pm on weekdays. FJN47 – Oakleigh Pharmacy – our list does not include Saturday opening.	Amendments to opening hours have been made to the table in Appendix 7.
FQJ62 – Tesco Pharmacy – changed their hours recently to: Mon to Sat – 9am to 1pm & 2pm to 7pm. Sun 10am to 2pm.	A footnote has been added to the Saturday evening maps (figures 54 and 55) and Appendix 7.
FR269 – Mediline Pharmacy – took over from FMC90 Akshar Pharmacies	A footnote has been added to table 2 and Appendix 7.
FAX69 – Lakes Pharmacy – has now moved and is in Brent HWBB area.	The consultation version of the PNA recognised that this pharmacy was in the process of relocating, and it was not included in any of the maps in the PNA. Following confirmation of the relocation, the Executive Summary and Sections 5.5 and 11 have been updated to reflect pharmacy provision. Tables 3, 4, 5 and 18 have also been updated.
There is an IP Pathfinder site within Barnet that is not showing on the PNA.	Noted. A sentence has been added to 5.9.3 to reflect this.
The housing and regeneration section needs to have more information regarding the details of any developments considered when the PNA statements were written.	Appendix 3 added.

Comment	Response
<p>Since the publication of the last PNA pharmaceutical services have been delegated to ICBs and therefore they can and should now commission services as locally enhanced services where they fall within this category. There will be some services that were commissioned previously as ICB locally commissioned services that will now need to transition to Locally enhanced services. We have noted that some of the services commissioned by the ICB are therefore quoted in the PNA within the wrong heading and these need to be amended and if appropriate the context of the PNA amended. Specifically, the Bank Holiday Rota service, Self Care Medicines Scheme and Palliative care and Antimicrobial supply should be listed as locally enhanced services.</p>	<p>Amendments have been made to the PNA in sections 7 and 8 to reflect this.</p>
<p>Page 133, there appears to be missing statements here that do not match the conclusions at the beginning of the document, it would be helpful to have headings here, including necessary services, improvement and better access</p>	<p>Section 12 has been updated to reflect the statements in the Executive Summary</p>

### **Amendments made to PNA following the consultation:**

- Section 5.1.2 further detail included about notice periods required for changes to supplementary hours.
- Sections 1.4, 1.6 and section 9 amended to include references to the NHS 10-year Health Plan
- Services previously listed under section 8.1 (ICB locally commissioned services) have been moved to a new section 7.4 (ICB enhanced services) to reflect their classification under the Pharmaceutical Services Regulations following delegation of commissioning responsibilities to ICBs.
- Section 8.4 – removed last sentence referencing pharmacy contractor survey following NCL ICB feedback.
- Section 7.2 updated to reflect LPCH as a source of services information. New reference added.
- References 48, 53 and 56 updated to include "date accessed" information.
- Updated supervised consumption information in Section 8, Table 19 and Appendix 7.

- Opening hours updated in Appendix 7 and footnotes added for recent changes to provision
- Added sentence to 5.9.3 referring to a pathfinder site in Barnet
- Appendix 3 added to PNA to give more detail about larger housing developments anticipated during the lifespan of the PNA.
- Section 12 updated to reflect the statements in the Executive Summary
- The Executive Summary, Sections 5.5 and 11 and tables 3, 4, 5 and 18 have been updated to reflect pharmacy provision following the relocation of the DSP out of Barnet.
- Sections 7.4.1 and 7.4.2 and Appendix 5 corrected to reflect services provision information provided by NCL ICB
- Correction in Section 6 – "Closure" of Torrington Park amended to "consolidation"

## Appendix 9 - Future Opportunities for Community Pharmacy Service Provision in Barnet

### Introduction

This section of the Pharmaceutical Needs Assessment (PNA) sets out potential opportunities for future development of community pharmacy services within Barnet. While this analysis draws on local health needs, current service provision, and contractor engagement, it is important to emphasise:

As part of the PNA process, the review of Necessary Services, alongside Advanced, Enhanced, and Locally Commissioned Services in Barnet, highlighted several ways in which community pharmacies could contribute to improving population health outcomes. While it is acknowledged that not all pharmacies will be able to provide every service, the development and implementation of new services should be undertaken with careful planning and consideration.

Community pharmacies are well placed to support both national and local health priorities through a range of services, even though such developments fall outside the formal scope of the PNA. Where appropriate, efforts should be made to enable all pharmacies and pharmacists to deliver the full range of Advanced Services across all areas. Expanding eligibility and participation would improve access and ensure that a greater number of patients can benefit from these services.

**These opportunities fall outside the statutory requirements of the PNA.** Under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, PNAs are required to assess the provision of *Necessary Services* and identify any current or future gaps in service provision. The content of this section is provided for strategic insight and does not form part of that statutory requirement. It may, however, assist local commissioners in identifying opportunities to enhance community pharmacy services that support public health and reduce health inequalities.

The opportunities identified reflect a combination of:

- Local need (as detailed in Section 4 of the PNA),
- Willingness and capacity of pharmacies (from the contractor survey), and
- National direction of travel, particularly the ambitions of the NHS Long Term Plan, Community Pharmacy Contractual Framework, and Pharmacy First.

### Strategic Context and Commissioning Landscape

Community pharmacy services are commissioned through a blend of national and local mechanisms:

- **Essential and Advanced services** are part of the NHS Community Pharmacy Contractual Framework and commissioned by NHS England.



- **Enhanced services** are also part of the CPCF but are commissioned locally by NHS England based on local need.
- **Locally Commissioned services** are commissioned either by Local Authorities (e.g., Public Health services) or by the ICB for targeted support, often based on JSNA priorities.

The North Central London (NCL) Integrated Care System aims to embed community pharmacy more deeply in place-based healthcare delivery, including prevention, long-term condition management, and reducing inequalities.

At the time of writing, the NHS Long Term Plan (2019) remains the overarching national strategy informing pharmacy policy. However, a new NHS strategic plan is expected to be published in spring 2025. Given the timing of this PNA, it is not yet possible to align future opportunities with the full detail of that strategy.

Commissioners are advised to revisit this section in light of the forthcoming national plan and any implications for community pharmacy service development.

### **Health needs identified in Barnet**

Section 4 of this PNA outlines several health challenges in the borough which community pharmacy is well-placed to support:

- Smoking prevalence in adults is 9.3%, which is significantly lower than the England average of 12.4%
- Cardiovascular disease (CVD), including premature mortality from heart attacks and strokes, remains a key concern.
- Teenage pregnancy rates, which although well below comparably deprived areas, is still an area where pharmacy is ideally placed to continue to support.
- Sexual health indicators, including new STI diagnoses, are above national averages.
- Obesity remains a growing concern, although lower than the national average.
- Vaccination uptake, including flu and childhood immunisations, is below national levels in all cohorts.

These areas of need, alongside the borough's population growth and ageing profile, offer a compelling rationale to maximise the role of pharmacies as accessible, community-based health providers.

### **Survey of community pharmacy contractors**

In March 2025, a survey of all 72 community pharmacies in Barnet was undertaken. 32 pharmacies responded (44%).

#### **Key findings include:**

- High uptake and engagement with nationally commissioned services:

- 97% currently offer or plan to offer New Medicine Service (NMS) and Pharmacy First.
- 81% are offering the Hypertension Case-Finding Service, and 13% plan to implement it soon.
- 53% currently deliver the Pharmacy Contraception Service, with 43% planning to start in the next year.
- 27% are delivering the Smoking Cessation Advanced Service, with 33% indicating plans to do so.
- Willingness to expand service delivery if commissioned locally:
  - 73% willing to offer anticoagulation monitoring if commissioned, 3% currently delivering
  - 61% would deliver minor ailments, 71% chlamydia testing, and 48% self-care medicines schemes.
  - 68% not currently providing emergency hormonal contraception (EHC) expressed willingness to do so.

These results suggest that most community pharmacies have the infrastructure and motivation to expand their service offer, especially where this aligns with borough-level priorities.

### **Locally Commissioned service provision and gaps**

As of March 2025, locally commissioned pharmacy services in Barnet include:

#### **From Barnet Council (Public Health):**

- Stop Smoking Service – 6 pharmacies, which is lower than other areas in NCL ICB
- Supervised consumption – 39 pharmacies (although just 12 of these had delivered services in January to March 2025), which is higher than other areas in NCL ICB.
- Needle exchange – 4 pharmacies, which is lower than other areas in NCL ICB
- Sexual health services:
  - EHC – 10 pharmacies, which is lower than other areas in NCL ICB
  - Condom distribution – 6 pharmacies, which is lower than other areas in NCL ICB

#### **From NCL ICB:**

- Palliative care and antimicrobial supply – 5 pharmacies
- Self-Care Medicines Scheme (SCMS) – 25 pharmacies
- Bank Holiday Rota and Out-of-Hours availability

Services such as EHC and condom distribution are available in Barnet, though uptake from community pharmacies is at a lower rate than other areas in NCL ICB.

Needle exchange provision is limited and there is no availability for naloxone provision from community pharmacy in Barnet.

### **Opportunities to enhance service provision**

Drawing on contractor feedback, local health needs, and national policy direction, the following opportunities could be explored:

#### **A. Better use of existing Advanced services:**

- Improve uptake of flu vaccination through public awareness campaigns.
- NMS could be targeted at patients with diabetes, CVD, or mental health conditions.
- Pharmacy First should be promoted further and integrated into local care pathways.

#### **B. Prioritise recently introduced Advanced services:**

- Smoking cessation support (especially for those referred from hospital).
- Contraception provision

#### **C. Explore commissioning of new local services:**

- AF Screening using portable ECG tools.
- Weight management support and diet/lifestyle advice.
- Inhaler technique and respiratory reviews.
- Childhood immunisations, piloted in pharmacy settings.
- Expanded STI screening and sexual health support such as HIV/syphilis testing.
- Expanded harm reduction services such as naloxone supply from community pharmacies and hepatitis C testing.

### **Public awareness and engagement**

Findings from the community engagement questionnaire continue to suggest low public awareness of pharmacy services beyond dispensing, minor ailments and vaccinations such as influenza vaccine. This reinforces the need for public-facing communications and more visible health promotion activity through pharmacies.

### **Recommendations**

Based on the above findings, it is recommended that:

1. Publicise and promote existing services including NMS, Pharmacy First, flu vaccination, and sexual health support.
2. Encourage uptake of new Advanced Services, especially smoking cessation, contraception, and hypertension case-finding.
3. Explore commissioning of targeted services, particularly where population need and contractor willingness overlap.

4. Widen access to harm reduction, such as needle exchange, naloxone provision
5. Embed pharmacy within public health and prevention strategies, aligned with place-based care ambitions.

## Appendix 10 – Abbreviations

Abbreviation	
AUR	Appliance Use Review
BSL	British Sign Language
C-card	Condom Card
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
CKD	Chronic Kidney Disease
CNWL	Central and North West London
COPD	Chronic obstructive pulmonary disease
COVID	Coronavirus -19
CPCF	NHS Community Pharmacy Contractual Framework
CPCS	Community Pharmacy Consultation Service
CPE	Community Pharmacy England
CVD	Cardiovascular disease
DAC	Dispensing appliance contractors
DBS	Disclosure and Barring Service
DALY	Disability Adjusted Life Year
DES	Directed Enhanced Services
DHSC	Department of Health and Social Care
DMFT	Decayed, Missing or Filled teeth
DTaP	Diphtheria, tetanus, and acellular pertussis vaccine
EHC	Emergency hormonal contraception
EHCH	Enhanced Health in Care Homes
ePACT	Prescribing data
EPS	Electronic Prescription Service
GP	General Practitioners
HCFS	Hypertension Case-Finding Service
HCP	Health and Care Partnership
HepB	Hepatitis B
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HWB	Health and Wellbeing Board
IBD	Inflammatory Bowel Disease
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMD	Index of Multiple Deprivation
IPV	Inactivated poliovirus vaccine
JSNA	Joint Strategic Needs Assessment
LES	Local Enhanced Services
LFD	Lateral Flow Device

Abbreviation	
LPC	Local Pharmaceutical Committee
LPCH	London Pharmacy Commissioning Hub
LPS	Local Pharmaceutical Service
LSOA	Lower Super Output Area
MDS	Monitored Dose Systems
MMR	Measles, mumps, and rubella
NCRS	National Care Records Service
NCL	North Central London
NECS	North of England Care System Support
NES	National Enhanced Services
NHS	National Health Service
NHSBSA	NHS Business Services Authority
NHSE	NHS England
NICE	National Institute for Health and care Excellence
NMS	New Medicines Service
NRT	Nicotine Replacement Therapy
OC	Oral Contraception
ONS	Office for National Statistics
PCN	Primary Care Network
PCS	Pharmacy Contraception Service
PCSE	Primary Care Support England
PCTs	Primary Care Trust
PGD	Patient Group Direction
PhAS	Pharmacy Access Scheme
PhIF	Pharmacy Integration Fund
PNA	Pharmacy Needs Assessment
PQS	Pharmacy Quality Scheme
PSNC	Pharmaceutical Services Negotiating Committee
PVD	Peripheral vascular disease
QOF	Quality Outcome Framework
SAC	Stoma Appliance Customisation Service
SCR	Summary Care Record
SCMS	Self-Care Medicines Scheme
SMR	Structured Medication Review
STI	Sexually Transmitted Infection
UTC	Urgent Treatment Centre
UTI	Urinary Tract Infection
YLD	Years of Healthy Life Lost due to Disability
YLL	Years of Life Lost due to premature mortality

## Appendix 11 – References and Data Sources

1. **The Health and Social Care Act 2012:**  
<https://www.legislation.gov.uk/ukpga/2012/7/contents>
2. **Barnet PNA 2022:** <https://www.barnet.gov.uk/sites/default/files/2022-09/Barnet%202022%20PNA%2020220929%20AC%20FINAL.pdf>
3. **The Health and Care Act 2022:**  
<https://www.legislation.gov.uk/ukpga/2022/31/contents>
4. **Barnet Joint Strategic Needs Assessment (JSNA):**  
<https://open.barnet.gov.uk/joint-strategic-needs-assessment-2024/>
5. **Barnet Health and Wellbeing Strategy:**  
[https://www.barnet.gov.uk/sites/default/files/barnet\\_health\\_and\\_wellbeing\\_strategy.pdf](https://www.barnet.gov.uk/sites/default/files/barnet_health_and_wellbeing_strategy.pdf)
6. **NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013:** <https://www.legislation.gov.uk/uksi/2013/349/contents>
7. **Community Pharmacy Contractual Framework 2024-2025 and 2025 to 2026:**  
[Community Pharmacy Contractual Framework: 2024 to 2025 and 2025 to 2026 - GOV.UK](https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2024-to-2025-and-2025-to-2026)
8. **ONS Mid-2022 Ward-level population estimates:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental>
9. **2022 GLA Population Projections 10yr Migration and Central Fertility Scenario:** <https://data.london.gov.uk/demography/population-and-household-projections/>
10. **The Health Act 2009:** <https://www.legislation.gov.uk/ukpga/2009/21/contents>
11. **PNA, Information pack for Local Authority Health and Wellbeing Boards:**  
[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)
12. **NHS Long Term Plan:** <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
13. **Fit for the Future: A 10-year Health Plan for England:**  
<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>
14. **State of the NHS in England:**  
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>
15. **NHSBSA Report - General Pharmaceutical Services in England 2015/16 – 2023/24:** [https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gphs\\_annual\\_2023\\_24\\_v001.html](https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/gphs/gphs_annual_2023_24_v001.html)
16. **Community Pharmacy England – Funding (2025):** Available at:  
<https://cpe.org.uk/learn-more-about-community-pharmacy/funding/> (Accessed: 09/01/2025)

17. **Community Pharmacy Contractual Framework 2019-2024:**  
<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacy-contractual-framework/>
18. **Network DES Specification:** <https://www.england.nhs.uk/publication/network-contract-des-contract-specification-2024-25-pcn-requirements-and-entitlements/>
19. **Local Government and Public Involvement in Health Act 2007:**  
<https://www.legislation.gov.uk/ukpga/2007/28/contents>
20. **Equality Act (2010):**  
<https://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>
21. **OHID Fingertips data:** <https://fingertips.phe.org.uk/>
22. **ONS Mid-2023 Population estimates:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>
23. **2021 Census Population Data:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/populationandhouseholdestimatesenglandandwales/census2021>
24. **Barnet State of the Borough Report:**  
<https://barnet.moderngov.co.uk/documents/s82601/Appendix%201%20State%20of%20the%20Borough%20Report%202023.pdf>
25. **Barnet Growth Strategy 2020 – 2030:** <https://www.barnet.gov.uk/media/12873>
26. **Housing Strategy Evidence Base 2023-2028:** [https://ehq-production-europe.s3.eu-west-1.amazonaws.com/77f77fc41b5ad37c2174cd7a6b640ddd3eecf890/original/1680684433/7a1d7ab0b925ed20483485f4ec024e70\\_3\\_-\\_Housing\\_Strategy\\_Evidence\\_Base.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA4KKNQAKIJHZMYNPA%2F20250402%2Feu-west-1%2Fs3%2Faws4\\_request&X-Amz-Date=20250402T194244Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=8a7f40490029d2f992bc4ec7d4e6d3e8b7b7f027c145f571b197fc7036c66801](https://ehq-production-europe.s3.eu-west-1.amazonaws.com/77f77fc41b5ad37c2174cd7a6b640ddd3eecf890/original/1680684433/7a1d7ab0b925ed20483485f4ec024e70_3_-_Housing_Strategy_Evidence_Base.pdf?X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIA4KKNQAKIJHZMYNPA%2F20250402%2Feu-west-1%2Fs3%2Faws4_request&X-Amz-Date=20250402T194244Z&X-Amz-Expires=300&X-Amz-SignedHeaders=host&X-Amz-Signature=8a7f40490029d2f992bc4ec7d4e6d3e8b7b7f027c145f571b197fc7036c66801)
27. **Daytime Population of London 2014:** <https://data.london.gov.uk/blog/daytime-population-of-london-2014/>
28. **Offender Management Statistics:**  
<https://www.gov.uk/government/collections/offender-management-statistics-quarterly>
29. **Immigration Statistics:** <https://www.gov.uk/government/statistics/immigration-system-statistics-year-ending-december-2024>
30. **Gypsy or Irish Traveller populations, England and Wales - Office for National Statistics:**  
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/gypsyoririshtravellerpopulationsenglandandwales/census2021>
31. **OHID Spotlight Tool:** <https://analytics.phe.gov.uk/apps/spotlight/>



32. **IMD 2019:** <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
33. **ONS Data Visualisations Income Deprivation based on 2019 IMD:** <https://www.ons.gov.uk/visualisations/dvc1371/#/E07000223>
34. **The Health Foundation Local Authority Dashboard:** <https://www.health.org.uk/evidence-hub/local-authority-dashboard/local-authority-dashboard>
35. **End Child Poverty Statistics:** <https://endchildpoverty.org.uk/child-poverty-2023>
36. **ONS Central Heating data:** <https://www.ons.gov.uk/datasets/TS046/editions/2021/versions/1>
37. **ONS Data Visualisation Employment:** <https://explore-local-statistics.beta.ons.gov.uk/areas/E09000003-barnet>
38. **ONS Education and Qualifications:** <https://www.ons.gov.uk/datasets/TS067/editions/2021/versions/1>
39. **Statutory Homelessness in England:** <https://www.gov.uk/government/statistics/statutory-homelessness-in-england-october-to-december-2024>
40. **Barnet News:** <https://www.barnet.gov.uk/news/barnets-ps300000-help-prevent-homelessness>
41. **Barnet Homeless Strategy:** [homelessness\\_strategy\\_2019-2024.pdf](#)
42. **ONS Crime Report Year Ending March 2024:** <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2024>
43. **Barnet Local Plan 2021-2036:** <https://www.barnet.gov.uk/planning-and-building-control/planning-policies-and-local-plan/barnet-local-plan-2021-2036>
44. **Barnet Housing Strategy 2023-28:** [https://www.barnet.gov.uk/sites/default/files/housing\\_strategy\\_2023-28.pdf](https://www.barnet.gov.uk/sites/default/files/housing_strategy_2023-28.pdf)
45. **Barnet Long Term Transport Strategy 2020-2041:** <https://www.barnet.gov.uk/sites/default/files/2021-10/Barnet%20LTTS%20v8.pdf>
46. **King's Fund: Clustering of Unhealthy Behaviours over time (2012):** [https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering\\_unhealthy\\_behaviours\\_2012.pdf](https://assets.kingsfund.org.uk/f/256914/x/c8e05a9788/clustering_unhealthy_behaviours_2012.pdf)
47. **CMO Physical Activity Guidelines:** <https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf>
48. **The London Pharmacy Commissioning Hub, on behalf of NCL ICB (February 2025).** Data provided directly to NECS for the purposes of the PNA. (Data on file).
49. **NHSBSA Q3 24/25 Consolidated List (Q3 24/25):** <https://opendata.nhsbsa.net/dataset/consolidated-pharmaceutical-list>
50. **EPACT data:** <https://www.nhsbsa.nhs.uk/access-our-data-products/epact2> (Accessed: April 2025)
51. **SHAPE Atlas:** <https://shapeatlas.net/>

- 52. NHSE Advanced and Enhanced Directions 2013:**  
[https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12 - Advanced and Enhanced Directions 2013 e-sig.pdf](https://assets.publishing.service.gov.uk/media/5a7ae6d6ed915d670dd7f64c/2013-03-12_-_Advanced_and_Enhanced_Directions_2013_e-sig.pdf)
- 53. NHSBSA Dispensing Contractors' Data (December 2024):**  
<https://www.nhsbsa.nhs.uk/prescription-data/dispensing-data/dispensing-contractors-data> (Accessed April 2025)
- 54. NICE Guidance: Community Pharmacies Promoting Health and Wellbeing:**  
<https://www.nice.org.uk/guidance/ng102>
- 55. NICE Guidance: Clostridioides difficile infection: antimicrobial prescribing:**  
<https://www.nice.org.uk/guidance/ng199>
- 56. Barnet Health and Wellbeing Information March 2025:**  
<https://www.barnet.gov.uk/health-and-wellbeing> (Accessed April 2025)
- 57. NICE Guidance NG67:** <https://www.nice.org.uk/guidance/ng67>