

Pharmaceutical Needs Assessment

FINAL FOR HWB APPROVAL
FEBRUARY 2015

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)

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Maps

Separate Document

Appendices

Separate Documents

- Appendix A: PNA Steering Group Terms of Reference
- Appendix B: Community pharmacy questionnaire
- Appendix C: Potential Pharmaceutical Needs Across the Lifecourse
- Appendix D: Pharmacy Opening Hours
- Appendix E: Summary of Services by Pharmacy
- Appendix F: Consultation Feedback and Outcome

1. Executive Summary

1.1. Introduction

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

The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417) set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications and maintaining the pharmaceutical list.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is subsequently used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or commission additional services. The document will be used by local commissioners to inform commissioning strategy and to support the future commissioning of pharmacy services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market.

The development of this document has been overseen by a PNA Steering Group, which has accountability through to London Borough of Haringey's Health and Wellbeing Board (HWB). In making the assessment, six key steps were undertaken:

- Step 1: Establishment of project governance and project management arrangements
- Step 2: Gathering and validating data, including undertaking a community pharmacy questionnaire
- Step 3: Documentation of health needs and strategic priorities
- Step 4: Building the pharmacy profile, on a service by service basis
- Step 5: Drawing together emerging themes and documenting the assessment based on the analysis
- Step 6: Formal consultation, with local stakeholders as required by the Regulations

This PNA replaces the PNA published by the former Haringey PCT.

1.2. Summary of the Assessment of Pharmaceutical Services

Pharmaceutical Services within Haringey are provided by 59 pharmacies, including five pharmacies which open for 100 hours a week; and a distance selling pharmacy.

There are no dispensing appliance contractors (DAC), dispensing doctors or local pharmaceutical services providers.

We have demonstrated that Haringey is well resourced with respect to pharmaceutical services. There is good alignment with GP surgeries and areas with high population density are well served. There is a reasonable correlation with deprivation, although this is not the case in NE Tottenham which has a below average number of pharmacies per 100,000.

The table on the next page provides a summary of our findings for pharmaceutical services, and other locally commissioned services, currently provided within Haringey.

Essential Services
Must be provided by all pharmacies

<p>Community Pharmacies:</p> <ul style="list-style-type: none"> ▪ Dispensing, including electronic prescription services, and actions associated with dispensing (e.g. keeping records) ▪ Repeat dispensing ▪ Disposal of waste medicines ▪ Public health campaigns, which includes promotion of health lifestyles and prescription linked interventions ▪ Signposting ▪ Support for self-care <p>Refer to section 5.4 for full details of the assessment</p>	<p>Essential services are fundamental pharmacy services, which ensure that patients can access medicines through the dispensing of NHS prescriptions. Pharmacy also plays a valuable role in addressing health needs and inequalities through the provision of health promotion and signposting advice.</p> <p>We have determined that essential services are necessary to meet the pharmaceutical needs of the population.</p> <p>Our assessment has demonstrated that in most localities, there is good access and a choice of pharmacy on weekdays (9:30am - 6pm), Saturdays (from 10am through to 5pm). All residents can access a pharmacy within a mile and that the majority are within 20 minutes reach of their nearest pharmacy at these times.</p> <p>We have identified the following potential gaps:</p> <ul style="list-style-type: none"> ▪ More limited access and choice in the NE Tottenham locality; this is particularly the case in the early mornings and on Sundays when only one pharmacy is open ▪ Insufficient alignment between pharmacy and GP practice opening hours; this is most apparent in the mornings in the Central locality <p>With respect to dispensing we have demonstrated that there is sufficient capacity within the existing network of pharmacies to meet the future dispensing needs of the population.</p> <p>Our conclusions may be summarised as follows:</p> <p>Current Need</p> <ul style="list-style-type: none"> ▪ None identified <p>Future Need</p> <ul style="list-style-type: none"> ▪ If GPs move to a 7 day a week service, pharmacy opening hours <i>may</i> need to be reviewed to ensure timely access to dispensing following a GP consultation. <i>At the time of publication the arrangements for operational delivery, and timescales, of such changes are not known</i> ▪ NE Tottenham has higher levels of deprivation, poorer health outcomes and is set to see significant population growth as a result of housing developments and a local programme of regeneration. We have identified that this locality, which has below average provision, may benefit from additional access to pharmaceutical services, once housing developments have been completed <p>Current Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ Extending pharmacy opening hours, particularly in the mornings in the Central locality, would improve alignment with GP opening hours and ensure residents have timely access to dispensing following a GP consultation ▪ In terms of supporting the needs of people with disabilities, we have identified opportunities to provide support to improve effective communication with people who have hearing impairment <p>Future Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ None identified
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Advanced Services

Provision of these services is optional

<p>Medicines Use Reviews (MURs) & Prescription Interventions (PIs)</p> <p><i>This service allows accredited pharmacists to undertake medicines reviews with patients to help them understand their medicines. This helps to improve adherence and reduce waste. A maximum of 400 MURs may be provided each year. An MUR may only be offered if a patient has been using a pharmacy for 3 months</i></p> <p>Refer to section 5.11.1 for full details of the assessment</p>	<p>92% (54/59) pharmacies offer the MUR and PI Service.</p> <p>We have determined that the service is necessary to meet the pharmaceutical needs of our population.</p> <p>Access is good on weekdays (9:30am - 6pm) and Saturdays (up until 5pm), but is more limited at all other times.</p> <p>We have identified the following gaps:</p> <ul style="list-style-type: none"> ▪ 5 pharmacies don't offer MUR & PI services ▪ Some pharmacies are not actively providing the service; and the average number of MURs undertaken is significant below the maximum number permitted in any given year ▪ The 3 month rule means that MURs may not be accessed from a pharmacy, other than a patient's regular pharmacy. This means that some of our residents are not able to access the service at all <p>We have identified there is sufficient capacity within our existing network of pharmacies to meet an anticipated increase in demand.</p> <p>Our conclusions may be summarised as follows:</p> <p>Current Need</p> <ul style="list-style-type: none"> ▪ The gap, whereby some residents cannot access the service because it is not offered by their regular pharmacy, cannot be addressed through granting of new applications because of the 3 month rule for MURs. We wish to see all Haringey pharmacies to offer the MUR service. Another option is for a resident to be signposted to a pharmacy which does offer MURs (noting that prescriptions will need to be dispensed by the alternative pharmacy) <p>Future Need</p> <ul style="list-style-type: none"> ▪ We would like to see the national cap, limiting the number of MURs to 400 a year lifted. This would ensure that the capacity of individual pharmacies to provide reviews is not exceeded <p>Current and Future Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ We wish to see pharmacies proactively targeting the MUR service at the patients who will derive the most benefit ▪ We would like to see more pharmacies opening earlier in the morning, or staying open later in the evening, where there is demand for service provision at these times; alternatively, there is an option for pharmacies to offer 'out of hours' appointments to facilitate access for people who work full time ▪ Providing the service in the domiciliary setting would improve access for the house bound or for those who find it difficult to get to a pharmacy without assistance
<p>New Medicine Service (NMS)</p> <p><i>This service supports patients with long term conditions, who are newly prescribed a medicine, to help improve adherence.</i></p> <p>Refer to section 5.11.2 for full details of the assessment</p>	<p>76% (46/59) pharmacies offer the NMS service.</p> <p>We have determined that at this point in time, the NMS is not necessary to meet the pharmaceutical needs of our population but is relevant in that it improves access to medicines reviews</p> <p>We have identified the following potential gaps:</p> <ul style="list-style-type: none"> ▪ 13 pharmacies do not offer the service; and a further 13 pharmacies are inactive ▪ There is variation between localities in the number of reviews undertaken; this is of concern in the NE Locality which has a high number of people with a limiting long term illness

Essential Services
Must be provided by all pharmacies

	<ul style="list-style-type: none"> ▪ Access the service is limited, in all localities, on weekday mornings (up until and including 8am) and on Sundays <p>We have identified there is sufficient capacity within our existing network of pharmacies to meet an anticipated increase in demand.</p> <p>Our conclusions may be summarised as follows:</p> <p>Current and Future Need</p> <ul style="list-style-type: none"> ▪ None identified <p>Current Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ We would like all our pharmacies to offer the NMS for as long as the service is commissioned ▪ We would like to understand why some pharmacies are not active and why others only undertake limited numbers of reviews, so that we can improve service uptake ▪ Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for patients. ▪ We would, like to see more pharmacies opening earlier in the morning, or staying open later in the evening, where there is a demand for service provision at these times <p>Future Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ None identified.
<p>Stoma Appliance Customisation Service (SACs)</p> <p><i>This service involves the customisation of one or more stoma appliances based on a patient's measurements or template in order to ensure proper use and comfortable fitting. SACs may be carried out in the patient's home.</i></p> <p>Refer to section 5.11.3 for full details of the assessment</p>	<p>10% (6/59) pharmacies offer the SAC service</p> <p>We have determined that the service is not necessary to meet the pharmaceutical needs of our population but is relevant in that it potentially offers a choice of provider for people who wish to use pharmacy-based services.</p> <p>Whilst there is very little SACS activity undertaken within Haringey, we have not identified any current or future gaps. This is because our analysis indicates a high out of area dispensing rate for stoma appliances and it follows that SACs may also be accessed outside of the area. In addition, many people receive support from the hospital or clinical responsible for their ongoing care.</p>
<p>Appliance Use Reviews (AURs)</p> <p><i>AURs may be carried out by a pharmacist or a specialist nurse and aim to improve patient adherence, to resolve issues due to ineffective use of the appliance and to reduce waste. AURs may be carried out in the patient's home.</i></p> <p>Refer to section 5.11.4 for full details of the assessment</p>	<p>8% (5/59) pharmacies offer AURs.</p> <p>We have determined that the service is not necessary to meet the pharmaceutical needs of our population but is relevant in that it potentially offers a choice of provider for people who wish to use pharmacy-based services</p> <p>No AURs were undertaken in Haringey (2012/13 data). However, we have not identified any current or future gaps. This is because our analysis indicates a high out of area dispensing rate for appliances and it follows that AURs may also be accessed outside of the area. In addition, many people receive support from the hospital or clinical responsible for their ongoing care.</p>

Enhanced Services

Services commissioned by NHS England in line with the local Pharmaceutical Needs Assessment

<p>Minor Ailments Service (MAS)</p> <p><i>Advice, support and provision of medicines, at no cost, to patients who would otherwise have gone to their GP, and referral on to other health and social care professionals where this is appropriate.</i></p> <p>Refer to section 5.12.1 for full details of the assessment</p>	<p>88% (52/59) pharmacies have been commissioned to provide the service; of these 41% (24/59) are accredited to supply prescription only medicines via a patient group direction.</p> <p>We have determined that the MAS is necessary to meet the pharmaceutical needs of our population.</p> <p>We have identified the following potential gaps:</p> <ul style="list-style-type: none"> ▪ Reduced access to the service on weekday mornings (including no pharmacies open in the Central Locality before 9am) and on Saturday evenings and Sundays. This means that residents may have to travel further to access this service at these times. This may be more of an issue at the weekend as most GP surgeries are closed and our residents may be more reliant on the pharmacy-based minor ailments service ▪ A number of pharmacies in some localities are not active <p>Our conclusions may be summarised as follows:</p> <p>Current and future need</p> <ul style="list-style-type: none"> ▪ None identified <p>Current & Future Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ We would like to see improved access to the service, in the early mornings and at weekends, particularly in areas with higher deprivation (e.g. NE Tottenham) where there may be a greater demand for the service ▪ Better advertising of the service, would raise awareness and may increase uptake (where this is clinically appropriate)
<p>London Pharmacy Vaccination Service</p> <p><i>Pharmacist administration of immunisations, within the pharmacy setting. The scope of the service currently includes the following portfolio from September 2014 - March 2015</i></p> <ul style="list-style-type: none"> ▪ <i>Pneumococcal polysaccharide vaccination</i> ▪ <i>Seasonal Influenza vaccination</i> <p>Refer to section 5.12.2 for full details of the assessment</p>	<p>61% (36/59) have been commissioned to provide the service</p> <p>We have determined that this service is not necessary to meet the pharmaceutical needs of our population, but is relevant because it secures improves access and a choice of provider for people requiring seasonal influenza vaccination and/or pneumococcal vaccination.</p> <p>Whilst there is a choice of provider in all 4 localities, we have identified that service provision does not necessarily align with need in the West locality.</p> <p>Our conclusions may be summarised as:</p> <p>Current and Future Need</p> <ul style="list-style-type: none"> ▪ None identified <p>Current and Future Improvements or Better Access</p> <ul style="list-style-type: none"> ▪ Commissioning the service from additional pharmacies, particularly in the West Locality, would improve access to the service and may address historically low uptake of seasonal influenza vaccination within Haringey

Enhanced Services

Services commissioned by NHS England in line with the local Pharmaceutical Needs Assessment

<p>On Demand Access to End of Life Care and other Specialised Medicines</p> <p><i>This pharmacy-based service is intended to improve timely access, during extended hours to palliative care and specialist medicines that are not commonly stocked by pharmacies; or where there are anticipated delays in supplies</i></p> <p>Refer to section 5.12.3 for full details of the assessment</p>	<p>4 pharmacies, one in each locality, have been commissioned to provide the service</p> <p>We have concluded that the service is not necessary to meet the pharmaceutical needs of our population but is relevant in that it improves timely access to palliative care medicines.</p> <p>In terms of gaps, two of the pharmacies are not open on a Sunday, which means that residents may have to travel further if they need to access the service. Alternatively, Barndoc, the GP Out of Hours Provider, provides access to key these medicines in the out of hours' period.</p> <p>Current and Future Need</p> <ul style="list-style-type: none"> ▪ None identified <p>Current & future Improvements or better access</p> <ul style="list-style-type: none"> ▪ Improvements in access could be secured if the service was commissioned from other pharmacies which are open for extended hours on 7 days each week.
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Locally Commissioned Services

*Services commissioned locally, by another NHS organisation or the Local Authority, and which may affect the need for pharmaceutical services or which are commissioned in response to a need for pharmaceutical services. **Applications must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of the gaps identified for locally commissioned services.*

<p>Stop Smoking in Healthy Living Pharmacies</p> <p><i>The pharmacy-based service, is a pilot which includes offering very brief advice; providing one to one support (and supply of medication if required) as part of an 8 week programme to residents who wish to quit smoking; health promotion advice; and referring on to specialist services where appropriate. To provide the service pharmacies must achieve Healthy Living Pharmacy status</i></p> <p>Refer to section 6.2.1 for full details of the assessment</p>	<p>41% (24/59) pharmacies have been commissioned to provide the pharmacy-based smoking cessation service.</p> <p>We have concluded that the service is necessary to meet the pharmaceutical needs of our population.</p> <p>Access to the service on weekdays (9:30am - 6pm) and Saturdays (10am - 1pm) is generally reasonable in all localities.</p> <p>We have identified the following potential gaps:</p> <ul style="list-style-type: none"> ▪ Reduced access to the service on weekday mornings, Saturday afternoons and evenings and Sundays ▪ No access to the service at all in NE Tottenham on a Sunday; this locality has high rates of deprivation and a population that stands to benefit from stop smoking services <p>Current and Future Needs</p> <ul style="list-style-type: none"> ▪ No needs identified <p>Current & Future Improvements or better access</p> <ul style="list-style-type: none"> ▪ We would like to see the service commissioned from a wider range of pharmacies in order to improve access, in the early mornings and at weekends; this may encourage the working population to seek support and would improve access in those localities where there is a higher smoking prevalence rate and/or demand for the service i.e. the Central Locality, NE Tottenham and SE Tottenham
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Locally Commissioned Services

<p>Sexual Health Services</p> <p><i>The community pharmacy based sexual health service has recently been re-commissioned in Haringey and is comprised of two bundles:</i></p> <ul style="list-style-type: none"> ▪ Services for young people aged under 25 years; <i>the scope of service includes supply of EHC, chlamydia and gonorrhoea screening, supply of chlamydia treatment and condom distribution, health promotion advice and signposting</i> ▪ Services for people aged 25 years and over; <i>the scope of the service is as above; plus HIV point of care testing (for those aged 18 years and over). Pharmacies providing this service must achieve Healthy Living Pharmacy status</i> <p>Refer to section 6.2.2 for full details of the assessment</p>	<p>Under 25s bundle 42% (25/59) pharmacies have been commissioned to provide the under 25s bundle</p> <p>25 years and over bundle 47% (28/59) pharmacies have been commissioned to provide the 25 years and over bundle. <i>It should be noted, that at the time of publication, the training and accreditation of pharmacies is ongoing but it is anticipated all pharmacies listed in Appendix E will be live by the end of June 2015.</i></p> <p>We have concluded that the service is necessary to meet the pharmaceutical needs of our population.</p> <p>There is good access to the service during the daytime on weekdays and on Saturday mornings and we have demonstrated good alignment with need.</p> <p>We have identified the following potential gaps:</p> <ul style="list-style-type: none"> ▪ More limited access on weekday mornings up until and including 8am, Saturday evenings at 7pm or later; and on Sundays ▪ For the under 25s service, the impact of this is that the service is not necessarily correlated with need at these times, particularly in the wards with historically high teenage pregnancy rates (Haringay, Bruce Grove and Tottenham Green) <p>Current Need</p> <ul style="list-style-type: none"> ▪ There is a need to ensure that the residents of NE and SE Tottenham can access sexual health services, within their own localities, on every day of the week. This is particularly important for EHC where treatment has to be taken as soon as possible, and within a maximum of 72 hours, after unprotected sexual intercourse <p>Future Need</p> <ul style="list-style-type: none"> ▪ No needs identified <p>Current Improvements or better access</p> <ul style="list-style-type: none"> ▪ We would like to see the service commissioned from more pharmacies, particularly those which open for extended hours on 7 days a week. This would improve access and provide a greater choice, in the areas of highest need; and would ensure service availability on the days, and at times, where there is potentially an increased demand for the service <p>Future Improvements or better access</p> <ul style="list-style-type: none"> ▪ None identified
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Locally Commissioned Services	
<p>Supervised Consumption of methadone and buprenorphine</p> <p><i>The service requires the pharmacist to supervise the consumption of either methadone or buprenorphine (Subutex®) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to, and consumed by, the patient.</i></p> <p><i>The service aims to improve patients' outcomes and to reduce the diversion of illicit drugs into the community.</i></p> <p>Refer to section 6.2.3 for full details of the assessment</p>	<p>46% (27/59) pharmacies are commissioned to provide the supervised consumption service.</p> <p>We have concluded that the service is necessary to meet the pharmaceutical needs of our population.</p> <p>There is good accessibility during day time hours, in all areas on Mondays through to Saturdays. Access outside of these hours is more limited, particularly on Sundays. High risk service users are referred to pharmacies which open on 7 days each week. This helps to address the potential gap associated with Sunday opening.</p> <p>Current and Future Need</p> <ul style="list-style-type: none"> ▪ None identified <p>Current Improvements or better access</p> <ul style="list-style-type: none"> ▪ Commissioning the service from additional pharmacies which open during extended hours and at weekends would improve access and enhance the level of supervision for all service users <p>Future Improvements or better access</p> <ul style="list-style-type: none"> ▪ None identified
<p>Needle and Syringe Programme</p> <p><i>Pharmacies provide access to sterile needles and syringes, and sharps containers for the return of used equipment. They offer a user-friendly, non-judgmental, client-centred and confidential service including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate. The service is open to adults aged 18 years and over.</i></p> <p><i>The programme is an important public health service which reduces risks to injecting drug users and the general public</i></p> <p>Refer to section 6.2.4 for full details of the assessment</p>	<p>17% (10/59) of pharmacies are commissioned to provide the needle and syringe exchange programme.</p> <p>We have determined that pharmacy-based substance misuse services are necessary to meet the pharmaceutical needs of our population.</p> <p>We have identified that there is reasonable access on weekdays between 9:30am - 6pm.</p> <p>We have identified a potential gap in that access is more limited in the early mornings on weekdays, Saturdays and Sundays which means that service provision doesn't necessarily align with need, particularly in local "hot spots" including Wood Green (Noel Park ward) and N15 postcodes (Tottenham Green, Seven Sisters and St Ann's).</p> <p>Current Need</p> <ul style="list-style-type: none"> ▪ There is a need to ensure access to the needle and syringe programme, on 7 days a week particularly in the areas of high pharmaceutical need <p>Future Need</p> <ul style="list-style-type: none"> ▪ None identified <p>Current & Future Improvements or better access</p> <ul style="list-style-type: none"> ▪ Commissioning the service from a wider range of pharmacies, including those which open for extended hours and/or at weekends would improve access to the service across Haringey

Locally Commissioned Services	
<p>Healthy Start Vitamins</p> <p><i>Pharmacy based supply of Healthy Start Vitamins, free of charge to those falling into the following groups:</i></p> <ul style="list-style-type: none"> ▪ Pregnant women ▪ Women who have had a baby in the last year ▪ Children under four years old (e.g. up to their fourth birthday) <p>Refer to section 6.2.5 for full details of the assessment</p>	<p>The service currently commissioned from 17% (10/59) pharmacies; Healthy Start Vitamins may also be accessed from 17 Children's centres across Haringey</p> <p>We have determined that the service is not necessary to meet the pharmaceutical needs of our population, but is relevant in that the pharmacy based service provides a choice of provider and improves access to the vitamins, and the benefits associated with these</p> <p>The map shows that there is a reasonable correlation with need, although there are opportunities to improve access in the NE Locality (particularly Northumberland Park); and in parts of the West Locality (particularly Fortis Green).</p> <p>We have not identified any specific gaps, although access is limited on certain days of the week</p> <p>Current and Future Need</p> <ul style="list-style-type: none"> ▪ None identified at this point in time <p>Current & Future Improvements or better access</p> <ul style="list-style-type: none"> ▪ None identified at this point in time, however, there are plans to evaluate the service with a view to determining whether or not current provision requires revision
<p>Anti-coagulant and Stroke Prevention Service</p> <p><i>Community providers of the anti-coagulant and stroke prevention service are responsible for sampling, testing and dosing patients according to locally agreed protocols approved by NHS Haringey. Providers are also responsible for communicating dosing recommendations to patients and their GPs.</i></p> <p>Refer to section 6.3.1 for full details of the assessment</p>	<p>NHS Haringey CCG currently commissions an anti-coagulant and stroke prevention service from one community pharmacy and five GPs.</p> <p>We have concluded that the service is not necessary to meet the pharmaceutical needs of our population, but is relevant because the service improves access to community based anti-coagulant monitoring.</p> <p>The existing network of providers has capacity to manage additional patients now, and in the future. However, should the need arise to commission more pharmacies our community pharmacy questionnaire indicated that 48 pharmacies are willing to provide this service.</p> <p>We have not identified any specific gaps, needs or areas for improvement at this point in time.</p>

1.3. Pharmaceutical Services in the Future

Our vision for future of community pharmaceutical services is to embed the nationally recognised approach on the Healthy Living Pharmacy (HLP).

In Haringey, we've already started the implementation of HLP (refer to section 6.1) and our vision is to extend this offer equally across the borough and establish pharmacies as healthy living community hubs.

We have identified, that in Tottenham, an area which has high levels of deprivation and health challenges, coupled with poor access to GPs and low GP registration, there is an opportunity for pharmacy to drive improvements in public health through the HLP.

1.4. Aspirations for Future Pharmacy Premises and Services

In reflecting upon the gaps, areas for improvement and our vision (as set out in section 7.1 above), we have identified aspirations for pharmacy services and premises throughout our PNA; and would like to see these prioritised for future applications.

2. Introduction

The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)¹ set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications and maintaining the pharmaceutical list.

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

The PNA is subsequently used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or commission additional services. The document will be used by local commissioners to inform commissioning strategy and to support the future commissioning of pharmacy services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market.

Haringey's Health and Wellbeing Board (HWB), in accordance with the Regulations, have prepared this document. It replaces the PNA published by the former Haringey PCT.

2.1. Duty of the Health and Wellbeing Board

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis and the full HWB responsibilities for developing and updating PNAs, which may be summarised as follows:

- **Publish and maintain the PNA**

The first PNA, for the HWB area, must be published by 1 April 2015.

- **Maintain and keep the PNA up to date**

In response to changes in the availability of pharmaceutical services, there is a requirement for the HWB to determine whether or not it needs to revise the PNA or, where this is thought to be a disproportionate response, to issue a supplementary statement setting out the change(s). As a minimum, a new PNA must be published every 3 years.

In addition, the HWB is required to keep up to date a map of provision of NHS Pharmaceutical Services within its area.

The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs.

- **Respond to a consultation by a neighbouring HWB**

The Regulations require that, when consulted by a neighbouring HWB on a draft of their PNA, the HWB must consult with the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) for its area (unless the areas are served by the same LPC and/or LMC) and have regard for the representations from these committee(s) before making its own response to the consultation.

2.2. Minimum Requirements for the PNA

2.2.1. Minimum Information which should be contained within the PNA

Schedule 1 of the Regulations state that the PNA must include, as a minimum, a statement of the following:

- **Necessary services** i.e. pharmaceutical services which have been assessed as **required to meet a pharmaceutical need**. This should include their current provision (within the HWB area and outside of the area) and any current or likely future gaps in provision (if any).
- Services which have been determined to be **relevant** because they have **secured improvements, or better access, to pharmaceutical services**. This should include their current provision (within the HWB area and outside of the area) and any current or future gaps in provision (if any).

- **Other NHS services**, either provided or arranged by a Local Authority, NHS England, a CCG, an NHS Trust or Foundation Trust which either impact upon the need for pharmaceutical services, or which would secure improvements, or better access to, pharmaceutical services within the area.
- A map showing the premises where pharmaceutical services are provided.
- An explanation of how the assessment was made, including setting out:
 - How the Localities were determined;
 - How different needs of different Localities have been taken into account;
 - How the needs of different groups who share a protected characteristic (as defined within the Equality Act 2010²) e.g. disability, race, age etc, have been taken into account.
- A report on the consultation.

2.2.2. Matters for Consideration when Making Assessments

In making an assessment, the HWB is expected to take into account the following matters, explaining how it has reached its conclusions:

- The demography and health needs of the population
- Whether or not there is reasonable choice within the area
- Any different needs of different Localities within the HWB area
- The needs of those who share a protected characteristic
- Whether further provision of pharmaceutical services would secure improvements or better access (taking into account both pharmaceutical and other NHS services inside & outside of the area)
- Likely future pharmaceutical needs taking into account the number of people who require pharmaceutical services; demography and the risks to the health and wellbeing of people within the HWB area

2.2.3. Consultation requirements

HWBs must consult on a draft of the PNA, for a minimum of 60 days (and good practice dictates that a minimum of 2 days should be allowed to serve the draft).

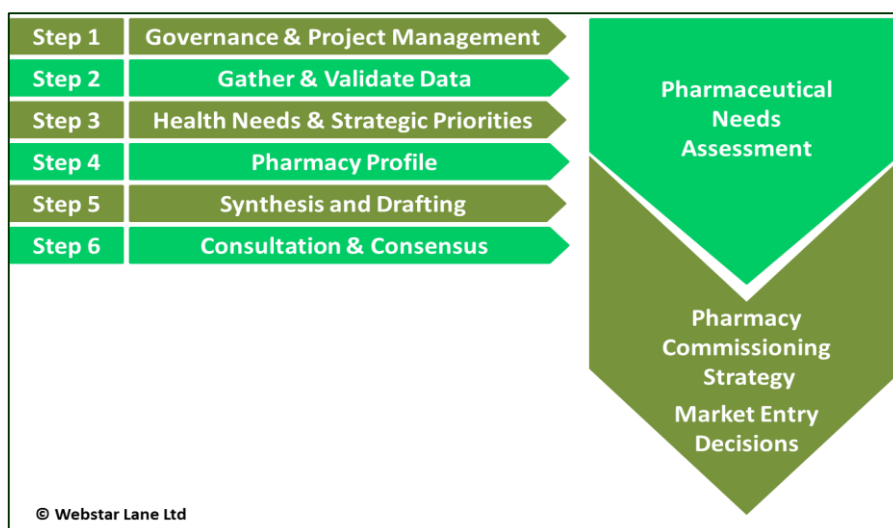
This consultation must include specified stakeholders including:

- The Local Pharmaceutical Committee
- The Local Medical Committee
- All persons on the pharmaceutical list and any Local Pharmaceutical Service (LPS) contract pharmacies.
- The local Health Watch and any other relevant local patient or consumer groups within the HWB area
- Any NHS Trusts and Foundation Trusts within the area
- NHS England
- Any neighbouring HWBs

The HWB may choose to consult more widely than this, should it wish to.

2.3. Process & methodology followed in developing the PNA

Our PNA has been developed using a mixture of methods and reinforced through consultation with stakeholders and pharmaceutical service providers. The diagram below provides a high level overview of the process adopted:



The table below summarises the key activities, together with the data and information sources, which were carried out at each stage:

	Activity	Data and Information Source(s)
Step 1 Governance and Project Management	<ul style="list-style-type: none"> ▪ A PNA Steering Group was established to oversee and drive the development of the PNA, ensuring compliance with the Regulations. Refer to Appendix A for the Terms of Reference ▪ A specialist consultancy, Webstar Lane Ltd, was appointed to provide subject matter expertise and project management support 	<ul style="list-style-type: none"> ▪ Not applicable
Step 2 Gather and Validate Data	<ul style="list-style-type: none"> ▪ Information and data was requested from: <ul style="list-style-type: none"> ○ Managers & Commissioners within LBH ○ NHS England ○ NHS Haringey CCG ▪ A questionnaire was designed and disseminated to community pharmacists, in July 2014, to verify current service provision, and to provide insights into other aspects of service delivery, e.g. characteristics of the consultation area(s); languages other than English spoken by staff; how the pharmacy meets the needs of those with a disability; enhancements made to patient care; future aspirations for service provision; the provision of non-NHS services. This is attached in Appendix B ▪ The data from the community pharmacy questionnaire was triangulated with the data supplied by service commissioners and NHS England, and any anomalies addressed, to produce an accurate dataset 	<ul style="list-style-type: none"> ▪ NHS Pharmaceutical List ▪ Pharmacies accredited to provide advanced services and activity data for such services ▪ GP opening hours (including extended hours) ▪ Service level agreements, provider information and activity data for enhanced service and locally commissioned services ▪ HSCIC: General Pharmaceutical Services in England (2012/13) ▪ E pact prescribing data for Haringey (2013/14) ▪ Joint Strategic Needs Assessment (JSNA) ▪ Relevant healthcare and other relevant strategies

	Activity	Data and Information Source(s)
Step 3 Health Needs and Strategic Priorities	<ul style="list-style-type: none"> ▪ A desktop review of the JSNA and key strategies was undertaken. ▪ This review was supplemented by meetings with Public Health Managers, service commissioners and managers and other key personnel in order to inform current and future priorities. 	<ul style="list-style-type: none"> ▪ JSNA (http://www.haringey.gov.uk/JSNA) ▪ Haringey Health Profile (2014) ▪ Public Health Outcomes framework (http://www.phoutcomes.info/) ▪ NHS England “Everyone Counts - Planning for Patients 2014/15 – 2018/19” ▪ NHS England “Call to Action” ▪ Joint Health & Wellbeing Strategy (2012-15) ▪ NHS Haringey CCG 5 year plan (2014/15 - 2018-19) ▪ Haringey CCG Prospectus ▪ Better Care Fund: Local Health and Social Care Integration Plan ▪ North Central London Strategic Planning Group 2014 - 19 ▪ Local Development plan and spatial strategy
Step 4 Pharmacy Profile	<ul style="list-style-type: none"> ▪ The current pharmacy profile was documented, on a service by service basis, building this up from ward through to locality level. 	<ul style="list-style-type: none"> ▪ Validated dataset from step 2 above
Step 5 Synthesis and Drafting	<ul style="list-style-type: none"> ▪ Emerging themes were drawn together and presented to the PNA Steering Group. ▪ The PNA Steering Group made appropriate recommendations and formulated conclusions for the PNA. 	<ul style="list-style-type: none"> ▪ Information and analysis from steps 3 and 4 above
Step 6 Formal Consultation and Consensus	<ul style="list-style-type: none"> ▪ A formal consultation was undertaken, between 9 December 2014 and 5pm on 10 February 2015 in accordance with the Regulations. ▪ Comments were collated, analysed and presented to the PNA Steering Group for discussion. ▪ The draft PNA was updated to reflect decisions of the PNA Steering Group, following review of the consultation responses, in order to produce the final PNA for approval by the HWB. ▪ The consultation report is set out in section 8 [<i>Final PNA only</i>]. 	<ul style="list-style-type: none"> ▪ Responses from formal stakeholder consultation

3. Scope of the Pharmaceutical Needs Assessment

3.1. Pharmaceutical Services

A Pharmaceutical Needs Assessment is defined in the regulations as: “*The statement of the needs for pharmaceutical services [in its area] which each HWB is required to publish*”. Pharmaceutical Services are defined as “*all pharmaceutical services that may be provided under arrangements made by the NHS Commissioning Board (NHS England)*” and encompass services provided by contractors included on the Pharmaceutical List.

The table summarises the range of pharmaceutical services, provided by each contractor type within Haringey, which have been included within the scope of the PNA.

Contractor Type	Pharmaceutical Services Provided
<p>Pharmacy Contractors <i>Community pharmacies that provide services under the national ‘contract’.</i></p> <p><i>All pharmacies must provide the full range of essential services.</i></p> <p><i>Advanced and enhanced services are defined in the “Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013”.</i></p> <p><i>A contractor has discretion as to whether or not they provide advanced services. There are requirements which need to be met in relation to premises, training or notification to NHS England.</i></p> <p><i>Enhanced services may be commissioned by NHS England in response to the needs of the local population. The Regulations define the range of services which may be commissioned.</i></p>	<p>Essential services</p> <ul style="list-style-type: none"> ▪ Dispensing (including Electronic prescription services) and actions associated with dispensing ▪ Repeatable dispensing ▪ Disposal of unwanted medicines ▪ Promotion of healthy lifestyles (Prescription-linked interventions, Public health campaigns) ▪ Signposting ▪ Support for self-care <p>Advanced services</p> <ul style="list-style-type: none"> ▪ Medicines Use Review and Prescription Interventions (MURs) ▪ New Medicines Service (NMS) ▪ Appliance Use Reviews (AUR) ▪ Stoma Appliance Customisation Service (SAC) <p>Enhanced Services</p> <ul style="list-style-type: none"> ▪ Minor ailments Service ▪ London Pharmacy Vaccination Service ▪ On Demand Access to Palliative Care & Specialist Medicines
<p>Local Pharmaceutical Services (LPS) Contractors <i>Pharmacies that are commissioned to provide ‘local pharmaceutical’ services (LPS), by NHS England, under a locally defined contract.</i></p> <p><i>As a minimum the LPS contract must include dispensing in addition to the specific LP service(s). It is permissible to ‘bolt’ an LPS contract onto the national contract.</i></p>	<p>Not applicable in Haringey</p>
<p>Dispensing Appliance Contractors <i>Contracted to provide a range of appliances including dressings, stoma and incontinence appliances.</i></p> <p><i>Advanced and enhanced services are defined in the “Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013”.</i></p> <p><i>A contractor has discretion as to whether or not they provide advanced services. There are requirements that need to be met in relation to premises, training or notification to NHS England.</i></p>	<p>Not applicable in Haringey</p>
<p>Dispensing Doctors</p>	<p>Not applicable in Haringey</p>

3.2. Other Services

When making its assessment, the Regulations require the HWB to consider how other services affect the need for pharmaceutical services. For the PNA, we looked at this from two perspectives:

- Firstly, an assessment of the services that have been directly commissioned from pharmacies by other organisations, e.g. the Local Authority, the Clinical Commissioning Group, NHS Foundation Trusts etc.
- Secondly, how other NHS services may impact upon the need for pharmaceutical services

a. Locally Commissioned Services Delivered by Haringey Pharmacies

The table below summarises the locally services which have been commissioned from pharmacies by Haringey Council and other NHS Organisations.

Commissioner	Services Commissioned from Pharmacy
London Borough Haringey	Public Health Services <ul style="list-style-type: none"> ▪ Healthy Living Pharmacies ▪ Stop Smoking ▪ Sexual Health ▪ Healthy Start Vitamins
NHS Haringey CCG	<ul style="list-style-type: none"> ▪ Anti-Coagulant and Stroke Prevention Service
NHS Trusts / Foundation Trusts	Barnet, Enfield & Haringey Mental Health NHS Trust Drug Advisory Service for Haringey (DASH): <ul style="list-style-type: none"> ▪ Needle and Syringe Exchange Programme ▪ Supervised Consumption <p><i>BEHMHT has been commissioned as the prime contractor for the above services and sub-contracts with Haringey pharmacies</i></p>

b. Services which Affect the Need for Pharmaceutical Services

The table below provides an overview of NHS services which have been included within the scope of the PNA because they may influence the need for Pharmaceutical Services within Haringey.

Organisation	Relevance to pharmaceutical services
Whittington Hospital NHS Trust (part of Whittington Health)	<ul style="list-style-type: none"> ▪ NHS Haringey CCG commissions hospital and community services for patients registered with GPs within Haringey ▪ FP10 prescriptions are sometimes issued for dispensing in the community; we have not been made aware of any plans to out-source outpatient dispensing
North Middlesex University Hospital NHS Trust	<ul style="list-style-type: none"> ▪ NHS Haringey CCG commissions services for patients registered with GPs within Haringey ▪ FP10 prescriptions are sometimes issued for dispensing in the community; we have not been made aware of any plans to out-source outpatient dispensing
Barnet, Enfield and Haringey Mental Health Trust	<ul style="list-style-type: none"> ▪ NHS Haringey CCG commissions mental health services for patients registered with GPs within Haringey. ▪ The Drug Advisory Service for Haringey (DASH) uses FP10 prescriptions and refers service users into the community pharmacy based needle & syringe programme and supervised consumption service
Barndoc	<ul style="list-style-type: none"> ▪ NHS Haringey CCG commissions a GP out of hours service from Barndoc which are based in two locations: <ul style="list-style-type: none"> ○ The Laurels Healthy Living Centre (St Ann's Ward) ○ Finchley Memorial Hospital (Woodhouse ward, Barnet) ▪ The service uses FP10 prescriptions for a minority of patients

Organisation	Relevance to pharmaceutical services
Walk-in Centres	<ul style="list-style-type: none"> ▪ Haringey residents may access the walk-in centre based at Finchley Memorial Hospital.
“Care closer to home pathways”	<ul style="list-style-type: none"> ▪ NHS Haringey has redesigned the following pathways of care all of which use NHS FP10 prescriptions: <ul style="list-style-type: none"> ○ Community ophthalmology ○ Musculoskeletal services ○ Community Urology ○ Community ENT ▪ The dermatology pathway is to be redesigned across North Central London

In addition, all of the above services may signpost to community pharmacy services for advice on self-management that may include accessing the Minor Ailments service.

3.3. Excluded from the PNA scope

There are a range of other services associated with pharmacy and/or medicines management, other than those described in section 3.1 and 3.2 above, which have not been included within the scope of this PNA, because they do not fall within the 2013 Regulations. Examples are provided below:

3.3.1. Non-NHS Services Provided by Community Pharmacists

Community pharmacy contractors may provide a range of non-NHS services directly to patients, which are not commissioned by NHSE, the LA, the CCG or other NHS Services. These include:

- Prescription collection and home delivery services
- Supply of prescription only medicines on a private basis under patient group directions. Includes medicines for erectile dysfunction, hair loss, weight management
- Chiropractic services
- Screening or ‘Wellness checks’ which may include blood pressure measurement, cholesterol testing, blood glucose monitoring, body mass index measurement
- Flu vaccination for people who are not eligible for vaccination under the NHS

Non-NHS services are potentially valuable to residents of Haringey; however, they have not been evaluated in any depth because they cannot be taken into account, by NHS England, when considering market entry applications.

3.3.2. Pharmacy Services within NHS Trusts

NHS Haringey CCG commissions care from a range of NHS Trusts and Foundation Trusts, which provide community healthcare services, mental healthcare services and hospital services to the residents of Haringey.

The pharmaceutical services provided by these Trusts to the patients utilising their services have not been assessed as part of the PNA.

However, we are concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures continuity of support around medicines.

3.3.3. Medicines Management Team

NHS Haringey CCG has a medicines management team which provides advice and support to the CCG and prescribers on matters relating to the safe, effective and cost effective use of medicines.

4. Context for the PNA in Haringey

In this section, we summarise the local context with respect to the demography and health needs of our population, together with a high level overview of our strategic priorities. Further information can be found on the following websites:

- <http://www.haringey.gov.uk>
- Haringey's Joint Strategic Needs Assessment (accessed via <http://www.haringey.gov.uk/JSNA>)
- Haringey's Health and Wellbeing Strategy 2012-2015
- <http://www.haringeyccg.nhs.uk>

4.1. Overview of Haringey

Haringey is an exceptionally diverse and fast-changing borough. We have a population of 263,386 according to the 2013 Office for National Statistics Mid-Year Estimates. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. Our population is the fifth most ethnically diverse in the country.

The borough ranks as one of the most deprived in the country with pockets of extreme deprivation in the east. Haringey is the 13th most deprived borough in England and the 4th most deprived in London.

Death rates in Haringey are decreasing year on year but are still remaining to be higher than London and England's average. Over half of deaths in Haringey are due to cardiovascular disease and cancer. Mortality rates for males are higher than females and remain higher than the rates for London and England overall.

Haringey has seen a significant improvements in the overall male life expectancy however inequalities within the borough remain stark. Men in most deprived areas of the borough live, on average, 7.7 years less than their counterparts in west. Female life expectancy in Haringey is similar to London's female life expectancy and higher than England's average although there are some variations between the wards.

Haringey shares a border with the following HWB areas, and our assessment will take into account pharmaceutical and other services within these areas:

- Barnet
- Camden
- Enfield
- Hackney
- Islington
- Waltham Forest

Haringey has similar characteristics to a number of other London Boroughs including City and Hackney, Lambeth, Lewisham and Southwark. *These Boroughs will be used for the purposes of comparison within our PNA and are referred to throughout this document as "ONS comparators".* They are located within inner London. Southwark is the most typical Local Authority District (LAD) and Haringey the least typical in this subgroup.

The PNA regulations require that the HWB divide its area into Localities that are then used as a basis for structuring the assessment. For our PNA, we have adopted a structure which is comprised of four localities. The table below summarises the Localities and the 19 wards from which they are built up.

West	Central	NE Tottenham	SE Tottenham
Alexandra	Bounds Green	Bruce Grove	St Ann's
Crouch End	Harringay	Northumberland Park	Seven Sisters
Fortis Green	Noel Park	Tottenham Hale	Tottenham Green
Highgate	Woodside	West Green	
Hornsey		White Hart Lane	
Muswell Hill			
Stroud Green			

Whilst the localities will form the basis of our PNA, we will also make reference to wards as a means of pin pointing specific issues within the localities; or where locality level information is not available.

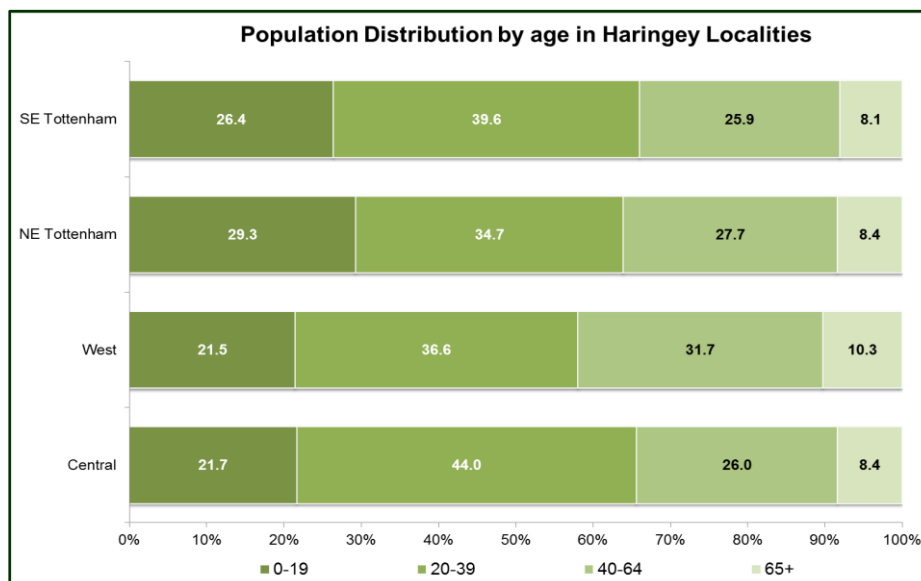
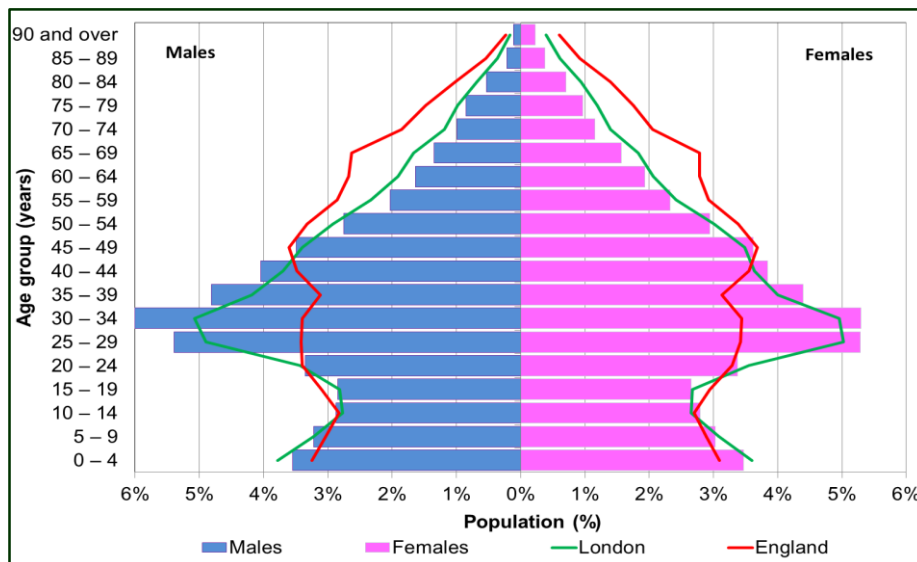
The choice of localities for the PNA has been influenced by the historical development of different areas in Haringey. The reasons underpinning the use of these localities may be summarised as follows:

- They are used by the London Borough Haringey, NHS Haringey CCG and also by other agencies in Haringey
- They are four very distinctive geographical regions with differing health needs and demographics
- A railway line forms a physical barrier between the East and the West of the borough
- The west is very different from the east in terms of demography and health outcomes. The west therefore makes up the first of the four localities
- The central locality is concentrated around the Green Lanes area, which is predominantly Greek / Turkish
- The third and fourth localities make up the eastern borders of Haringey, which are more ethnically diverse. Tottenham has a concentration of Black population from both Africa and the Caribbean. In order to make them a manageable size Tottenham is split into two: North East Tottenham and South East Tottenham

4.2. Demography

4.2.1. Population and Population Projections

The graphs below provide an overview of the sex and age breakdown of local population and how age varies between the localities.

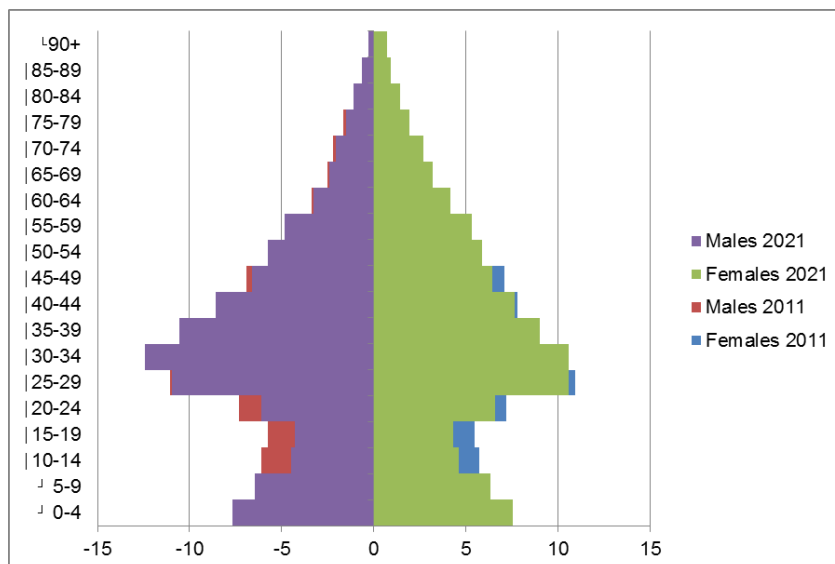


The population of Haringey is growing. Population growth locally is mostly due to the increase in birth rates and net gain from international migration. Birth rates locally and nationally are increasing while death rates are decreasing. In 2011/12, there were 3,120 more births than deaths in Haringey. The additional net increase in the population due to international migration was from top three countries: Italy, Spain and Poland.

The fastest growing population locally is in age groups 30-34 and 45-49 and the number of people aged 65-69 and over 85 decreased since 2001. In 2012, there were 4,209 births in Haringey. Total births have been steadily increasing since 2002 but have taken a dip since 2008. The birth rate (births per 1000 of the population) in Haringey was consistently higher than London during the period up to 2008 and is now level with London.

Under the Sub National Population Projections method, the previous 2011 ONS census population estimate of 255,540 is projected to reach 286,700 by 2021. This is an increase of just over 31,000 (and almost 23,500 against our current population). The population pyramid demonstrates that the greatest growth is anticipated in:

- Males and females falling into the 10 - 14, 15 - 19 and 20 - 24 age groups
- Females in the 25 - 29 and 45 - 49 age groups
- Males in the 45 - 49 age group (but to a lesser extent than females)



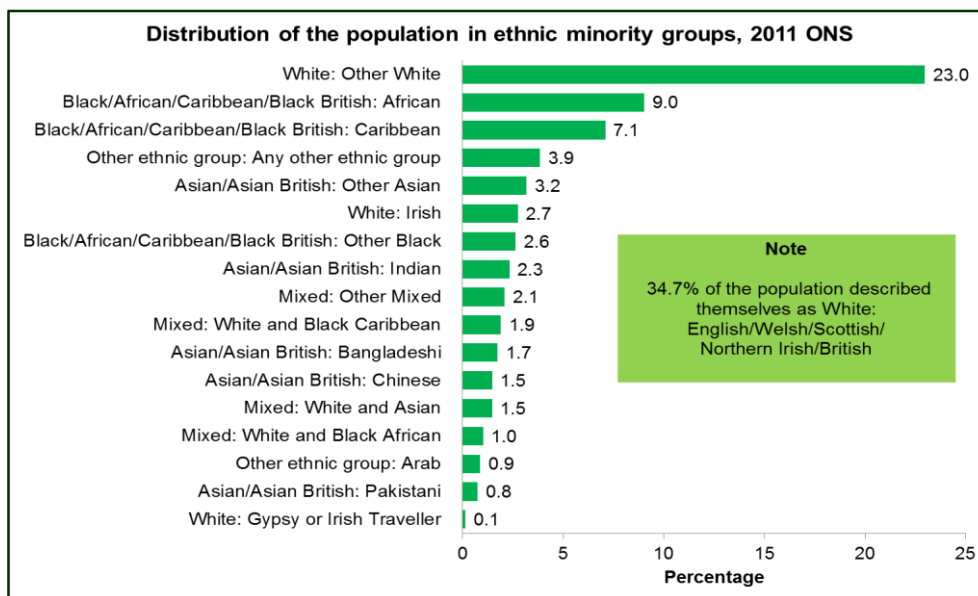
In addition to estimated population projections, Haringey has one of the largest regeneration areas within the east of the borough. Regeneration in Tottenham is focused on four areas: High Road West; Northumberland Park; Tottenham High Road/Seven Sisters; and Tottenham Hale.

Our Council estimates for population growth are approximate based on 2.4 people per unit (and 2.0 for High Road West).

Cumulative population growth from additional housing	By 2020	By 2025	By 2035
High Road West & surrounding	3,700	3,700	5,400
Northumberland Park	-	-	7,500
Bruce Grove, Seven Sisters and Tottenham Green	1,900	5,200	6,500
Tottenham Hale	5,100	5,100	10,200
5 Wards Total	10,700	14,000	29,600
St Ann's	-	1,100	4,300
7 Wards Total	10,700	15,100	33,900

4.2.2. Ethnicity

Haringey has an ethnically diverse population. 60.5% of the Haringey population are White. This is higher than the London figure of 59.8%. The graph provides an overview of the ethnic breakdown of the Haringey population.



4.2.3. Religion or Belief

A wide range of religions are practiced including Christianity, Islam, Judaism, Hinduism and Buddhism. A proportion of the population also describe themselves as being without any religion.

4.2.4. Deprivation

Haringey is a Borough of contrasts with respect to deprivation and this has a major effect on the health and wellbeing of the population of Haringey. People in the west have better health outcomes and access health services more than those that are in greatest need living in the east of the borough. These differences have created inequalities in health between the east and the west of the borough.

What this means for the PNA

Age

The age of a person has a material impact upon how and when they may need to use pharmacy services. Appendix C provides an overview of potential pharmaceutical needs across the lifecourse. It provides an illustration of services which may be accessed by people irrespective of age and services which may be more relevant at different times in an individual's life. Therefore, it is important that community pharmacy services are tailored to meet the pharmaceutical needs of the population which they service.

A survey of the population in England³ showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55 years and over and those with a long term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy once a month or more. The findings of this study are of relevance for all Haringey localities given the younger population. It is essential that pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions.

Whilst the proportion of older people aged 65+ is below 10%, it is important that pharmaceutical services meet the pharmaceutical needs of this segment of the population.

Population Growth

The growing population of Haringey has implications for the future demand for services, including those provided by community pharmacies. Our assessment will consider the capacity of our existing network of pharmacies in meeting this increased demand.

Ethnicity

There is a correlation between health inequalities and the levels of diversity within the population. BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease. Pharmaceutical services need to reflect the specific needs of the BAME populations as well as providing a broad range of services to the entire population.

The diversity of spoken languages potentially presents challenges for the delivery of pharmaceutical services, particularly with respect to the effective communication of health promotion messages and lifestyle advice. In our questionnaire, we asked pharmacies which languages, other than English, that their staff speak. The results are summarised in the table:

Language	No. of Pharmacies	Percentage of Pharmacies	Other languages spoken (<5% pharmacies)
Gujarati	46	78%	Farsi Arabic Punjabi Lithuanian Slovakian Kurdish Greek South African Chinese Cantonese
Hindi	43	73%	
Urdu	17	29%	
Turkish	15	25%	
Swahili	13	22%	
Polish	10	17%	
French	9	15%	
Spanish	9	15%	
Bengali	9	15%	
Italian	7	12%	
Romanian	6	10%	

There is a relatively good correlation between languages spoken in pharmacies and those spoken by the general population. This may assist in overcoming communication barriers within the community they serve. However, the diversity of languages spoken also highlights a potential need for services such as telephone translation.

Religion

Pharmaceutical services need to ensure advice on medicines and medicines-related issues are tailored to meet the needs of specific religions or beliefs. For example, residents may seek advice on taking medicines during Ramadan; or whether or not a particular medicinal product includes ingredients, which are derived from an animal.

Deprivation

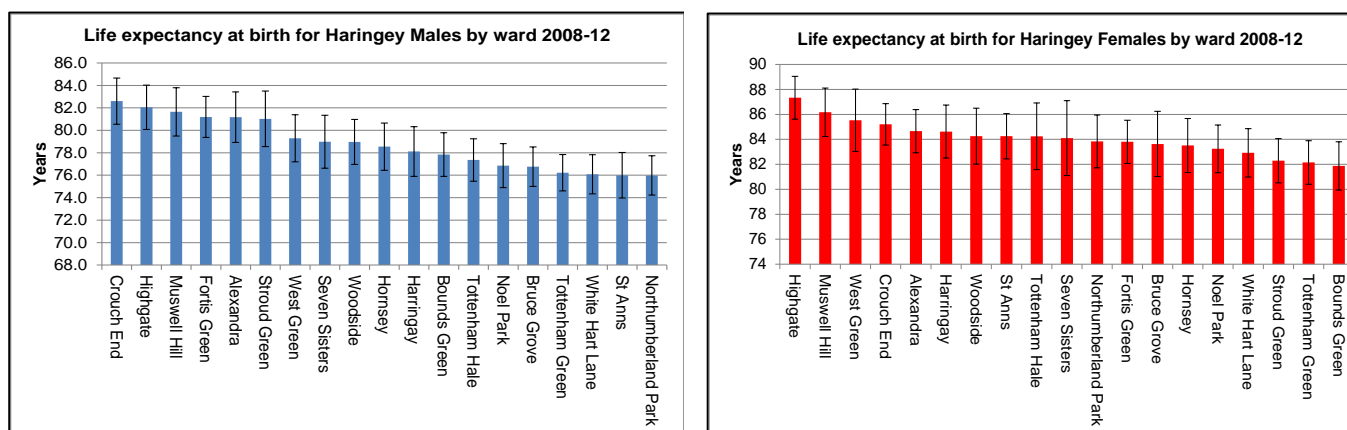
There is a correlation between deprivation and higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and will contribute towards the health inequalities within Haringey. Access to community pharmacy within deprived communities is important in supporting the population to address their health needs. The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet their pharmaceutical needs.

4.2.5. Health Inequalities

Life expectancy is often used as a key indicator of health inequalities within a geographical region. It identifies areas where people are dying younger than in other areas. The key issues that affect differentials in life expectancy are adults that die young from diseases such as cancer and circulatory diseases and infants that die in the first year of life (Infant Mortality).

Life expectancy for men living in Haringey at 79.4 years is now slightly higher (though not significantly) than the life expectancy in England (79.2 years). London overall is (79.7 years) and Haringey has the 17th highest out of 32 boroughs in London (public health outcomes framework life expectancy data 2010-12). Life expectancy in females in Haringey (83.8 years) is the same as London and significantly higher than the current life expectancy for England (83.0 years). Haringey's female life expectancy is ranked 16th in London (public health outcomes framework life expectancy data 2010-12).

Life expectancy varies significantly between wards in Haringey with stark differences in life expectancy in males and females between the east and the west of the borough. This is summarised in the graphs below.



The number of deaths in Haringey residents has been falling in recent years with 1,107 occurring in 2011. The age standardised mortality rate (which enables populations with different age profiles to be compared) suggests that the death rate in Haringey is lower than those of both London and England.

Over half of deaths in Haringey are due to cardiovascular disease and cancer. Mortality rates for males are higher than females and remain higher than the rates for London and England overall. Lifestyle choices, in relation to smoking, poor diet and nutrition, physical inactivity, substance misuse (alcohol and drug misuse) and risky sexual behaviour contribute towards health inequalities.

The table provides an overview of areas where improvements have been made and areas which remain a concern (based on the JSNA 2013):

	Improvements	Areas which remain a concern
Children & Young People	<ul style="list-style-type: none"> Infant mortality rates are now lower than the London and England overall (3.9 per 1,000) Teenage pregnancy rates have decreased significantly but at 33 per 1,000 are still higher than London and England. 	<ul style="list-style-type: none"> High levels of estimated behavioural problems in children and young people, only a proportion referred to the services It is estimated that over 11, 000 children in Haringey live with some form of long-standing disability Over 9,000 have Special Educational Needs (SEN) in primary and secondary schools. Approximately 1, 200 children have statement; of those, 35% had autism followed by moderate learning difficulties (21%) and emotional, behavioural and social difficulties (12%) We are seeing an annual increase of 33% in a number of children and young people in treatment for alcohol and cannabis misuse; over 80% are non-white British. Use of 'legal highs' over the Internet is on increase

	Improvements	Areas which remain a concern
Adults & Older People	<ul style="list-style-type: none"> ▪ Crime rates are going down ▪ Overall life expectancy for both, males and females is improving and a gap in life expectancy appears to be decreasing ▪ Mortality from CVD and cancer in men is going down ▪ Tuberculosis rates have almost halved over the last four years 	<ul style="list-style-type: none"> ▪ Physical activity overall is higher than the average in London but some parts of the borough have physical activity levels amongst lowest in the country. More likely that girls and women not to engage in physical activity ▪ Number of falls overall is decreasing however, for people over 85 years of age, fall accidents and hip fractures are increasing ▪ Cancer mortality in women is increasing unlike anywhere in London or England; the most common cancers are breast and colorectal ▪ Women living longer but in poor health after they reach the age of 60 (mostly due to long-term conditions and mental illness) ▪ Depression is under-detected in primary care but over-represented in the acute settings ▪ Three times higher than expected levels of severe mental illness and disproportionately based in east of the borough ▪ High number of people with mental illness who have poor physical health & long-term conditions ▪ Number of people with dementia and long-term conditions is increasing (due to people living longer).

What this means for the PNA

Community pharmacies are well placed to deliver a range of services which collectively contribute to tackling health inequalities, through addressing lifestyle behaviours and the wider health and social care challenges within Haringey. For example:

Essential services

- Dispensing services ensure that people can obtain the medicines which they need in a timely manner
- Pharmacies receive a payment as contribution towards providing auxiliary aids, for people eligible under the Equality Act 2010, who require support with taking their medicines (refer to Section 5.7)
- Health promotion advice is provided as an essential service by all community pharmacies, with up to 6 tailored campaigns being provided each year. Whilst NHS England set the campaigns, there is no reason as to why additional campaigns, tailored to the needs of the Haringey population may not be undertaken. Pharmacy patient medication records (PMRs) provide a valuable tool to help identify people who may benefit from health promotion advice or other lifestyle modification services
- Signposting to other services is another important essential service. Community pharmacies need to be equipped to ensure that residents are signposted on other services e.g. drug and alcohol, specialist stop smoking services, sexual health services, where this will be beneficial or is appropriate for the clinical or social circumstances

Advanced Services

Community pharmacies also provide a range of services which potentially support improved identification and/or management of long term conditions. For example:

- Many pharmacies offer medicines use reviews (MURs) and the new medicine service (NMS). These services play a pivotal role in the helping patients to take their medicines as prescribed and in identifying adverse effects. This potentially improves outcomes and may reduce unplanned admissions and re-admissions to hospital. In older people, reviews may help reduce falls associated with medication
- For mental health disorders, there is a vast array of medicines available and medicines optimisation is critical to ensure that treatment is tailored to the needs of patients; and to improve adherence which is often poor as a result of both the condition itself as well as a reflection of the unpleasant side effects of many of these medicines

Enhanced and Locally Commissioned Services

- In Haringey, pharmacies already provide a range of services which make a valuable contribution towards tackling the health needs of the population i.e. pharmacy based vaccination services, stop smoking services, sexual health services, needle and syringe programme, supervised consumption of methadone and buprenorphine; supply of healthy start vitamins and there are opportunities to expand the range of services e.g. alcohol IBA
- The accessibility and high number of people using pharmacies (whether this is for health related or other reasons) provides a real opportunity to proactively target people for health promotion advice and brief interventions and to “Make every Contact Count”. The roll out of healthy living pharmacies and a move towards integrating more services will also help to maximise the contribution which may be made by pharmacies.

In undertaking our assessment we will reflect on how the current contribution made by community pharmacies in Haringey may be strengthened. We will consider whether or not commissioning a broader range of services which will assist us with identifying unmet need and/or delivery of local strategy priorities with respect to the management of long term conditions.

4.3. Long Term Local Health & Care Strategy

4.3.1. Overview

As a result of the changes arising from the Health and Social Care Act 2012, Healthcare Strategy is now set by a range of health and care organisations working in an integrated way:

- Public Health England (PHE) is an executive agency of the Department of Health. They play a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. They do this by informing health protection, health improvement and health & social care commissioning. Locally, Directors of Public Health are statutory Chief Officers and principal advisers on all health matters advising local authorities on the best ways to improve the health of the population.
- Local Authorities (LAs) have responsibility for public health and improving the health of the population.
- Health and Wellbeing Boards (HWBs) which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch.
- NHS England (NHSE) is the national body responsible for commissioning ‘primary care services’ from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services.
- Clinical Commissioning Groups (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research.

Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA. Much of this strategy is evolving. Our assessment reflects emerging themes and priorities at the time the PNA was written.

4.3.2. NHS England

NHS England's ambition, to ensure “high quality health care for all, now and in the future”, is set out within *“Everyone Counts: Planning for Patients 2014/15 to 2018/19”*.

The document describes a five-year transformation programme. A nationwide consultation exercise, *“A Call to Action”*, has been undertaken to secure commitment to this transformation programme.

Some of the key changes, which are relevant to the provision of pharmaceutical services, include:

- Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition

A more integrated system of community-based care focused on improving health outcomes including:

- Developing new models of primary care which provide holistic services, particularly for frail older people and those with complex health needs;
- A greater focus on preventing ill health;
- Involving patients and carers, more fully, in managing their health
- The establishment of urgent and emergency care networks with a view to improving access to the highest quality services in the most appropriate care setting;
- A move towards providing responsive and patient-centred services on seven days a week. Initially the focus will be on urgent and emergency care coupled with up to 9 pilots to improve access to GP services in the evenings and at weekends.

4.3.3. Acute Services & Reconfiguration

There is not an acute hospital with fully resourced A&E function within the geographical boundaries of Haringey, although interestingly, Haringey residents make greater use of A&E services than some other boroughs. North Middlesex University Hospital and Whittington Health are located close to the Borough's boundaries and provide the majority of hospital care for patients in Haringey. Other hospital used by Haringey residents are the Royal Free Hospital and University College London Hospital.

St Ann's Hospital lies within the administrative boundaries of Haringey and its site is used to provide the following range of services to the local population:

Provider	Service
Barnet, Enfield and Haringey Mental Health Trust	<ul style="list-style-type: none"> ▪ Outpatient services ▪ Adult inpatient services ▪ Community mental health services ▪ Eating disorder services ▪ Drug and alcohol advisory services ▪ Dementia services
Whittington Health	<ul style="list-style-type: none"> ▪ Audiology ▪ Foot Health ▪ Sexual Health ▪ Child development ▪ Community dentistry ▪ Community physiotherapy ▪ Seating and mobility service (wheelchair clinic) ▪ Psychological therapies (Talking Therapies)
North Middlesex Hospital	<ul style="list-style-type: none"> ▪ X-ray services ▪ Sickle cell services
Moorfields Eye Hospital	<ul style="list-style-type: none"> ▪ Day surgery hospital services ▪ Outpatient services
North London Breast Screening Service	<ul style="list-style-type: none"> ▪ Screening services
London Ambulance Service	<ul style="list-style-type: none"> ▪ Tottenham base

4.3.4. North Central London Strategic Planning Group 2014/19

A Five Year Plan has been developed to align plans across all five NCL CCGs (Barnet, Enfield, Haringey, Islington & Camden).

This acknowledges that fundamental change is needed in the delivery of healthcare to reflect patient need, expectation, and to use medical and technology advances to maximise the “value”. The plan proposes that the commissioning of healthcare will be increasingly outcome based.

The vision is to develop an integrated care network between organisations focused on outcomes with patients taking greater responsibility for their own health and accessing care appropriately. The aim is to deliver financially sustainable services within five years. The initial focus is on support for older people with frailty, people with mental health needs and people with diabetes and will be expanded to cover more areas in future.

4.3.5. Haringey Joint Health and Wellbeing Strategy (2012-2015)

Haringey’s Joint Health and Wellbeing Strategy aims to reduce health inequalities, illness and disability and improve the quality of its residents’ lives through:

- Partnership working between public services and residents
- A focus on prevention, early diagnosis and treatment of long term conditions, as close to home as possible
- Empowering people to do things for themselves and lead independent lives.

The strategy identifies three outcomes and includes the following health-related priorities:

	Outcome Description	Health Related Priority
Outcome 1	Every Child has the best start in life	<ul style="list-style-type: none"> ▪ Reduce infant mortality ▪ Reduce teenage pregnancy ▪ Reduce childhood obesity
Outcome 2	A reduced gap in life expectancy	<ul style="list-style-type: none"> ▪ Reduce smoking ▪ Increase physical activity ▪ Reduce alcohol misuse ▪ Reduce early death from cardiovascular disease and cancer ▪ Support people with long term conditions to live a healthier life
Outcome 3	Improved mental health and wellbeing	<ul style="list-style-type: none"> ▪ Promote the emotional wellbeing of children and young people ▪ Support independent living ▪ Address common mental health problems among adults ▪ Support people with severe and enduring mental health problems ▪ Increase the number of problematic drug users in treatment

4.3.6. NHS Haringey Clinical Commissioning Group Outline Strategy 2014/15 - 2018-19

Haringey CCGs Five Year Strategic Plan is focusing on a major shift from provision of services mainly in hospitals to community care, whenever possible. The CCG will work with primary and community care which contributes to the regeneration of Haringey and is better aligned with other plans and initiatives to improve health outcomes for ALL residents.

The key objectives and delivery mechanisms of the CCGs strategy are described below:

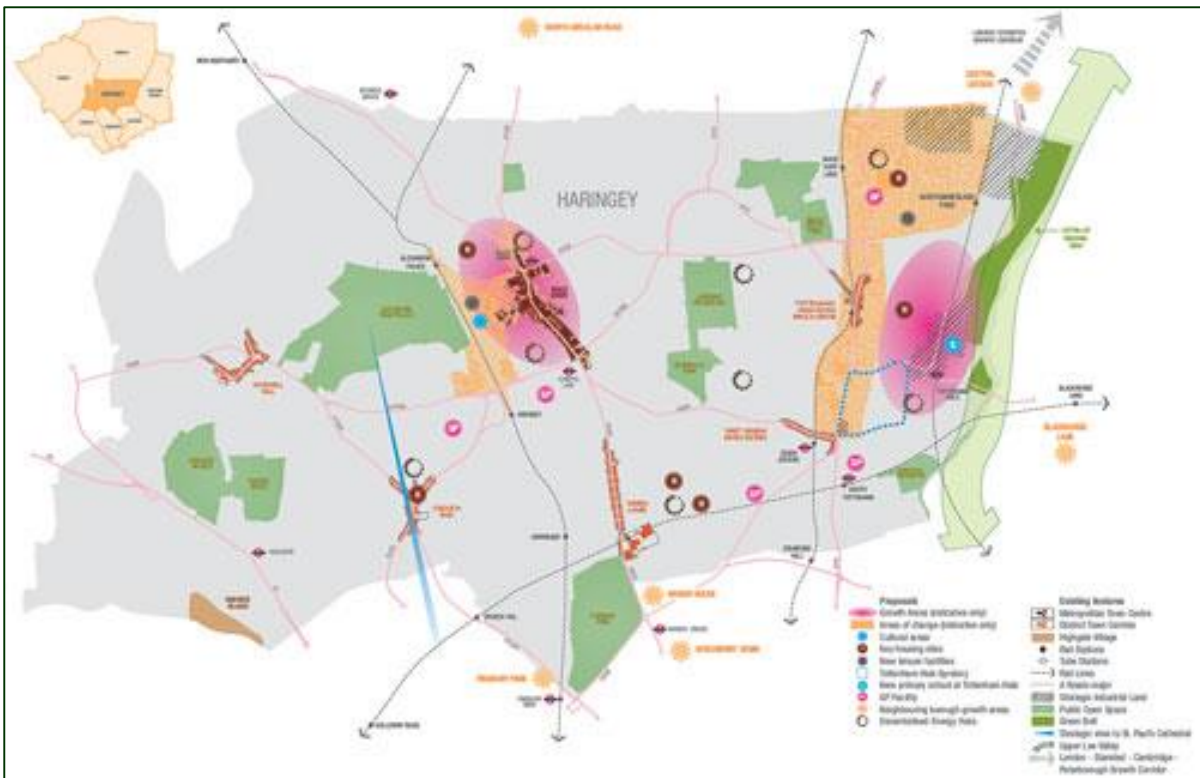
Objective	Aim
Global transformation of services and providers	<ul style="list-style-type: none"> ▪ Maximise the quality of care experienced for every pound spent; move away from commissioning units of activity from fragmented service providers and towards commissioning the outcomes delivered by providers working together. Key aspects of this objective are: <ul style="list-style-type: none"> ○ Ensuring people are supported in the most appropriate setting, as close to their homes as possible ○ GP Networks supporting the management of patients with long-term conditions more effectively by providing educational and self-management support; and ○ Empowering people to enhance their own health and wellbeing by providing them with information, practical tools, skills and signposting to relevant support or activities in the wider community
A greater range and integration of providers	<ul style="list-style-type: none"> ▪ Haringey's population will be able to plan their care with people who work together to understand them, give them control and enable them to achieve the outcomes that are important to them ▪ The vision is of services that are focused on early identification and pro-active, coordinated care that prevents crises. ▪ Models of care will be focused on enabling independence, maximising time spent free from symptoms and avoiding unnecessary hospital admissions
Engaging communities in new and more innovative ways	<ul style="list-style-type: none"> ▪ Haringey CCG is committed to giving local people the opportunity to help shape the services we commission and contribute to how they are run and monitored with greater clarity about when information is being offered compared to when the public is being consulted ▪ Effort will continue to be expended on engaging and communicating with a more diverse group of patients and public, reflective of Haringey's demography and health profile using different approaches and technology.
A re-defined model for primary care	<ul style="list-style-type: none"> ▪ The development of primary care in Haringey is a priority for the CCG and better access to GPs and primary care services is a key theme. The development of primary care services is fundamental to the improvements required, for example: <ul style="list-style-type: none"> ○ Supporting primary care to plan and coordinate older people's care and prevent or delay hospital admission and facilitate early discharge. ○ Developing and supporting primary care to improve early diagnosis and management of common mental health disorders as a means to effectively transforming local mental health services ▪ It is envisaged that networks of practices will provide more services locally to more patients reducing the need for patients to go to hospital for planned care and to reduce the demand for urgent and emergency care.

4.3.7. Local Development Plan & Haringey's Spatial Strategy

The Council's overall strategy for managing future population growth as described in section 4.2.1, is to promote the provision of homes, jobs and other facilities in the areas with significant redevelopment opportunities at, or near, transportation hubs, and support appropriate development at other accessible locations, with more limited change elsewhere as shown in the diagram (next page).

The Borough has a capacity to deliver approximately 13,000 homes between 2011 and 2026.

Development in Tottenham is a major priority in Haringey and this regeneration programme will have an impact on the population growth, as described in population projection section above.



The Council will maximise the supply of additional housing to meet and exceed 8,200 homes from 2011-2021 (820 per annum), promoting development in the following areas:

- Haringey Heartlands (Central Locality) and Tottenham Hale (NE Locality) will be the key locations for the largest amount of Haringey’s future growth
- Regeneration of the wider Northumberland Park area (including the redevelopment of Tottenham Hotspur Football Club) and Seven Sisters Corridor will provide a substantial number of jobs and new homes, as well as other community uses, facilities and estate regeneration.

Beyond the above growth areas there are a number of other parts of the borough which are considered suitable locations for significant development as they are highly accessible by a range of means of transport.

Efficient use of land and buildings will be made by encouraging higher density development in the most accessible parts of the borough (generally Tottenham Hale, Haringey Heartlands and Wood Green Metropolitan Town Centre) as well as other appropriate locations.

What this means for the PNA

It is clear from our review of the local long term health and care strategy, that there will be fundamental changes arising as a result of the transformation work. This has implications for community pharmacy and how it integrates with the full range of health and social care providers in the future.

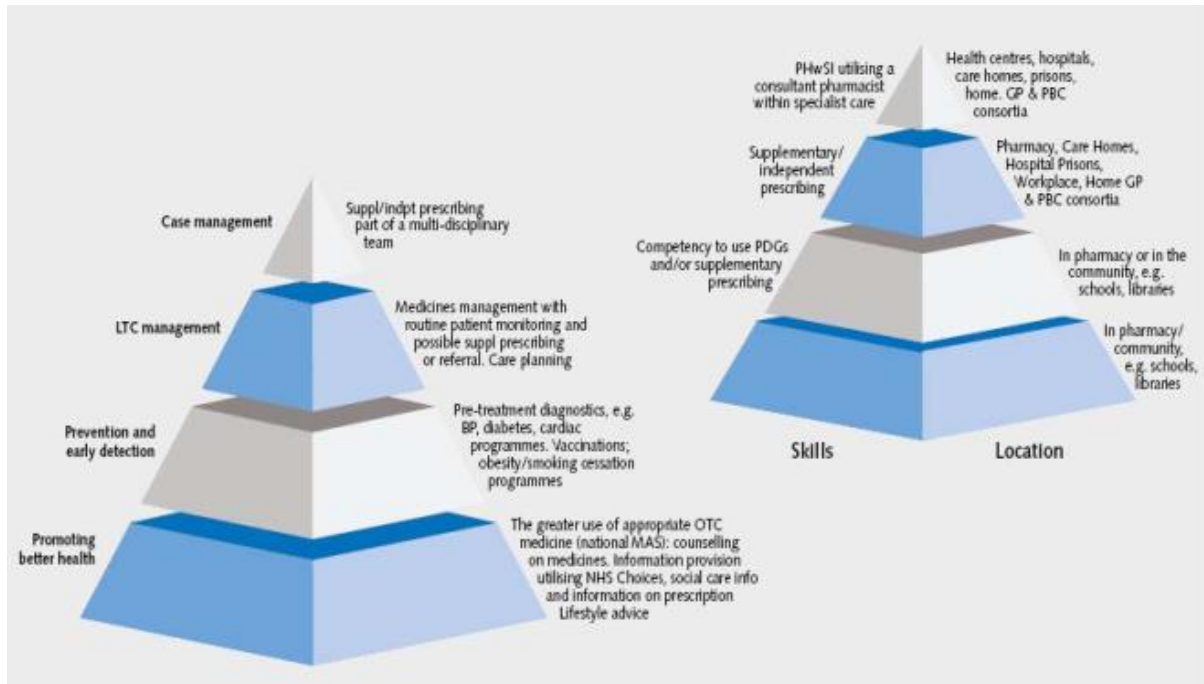
There will also be opportunities for community pharmacy to broaden its role. In order to explore this, we have stepped back and reviewed the white paper, “Pharmacy in England⁴, published in 2008, which set out the Government’s vision for a 21st century pharmaceutical service.

The paper identified a number of strengths within the healthcare system at the time:

- A network of pharmacies in the heart of communities which are easily accessible and with a broad window of opening times, noting that:
 - 1.6m people a day visit a pharmacy
 - 84% of adults visit a pharmacy each year; of these 78% of visits are for health-related reasons
 - 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport

- A highly trained workforce
- Premises which provide an informal 'everyday' environment and which reach all parts of the population
- A contractual framework which supports a range of clinical services

It reinforced that the role of pharmacy in ensuring the safe use of medicines will always be important and went on to emphasise the role of community pharmacies' with respect to health improvement, as summarised in the diagram below:



This model of care proposed clearly fits with the current direction of travel within Haringey and effectively illustrates the contribution which is already made and which we have described throughout this local context section.

In section 7, which looks at the pharmaceutical services in the future, we will reflect upon this model in setting out our vision for pharmacy.

We will also examine, in section 5.9.2, the impact of the Council's ambitious local development and regeneration plans on NHS Pharmaceutical services.

5. The Assessment

5.1. Introduction and approach

This section sets out the current provision of pharmaceutical services and other locally commissioned services within Haringey.

In making its assessment, the HWB has taken into account a variety of data sources and has determined broad principles which have informed its decisions. These may be summarised as follows:

A. Data Sources

- Benchmarking data from the Health and Social Care Information Centre. The latest published data set relates to 2012/13 and was published in November 2013.
- Data collected or held by NHS England, LB Haringey and NHS Haringey CCG in relation to the planning, commissioning and delivery of pharmaceutical and other NHS services.
- The findings from the Community Pharmacy Questionnaire. A 100% response rate was achieved
- Our review of the local demography, health needs and health services strategy as set out in section 4 of this document

B. Determining Services which are Necessary to meet a Pharmaceutical Need

In determining whether or not a service is **necessary to meet a pharmaceutical need** (i.e. required) or if it is **relevant** in that it has **secured improvements or better access to pharmaceutical services** we have considered the following factors and principles:

Factor	Principle(s)
Who provides a service?	Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it is more likely to be determined as necessary.
Health needs and benefits	Where there is a clear local health need for a given service, it is more likely to be determined as necessary.
Published evidence	Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it is more likely to be determined as necessary.
Performance	Where a service is delivered by a range of providers, if pharmacy performs well compared with other provider types, the service is more likely to be determined as necessary. <i>However factors which influence demand were also considered.</i>
Accessibility	Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours, access at weekends, etc.), it is more likely to be determined as necessary.

C. Choice

For patients, choice is a mechanism to drive up the quality of services and to improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost-effective use of resources.

In determining whether or not there is reasonable choice, we have taken a range of factors and principles into account, including:

- The current level of access to NHS pharmaceutical services within the area, taking into account, for each locality:
 - The number of pharmacies per 100,000 population
 - The number of pharmacies per square mile
 - The nationally established statistic that “99% of people live within 20 minutes’ drive of a pharmacy and 96% within 20 minutes by foot”

- The extent to which existing services already offer a choice and the extent to which this may be improved by the availability of either additional providers or facilities
- The extent to which current service provision adequately responds to the changing needs of the community it serves
- The need for specialist or other services which would improve the provision of, or access to, services for vulnerable people or specific populations e.g. those with a protected characteristic as described by the Equality Act 2010.

D. Other Factors

We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:

- Considering the different needs of different populations
- Services provided outside of the Haringey HWB area
- NHS Services provided by NHS Trusts
- Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

5.2. High Level Overview of Pharmaceutical Services within Haringey

Haringey has 59 community pharmacies including:

- Five pharmacies which open for 100 hours or more a week
- One distance selling pharmacy (also referred to as “wholly mail order” or internet pharmacies”). *This pharmacy is not permitted to provide face to face services for essential services; however, they may invite people who live locally to attend for advanced, enhanced or locally commissioned services providing they ensure that no essential services are provided as part of this interaction.*

There are no local pharmaceutical services contractors, dispensing appliance contractors or dispensing doctors.

5.3. Essential Services

All Pharmaceutical Services Contractors are required to provide essential services, as set out in the 2013 Regulations, although the scope of services varies between the different contractor types.

As previously stated, Haringey only has community pharmacies and these will be the primary focus of this section. However, we will make reference to other contractor types e.g. dispensing appliance contractors where relevant.

Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self-care. The table below provides a brief overview of the full range of essential services provided by community pharmacies:

Service Element	Description
Dispensing and actions associated with dispensing	<ul style="list-style-type: none"> ▪ Supply of medicines or appliances ▪ Advice given to the patient about the medicines being dispensed and possible interactions with other medicines ▪ Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR) ▪ Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient’s chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

Repeat dispensing	<ul style="list-style-type: none"> Allows patients, who have been issued with a repeatable prescription, to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate
Disposal of unwanted medicines	<ul style="list-style-type: none"> Pharmacies act as collection points for unwanted medicines returned from patients and Residential Homes. <i>NB. They cannot accept returns from Nursing Homes who have to organise their own disposal contract.</i>
Signposting, Healthy Lifestyles & Public Health Campaigns	<ul style="list-style-type: none"> Opportunistic advice, information and signposting around lifestyle and public health issues NHS England sets the health promotion campaigns although HWBs have discretion to run alternative campaigns
Support for self-care	<ul style="list-style-type: none"> Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families This may include self-limiting conditions as well as long term conditions

In addition, the pharmacies must comply with clinical governance requirements. Specifically:

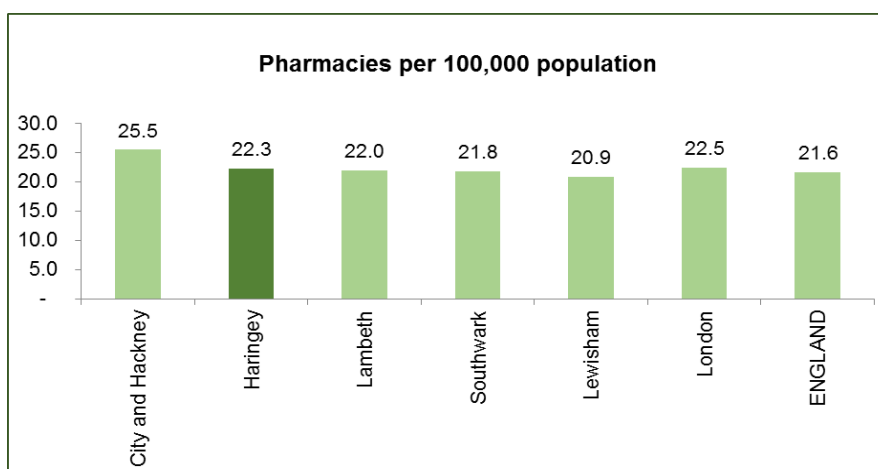
- Use of standard operating procedures
- Demonstrate evidence of pharmacist Continuing Professional Development
- Operate a complaints procedure
- Patient safety & incident reporting
- Clinical audit
- Commitment to staff training, management and appraisals
- Compliance with Health and Safety and the Equality Act 2010
- Significant event analysis
- Patient satisfaction surveys

As essential services are a mandatory requirement for all community pharmacies, they will be used to explore key service fundamentals including:

- The distribution of pharmacies
- Access
- Future capacity

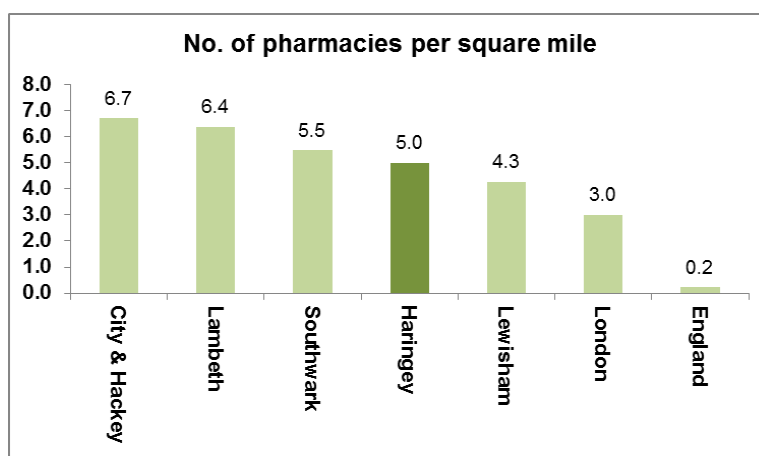
5.4. Distribution

The graph, which uses our ONS comparators together with the London and England average, sets the provision of pharmacy services within Haringey into context.



Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13)

In considering the distribution of pharmacies, we have also looked at the number of pharmacies per square mile as shown by the graph below:



Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13); Ordnance Survey Boundary Line OpenData

Whilst Haringey has a lower number of pharmacies per square mile than many of our ONS comparators, it is significantly higher than the London and England average.

Overall, the benchmarking analysis demonstrates that Haringey is well resourced in terms of the number of pharmacies it has and this serves to afford a reasonable choice, compared with other areas, to our residents.

The table (next page) and maps 1 and 2 (subsequent pages) provide an overview of the distribution of pharmacies by locality and ward, taking into account deprivation and population density and demonstrates:

- All wards have one or more pharmacies with the exception of West Green, which has no pharmacy. However, residents have access to a wide choice of pharmacies on the borders with adjacent wards
- There is a reasonable correlation with deprivation. In terms of the five wards which rank highest in terms of deprivation, three of these (Northumberland Park, Noel Park and Tottenham Green) are above the London, England and benchmarked average in terms of the number of pharmacies per 100,000 population; one ward (White Hart Lane) is below the London and benchmarked average but is similar to the England average; only Tottenham Hale is significantly below all benchmarked averages
- In terms of population density those areas with a higher population per hectare are relatively well served
- There is good alignment with GP surgeries, with all surgeries being within one quarter of a mile to the nearest pharmacy.
- There is also a reasonable spread of pharmacies within all localities with all residents being within 1 mile of a pharmacy. There are a number of pharmacies, outside of the area, which are accessible for Haringey residents who live close to the borders
- A useful proxy measure of the appropriateness of the distribution of pharmacies and accessibility is travel time. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport⁴ Taking into account the average walking speed for an adult is 3.1 miles an hour (which equates to 1 mile every 20 minutes) and the average driving speed is 19.33 miles per hour on major London road between the hours of 7am and 7pm¹), then it follows that the vast majority of Haringey residents can access a pharmacy 20 minutes.
- Map 3 summaries the public transport accessibility level (PTAL) in relation to pharmacy services. It demonstrates good access to public transport in the West Locality. However, there are areas within the other localities, notably large areas of both the Central and SE Localities where public transport accessibility is poor. This may reduce access to pharmacy services for people who are dependent upon public transport.

¹ Statistical Release - National Travel Survey 2012

Locality	Ward	IMD Rank*	Pharmacies	Pop	Pharmacies per 100,000 population	Pharmacies / Locality	Locality Pharmacies / 100,000 population
Central	Bounds Green	13	3	14,311	21.0	15	25.8
	Harringay	11	2	13,952	14.3		
	Noel Park	4	7	14,574	48.0		
	Woodside	9	3	15,232	19.7		
NE Tottenham	Bruce Grove	6	3	14,935	20.1	13	17.4
	Northumberland Park	1	4	15,011	26.6		
	Tottenham Hale	5	3	16,828	17.8		
	West Green	8	0	13,919	0.0		
	White Hart Lane	2	3	13,863	21.6		
SE Tottenham	Seven Sisters	10	3	16,508	18.2	13	27.1
	St Ann's	7	5	15,820	31.6		
	Tottenham Green	3	5	15,636	32.0		
West	Alexandra	17	1	12,009	8.3	18	21.0
	Crouch End	15	5	12,719	39.3		
	Fortis Green	18	2	12,918	15.5		
	Highgate	19	2	12,034	16.6		
	Hornsey	12	2	13,025	15.4		
	Muswell Hill	16	5	11,030	45.3		
	Stroud Green	14	1	12,150	8.2		
Grand Total			59	266,474		59	22.1

* IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 19 is the lowest within Haringey

* The 5 wards ranked highest in terms of deprivation are highlighted

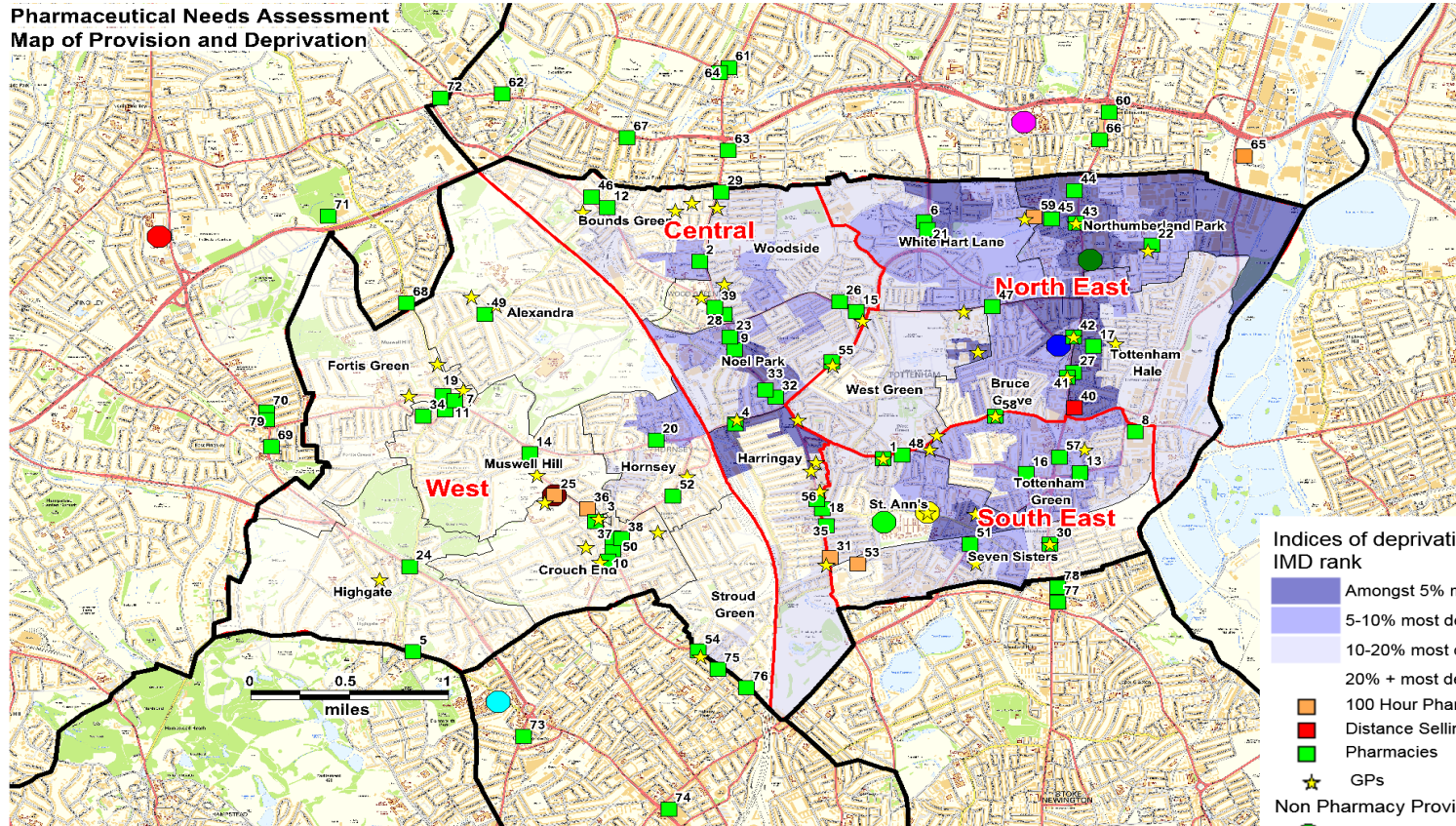
Map 1

**Pharmaceutical Needs Assessment
Map of Provision and Deprivation**



Out of Borough Pharmacies

- 60 - BEES CHEMIST - N18 2JB
- 61 - BOOTS THE CHEMIST - N13 4YB
- 62 - COOPER CHEMISTS - N11 1AH
- 63 - GREENS PHARMACY - N13 6JU
- 64 - MORRISONS PHARMACY - N13 4YD
- 65 - TESCO PHARMACY - N18 3HF
- 66 - WISE PHARMACY - N18 2TW
- 67 - N. R. PATEL CHEMISTS - N13 4SE
- 68 - ABBOTT PHARMACY - N10 1LR
- 69 - C.W ANDREW - N2 9PJ
- 70 - COOTES PHARMACY - N2 9ED
- 71 - TESCO PHARMACY - N12 0SH
- 72 - VANTAGE PHARMACY - N11 1NE
- 73 - ARKLE PHARMACY - N19 5QU
- 74 - BOOTS THE CHEMIST - N7 6QA
- 75 - NUCHEM - N4 3PX
- 76 - ROGER DAVIES - N4 3EF
- 77 - BOOTS THE CHEMIST - N16 6TT
- 78 - LANDS CHEMISTS - N16 6TY
- 79 - OAKDALE PHARMACY - N2 8AQ



**Indices of deprivation 2010
IMD rank**

- Amongst 5% most deprived SOAs in England
- 5-10% most deprived
- 10-20% most deprived
- 20% + most deprived
- 100 Hour Pharmacy
- Distance Selling
- Pharmacies
- GPs
- Borough Boundary
- Locality Boundary
- Ward Boundary

Non Pharmacy Providers

- Barnet, Enfield and Haringey Mental Health Trust
- Grove Drug Treatment Service
- The Laurels Healthy Living Centre / Barndoc
- Whittington Health
- Young people's drug and alcohol treatment service

Out of Borough Non Pharmacy Providers

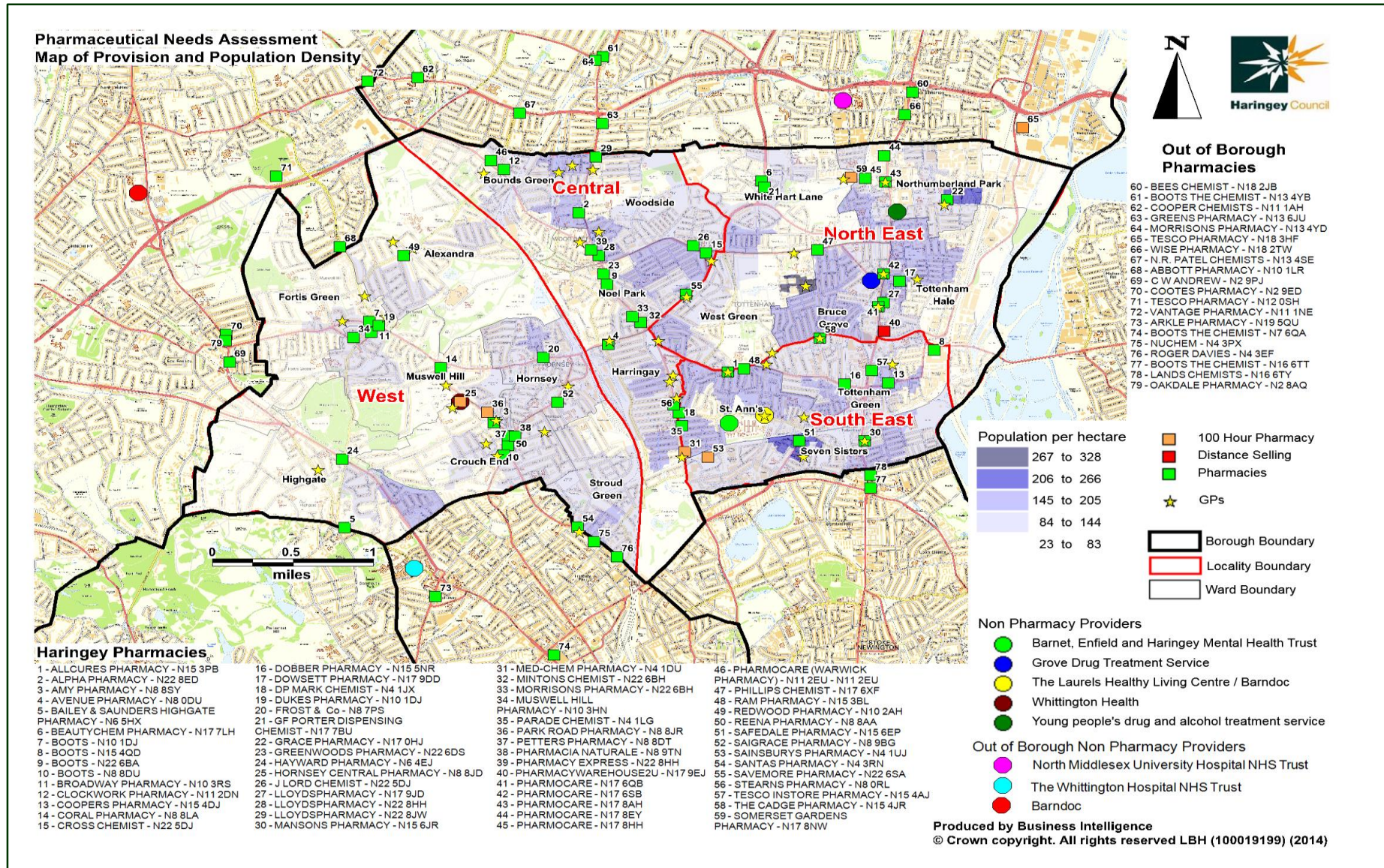
- North Middlesex University Hospital NHS Trust
- The Whittington Hospital NHS Trust
- Barndoc

Haringey Pharmacies

- | | | | |
|--|---|--------------------------------------|--|
| 1 - ALLCURES PHARMACY - N15 3PB | 16 - DOBBER PHARMACY - N15 5NR | 31 - MED-CHEM PHARMACY - N4 1DU | 46 - PHARMOCARE (WARWICK PHARMACY) - N11 2EU - N11 2EU |
| 2 - ALPHA PHARMACY - N22 8ED | 17 - DOWSETT PHARMACY - N17 9DD | 32 - MINTONS CHEMIST - N22 6BH | 47 - PHILLIPS CHEMIST - N17 6XF |
| 3 - AMY PHARMACY - N8 8SY | 18 - DP MARK CHEMIST - N4 1JX | 33 - MORRISONS PHARMACY - N22 6BH | 48 - RAM PHARMACY - N15 3BL |
| 4 - AVENUE PHARMACY - N8 0DU | 19 - DUKES PHARMACY - N10 1DJ | 34 - MUSWELL HILL PHARMACY - N10 3HN | 49 - REDWOOD PHARMACY - N10 2AH |
| 5 - BAILEY & SAUNDERS HIGHGATE PHARMACY - N6 5HX | 20 - FROST & Co - N8 7PS | 35 - PARADE CHEMIST - N4 1LG | 50 - REENA PHARMACY - N8 8AA |
| 6 - BEAUTYCHEM PHARMACY - N17 7LH | 21 - GF PORTER DISPENSING CHEMIST - N17 7BU | 36 - PARK ROAD PHARMACY - N8 8JR | 51 - SAFEDALE PHARMACY - N15 6EP |
| 7 - BOOTS - N10 1DJ | 22 - GRACE PHARMACY - N17 0HJ | 37 - PETERS PHARMACY - N8 8DT | 52 - SAIGRACE PHARMACY - N8 9BG |
| 8 - BOOTS - N15 4OD | 23 - GREENWOODS PHARMACY - N22 6DS | 38 - PHARMACIA NATURALE - N8 9TN | 53 - SAINSBURY'S PHARMACY - N4 1UJ |
| 9 - BOOTS - N22 6BA | 24 - HAYWARD PHARMACY - N6 4EJ | 39 - PHARMACY EXPRESS - N22 8HH | 54 - SANTAS PHARMACY - N4 3RN |
| 10 - BOOTS - N8 8DU | 25 - HORNSEY CENTRAL PHARMACY - N8 8JD | 40 - PHARMACYWAREHOUSE2U - N17 9EJ | 55 - SAVEMORE PHARMACY - N22 6SA |
| 11 - BROADWAY PHARMACY - N10 3RS | 26 - J LORD CHEMIST - N22 5DJ | 41 - PHARMOCARE - N17 6QB | 56 - STEARNS PHARMACY - N8 0RL |
| 12 - CLOCKWORK PHARMACY - N11 2DN | 27 - LLOYDSPHARMACY - N17 9JD | 42 - PHARMOCARE - N17 6SB | 57 - TESCO INSTORE PHARMACY - N15 4AJ |
| 13 - COOPERS PHARMACY - N15 4DJ | 28 - LLOYDSPHARMACY - N22 8HH | 43 - PHARMOCARE - N17 8AH | 58 - THE CADGE PHARMACY - N15 4JR |
| 14 - CORAL PHARMACY - N8 8LA | 29 - LLOYDSPHARMACY - N22 8JW | 44 - PHARMOCARE - N17 8EY | 59 - SOMERSET GARDENS PHARMACY - N17 8NW |
| 15 - CROSS CHEMIST - N22 5DJ | 30 - MANSONS PHARMACY - N15 6JR | 45 - PHARMOCARE - N17 8HH | |

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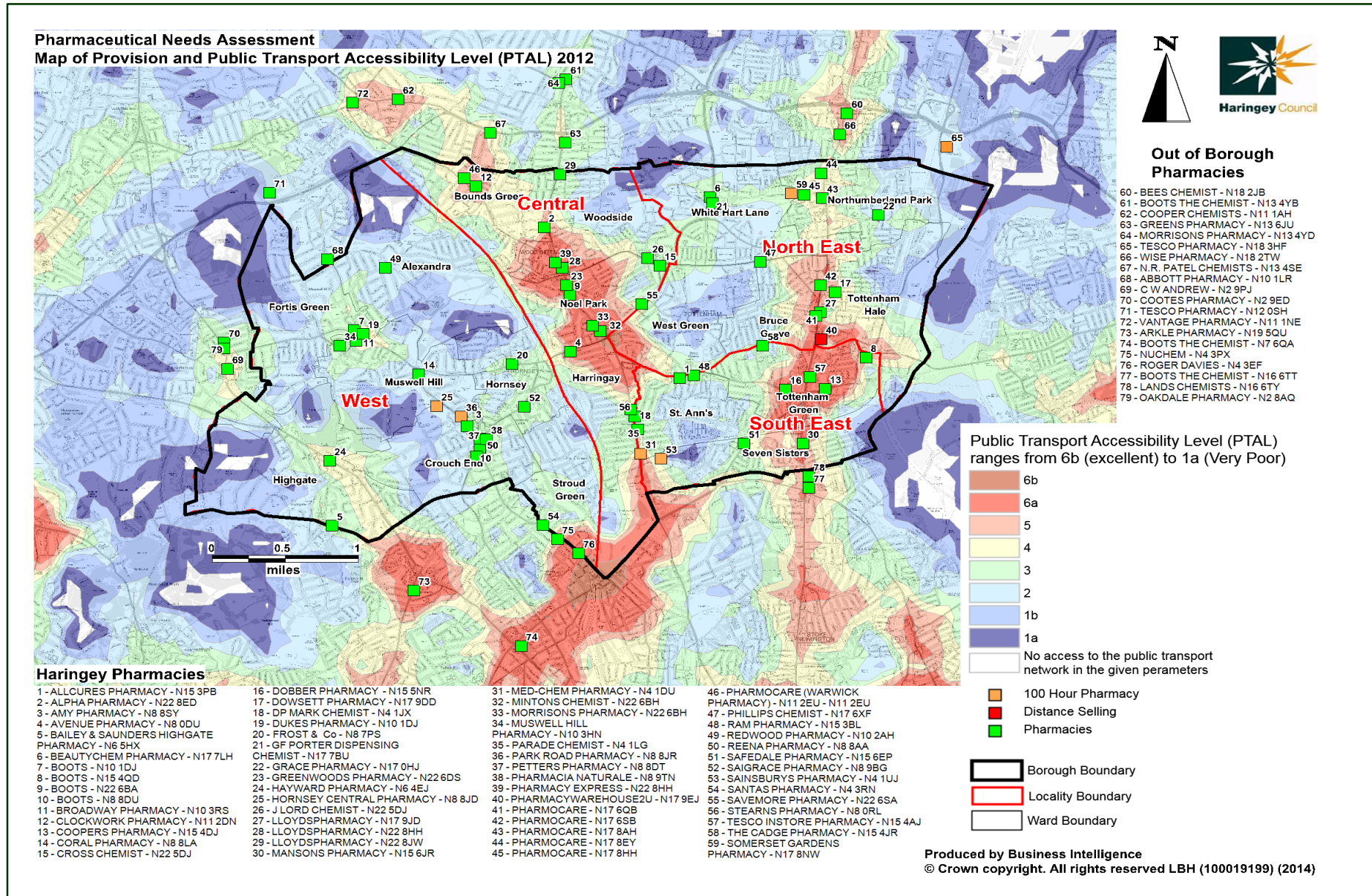
Map 2



Haringey Pharmacies

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> 1 - ALLCURES PHARMACY - N15 3PB 2 - ALPHA PHARMACY - N22 8ED 3 - AMY PHARMACY - N8 8SY 4 - AVENUE PHARMACY - N8 0DU 5 - BAILEY & SAUNDERS HIGHGATE PHARMACY - N6 5HX 6 - BEAUTYCHEM PHARMACY - N17 7LH 7 - BOOTS - N10 1DJ 8 - BOOTS - N15 4QD 9 - BOOTS - N22 6BA 10 - BOOTS - N8 8DU 11 - BROADWAY PHARMACY - N10 3RS 12 - CLOCKWORK PHARMACY - N11 2DN 13 - COOPERS PHARMACY - N15 4DJ 14 - CORAL PHARMACY - N8 8LA 15 - CROSS CHEMIST - N22 5DJ | <ul style="list-style-type: none"> 16 - DOBBER PHARMACY - N15 5NR 17 - DOWSETT PHARMACY - N17 9DD 18 - DP MARK CHEMIST - N4 1JX 19 - DUKES PHARMACY - N10 1DJ 20 - FROST & Co - N8 7PS 21 - GF PORTER DISPENSING CHEMIST - N17 7BU 22 - GRACE PHARMACY - N17 0HJ 23 - GREENWOODS PHARMACY - N22 6DS 24 - HAYWARD PHARMACY - N6 4EJ 25 - HORNSEY CENTRAL PHARMACY - N8 8JD 26 - J LORD CHEMIST - N22 5DJ 27 - LLOYDSPHARMACY - N17 9JD 28 - LLOYDSPHARMACY - N22 8HH 29 - LLOYDSPHARMACY - N22 8JW 30 - MANSONS PHARMACY - N15 6JR | <ul style="list-style-type: none"> 31 - MED-CHEM PHARMACY - N4 1DU 32 - MINTONS CHEMIST - N22 6BH 33 - MORRISONS PHARMACY - N22 6BH 34 - MUSWELL HILL PHARMACY - N10 3HN 35 - PARADE CHEMIST - N4 1LG 36 - PARK ROAD PHARMACY - N8 8JR 37 - PETTERS PHARMACY - N8 8DT 38 - PHARMACIA NATURALE - N8 9TN 39 - PHARMACY EXPRESS - N22 8HH 40 - PHARMACYWAREHOUSE2U - N17 9EJ 41 - PHARMOCARE - N17 6QB 42 - PHARMOCARE - N17 6SB 43 - PHARMOCARE - N17 8AH 44 - PHARMOCARE - N17 8EY 45 - PHARMOCARE - N17 8HH |
|---|--|--|

- 46 - PHARMOCARE (WARWICK PHARMACY) - N11 2EU - N11 2EU
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- 53 - SAINSBURY'S PHARMACY - N4 1UJ
- 54 - SANTAS PHARMACY - N4 3RN
- 55 - SAVEMORE PHARMACY - N22 6SA
- 56 - STEARNS PHARMACY - N8 9EL
- 57 - TESCO INSTORE PHARMACY - N15 4AJ
- 58 - THE CADGE PHARMACY - N15 4JR
- 59 - SOMERSET GARDENS PHARMACY - N17 8NW



5.4.1. Dispensing

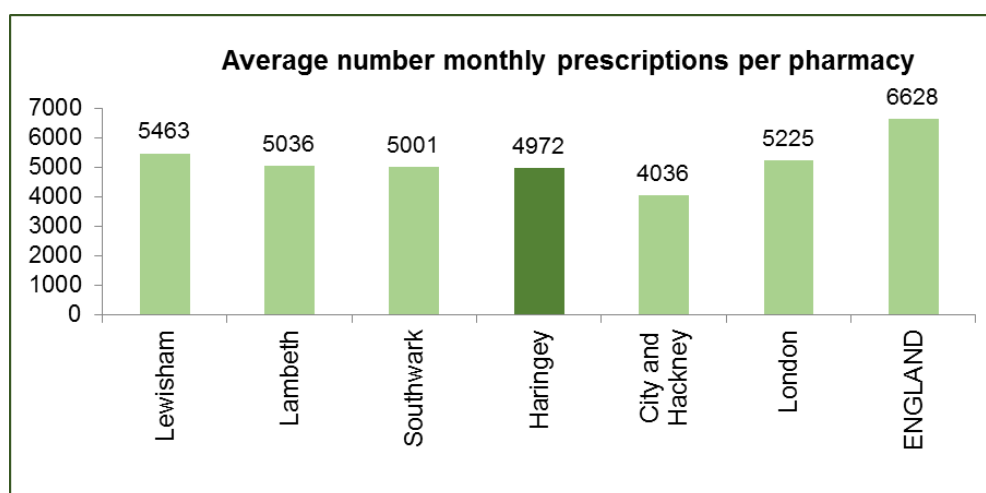
It is essential for Haringey residents to access the medicines they need in a timely manner.

Our review of dispensing has evaluated a range of factors including:

- The pattern of dispensing. This includes a high level comparison with our ONS comparators together with a more detailed look at Haringey
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas
- The role of repeat dispensing and electronic prescription services
- The future capacity of our pharmacies to continue to meet pharmaceutical need

A. Dispensing within Haringey

The graph compares the average dispensing rate in Haringey compared with our ONS comparators and the London and England average. The data (which includes all prescriptions dispensed by Haringey pharmacies, not just those issued by Haringey GPs) demonstrate that the dispensing rate for Haringey pharmacies is lower than the averages for all Comparators other than City and Hackney.



Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13)

A detailed review of the total number of items dispensed against prescriptions written by Haringey GPs (using exact data from April 2013 – March 2014) has been undertaken in order to identify where these were dispensed.

The total number of items prescribed was 3,737,406. 84% of these items were dispensed by a Haringey pharmacy. The table below summarises dispensing by Locality.

Locality	No. of Pharmacies	Total Items Dispensed	% Total Items	Annual Items / Pharmacy	Items / Pharmacy / Month
Central	15	890,734	28%	59,382	4,949
NE Tottenham	13	796,621	25%	61,279	5,107
SE Tottenham	13	640,454	20%	49,266	4,105
West	18	818,920	26%	45,496	3,791

The data shows significant variation, between localities, with respect to the average number of items dispensed per pharmacy. The lowest proportion of items was dispensed in SE Tottenham (20% of the total) and the highest proportion in the Central Locality (28%).

All localities are below the London and England average, implying there are no issues with dispensing capacity (although it should be noted that this comparison is based entirely on prescriptions written by Haringey prescribers and excludes dispensing attributable to prescriptions written by other prescribers within and outside of Haringey).

B. Cross border Dispensing

Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via an internet pharmacy.

16% of items written by Haringey GPs were either dispensed by pharmacies outside of the area or attributable to medicines which had been personally administered by GP surgeries (e.g. injections). The table provides an overview of cross-border dispensing and includes the pharmacy contractors that have dispensed the most items against prescriptions written by Haringey prescribers (the cut off was set at 4,000 items or more per annum).

HWB Area	Pharmacy Name	Postcode	No of Items	% of Total
Enfield	Bees Chemist	N18 2JB	145,030	3.9%
	Boots the Chemist	N13 4YB		
	Boots the Chemist	N9 0HW		
	Cooper Chemists	N11 1AH		
	Greens Pharmacy	N13 6JU		
	Morrisons Pharmacy	N13 4YD		
	Sainsburys Pharmacy	N21 3RS		
	Simmons Pharmacy	EN4 0DA		
	Tesco Pharmacy	N18 3HF		
	Wise Pharmacy	N18 2TW		
	N.R. Patel Chemists	N13 4SE		
Barnet	Abbot Pharmacy	N10 1LR	61,221	1.6%
	C W Andrew	N2 9PJ		
	Cootes Pharmacy	N2 9ED		
	Hampden Square Pharmacy	N14 5JR		
	Tesco Pharmacy	N12 0SH		
	Vantage Pharmacy	N11 1NE		
Islington	Arkle Pharmacy	N19 5QU	67,261	1.8%
	Boots the Chemist	N7 6QA		
	NuChem	N4 3PX		
	Roger Davies	N4 3EF		
Hackney	Boots the Chemist	N16 6TT	38,082	1.0%
	Lands Chemists	N16 6TY		
Grand Total			311,594	8.3%

These 23 pharmacies, all of which are located in neighbouring HWB areas accounted for just 8.3% of the items. The remaining 7.7% of items were either attributable to GP personally administered items or were dispensed by other pharmacies and dispensing appliance contractors out of the area (dispensing or administration can be traced back to a total of 3,072 organisations).

C. Repeat Dispensing

Repeat dispensing allows patients who have been issued with a repeatable prescription to collect their repeat medication from a pharmacy without having to request a new prescription from their GP.

Benefits of repeat dispensing include:

- Reduced GP practice workload, potentially freeing up time for clinical activities
- Greater predictability in workload for pharmacies
- Reduced waste, because pharmacies are required to only dispense the medicines the patients need
- Greater convenience for patients

Repeat dispensing rates have been increasing steadily and have increased from 5% in April 2009 to 20% in 2014.

The CCG has recognised the benefits of repeatable prescribing and dispensing and is committed to continuing to maximise its use where this is appropriate (noting that it is not recommended for some medicines and certain clinical circumstances).

D. Electronic Prescription Services

The Electronic Prescription Service (EPS) allows a GP or practice nurse prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the traditional paper-based prescription and potentially reduces dispensing and labelling errors.

The former Haringey PCT was listed in the "Primary Medical Services (Electronic Prescription Service Authorisation) Directions 2008" and was permitted to authorise their primary medical services contractors or any other practice to use Release 2 of the Electronic Prescription Service.

Currently, all but five GP practices have 'gone live' with electronic prescription services, although the extent to which this facility is used varies from practice to practice.

5.5. Access and Opening Hours

A pharmacy must open for a minimum of 40 "core" contractual hours unless it was granted a contract under the "100 hour exemption"² or NHS England has granted a new application on the basis of more than 40 core hours under the market entry system. Additional hours, over and above core hours, are termed "supplementary" hours.

A pharmacy may not amend its core hours without permission from NHS England; but it is entitled to provide NHS England with 90 days' notice if it wishes to change its supplementary hours.

The table on the next page and maps 4-7 (appended in a separate document) provide an overview of opening hours and geographical coverage throughout the week. A visual representation of opening hours for each community pharmacy is provided in Appendix D.

A. Current Picture

A. Weekdays

On weekdays, all 59 pharmacies are open between the hours of 9:30am - 6pm, with the majority (58/59) pharmacies opening by 9am.

7 pharmacies close early on a Thursday afternoon. Three of these pharmacies (2 in the Central Locality and one in SE Tottenham Locality) close by 1pm and the remainder close throughout the afternoon. Two pharmacies close for lunch on weekdays (one for an hour and the other for half an hour); these are located in different wards and localities. Overall, access remains good in all localities.

A high proportion of Haringey's population are of working age and those people who work full time may wish to access pharmacies during the 'extended hour' period on weekdays (i.e. either on their way to work or on their way home). We have, therefore, looked at extended hour opening:

- On weekday mornings:
 - 3 pharmacies, open by 7am with one pharmacy located in each of the NE Tottenham, SE Tottenham and West Localities
 - 8% (5/59) pharmacies open by 8am in the morning; only the Central Locality has no pharmacies open at this time of day

² The 2005 control of entry regulations had 4 exemptions, which included pharmacies that were contracted to open for 100 hours per week.

		No. of Pharmacies Offering Essential Services								
Locality	Ward	Open on Weekdays					Open on Saturday			Open on Sunday
		8am or earlier	9:30am to 6pm	7pm or later	Early closing on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	
Central	Bounds Green	0	3	2	0	0	2	1	0	0
	Harringay	0	2	0	0	0	2	0	0	0
	Noel Park	0	7	3	2	0	5	4	2	3
	Woodside	0	3	2	0	0	3	3	1	0
NE Tottenham	Bruce Grove	0	3	2	0	1	3	3	0	0
	Northumberland Park	0	4	4	0	0	3	3	0	0
	Tottenham Hale	0	3	1	0	0	1	1	1	0
	White Hart Lane	1	3	1	2	0	3	1	1	1
SE Tottenham	Seven Sisters	1	3	2	2	0	2	1	1	1
	St Ann's	0	5	3	1	1	4	4	1	1
	Tottenham Green	1	5	4	0	0	5	2	2	2
West	Alexandra	0	1	1	0	0	1	0	0	0
	Crouch End	0	5	3	0	0	5	5	1	2
	Fortis Green	0	2	2	0	0	2	1	1	1
	Highgate	0	2	0	0	0	2	2	0	1
	Hornsey	0	2	1	0	0	2	1	1	0
	Muswell Hill	2	5	2	0	0	5	5	2	2
	Stroud Green	0	1	0	0	0	1	1	0	0
Total - Haringey		5	59	33	7	2	51	38	14	14
Percentage		8%	100%	56%	12%	3%	86%	64%	24%	24%

- On weekday evenings:
 - 56% (33/59) pharmacies remain open until 7pm or later
 - The distribution of these is shown in the table below and shows that SE Tottenham is particularly well resourced in the evenings and there is a reasonable choice of pharmacy in all localities at this time
 - Map 4 shows that all residents, with the exception of a very small area of Highgate ward (West Locality) are within a mile of a pharmacy
 - 8% (5/59) pharmacies remain open until 10pm or later with midnight being the latest closing time

Open on Weekdays 7:00pm or later	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	7	8	9	9	33
Population*	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	12.1	10.7	18.8	10.5	12.4

On Mondays - Fridays, there is no access to pharmaceutical services overnight from midnight until 7am.

B. Saturdays

On Saturdays, 86% (51/59) pharmacies open at some point during the day. The period when all pharmacies are open falls between 10am - 1pm.

The table below, and map 5, provide an overview of the distribution of pharmacies which open on a Saturday. They demonstrate that there is good access and a choice of pharmacy in all localities, with the exception of North East Tottenham where the number of open pharmacies per 100,000 population is significantly lower than the Haringey average.

Open on Saturday	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	12	10	11	18	51
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	20.7	13.4	22.9	21.0	19.1

As the day progresses, pharmacies start to close although 64% (38/59) remaining open until 5pm. However, map 6, demonstrates that all residents are within 1 mile of a pharmacy demonstrating that access remains reasonable.

Some pharmacies also open for extended hours on Saturdays:

- Two pharmacies open at 7am (one in SE Tottenham and the other in the West locality)
- Two additional pharmacies open by 8am (one in NE Tottenham and the other in the West locality)
- 24% (14/59) of pharmacies remain open until 7pm or later, of these:
 - One remains open until 10pm (West Locality)
 - One remains open until 10:30pm (West Locality)
 - One remains open until midnight (SE Tottenham)

There is no access to pharmaceutical services between midnight on Saturday night and 9am on a Sunday morning.

C. Sundays

On Sundays, a total of 14 pharmacies open at some point during the day.

The table below, and map 7, summarises the distribution of these pharmacies. It demonstrates that there is a choice of pharmacy in all localities apart from NE Tottenham, where only one pharmacy opens.

Open on Sunday	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	3	1	4	6	14
Population*	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	5.2	1.3	8.3	7.0	5.3

Sunday trading regulations for shopping centres and supermarkets restrict the maximum number of hours which may be opened to 6 hours. However, there is a reasonable level of coverage, across Haringey, throughout the day, although residents may have to travel further than 1 mile to access a pharmacy:

- Only two of the 14 pharmacies open for less than 6 hours
- Three open for 6 hours
- Six are open for 8 or more hours, with the last pharmacy closing at midnight

There is no access to pharmaceutical services between midnight on a Sunday and 7am on a Monday.

D. Bank Holidays

On bank holidays, there is no obligation for pharmacies to open. NHS England is obliged to ensure that NHS pharmaceutical services are available and to commission pharmacies to open if deemed necessary.

Currently, there is an enhanced service to provide access to NHS Pharmaceutical Services on Easter Sunday and Christmas Day. We have determined that this service is **necessary to meet the pharmaceutical needs of our population**, to ensure that residents can access dispensing, and other pharmacy services if required.

Adequate cover is provided, from within the existing network of pharmacies, on other Bank Holidays.

5.5.1. Alignment with GP Opening Hours

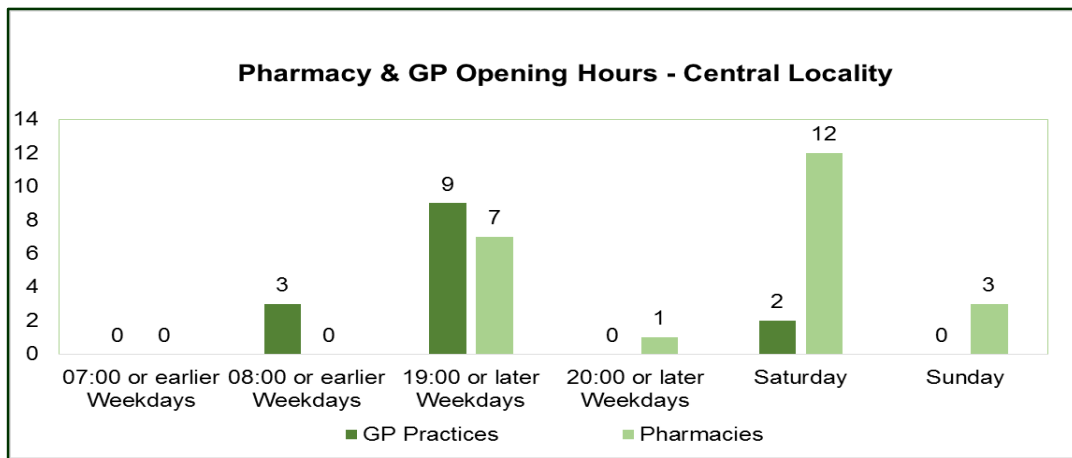
An important consideration is the alignment between pharmacy and other provider opening hours, i.e. GP practices, the GP out of hours service etc. This is because patients who receive a prescription will need to get this dispensed in a timely manner.

GP core hours are 8am - 6:30pm on weekdays (although historical arrangements mean that some practices do not open for the full core hours); In Haringey, some practices have been commissioned to provide extended hour opening.

The graphs below, which are based on information held by NHS England, provide a summary of GP practices which open for extended hours on *one or more days*. It should be noted that during extended hours there is at least one clinical member of staff on duty; this is usually a GP but sometimes a practice nurse.

Central Locality

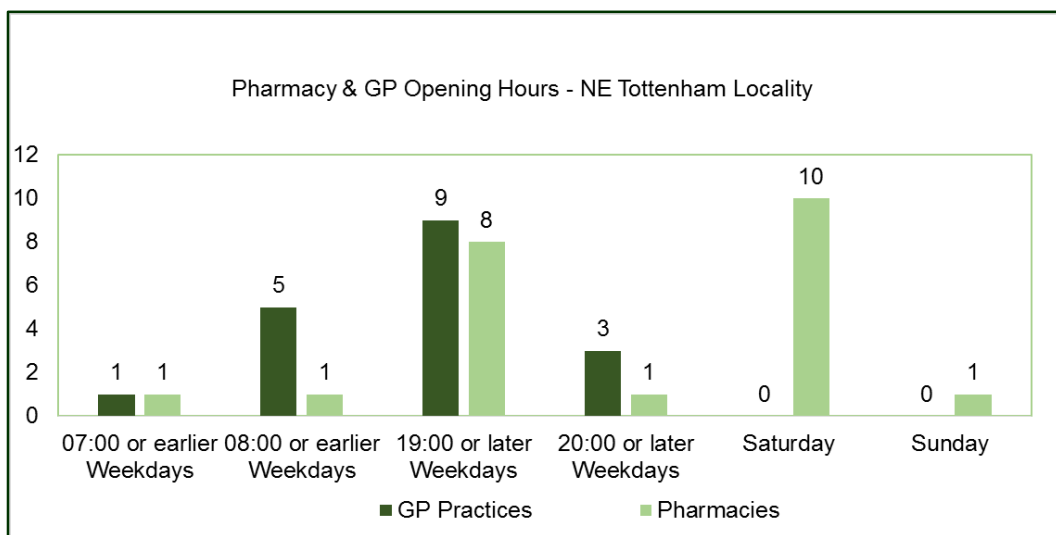
The graph shows that on weekday evenings, and on Saturdays, there is always a reasonable number of a pharmacy open when a GP surgery is open.



On one or more weekday mornings, up to 3 practices open by 8am (including access from 7:30am on 3 days a week). The earliest that a pharmacy opens in this locality is 9am. Following a GP consultation, residents either need to wait for a pharmacy within the locality to open; or would need to travel to another locality and specifically, White Hart Lane ward, Seven Sisters ward or Muswell Hill ward if they needed to get a prescription dispensed urgently.

NE Tottenham

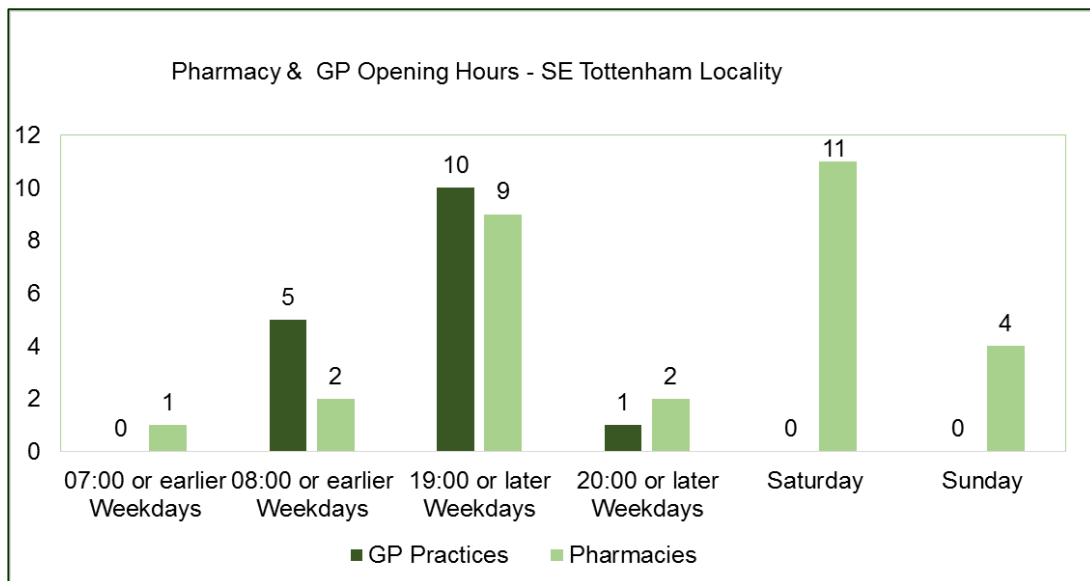
In this locality, there is a reasonable alignment of GP and pharmacy opening hours on weekdays, including in the evenings during the 'extended hour' period. There are no GP surgeries open on a Saturday or Sunday.



However, on weekday mornings 1 GP surgery opens at 7am on four days each week; and up to 5 surgeries are open by 8am. There is one pharmacy within the locality (White Hart Lane ward) which opens at 7am which residents may choose to access if following a GP consultation. The majority of GP surgeries, within the locality are within 1 mile of this pharmacy. The remaining pharmacies open at 9am.

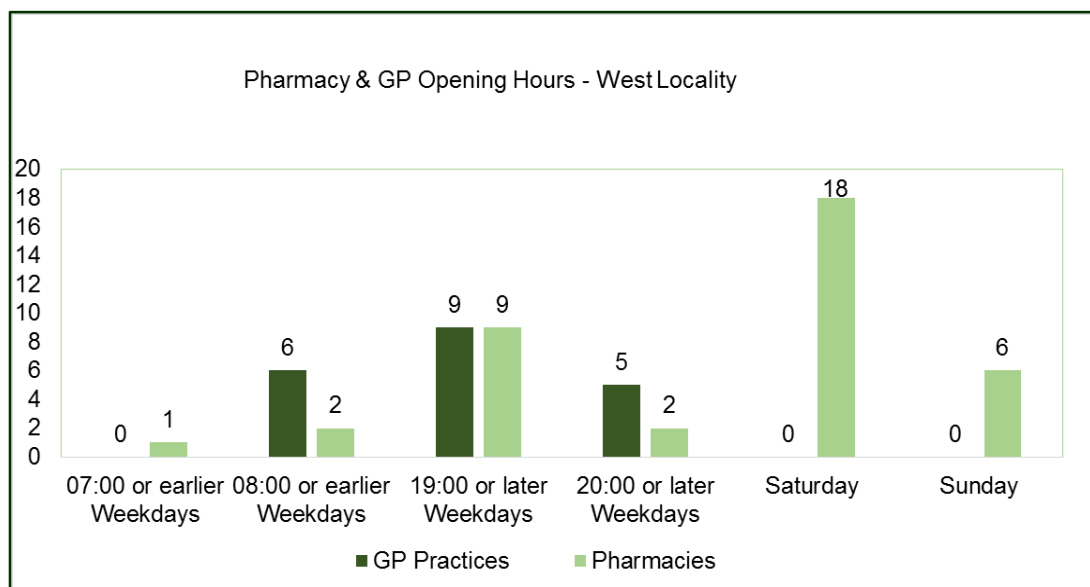
SE Tottenham

In this locality, there is a reasonable alignment of GP and pharmacy opening hours on weekdays, with two or more pharmacies open, whenever a GP surgery is open. No GP surgeries open on a Saturday or Sunday.



West Locality

In this locality, there is a reasonable alignment of GP and pharmacy opening hours on weekdays, with two or more pharmacies open, whenever a GP surgery is open. No GP surgeries open on a Saturday or Sunday.



In the future, if GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed to ensure that the pharmaceutical needs of population, in terms of being able to access dispensing services in a timely fashion.

5.5.2. Pharmacy Urgent Repeat Medicine Service

In December 2014, NHS England launched the Pharmacy Urgent Repeat Medication service. This is a pilot scheme which will run until April 2015. Under the service, NHS 111 refers people directly to pharmacies when they are in need of an emergency supply of repeat medicines. The aim of the service is to reduce pressure on unscheduled care services and GP appointments at times of high demand.

It is our understanding, that NHS England plans to evaluate the PURM service and, if deemed to be successful, consideration will be given to commissioning this in the future.

We believe that this service potentially plays a valuable role in improving access to medicines. We would be supportive of a further roll out, providing the evaluation demonstrates both value for money and reduced pressure on GP and unscheduled care services.

5.5.3. Alignment with Other Services

In terms of unscheduled care providers there are no accident and emergency departments, urgent care centres, walk-in centres or minor ailments service provided from within the Borough of Haringey. Barndoc provides out of hours GP services from a base within Haringey, located at The Laurels Healthy Living Centre (St Ann's ward); and a second base located within Barnet at the Finchley Memorial Hospital.

Unscheduled care providers carry a stock of medicines, based on the national out of hours formulary and local historical experience, which they can issue to patients when there is an urgent need to start treatment in the out of hour's period. For Barndoc, this includes a range of palliative care medicines. However, there will be occasions when an FP10 prescription may be issued because a non-stock medicine is required. Residents of Haringey may choose to get such a prescription dispensed by a pharmacy which is close to the service they have used; or they have to option of attending their regular pharmacy, within Haringey, when it is open.

However, where a medicine needs to be started urgently, residents may face a challenge in getting a prescription dispensed from midnight through to 7am on weekdays and Saturdays and from midnight on Saturday night until 9am on a Sunday. We are not aware of any concerns or complaints with respect to access pharmacy services overnight, and our assumption is that this would only affect a very small number of residents on an occasional basis.

5.6. Other Essential Services

All community pharmacies are required to take part in up to six health promotion campaigns a year. This involves providing opportunistic advice, information and signposting around lifestyle and public health issues. NHS England sets the health promotion campaigns.

Community pharmacists and their staff are highly skilled at delivering health promotion advice and activities. In addition the medication records kept by pharmacies help to identify patients who may benefit from health promotion and healthy living advice.

Pharmacies provide a valuable service to dispose of waste medicines safely. This helps to reduce harm through inadvertent use of unwanted or expired medicines and also serves to protect the environment.

5.7. Access and support for those with a disability

A key consideration is the extent to which a pharmacy has taken action to meet the needs of people with a disability, noting that they are required to make reasonable adjustments to support the needs of those with protected characteristics under the Equality Act 2010. They receive a payment as a contribution towards providing auxiliary aids, for people who, under the Equality Act 2010, are eligible for support with taking their medicines. We explored this in our community pharmacy questionnaire and the results are summarised in the table on the next page:

- The majority of pharmacy premises (84.7%) are accessible to wheel chairs; where the pharmacy isn't fully accessible, pharmacies take action to provide support which includes providing home delivery services (most pharmacies) or consultations in patients' homes (14%)
- A small number of pharmacies have installed a hearing loop (17%) to assist communication with those who are hearing impaired; a further 29% said they had a staff member who is able to sign. Some pharmacies use written means of communication including email
- Almost 80% of pharmacies have the facilities to provide large print labels for people who have visual impairment or for those with learning disabilities/cognitive impairment; 12% of pharmacies are able to provide labels printed in braille (although it should be noted that most manufacturers also emboss original packs of medicines with braille)
- 88% of pharmacies provide monitored dosage systems (multi-compartment containers), 14% supply aide memoires and 39% provide easy to read information. Whilst there is no published evidence to demonstrate benefits of this support they may be beneficial for individual people who have complex medication regimens or those with cognitive impairment or learning disabilities

Locality	Ward	Wheel-chair Access	Hearing Impairment		Visual Impairment / Blindness		Support for those with cognitive impairment			
			Hearing Loop	Signing	Braille	Large print labels	'Aide memoire' for their medicines	Monitored Dosage Systems	Easy to read information	Large print labels
Central	Bounds Green	3	0	2	0	3	0	2	1	3
	Harringay	1	0	0	0	2	0	0	0	2
	Noel Park	5	2	2	1	5	2	7	2	5
	Woodside	3	2	0	0	2	0	3	2	2
NE Tottenham	Bruce Grove	2	0	0	0	1	0	2	1	1
	Northumberland Park	2	0	0	0	3	0	4	0	3
	Tottenham Hale	2	1	1	0	2	0	3	0	2
	White Hart Lane	3	1	2	0	3	1	3	3	3
SE Tottenham	Seven Sisters	3	1	1	1	3	0	3	1	3
	St Ann's	5	0	2	0	3	1	4	2	3
	Tottenham Green	4	1	2	1	4	1	4	2	4
West	Alexandra	1	0	0	0	1	0	1	1	1
	Crouch End	4	1	2	2	5	2	5	4	5
	Fortis Green	2	1	0	0	2	0	2	1	2
	Highgate	2	0	0	0	1	0	1	0	1
	Hornsey	2	0	0	0	1	1	2	1	1
	Muswell Hill	5	0	3	2	5	0	5	2	5
	Stroud Green	1	0	0	0	1	0	1	0	1
Total		50	10	17	7	47	8	52	23	47
Percentage of all pharmacies		84.7%	16.9%	28.8%	11.9%	79.7%	13.6%	88.1%	39.0%	79.7%

It should be noted that questionnaire results were inconsistent with respect to large print labels (fewer pharmacies said they were able to provide these for the visually sighted compared with cognitive impairment). Because the question was about the facility then the results for cognitive impairment have been used

5.8. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics, in relation to essential services, and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> ▪ Advice and support needs to be tailored according to a patient's age e.g. <ul style="list-style-type: none"> ○ Older people often take multiple medications and are more susceptible to side effects ○ Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments ▪ People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends and we have identified opportunities for improvements in this respect ▪ 42% of pharmacies told us that they offer consultations in the work place; this provides a mechanism to improve access to pharmacy services for people of working age
Disability	✓	<ul style="list-style-type: none"> ▪ Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical, sensory or cognitive impairment ▪ Pharmacies offer a range of support including: <ul style="list-style-type: none"> ○ The provision of large print labels for those who are visually impaired ○ Supply of original packs with braille or medicines labelled in braille for those who are blind ○ The use of hearing loops to aid communication for those with impaired hearing ○ Provision of aide memoirs and/or monitored dosage systems which may help to improve adherence in those who have memory impairment ○ 13.5% of pharmacies offer consultations in patients' homes or care homes respectively which helps improve access for people who are less able to get to a pharmacy without support ▪ People with a disability may have to exercise a choice and choose a pharmacy which better addresses their needs
Gender	✓	<ul style="list-style-type: none"> ▪ We have identified that younger adults, particularly men, are less likely to visit pharmacies. We need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. smoking cessation advice and stop smoking services) at this group
Race	✓	<ul style="list-style-type: none"> ▪ Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken ▪ BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes
Religion or belief	✓	<ul style="list-style-type: none"> ▪ Pharmacies are able to provide medicines related advice to specific religious groups. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals
Pregnancy and maternity	✓	<ul style="list-style-type: none"> ▪ Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to promote breastfeeding and ensuring that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✓	<ul style="list-style-type: none"> ▪ No specific needs identified
Gender reassignment	✓	<ul style="list-style-type: none"> ▪ Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring that the medicines which form part of the treatment are available and provided without delay or impediment
Marriage & civil partnership	x	<ul style="list-style-type: none"> ▪ No specific needs identified

5.9. Future Capacity

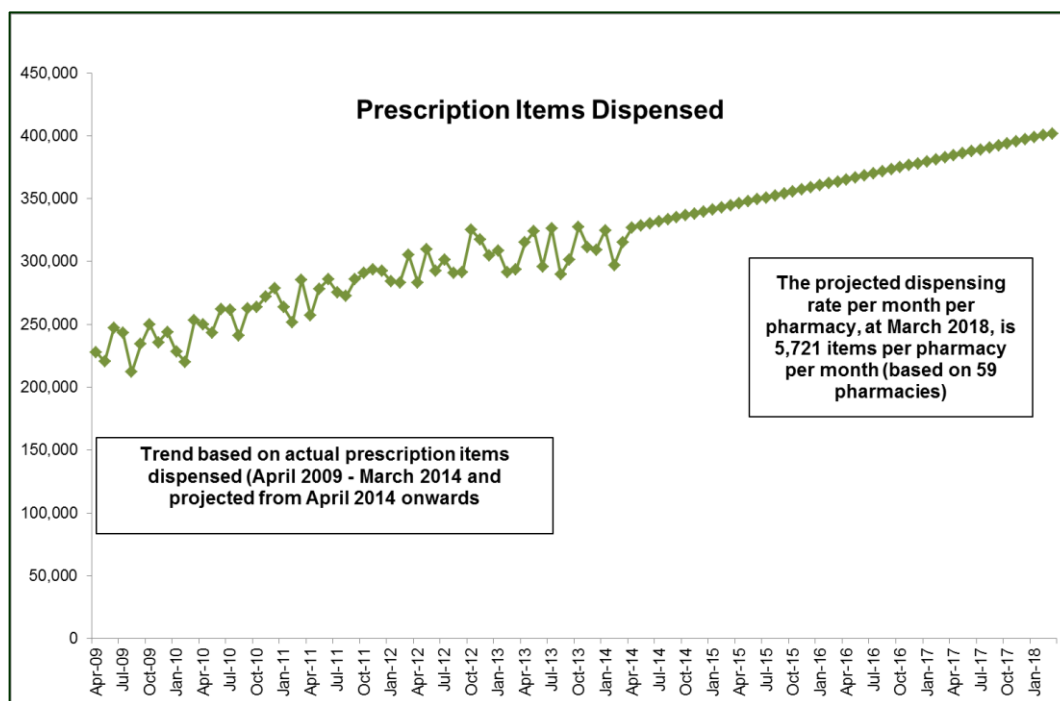
To consider the future capacity of Haringey pharmacies, we have looked at the following factors:

- The pattern and growth in prescribing as a proxy measure to assess the future dispensing capacity of pharmacies
- A review of significant housing developments within Haringey
- The projected population growth on the distribution of pharmacies per 100,000

5.9.1. Future Dispensing Capacity

The PNA regulations require the HWB to consider whether the pattern and growth in prescribing is of relevance to the future dispensing capacity of Haringey pharmacies.

The graph plots the number of items dispensed per month, between April 2009 and March 2014 and has been projected through to March 2018. It illustrates that the trend is for the volume of items to increase.



Assuming that the number of pharmacies and the cross border dispensing rate remains constant, the average number of items per pharmacy has been estimated to increase to 5,721. This projected dispensing rate is significantly lower than the current England average and suggests that there is sufficient capacity, within the existing network of pharmacies, to continue to meet the dispensing needs of Haringey residents.

However, it should be noted that whilst there are some limitations with the analysis, it is still a useful guide to the future dispensing capacity of our pharmacies:

- The items trend is based on prescriptions issued by Haringey prescribers and doesn't include prescription items issued in areas other than Haringey
- It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc

5.9.2. Impact of Projected Population Growth on Distribution of Pharmacies

In section 4.2.1 we set out the estimated population growth for Haringey and the areas of the Borough that are undergoing significant regeneration and/or housing developments. The table, within this section, estimates the population impact through to 2020, which goes beyond the maximum 3 year period for which our PNA will apply.

We have, therefore, projected the population growth through until 2018 using the Greater London Authority (GLA) Strategic Housing Land Availability Assessment (SHLAA) projections and have assessed the impact of this growth on the number of pharmacies per 100,000 population. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5 years, 10 years and 15 years i.e. trajectories are constructed based on these 3 time periods.

The table on the next page summarises our findings, noting the following:

- The Central and NE Tottenham localities are set to see the most significant increases in population (4,275 and 4,140 people respectively)
- In terms of the impact of population growth on the number of pharmacies per 100,000 population, the Central Locality will see the biggest change (-1.8) followed by NE Tottenham (-0.9) and SE Tottenham (-0.90 respectively)
- NE Tottenham and the West Localities already have a lower than average number of pharmacies per head (compared with the current & future Haringey average; and the current London and England averages) and will be pushed further away from these (noting that it is not possible to compare with the future averages for London and England). This is potentially of concern for NE Tottenham given the health inequities and challenges within this locality

It should be noted that there is a commitment to improving healthcare facilities as part of the Tottenham regeneration programme, but there are no firm plans for a new healthcare centre, or for a pharmacy within this. There are also no firm plans to close or relocate any GP surgeries within this area or Haringey as a whole.

Locality	Ward	IMD Rank*	No. of Pharmacies		No. Pharmacies per 100,000 (2014)			No. Pharmacies per 100,000 (projected; 2018)			Difference	
			Ward	Locality	Population	Ward	Locality	Projected Population	Ward	Locality	Ward	Locality
Central	Bounds Green	13	3	15	14311	21.0	25.8	14341	20.9	24.1	-0.04	-1.8
	Harringay	11	2		13952	14.3		14553	13.7		-0.59	
	Noel Park	4	7		14574	48.0		17108	40.9		-7.11	
	Woodside	9	3		15232	19.7		16342	18.4		-1.34	
NE Tottenham	Bruce Grove	6	3	13	14935	20.1	17.4	15233	19.7	16.5	-0.39	-0.9
	Northumberland Park	1	4		15011	26.6		15960	25.1		-1.58	
	Tottenham Hale	5	3		16828	17.8		19181	15.6		-2.19	
	West Green	8	0		13919	0.0		14293	-		-	
	White Hart Lane	2	3		13863	21.6		14029	21.4		-0.26	
SE Tottenham	Seven Sisters	10	3	13	16508	18.2	27.1	16747	17.9	26.2	-0.26	-0.9
	St Ann's	7	5		15820	31.6		16232	30.8		-0.80	
	Tottenham Green	3	5		15636	32.0		16667	30.0		-1.98	
West	Alexandra	17	1	18	12009	8.3	21.0	12099	8.3	20.5	-0.06	-0.4
	Crouch End	15	5		12719	39.3		12889	38.8		-0.52	
	Fortis Green	18	2		12918	15.5		13092	15.3		-0.21	
	Highgate	19	2		12034	16.6		12389	16.1		-0.48	
	Hornsey	12	2		13025	15.4		13442	14.9		-0.48	
	Muswell Hill	16	5		11030	45.3		11500	43.5		-1.85	
	Stroud Green	14	1		12150	8.2		12181	8.2		-0.02	
Haringey Total			59		266474	22.1	22.1	278278	21.2	21.2	-0.94	-0.9

* The current number of pharmacies per 100,000 (2012/13) are 22.5 and 21.6 for London and England respectively

CONCLUSIONS ON ESSENTIAL SERVICES

Essential services are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population. Many of the findings in this section e.g. access in relation to opening hours, support for people with disabilities etc are pertinent to other pharmacy based services and our conclusions should be borne in mind when reviewing other sections within the PNA

We have identified that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:

- Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner
- FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
- Through supporting health promotion campaigns and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs and tackling the health inequalities of Haringey's population

Distribution of Pharmacies

Haringey is well resourced in terms of the number of pharmacies it has and this serves to afford a reasonable choice to our residents. In addition, there are a number of pharmacies, located in neighbouring areas, which are easily accessible for Haringey residents should they choose to use these.

There is a reasonable correlation with deprivation, although this isn't the case within White Hart Lane and Tottenham Hale (NE Tottenham locality) which have a below average number of pharmacies per 100,000 population. However, additional capacity is available, within walking distance, from pharmacies in the neighbouring localities and borough. Areas with higher population density are relatively well served. There is good alignment with GP surgeries.

We have demonstrated that all residents can access a pharmacy, within a mile; and have estimated that the vast majority are within 20 minutes reach of their nearest pharmacy.

Opening Hours

In considering opening hours, we have taken into account the fact that Haringey has a high proportion of people who are of working age (and who may wish to access pharmacy services outside of 'working hours'); and have also looked at the alignment with other services.

We have demonstrated that, in most localities, there is good access to pharmacies on weekdays (9am - 6pm) and Saturdays (up until 5pm); and reasonable access on Sundays. In the extended hour period on weekdays, most residents can access a pharmacy, within 1 mile, up until 7pm.

There is no access to pharmacy services overnight. However, unscheduled care providers carry stock medicines which may be supplied to service users. Whilst, FP10 prescriptions may sometimes be issued, we are not aware of any concerns or complaints and have concluded that current arrangements are satisfactory.

We have identified the following potential gaps in relation to opening hours:

- Access and choice is more limited at all times in the NE locality; and this is particularly the case in the mornings (before and including 8am) and on Sundays when only one pharmacy is open
- In the Central Locality, no pharmacies open before 9am. This means that there is insufficient alignment with GP opening hours as a small number of GP practices provide clinical services from 7:30 - 8am (depending on the day of the week)

Dispensing

Haringey has a relatively low dispensing rate compared with our ONS comparators and the London and England averages. There is variation in dispensing rates between the localities and 16% of items are either dispensed by pharmacies outside of Haringey or are attributable to personally administered items by GPs.

We have not identified any issues with respect to the future dispensing capacity of pharmacies.

Access & Support for People with Disabilities

We have identified that our pharmacies have taken steps to ensure that they meet the needs of those with disabilities, particularly with respect to support for those who are wheelchair users and those with visual and cognitive impairment. However, we have identified that there is more to do to support the effective communication with people who are hearing impaired.

Current Need

- None identified

Future Need

- If GPs move to a 7 day a week service then current opening hours *may need to be reviewed*, to ensure timely access to dispensing following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known
- NE Tottenham has high levels of deprivation, poorer health outcomes and is set to see significant population growth, in part as a result of housing and commercial developments. One of the pharmacies, within the locality, is potentially affected by the development. The impact will be to push this area even further away from the benchmarked average in terms of the number of pharmacies per 100,000. Taking this into account, and following completion of the developments, the locality may benefit from an additional access to pharmaceutical services. This may include existing pharmacies opening for extended hours; relocation of a pharmacy; and/or a new pharmacy (noting that we would wish to see such a pharmacy opening for extended hours on 7 days a week and being prepared to provide the full range of enhanced and locally commissioned services).

Improvements or Better Access

- GP and pharmacy opening hours do not necessarily align. We believe that extending pharmacy opening hours would improve timely access to dispensing, particularly in the mornings (before and including 8am) in the Central Locality; in the other localities this would improve choice for residents
- We anticipate that all pharmacies will take reasonable steps to meet the minimum requirements of the Equality Act 2010. We have identified opportunities for more pharmacies to support the needs of people with disabilities particularly those with a hearing impairment

Future improvements or Better Access

- None identified

5.10. Premises and Consultation Areas

There is interdependency between pharmacy premises and facilities and the ability of the pharmacy to deliver a broad range of advanced, enhanced and locally commissioned services.

A pre-requisite is a consultation area in which to hold private discussions with patients. For advanced services, the characteristics of a pharmacy consultation area have been defined within the regulations⁵:

- There must be a sign stating that there is a private consultation area available.
- The consultation area or room must be:
 - Clean and should not be used for storage of any stock
 - Laid out and organised so that any materials or equipment which are on display are healthcare related and
 - Laid out and organised so that once a consultation begins, the patient's confidentiality is respected.

We explored consultation area, and facilities within these, in our community pharmacy questionnaire. The table on the next page summarises the characteristics of the consultation areas and provides an overview as to why the feature(s) are important.

Consultation Areas & Facilities			
Feature	Rationale	No. (n=59)	%
On-site	Facilitates 'walk in' approach to service delivery	58	98%
Closed room	For confidentiality	51	86%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	39	66%
Wheel chair access	Improves access to a confidential area for those with a physical disability	38	64%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	8	14%
Computer	For contemporaneous patient records	36	61%
Internet access	Access to on-line resources	34	58%
Patient medication records	Access to patients' medication history during the consultation	29	49%
Telephone	Allows confidential calls to be made	21	36%
Sink with hot water	Required for services which include examination or taking samples	36	61%
Examination couch	Allows for a broader range of services to be provided	9	15%
CCTV	Affords protection and security	6	10%
Panic button	Affords protection and security	13	22%
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	27	46%
N3 Connection	Secure connection for sharing confidential information and data	56	95%
Nhs.net email	Allows confidential correspondence	42	71%

98% (58/59) of Haringey pharmacies have one or more consultation areas. Of these, 3 pharmacies have two consultation areas; 1 pharmacy has three consultation areas and another pharmacy has 4 consultation areas. One pharmacy is currently installing a consultation area.

CONCLUSIONS ON PREMISES AND CONSULTATION AREAS

We have identified that the majority of Haringey pharmacies have one or more consultation areas.

These areas are generally well equipped and consistent with modern standards.

With respect to meeting the needs of those with a disability, almost two thirds of the consultation areas are fully accessible to a wheelchair and/or have space for a chaperone or carer which may be important for people with cognitive impairment. However, only 15% of pharmacies have a hearing loop in the consultation area which potentially disadvantages people with hearing impairment.

There are opportunities to improve both the use of technology within the consultation area and also security through the installation of CCTV and panic buttons.

5.11. Advanced Services

Advanced services are defined in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁵. A contractor has discretion as to whether or not they provide advanced services, providing that they meet the requirements in terms of premises and training and make a notification of intention to NHS England.

In this section, we explore the current provision of the four advanced services currently included within the community pharmacy contract.

5.11.1. Medicines Use Reviews (MURs) and Prescription Intervention (PIs) Service

A. Overview

Since 2005, community pharmacies have been able to provide Medicines Use Reviews (MURs). This service, together with the Prescription Intervention (PI) Service, consists of accredited pharmacists undertaking structured adherence-centred reviews of patients on multiple medicines.

The services are intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste. MURs tend to be more proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following identification of a serious adherence issue. A pharmacy may undertake up to 400 MURs per annum. A pharmacy may only offer an MUR to a patient who has been using the pharmacy for 3 months (this is known as the 3 month rule).

In 2014/15, NHS England determined that from a specified implementation date the number of MURs, which must be directed at the national target groups, will be increased from 50% to 70%. From the same date, the target groups have been expanded. The table below summarises the historical and the additional target groups:

Historical Target Groups	Additional Target Groups
<ul style="list-style-type: none">▪ People taking high risk medicines i.e. non-steroidal anti-inflammatory drugs (NSAIDs), anti-coagulants, anti-platelets and diuretics;▪ Patients recently discharged from hospital;▪ Patients prescribed certain respiratory medicines	<ul style="list-style-type: none">▪ People who are taking a minimum of 4 regular medicines and who are at risk of, or who have, one or more of the following conditions:<ul style="list-style-type: none">○ Coronary heart disease○ Diabetes○ Atrial fibrillation○ Peripheral arterial disease○ Renal/chronic renal disease○ Hypertension○ Thyroid disorders○ Heart failure○ Stroke / Transient Ischaemic Attack○ Lipid disorders

B. The Evidence Base

The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines-related risks including adverse effects, has been demonstrated in studies⁶:

- 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s).
- 77% had their medicines knowledge improved by the MUR.
- 97% of patients thought the place where the MUR was conducted was sufficiently confidential.
- 85% of patients scored the MUR 4 or 5 on a usefulness scale (1 = not useful; 5 = very useful).

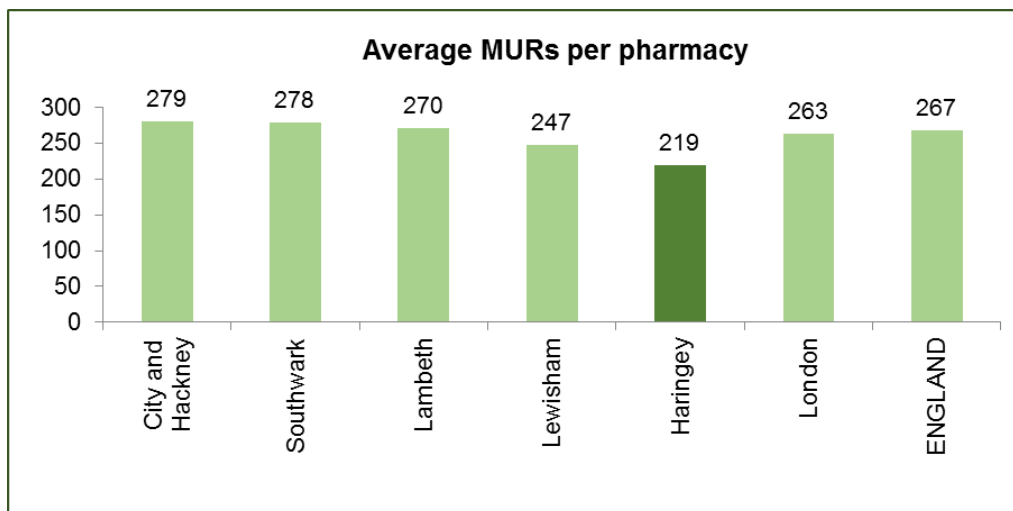
C. The Current Picture

In Haringey, 92% (54/59) of pharmacies told us in our community pharmacy questionnaire that they offer the MUR service. All 5 of the pharmacies which don't currently offer the service indicated that they would be willing to do so in the future.

Activity data for 2013/14 demonstrates that a total of 11,098 MUR reviews were undertaken by 50 of the pharmacies. This averages out at 222 reviews per pharmacy.

When compared to our ONS comparators (noting that the comparison is based on 2012/13 data which the most recent available), it is of note that this performance is lower than all the other ONS comparators, and London and England averages (as illustrated by the graph below).

It also falls significantly below the permitted maximum of 400 MURs per pharmacy per year.



Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13)

The table below provides a summary of MUR provision across each locality:

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	14	11	13	16	54
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	24.1	14.8	27.1	18.6	20.3
No. of active pharmacies (2013/14)	13	10	13	14	50
Range of MURs undertaken	2 - 436	24- 402	12 - 405	88 - 403	2 - 436
Total Activity	2875	1476	3534	3213	11098
MURs per 1,000 people	50	20	74	37	42

It demonstrates variation across the localities with pharmacies in NE Tottenham undertaking the lowest number of reviews and SE Tottenham the highest number per 1,000 population.

Map 8 (appended in a separate document) provides an overview of the distribution of pharmacies against a background of people who reported (2011 census) that they have a limiting long term illness (LLTI). This is a proxy for need on the basis that many people with a LLTI will be taking medicines and may benefit from an MUR. It demonstrates that there is a reasonable correlation with need in all localities.

The table (next page) provides an overview of MUR service provision on different days of the week.

The data demonstrate that there is good access to MURs in all 4 Localities, on weekdays between 9:30am and 6pm and on Saturdays between 10am and 1pm, which is when all pharmacies are open. During extended hours on weekdays, Saturday afternoons & evenings and Sundays, access is reduced in all localities.

The '3 month rule' creates a difficulty with respect to accessing MURs in the extended hours period or at weekends, as patients cannot access this service from an alternative pharmacy. This means that patients may only access MURs when their regular pharmacy is open (rather than choosing to go elsewhere). This may reduce take-up by people of working age, who have a long term condition and who may not be able to attend their regular pharmacy during the day. It also means that patients who choose to have their prescriptions dispensed by the 5 pharmacies which do not offer the service, cannot access MURs at all.

Locality	Ward	No. of Pharmacies Offering Medicines Use Reviews									
		Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	3	2	0	0	2	1	0	0	0
	Harringay	0	1	0	0	0	1	0	0	0	1
	Noel Park	0	7	3	2	0	5	4	2	3	0
	Woodside	0	3	2	0	0	3	3	1	0	0
NE Tottenham	Bruce Grove	0	3	2	0	1	3	3	0	0	0
	Northumberland Park	0	2	2	0	0	1	1	0	0	2
	Tottenham Hale	0	3	1	0	0	1	1	1	0	0
	White Hart Lane	1	3	1	2	0	3	1	1	1	0
SE Tottenham	Seven Sisters	1	3	2	2	0	2	1	1	1	0
	St Ann's	0	5	3	1	1	4	4	1	1	0
	Tottenham Green	1	5	4	0	0	5	2	2	2	0
West	Alexandra	0	1	1	0	0	1	0	0	0	0
	Crouch End	0	5	3	0	0	5	5	1	2	0
	Fortis Green	0	2	2	0	0	2	1	1	1	0
	Highgate	0	2	0	0	0	2	2	0	1	0
	Hornsey	0	1	0	0	0	1	0	0	0	1
	Muswell Hill	2	4	2	0	0	4	4	2	2	1
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		5	54	30	7	2	46	34	13	14	5
Percentage of the Total		8%	92%	51%	12%	3%	78%	58%	22%	24%	8%

D. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> Older people, on multiple medications for long term conditions are likely to require MURs. People of working age may wish to access this service during extended hours. Residents in care homes may have reduced access to MURs because this tends to be a pharmacy-based service (permission is needed to offer the service in patients' homes). However, 14% of pharmacies offer MURs in care homes which affords access to this group of our residents. A further 68% said they would be willing to do so in the future
Disability	✓	<ul style="list-style-type: none"> MURs help to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired and/or for those with cognitive impairment. It is important for pharmacies to make sure that the service is accessible and tailored to meet the needs of those with learning disabilities
Gender	×	<ul style="list-style-type: none"> No specific needs identified
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to delivering successful MURs
Religion or belief	×	<ul style="list-style-type: none"> No specific needs identified (refer to essential services for specific support which may be required at the time of dispensing)
Pregnancy and maternity	✓	<ul style="list-style-type: none"> MURs help women who are planning pregnancy or breast feeding women to avoid potentially harmful medicines
Sexual orientation	×	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	✓	<ul style="list-style-type: none"> MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

CONCLUSIONS ON MURs

Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:

- People with long term conditions with multiple medicines benefit from regular reviews
- It is estimated that up to 20% of all hospital admissions are medicines related⁹ and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose)

We have determined that this service is **necessary** to meet the pharmaceutical needs of our population:

- The service may only be provided by community pharmacists
- There is published evidence to demonstrate the benefits of MURs
- There is good alignment with the strategic aims set out within the Haringey JHWS and NHS Haringey CCG's commissioning strategy, particularly with respect to the focus on prevention, early diagnosis and treatment of long term conditions
- The service helps to ensure that our residents derive maximum benefit from the medicines which they need

54 pharmacies offer the MUR service. Access is good on weekdays (9:30am - 6pm) and Saturdays (10am - 1pm); but is reduced outside of these hours

We have identified the following potential gaps:

- Whilst a number of pharmacies offer the service, some are not currently actively undertaking MURs; there is also scope for some pharmacies to increase the number of MURs which are undertaken as only a quarter of pharmacies deliver the maximum number of permitted MURs per annum
- The 3 month rule means that MURs may not be accessed from a pharmacy other than the patient's regular pharmacy. The implications for:
 - The residents who use the 5 pharmacies which do not provide the service

- People who wish to use the service during extended hours, or at weekends, but cannot do so because their regular pharmacy is closed
- The 25% of pharmacies which deliver the maximum permitted number of MURs per annum and have no capacity to meet additional demand for the service

Taking the above into account, our overall conclusions for MURs may be summarised as follows:

Current Need

- The gap, whereby some residents cannot access the service because it is not offered by their regular pharmacy, cannot be addressed through granting of new applications because of the 3 month rule for MURs. We wish to see all Haringey pharmacies to offer the MUR service. Another option is for a resident to be signposted to a pharmacy which does offer MURs (noting that prescriptions will need to be dispensed by the alternative pharmacy)

Future Need

- We anticipate there will be an increase in the number of people requiring MURs as our population ages; as more patients are cared for closer to home; and as a result of the expected population increase due to regeneration and housing developments. The majority of our pharmacies have capacity to meet this increased need. However, we would like to see the national cap, limiting the number of MURs to 400 per annum, lifted

Current and Future Improvements or Better Access

- We wish to see all pharmacies proactively targeting the service at the patients who will benefit the most. This will help to ensure that pharmacies deliver the maximum number of MURs
- We would like to see more pharmacies opening earlier in the morning, or staying open later in the evening, where there is a demand for service provision at these times
- Providing the service in the domiciliary setting (subject to NHS England approval) would improve access to the service for people who are housebound and for those who are less able to get to a pharmacy unaided. Similarly, there is an option for pharmacies to offer appointments 'after hours' to facilitate access for people who work full time

5.11.2. New Medicine Service

A. Overview

The New Medicine Service (NMS) is the most recent advanced service to be added to the NHS community pharmacy contract; it commenced on 1st October 2011. The aim of this service is to support patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

At this point in time, the service is focused on the following patient groups and conditions:

- Asthma and COPD
- Diabetes (Type 2)
- Antiplatelet / anticoagulant therapy
- Hypertension

Patients are either referred to the NMS by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist. The service differs from a MUR in that there is no 3 month rule. The number of NMS interventions which a pharmacy may undertake is linked to the volume of dispensing in any given month.

The NMS started as a time-limited service with the future continuation of the service being dependent upon the outcome of a formal evaluation. The results of this evaluation were published in August 2014 (see evidence base below) and NHS England has indicated its commitment to continuing the service throughout 2014/15. The future of the service beyond this is not known.

B. The Evidence Base

A recent randomised controlled trial^{7,8} demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective:

- The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
- Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
- Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent

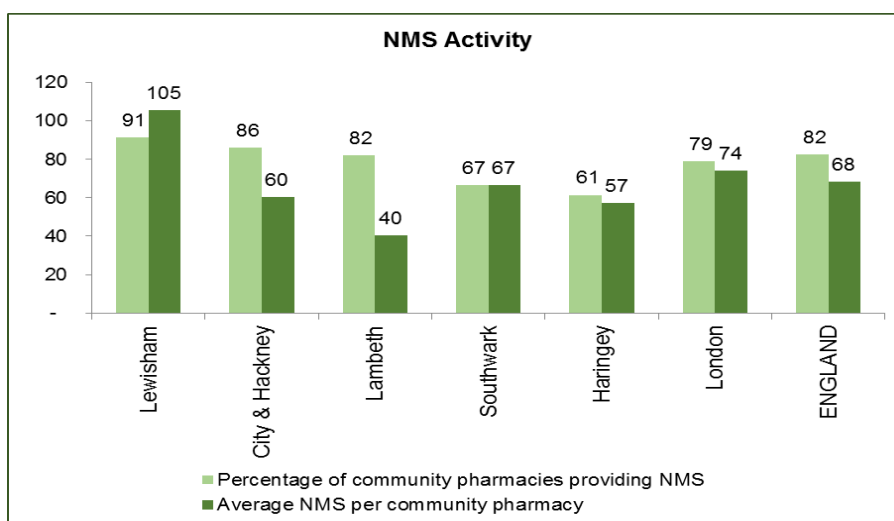
In a study evaluating a telephone based pharmacy advisory service⁹, pharmacists met patients' needs for information and advice on medicines, when starting treatment.

C. The Current Picture

In Haringey, 76% (46/59) of pharmacies told us in our community pharmacy questionnaire that they offer the NMS service. Of the 14 pharmacies that don't provide the service, 10 told us they would be willing to do so in the future.

Activity data for 2013/14 demonstrates that a total of 1,798 NMS reviews were undertaken by 33 of the pharmacies. This averages out at 54 reviews per pharmacy.

Our benchmarking analysis demonstrates that this performance is lower than all the other ONS comparators except for Lambeth, and London and England averages (as illustrated by the graph below).



Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13)

The table below provides a summary of NMS provision across each locality, and Map 9 (appended in a separate document) provides an overview of the distribution of pharmacies offering the service against a background of the percentage of people who reported, in the 2011 census, that they have a limiting long-term illness (LLTI). As with MURs, this has been used as a proxy for need.

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	11	7	12	16	46
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	18.9	9.4	25.0	18.6	17.3
No. of active pharmacies (2013/14)	9	5	11	8	33
Range of reviews undertaken	3 - 109	6 - 174	6 - 167	14 - 300	3 - 300
Total Activity	398	245	492	663	1798
Activity per 1,000 people	6.9	3.3	10.3	7.7	6.7

The map demonstrates that there is a reasonable correlation between pharmacies offering the service and need in all localities.

In terms of activity, the table indicates that

- Only 33 (out of the 46 offering the service) are actively undertaking reviews; in the West Locality, only 50% of those offering the service are active. However, this may be a reflection of lower need within this locality.
- There is also variation between localities, with pharmacies in NE Tottenham undertaking the fewest reviews per 1,000 people and SE Tottenham undertaking the most. This is potentially of concern given that the map indicates that a high number of people in NE Tottenham have a LLTI.

The table on the next page provides an overview of the NMS provision on different days of the week. It demonstrates reasonable access to NMS, and a choice of pharmacy, in all 4 Localities on weekdays between 9:30am and 6pm and on Saturdays up until 5pm.

Access outside of these opening hours is reduced in localities, particularly on weekday mornings (up until and including 8am) and on Sundays.

D. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> ▪ Older people, particularly those on multiple medications or those recently discharged from hospital, may benefit from the NMS. People of working age may wish to access this service during extended hours. Residents in care homes may have reduced access to the NMS
Disability	✓	<ul style="list-style-type: none"> ▪ NMS help to assess & provide support e.g. provision of large print labels for the visually impaired and/or for those with cognitive impairment. It is important for pharmacies to make sure that the service is accessible and tailored to meet the needs of those with learning disabilities
Gender	x	<ul style="list-style-type: none"> ▪ No specific needs identified
Race	✓	<ul style="list-style-type: none"> ▪ Language may be a barrier to delivering successful NMS
Religion or belief	x	<ul style="list-style-type: none"> ▪ No specific needs identified (refer to essential services for specific support which may be required at the time of dispensing)
Pregnancy and maternity	✓	<ul style="list-style-type: none"> ▪ The NMS may help pregnant or breast feeding women to avoid harmful medicines
Sexual orientation	x	<ul style="list-style-type: none"> ▪ No specific needs identified
Gender reassignment	✓	<ul style="list-style-type: none"> ▪ NMS may help to improve adherence to newly prescribed medicines
Marriage & civil partnership	x	<ul style="list-style-type: none"> ▪ No specific needs identified

Locality	Ward	No. of Pharmacies Offering the New Medicine Service									
		Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	3	2	0	0	2	1	0	0	0
	Harringay	0	1	0	0	0	1	0	0	0	1
	Noel Park	0	4	2	0	0	3	2	2	2	3
	Woodside	0	3	2	0	0	3	3	1	0	0
NE Tottenham	Bruce Grove	0	2	1	1	0	2	2	0	0	1
	Northumberland Park	0	0	0	0	0	0	0	0	0	4
	Tottenham Hale	0	3	1	0	0	1	1	1	0	0
	White Hart Lane	1	2	1	0	0	2	1	1	1	1
SE Tottenham	Seven Sisters	1	3	2	0	1	2	1	1	1	0
	St Ann's	0	5	3	1	1	4	4	1	1	0
	Tottenham Green	1	4	3	0	0	4	2	2	2	1
West	Alexandra	0	1	1	0	0	1	0	0	0	0
	Crouch End	0	5	3	0	0	5	5	1	2	0
	Fortis Green	0	2	2	0	0	2	1	1	1	0
	Highgate	0	2	0	0	0	2	2	0	1	0
	Hornsey	0	1	0	0	0	1	0	0	0	1
	Muswell Hill	2	4	2	0	0	4	4	2	2	1
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		5	46	25	2	2	40	30	13	13	13
Percentage of the Total		8%	78%	42%	3%	3%	68%	51%	22%	22%	22%

CONCLUSIONS ON NMS

The NMS has been shown to improve adherence with a newly prescribed medicine, helps to manage medicines-related risks and improve patient outcomes by tackling the following problems¹⁰:

- Only 16% of patients take a new medicine as prescribed
- 10 days after starting a new medicine, almost one-third of patients are non-adherent
- It is estimated that up to 20% of all hospital admissions are medicines-related and arise as a result of failure or unintended consequence (e.g. a side effect or taking the wrong dose) of using a prescribed medicine.

On balance, at this point in time, we have determined that the service is not necessary to meet a pharmaceutical need but is **relevant in that it improves access to medicines reviews and clinical support**. The following factors have influenced this decision:

- The service may only be provided by community pharmacists but other healthcare professionals (e.g. practice nurses, hospital pharmacists) may offer comparable services
- There is published evidence to demonstrate the benefits of the NMS
- There is good alignment with the strategic aims set out within the Haringey Joint Health and Wellbeing Strategy and NHS Haringey CCG's commissioning strategy, particularly with respect to:
 - The focus on prevention, early diagnosis and treatment of long term conditions;
 - Helping to prevent medication-related falls
 - Potentially reducing hospital admission or re-admissions due to non-adherence to a new medicine
- Whilst the service improves access to medication reviews, the number of NMS reviews undertaken is low compared with our ONS comparators and the London & England averages
- The long term future of the service is not known

With respect to service provision we have identified a number of potential gaps:

- 13 pharmacies do not offer the NMS. However, 10 of these pharmacies have indicated that they are willing to offer this service in the future.
- 13 of the pharmacies which offer the service are not actively undertaking NMS reviews.
- There is variation between localities, with respect to the number of reviews undertaken per 1,000 people. This is of potential concern in NE because a high number of people have a LLTI.
- Access the service is limited, in all localities, on weekday mornings (up until and including 8am) and on Sundays.

In the future, we anticipate there will be an increase in the number of people requiring the NMS as our population ages; as more patients are cared for closer to home; and as a result of the expected population increases due to regeneration and housing developments. Our analysis suggests there is sufficient capacity within the existing network of pharmacies to meet the growth in demand, particularly if more pharmacies come on board and start to offer the service.

Taking the above into account, our overall conclusions for the NMS may be summarised as follows:

Current and Future Need

- None identified.

Current Improvements or Better Access

- We would like all Haringey pharmacies to provide the NMS service for as long as it is commissioned by NHS England. Where a pharmacy does not offer the service, we would signposting to pharmacies who do offer the service
- We would like to understand why some pharmacies are not active and why others undertake low numbers of reviews (particularly in NE Tottenham). This will facilitate us providing support to pharmacies with a view to increasing uptake of the service

- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary care work closely together, may increase the number of people referred into the service and secure improvements for patients.
- We would, like to see more pharmacies opening earlier in the morning, or staying open later in the evening, where there is a demand for service provision at these times

5.11.3. Stoma Appliance Customisation Service

A. Overview

This service involves the customisation of stoma appliances, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste. There are no limits on the number of SACs which may be undertaken.

B. The Evidence Base

We have undertaken a literature review and have not identified any published studies to demonstrate the benefits of the SAC service. The benefits associated with the service, as stated above, remain theoretical.

C. Current Picture

In Haringey, 10% (6/59) pharmacies told us in our community pharmacy questionnaire that they offer the SAC service.

Of the 53 pharmacies which don't provide the service, 38 told us they would be willing to do so in the future. Barriers to delivering the service included the need for training and lack of demand.

The table below, based on 2012/13 data shows the number of Stoma Appliance Customisations undertaken within Haringey compared with the ONS comparators.

ONS Comparator Area	SACs Service 2012/13	
	Total SACs	Average No. per Pharmacy / DAC
Lewisham	42	14
Haringey	25	8
Lambeth	16	16
Southwark	9	5
City and Hackney	0	0
London	70,883	921
England	1,117,971	635

Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13)

This demonstrates that there is generally a low uptake of pharmacy-based SACs within both Haringey and our ONS comparator areas. Furthermore, this pattern tends to be replicated across most of England, although a small number of areas appear to undertake the vast majority of activity (e.g. Croydon undertook 27,395 SACS in the 2012/13).

The table below summarises the findings of a detailed review of stoma appliance dispensing (based on prescriptions issued by Haringey prescribers between April 2013 - March 2014) and demonstrates that 65% of items were dispensed outside of the Borough. It follows that SACS are likely to be undertaken outside the area.

Locality	Items	Percentage
Central	1,027	9.8%
NE Tottenham	906	8.6%
SE Tottenham	562	5.3%
West	1,185	11.3%
Total Haringey	3,680	35.0%
Out of area >100 items per pharmacy / DAC	5,790	55.0%
Out of area <100 items per pharmacy / DAC	1,055	10.0%
Total out of area	6,845	65.0%

D. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	Older people are more likely to have stomas and therefore may be more likely to require access to the SAC service.
Disability	✓	The SAC service may help to assess need and provide support to help people with disabilities to manage their stoma.
Gender	×	No specific needs identified
Race	✓	Language may be a barrier to delivering a successful service
Religion or belief	×	No specific needs identified
Pregnancy and maternity	✓	The SAC service may be required by pregnant women to help to accommodate changes in body shape during pregnancy
Sexual orientation	×	No specific needs identified
Gender reassignment	×	No specific needs identified
Marriage & civil partnership	×	No specific needs identified

CONCLUSIONS ON SACS

The SACS service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste.

6 pharmacies offer the service and a further 38 are willing to do so in the future. Whilst access and choice are limited, benchmarking data shows that this is similar to many other areas.

We have determined that whilst this service is not necessary to meet the pharmaceutical needs of our population, it is **relevant** for the following reasons:

- Our analysis of dispensing indicates that Haringey residents may choose to access stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the hospital or clinic providing their ongoing care i.e. the pharmacy-based service offers improvements in relation to choice
- The SAC service provides theoretical benefits to the patients, however, there is insufficient published evidence to demonstrate improved patient outcomes or value for money

We are not aware of a demand for a pharmacy-based service nor have there been any complaints with respect to service provision of SACS and have concluded that there are not any current or future gaps.

5.11.4. Appliance Usage Reviews

A. Overview

Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home

The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed i.e.:

- Catheter appliances, accessories & maintenance solutions
- Stoma appliances
- Incontinence appliances
- Laryngectomy or tracheostomy appliance
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction

The pharmacist would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient.

A contractor may undertake a limited number of AURs linked to the volume of appliances dispensed (i.e. 1/35 of specified appliances)

B. The Evidence Base

We have undertaken a literature review and have not identified any published studies to demonstrate the benefits of the AUR service. The benefits associated with the service, as stated above, remain theoretical.

C. Current Picture

In Haringey, 8% (5/59) pharmacies told us in our community pharmacy questionnaire that they offer the AUR service. However, 41 pharmacies told us they would be willing to do so in the future and they cited barriers to delivering the service as a need for training and a lack of demand.

The table below, based on 2012/13 data shows that no AURs were undertaken within Haringey or our ONS compactor areas.

ONS Comparator Area	No. of AURs provided (2012/13)			
	Home	Premises	Total	% at Home
City and Hackney	0	0	0	0%
Haringey	0	0	0	0%
Lambeth	0	0	0	0%
Lewisham	0	0	0	0%
Southwark	0	0	0	0%
London	1820	354	2174	84%
England	23,554	4593	28147	84%

Source: Health & Social Care Information Centre, General Pharmaceutical Services in England (2012/13)

We have used dispensing of incontinence appliances as a means of exploring provision of AURs.

The table summarises the findings of a detailed review of incontinence appliance dispensing (based on prescriptions issued by Haringey GPs; April 2013 - March 2014):

Incontinence Appliance Dispensing			
	Total	% Total	Max No. AURs
	Items	Items	
Central	313	9%	9
NE Tottenham	490	14%	14
SE Tottenham	293	8%	8
West	719	21%	21
Total - Haringey	1815	53%	52
Out of area >100 items per pharmacy / DAC	965	28%	28
Out of area <100 items per pharmacy / DAC	670	19%	19
Total - out of area	1635	47%	47

The data helps to explore the provision of the AUR service:

- The total number of incontinence appliances dispensed was 3,450
- 53% of these were dispensed by 53/59 pharmacies in Haringey
- The West locality dispensed the highest volume of items (21%) and SE Tottenham Locality the lowest volume of items (8%)
- 47% of the items were dispensed out of area, with just 3 pharmacies accounting for 28% of the items
- Based on this dispensing pattern, the maximum number of AURS which could theoretically have been offered to people using incontinence appliances within Haringey was 52; and 47 for those using pharmacies outside the area
- Similarly, for stoma appliances the maximum number would be 105 within Haringey and 196 outside the area

This pattern of dispensing demonstrates that even if residents had chosen to access the pharmacy-based AUR service, the number of reviews which pharmacies are permitted to undertake would be relatively low. This reinforces the views expressed in our community pharmacy questionnaire that demand for the service is low.

As with the SACs service, patients often receive the specialist support they require from the hospital or clinic responsible for their ongoing care.

D. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	▪ Older people are more likely to use appliances and, as such, are more likely to require an AUR
Disability	✓	▪ People with certain disabilities are more likely to use appliances and, as such, are more likely to require an AUR
Gender	✓	▪ Appliance advice can be specific to gender
Race	✓	▪ Language may be a barrier to delivering a successful AUR
Religion or belief	✗	▪ No specific needs identified
Pregnancy and maternity	✗	▪ No specific needs identified
Sexual orientation	✗	▪ No specific needs identified
Gender reassignment	✗	▪ No specific needs identified
Marriage & civil partnership	✗	▪ No specific needs identified

CONCLUSIONS ON AURs

The purpose of AURs is to improve a patient's knowledge and use of specified appliances that they have been prescribed

Currently, only 5 Haringey pharmacies offer this service and a further 41 have said that they would be willing to provide this in the future

Benchmarking data demonstrates that no AURs have been undertaken in Haringey or in our ONS comparator areas. We believe the reasons for this can be explained by:

- A relatively high out of area dispensing rate
- The fact that AURs are linked to dispensing activity
- The specialist nature of the service which means that patients often receive the support they need from the hospital or clinic responsible for their on-going care
- A high proportion of AURs are provided in peoples' homes. This improves access for people with a disability and overcomes any barriers introduced by the fact some localities don't have a pharmacy providing the service

We have concluded that within Haringey, the AUR service is not necessary to meet a pharmaceutical need but it is a **relevant** service for the following reasons:

- The service potentially provides a choice of provider for people who wish to use a pharmacy-based service rather than the hospital or clinic providing their ongoing care
- There is insufficient published evidence to demonstrate improved patient outcomes or value for money

We are not aware of a demand for a pharmacy-based service nor have there been any complaints with respect to service provision of AURs and have concluded that there are not any current or future gaps.

5.12. Enhanced Services

Enhanced services are defined in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013⁵. NHS England is responsible for commissioning enhanced services from community pharmacies. The requirements for each service are defined within a service level agreement provided by NHS England.

5.12.1. Minor Ailments Scheme

A. Overview

Pharmacies participating in the minor ailments scheme provide advice and support to people on the management of minor ailments, including where necessary, the supply of medicines for the treatment of the condition, for those people who would have otherwise gone to their GP for a prescription. Where the patient is exempt from prescription charges the medicine is supplied free of charge. The pharmacy operates a triage system, including referral to other health and social care professionals, where appropriate.

The aims and intended service outcomes are:

- To improve access and choice for people with minor ailments
- Promote self-care through the pharmacy, including provision of advice and where appropriate medicines, dressings and/or appliances without the need to see a GP
- Operate a referral system from local medical practices or other primary care providers
- Supplying appropriate medicines and devices (dressings etc) at NHS expense.
- To improve primary care capacity by reducing medical practice workload related to minor ailments

The table below provides a summary of the scope of the minor ailments service:

Conditions Included in the Scheme		
Athlete's foot	Diarrhoea	Insect bites and stings
Back pain	Dyspepsia / indigestion	Minor injuries
Cold sores	Earache	Nappy rash
Conjunctivitis*	Haemorrhoids	Sprains and strains
Constipation	Hay fever, allergic rhinitis & allergies	Teething
Contact dermatitis	Headache, fever	Threadworms
Cystitis*	Head lice	Vaginal Thrush

* Antibiotics may only be supplied under a Patient Group Direction (PGD) by accredited pharmacists

Haringey residents registered with a Haringey GP have direct access to the service and register with the pharmacy of their choice. However, Haringey residents, who are registered with a GP in a neighbouring borough, are entitled to access a minor ailments scheme within the borough of their registration.

A leaflet is available, to facilitate residents' understanding of the MAS; this provides key information on how the service may be accessed and the conditions which are included within the scheme.

B. Provider Criteria

Pharmacies must meet the following criteria in order to provide the minor ailments service:

- All pharmacists providing the service will have satisfactorily completed the following courses/training from the Centre for Pharmacy Postgraduate Education (CPPE):
 - "Responding to minor ailments (2008)"; or
 - "Minor ailments services: a starting point for pharmacists (2009)"; or
 - Have attended a workshop organised by NHS Haringey
- The pharmacist must ensure all pharmacy staff have been trained
- The pharmacist must keep up-to-date with their continued professional development
- The pharmacy should have:
 - The relevant policies in place including data protection, record keeping and audit
 - A standard operating procedure for the service
 - A sufficient level of privacy e.g. consultation area

C. The Evidence base

Evidence has demonstrated that pharmacy-based Minor Ailment services can improve health outcomes and be cost effective:

- One study demonstrated improved access to medicines and provided greater choice in primary care for patients with minor illness¹¹
- A systematic review¹² including one randomised trial showed the following benefits:
 - Symptom resolution in 68-94% of patients
 - Less than a quarter of patients went to their GP after the index consultation
 - Between 47%- 92% of people would have seen their GP, if no pharmacy scheme had been available
 - Over 90% were satisfied with their experience and would re-use the pharmacy based service
 - Areas with high levels of deprivation, may benefit from the pharmacy-based service¹³

D. The Current picture

88% (52/59) pharmacies have been commissioned to provide the minor ailments service. Of these, 41% (24/59) are accredited to supply antibiotics under a patient group direction. All of the pharmacies which aren't commissioned to provide the service said that they would be willing to do so in the future.

The table below provides a summary of service provision by locality and map 10 (appended in a separate document) provides an overview of the distribution of pharmacies against a background of deprivation. This has been used as a proxy of pharmaceutical need.

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	14	12	12	14	52
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	24.1	16.1	25.0	16.3	19.5
No. of active pharmacies (2013/14)	12	11	10	11	44
Active pharmacies per 100,000 population	20.7	14.8	20.8	12.8	16.5

The map demonstrates that there is good access in all areas of deprivation, where this service is likely to be in more demand. The Central and SE Tottenham Locality are well resourced.

44 (out of the 52 pharmacies) were active in 2013/14. All localities had at least one inactive pharmacy. The pharmacies in the West are the least active, however, this locality tends to be more affluent than other areas of Haringey, and the lower activity is likely to be a reflection of lower demand.

The table (on the next page) provide an overview of the service availability and distribution on different days each week. It shows there is good access to the minor ailments services (and reasonable access to those which supply medicines under PGD) in all 4 Localities, on weekdays between 9:30am and 6pm and on Saturdays between 10am and 1pm.

Access, and choice, outside of these opening hours is more reduced particularly on weekday mornings up until and including 8am (with no pharmacies open in the Central Locality) and on Saturday evenings and Sundays.

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> The service is open to all Haringey residents, irrespective of age. However, in the case of those who are aged under 16, the pharmacy needs to assure itself that the child is capable of providing consent through application of Fraser Guidelines; alternatively, the service may be accessed via a parent or guardian
Disability	✓	<ul style="list-style-type: none"> Services and advice need to be tailored to meet the needs of those with learning disabilities and cognitive impairment
Gender	×	<ul style="list-style-type: none"> No specific needs identified
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to delivering the service successfully
Religion or belief	×	<ul style="list-style-type: none"> No specific needs identified
Pregnancy and maternity	✓	<ul style="list-style-type: none"> The suitability of medication for use in pregnant and/or breast feeding women needs to be considered
Sexual orientation	×	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	×	<ul style="list-style-type: none"> No specific needs identified
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

		No. of Pharmacies Offering the Minor Ailments Service*									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	3 (2)	2 (1)	0	0	2 (1)	1	0	0	0 (1)
	Harringay	0	1 (1)	0	0	0	1 (1)	0	0	0	1 (1)
	Noel Park	0	7 (5)	3 (3)	2	0	5 (4)	4 (4)	2 (2)	3 (3)	0 (2)
	Woodside	0	3 (1)	2	0	0	3 (1)	3 (1)	1	0	0 (2)
NE Tottenham	Bruce Grove	0	3 (1)	2	0	1 (1)	3 (1)	3 (1)	0	0	0 (2)
	Northumberland Park	0	4 (1)	4 (1)	0	0	3 (1)	3 (1)	0	0	0 (3)
	Tottenham Hale	0	2 (1)	1	0	0	1	1	1	0	1 (2)
	White Hart Lane	1 (1)	3 (2)	1 (1)	2 (1)	0	3 (2)	1 (1)	1 (1)	1 (1)	0 (1)
SE Tottenham	Seven Sisters	1	3 (2)	2 (1)	2 (2)	0	2 (1)	1	1	1	0 (1)
	St Ann's	0	4 (1)	3 (1)	1	1	3 (1)	3 (1)	1 (1)	1 (1)	1 (4)
	Tottenham Green	1 (1)	5 (3)	4 (2)	0	0	5 (3)	2 (1)	2 (1)	2 (1)	0 (2)
West	Alexandra	0	1	1	0	0	1	0	0	0	0 (1)
	Crouch End	0	4	3	0	0	4	4	1	2	1 (5)
	Fortis Green	0	2 (1)	2 (1)	0	0	2 (1)	1	1	1	0 (1)
	Highgate	0	0	0	0	0	0	0	0	0	2 (2)
	Hornsey	0	1	0	0	0	1	0	0	0	1 (2)
	Muswell Hill	2 (2)	5 (3)	2 (2)	0	0	5 (3)	5 (3)	2 (2)	2 (2)	0 (2)
	Stroud Green	0	1	0	0	0	1	1	0	0	0 (1)
Total - Haringey		5 (4)	52 (24)	32 (13)	7 (3)	2 (1)	45 (20)	33 (13)	13 (7)	13 (8)	7 (35)
Percentage of the Total		8% (7%)	88% (41%)	54% (22%)	12% (5%)	3% (2%)	76% (34%)	56% (22%)	22% (12%)	22% (14%)	12% (59%)

* The figure in (brackets) denotes the number of pharmacies which are accredited to supply medicines under PGDs

CONCLUSIONS ON MINOR AILMENTS SERVICE

The minor ailments service aims to encourage people who are registered with a Haringey GP to use pharmacy services as the 'first port of call' for the management of self-limiting conditions. As such it improves access to primary care and potentially reduces unnecessary visits to GP practices and unscheduled care providers

We have determined that the service **is necessary to meet the pharmaceutical needs** of our population for the following reasons:

- The service is only available from community pharmacies
- Published evidence demonstrates that minor ailments services are cost effective, can improve health outcomes as well as improving access to healthcare expertise
- It supports our local strategic priorities in that it reduces demand and frees up GP capacity and attendance at unscheduled care providers

52 pharmacies are commissioned to provide the service; of these 24 are accredited to supply prescription only medicines under a PGD.

There is good access to the service, and a choice of pharmacy, on weekdays (9:30 - 6pm) and on Saturday mornings (10am - 1pm).

We have identified the following gaps:

- Reduced access to the service on weekday mornings (including no pharmacies open in the Central Locality before 9am) and on Saturday evenings and Sundays. This means that residents may have to travel further to access this service at these times. This may be more of an issue at the weekend as GP surgeries are closed and our residents may be more reliant on the pharmacy-based minor ailments service
- A number of pharmacies in some localities are not active. This may be a reflection of local demand, but we need to understand the full reasons behind this to ensure that residents who need to access this valuable service are able to do so

Current Need and Future Need

- None identified

Current & Future Improvements or better access

- We would like to see improved access to the service, in the early mornings and at weekends, particularly in areas with higher deprivation where there may be a greater demand for the service
- Better advertising of the service, would raise awareness and may increase uptake (where this is clinically appropriate)

5.12.2. London Pharmacy Vaccination Service

A. Overview

The aim of immunisation programmes is to minimise the health impact of disease through effective prevention of cases.

The London Pharmacy Vaccination Service has been established with the aim of delivering population-wide, evidence based immunisation programmes with a view to:

- Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
- Promote a choice of provider for patients and facilitate the "Every Contact Counts" approach by offering co-administration opportunities where an individual is eligible for two or more vaccinations under different immunisation programmes
- Improving access to vaccination services

- Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an 'at risk' group and those aged 65+

The scope of the service currently includes the following portfolio from September 2014 - March 2015

- Pneumococcal polysaccharide vaccination
- Seasonal Influenza vaccination

Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments.

B. Provider Criteria

Pharmacies must demonstrate that they meet the following criteria in order to provide the service:

- The pharmacy must have a designated consultation area or alternative premises that meet specific criteria including workspace & infection control arrangements
- The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2014/15 Vaccinations, as well as individual PGDs for the pneumococcal and seasonal influenza vaccinations
- A Declaration of Competences for Vaccination Services (the London Service); including CPPE materials on Immunisations and basic life support training must be completed
- Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature
- Pharmacists must be aware of the need to have hepatitis B vaccination
- Standard operating procedures must be available which cover all elements of the service
- All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists

C. The Evidence Base

A literature review¹⁴ of community pharmacy delivered immunisation services demonstrates:

- Immunisation can be safely delivered through community pharmacy
- Pharmacy patient medication records are effective at identifying 'at risk' clients to be invited for immunisation and this can increase uptake of vaccine
- User satisfaction with pharmacy based services is high
- Support for non-physician delivered immunisation is greater for adults than children

In 2011/12, pharmacies in one area used 'PharmOutcomes' to record seasonal influenza vaccinations and notify GP colleagues¹⁵:

- 4,192 people were vaccinated (approximately 15% of total vaccinated)
- 35% were under 65 and in 'at risk' groups (other providers vaccinated 17% in this category)
- 19% of patients stated vaccination was unlikely without pharmacy access
- 97% rated the service as 'excellent'
- 13% of patients cited difficulties in obtaining the vaccine from other providers

D. Current Picture

In Haringey, 61% (36/59) of pharmacies have been commissioned to provide the London Pharmacy Vaccination Service.

The table below provides a summary of service provision by locality. It shows that the SE Locality is particularly well resourced; and that the other localities are around the Haringey average in terms of the number of pharmacies per 100,000.

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	7	9	9	11	36
Population*	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	12.1	12.1	18.8	12.8	13.5

Map 11 (appended in a separate document) provides an overview of the distribution of pharmacies against a background of the number of people aged 65+. This has been used as a proxy of pharmaceutical need (although it is acknowledged that this does not represent pharmaceutical need for people aged 64 years and under and are 'at risk'. The map demonstrates that there is a reasonable correlation between pharmacies providing the service in all localities apart from Highgate (West Locality); this ward has a high number of people aged 65+ but residents within the ward may have to travel more than 2 miles to access the service.

The table (next page) provides an overview of service availability on different days each week.

There is very good access on weekdays (9.30am- 6pm) and on Saturday (up until 5pm) with at least one pharmacy providing this service in all wards, except for the wards of Harringay (Central locality) and Highgate (West locality).

Outside of these hours, access and choice is more limited, particularly:

- In the mornings (up until and before 8am), when there only two pharmacies offering the service are open (one in SE Tottenham and the other in the West Locality)
- On Sundays the service is very limited with no service at all in the NE Tottenham locality

Non-pharmacy providers include GPs and community nurses.

F. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> ▪ Service available to those over 65 and under 65 in at risk groups. Haringey historically does not achieve the national target of 75% in either group and vaccination rates of below the London and England average. People of working age may wish to access the service outside of normal working hours on weekdays or at weekends.
Disability	✓	<ul style="list-style-type: none"> ▪ Pharmacy-based services may be more accessible and convenient for people with a physical disability
Gender	×	<ul style="list-style-type: none"> ▪ No specific needs identified
Race	✓	<ul style="list-style-type: none"> ▪ BAME people are more likely to be in the "at risk" groups
Religion or belief	×	<ul style="list-style-type: none"> ▪ No specific needs identified
Pregnancy and maternity	✓	<ul style="list-style-type: none"> ▪ The service is available to women who are pregnant; historically vaccination rates in this group are below the London and England average.
Sexual orientation	×	<ul style="list-style-type: none"> ▪ No specific needs identified
Gender reassignment	×	<ul style="list-style-type: none"> ▪ No specific needs identified
Marriage & civil partnership	×	<ul style="list-style-type: none"> ▪ No specific needs identified

		No. of Pharmacies Offering the London Pharmacy Vaccine Service									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	2	2	0	0	1	1	0	0	1
	Harringay	0	0	0	0	0	0	0	0	0	2
	Noel Park	0	3	2	1	0	3	2	2	2	4
	Woodside	0	2	1	0	0	2	2	1	0	1
NE Tottenham	Bruce Grove	0	2	2	0	0	2	2	0	0	1
	Northumberland Park	0	3	3	0	0	2	2	0	0	1
	Tottenham Hale	0	2	1	0	0	1	1	1	0	1
	White Hart Lane	0	2	0	2	0	2	0	0	0	1
SE Tottenham	Seven Sisters	0	2	1	2	0	1	0	0	0	1
	St Ann's	0	3	3	0	0	2	2	1	1	2
	Tottenham Green	1	4	3	0	0	4	1	1	1	1
West	Alexandra	0	1	1	0	0	1	0	0	0	0
	Crouch End	0	3	2	0	0	3	3	1	2	2
	Fortis Green	0	1	1	0	0	1	1	1	1	1
	Highgate	0	0	0	0	0	0	0	0	0	2
	Hornsey	0	1	0	0	0	1	0	0	0	1
	Muswell Hill	1	4	1	0	0	4	4	1	1	1
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		2	36	23	5	0	31	22	9	8	23
Percentage of the Total		3%	61%	39%	8%	0%	53%	37%	15%	14%	39%

CONCLUSIONS ON LONDON VACCINATION SERVICE

The London Pharmacy Vaccination Service aims to improve timely access to key immunisations with a view to addressing historically low vaccination rates and protecting the health of the population.

We have determined that the service is not necessary to meet the pharmaceutical needs of our population but is relevant in that it **secures improvements in access and a choice of provider**:

- Community pharmacies are one of a range of providers which can offer vaccinations
- Published evidence has demonstrated that pharmacy based immunisation services are effective, safe and are associated with high user satisfaction
- It supports our local strategic priorities in that it reduces demand and frees up GP capacity and attendance at unscheduled care providers

36 pharmacies have been commissioned to provide the new vaccination service.

Access is very good on weekdays and Saturdays up to 5pm in all localities; and there is a choice in all four localities. Outside of these times, access more limited.

We have identified that service provision does not necessarily align with need in the West Locality.

Current and Future Need

- None identified

Current Improvements or better access

- Commissioning the service from additional pharmacies, particularly in the West Locality where current provision does not necessarily align with need. This would improve access to the service and may address historically low uptake of seasonal influenza vaccination in all at risk groups.

Future improvements or better access

- None identified

5.12.3. On Demand Access to End of Life Care and Specialised Medicines service

A. Overview

In Haringey, there is an aim to increase choice for people nearing the end of their life, with respect to where they are cared for and where they die.

This pharmacy-based service is intended to improve timely access, during extended hours to palliative care and specialist medicines that are not commonly stocked by pharmacies; or where there are anticipated delays in supplies.

During working hours, it is anticipated that prescriptions should be presented at any local community pharmacy and that the “on demand” pharmacies provide support in emergency situations and where a local community pharmacy cannot access a prescribed medicine(s) within an appropriate timescale.

In addition to supplying end of life care and specialist medicines, the pharmacies are required to provide information and advice as appropriate to users, carers and/or clinicians as required. Pharmacies may also refer on to specialist centres, support groups and other health or social care professions where necessary.

The service aims to facilitate the management of patients in a community setting and reduce the need for inappropriate admissions to hospital, particularly during the last few weeks of a patient’s life.

B. Provider Criteria

Pharmacies providing the service are required to meet the following criteria:

- The pharmacy needs to open for extended hours, have good accessibility and parking facilities
- The pharmacy must guarantee to stock the agreed formulary of commonly prescribed medicines, which is sufficient to meet the majority of “urgent” requests
- The pharmacist has a duty to ensure that all pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service; this includes locum pharmacists
- Standard operating procedures must be in place and regularly reviewed (minimum annually)
- The pharmacy must be able to demonstrate that pharmacists and staff have undertaken relevant CPD e.g. CPPE training on Palliative Care
- All participating Community Pharmacies must attend any local update events on request
- To liaise with the prescriber re patient needs
- The pharmacy agrees to hold the specified list of medicines required to deliver this service and will dispense these in response to NHS prescriptions presented

C. The Evidence base

Evidence exists to support the use of pharmacies to provide palliative care services (noting that the scope of studies potentially goes beyond that of this service):

- The introduction of a 24-hour community pharmacy scheme for palliative care was generally praised¹⁶
- An evaluation of effectiveness of UK community pharmacist interventions in community palliative care was undertaken. Most of the clinical interventions, made by the community pharmacists for palliative pharmaceutical care, were judged by the expert panel as being likely to be beneficial. The result supports the view that when community pharmacists are appropriately trained and included as integrated members of the team, they can intervene effectively to improve pharmaceutical care for palliative care patients¹⁷
- A review of palliative care pharmacists in a retail-based ambulatory care setting was undertaken. Initial results demonstrate the success of this pilot programme¹⁸

D. The Current Picture

Four pharmacies (4/59), one in each locality, have been commissioned to provide the service.

The table below provides an overview of service availability on different days of the week:

Locality	Pharmacy	Post code	Opening Hours		
			Monday - Friday	Saturday	Sunday
Central	Pharmacy Express	N22 8HH	09:00 - 18:30	09:00 - 17:00	Closed
NE Tottenham	Phillips Chemist	N17 6XF	09:00 - 18:30	09:00 - 17:00	Closed
SE Tottenham	Boots	N15 4QD	09:00 - 19:00	09:00 - 19:00	11:00 - 17:00
West	Hornsey Central Pharmacy	N8 8JD	07:00 - 22:00	07:00 - 22:00	09:00 - 19:00

The data demonstrates that residents can access the service from 7 am through to 10pm at night on Monday to Saturday; and for extended periods on Sundays. Given the service is intended as a back up to using the local pharmacy then this coverage may be considered reasonable, although opening hours on a Sunday in Central and NE Tottenham would be considered desirable.

Barndoc, the GP Out of Hours Provider, carries an identical formulary to the “on demand” pharmacies and is able to provide access to key medicines in the out of hours period.

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> People of all ages may need to access end of life and specialist medicines
Disability	×	<ul style="list-style-type: none"> No specific needs identified. All the pharmacies providing the service are fully accessible to wheelchairs
Gender	×	<ul style="list-style-type: none"> No specific needs are identified
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to providing advice on medicines
Religion or belief	×	<ul style="list-style-type: none"> No specific needs identified
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Pharmacies may be required to provide advice on the use of medicines in pregnancy and for women who are breast feeding
Sexual orientation	×	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	×	<ul style="list-style-type: none"> No specific needs identified
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

CONCLUSIONS - "ON DEMAND ACCESS TO END OF LIFE AND SPECIALIST MEDICINES"

The on-demand access to end of life and specialist medicines service provides a back-up service to ensure people can access the medicines they need, in a timely manner, when their local community pharmacy is unable to supply

We have concluded that the service is not necessary to meet the pharmaceutical needs of our population **but is relevant in that it improves timely access to palliative care medicines:**

- The service may only be accessed through community pharmacies during the 'in-hours' period and is intended as a 'back up' service (as opposed to a 'first port of call')
- There is some published evidence demonstrates that community pharmacies play a valuable role in delivering palliative care services and improving access to medicines
- It supports our local strategic priorities in that it potentially reduces attendance at unscheduled care providers and may reduce admission to hospital
- Such a service is essential to limit suffering and stress in very distressing circumstances

There is a pharmacy in each locality providing the service and this can be accessed for extended hours every day of the week. Whilst residents may have to travel further to access the service in the early morning or later in the evenings, the coverage provided is reasonable because this is a back-up service. In terms of gaps, two of the pharmacies are not open on a Sunday.

Barndoc, the GP Out of Hours Provider, provides access to key these medicines in the out of hour's period.

Current and Future Need

- None identified

Current & future Improvements or better access

- Improvements in access could be secured if the service commissioned from pharmacies which are open for extended hours on 7 days each week.

6. Locally Commissioned Services

In this section, the PNA considers those services commissioned from Haringey Pharmacies, by another NHS organisation or the Local Authority, and which may affect the need for pharmaceutical services.

- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out where we believe there are current and future gaps and identifying areas for further improvement
- We have also found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe the service is relevant in that it delivers improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services.

6.1. Healthy Living Pharmacy Programme

In Haringey, we have recognised the increasing potential for health improvement programmes to be delivered through community pharmacies.

We have made a strategic decision to roll out the Healthy Living Pharmacy (HLP) programme approach as a foundation upon which to commission the delivery of a range of public health services. In the first instance, the stop smoking service and the over 25s sexual health service are being commissioned through the HLP framework.

The HLP Programme aims to create an ethos which puts the local community's health and wellbeing at the heart of everything the pharmacy team does; it supports reducing health inequalities and preventing ill health by:

- Promoting healthy living
- Providing wellbeing advice and services
- Supporting people to self-care and manage long-term conditions

To achieve status as a Healthy Living Pharmacy, the pharmacy must demonstrate achievement of the following criteria:

- **Leadership:** At least one member of the management team must have completed a specific HLP leadership programme
- **Health Champion:** Appoint a least one non-pharmacist health champion, who must have successfully completed the Royal Society for Public Health "Understanding Health Improvement" Level 2 (UHI2) award; and be familiar with health promotion campaigns and literature
- **Premises:**
 - Must reflect a professional image and promote healthy living
 - Be welcoming, clean and in good state of repair; with positive signage in place
 - Posters & promotional material should be current
 - Health related promotion materials, products and services must be clearly differentiated from other activities
 - The consultation area should have space for a chaperone and a computer terminal

A number of community pharmacies are currently working towards HLP status.

6.2. Public Health Services

A range of public health services are currently commissioned from community pharmacies in Haringey:

- Stop Smoking in Healthy Living Pharmacies Service
- Sexual Health Services
- Needle & Syringe Programme

- Supervised Consumption of Subutex and Methadone
- Healthy Start Vitamins service

These services are either directly commissioned by the London Borough of Haringey or are sub-contracted via a Prime Contractor.

6.2.1. Stop Smoking in Healthy Living Pharmacies Service

A. Overview

In Haringey, smoking cessation is the most important lifestyle programme in reducing mortality, morbidity and health inequalities over the next 20 years. Within 15-20 years of stopping smoking, the risk of lung cancer is almost the same as the risk for people who have never smoked. The reduction in risk for cardiovascular disease (CVD) is particularly rapid, with the risk falling within a year or so.

A new service, the "Stop Smoking in Healthy Living Pharmacies", has been commissioned from Haringey pharmacies from the 1 October 2014.

The pharmacy-based service, which at the time of writing is being piloted, focuses on pharmacies:

- Offering very brief advice (VBA)
- Providing one to one support to local residents who want to give up smoking. This is part of an 8 week programme providing behaviour support and including the supply of nicotine replacement therapy (NRT) or varenicline via a patient group direction where required
- Undertaking appropriate promotion of the service locally
- Providing health promotion material/Smoke free resources relevant to patients' needs.
- Referring on to specialist stop smoking services, currently provided by Solutions4Health. People who require specialist support include: pregnant women, people with COPD, those living with severe mental illness, those with co-morbidities, people using smokeless tobacco and those with higher levels of dependence
- Offering the service to those under the age of 16 if at least one advisor meets the requirements for providing a service to young people

The aim and intended outcomes of the service include:

- Improving access to and choice of stop smoking services
- Reducing smoking related illnesses and deaths by helping patients to give up smoking
- Improving the health of the population by reducing exposure to second hand smoke
- Supporting patient access to additional treatment by offering referral to specialist services
- Reducing health inequalities

B. Provider Criteria

To be eligible to provide the service pharmacies must meet the following criteria:

- The pharmacy must achieve status as a Healthy Living Pharmacy
- The pharmacy must have an area which provides a sufficient level of privacy and safety
- The pharmacy is responsible for the ownership, calibration, maintenance and, where necessary, replacement of all CO monitoring equipment and consumables
- All staff delivering the stop smoking service must have successfully completed the National Centre for Smoking Cessation and Training's online training and assessment for level 1 advisors (www.ncsct.co.uk/).
- Refresher and follow up training must be attended annually by at least one Stop Smoking Advisor who will cascade the messages to other members of the pharmacy
- All staff involved in the provision of the Stop Smoking service must have relevant knowledge and are appropriately trained in the operation of the service in accordance with the local protocols and relevant NICE guidance
- Verify 4 week quits using a carbon monoxide monitor
- A standard operating procedure must be put in place and be updated, along with referral pathways, on a quarterly basis
- The pharmacy must maintain appropriate and accurate records to ensure effective ongoing service delivery and audit

C. The Evidence Base

There is good evidence to support the role of community pharmacists in stop smoking services^{14, 19}:

- Studies have demonstrated the effectiveness and cost effectiveness of stop smoking services, provided by trained pharmacy staff, in improving quit rates
- Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff in relation to smoking cessation.
- Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
- Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

D. The Current Picture

41% (24/59) pharmacies have been commissioned to provide the pharmacy-based smoking cessation service.

The table below provides a summary of service provision by locality and map 12 (appended in a separate document) provides an overview of the distribution of pharmacies. The MOSAIC Index Score of likelihood of being a heavy smoker has been used as the background, as a proxy of need.

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	5	6	6	7	24
Population*	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	8.6	8.0	12.5	8.2	9.0

The map shows a reasonable correlation of service provision and need.

The table (on the next page) and provides an overview of the service availability and distribution on different days each week and shows good access to the service on weekdays (9.30am – 6pm) and on Saturdays (10am – 1pm).

Outside of these hours, access and choice is more limited particularly on:

- Weekday mornings (up until and including 8am), when the service is only available from two pharmacies; one in SE Tottenham and the other in the West Locality
- Saturday afternoons and evenings
- Sundays, noting that the service is not available from any pharmacies in the NE Tottenham locality, which is an area with potentially high need

We have not reviewed activity data as the service is newly commissioned.

Non-pharmacy providers include General Practices and specialist stop smoking services via Solutions 4 Health, as part of the newly established integrated system for reducing smoking in Haringey. A mobile service is to be introduced to provide access in areas where gaps in service have been identified.

		No. of Pharmacies Offering the Stop Smoking Service									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	1	0	0	0	1	0	0	0	2
	Harringay	0	0	0	0	0	0	0	0	0	2
	Noel Park	0	3	2	0	0	3	3	1	2	4
	Woodside	0	1	0	0	0	1	1	0	0	2
NE Tottenham	Bruce Grove	0	1	1	0	0	1	1	0	0	2
	Northumberland Park	0	2	2	0	0	1	1	0	0	2
	Tottenham Hale	0	1	0	0	0	0	0	0	0	2
	White Hart Lane	0	2	0	2	0	2	0	0	0	1
SE Tottenham	Seven Sisters	0	1	0	1	0	0	0	0	0	2
	St Ann's	0	1	1	0	0	1	1	0	0	4
	Tottenham Green	1	4	3	0	0	4	2	2	2	1
West	Alexandra	0	1	1	0	0	1	0	0	0	0
	Crouch End	0	2	1	0	0	2	2	1	2	3
	Fortis Green	0	1	1	0	0	1	1	1	1	1
	Highgate	0	0	0	0	0	0	0	0	0	2
	Hornsey	0	1	0	0	0	1	0	0	0	1
	Muswell Hill	1	1	1	0	0	1	1	1	1	4
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		2	24	13	3	0	21	14	6	8	35
Percentage of the Total		3%	41%	22%	5%	0%	36%	24%	10%	14%	59%

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> In Haringey, there is a correlation between age (and gender) and the consequences of smoking suggesting that there are opportunities to proactively target services at specific segments of the population e.g. men aged 55 - 70 (who account for the largest proportion of smoking related hospital admissions) & women aged 35 - 64 years (who account for a high proportion of lung cancer). The JSNA notes the need to target stop smoking services at younger adults who do not tend to access services
Disability	✓	<ul style="list-style-type: none"> Services and advice need to be tailored to meet the needs of those with learning disabilities and cognitive impairment and people within these groups may benefit from referral on to specialist services
Gender	×	<ul style="list-style-type: none"> See age above.
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to delivering the service successfully. BAME communities are more susceptible to long term conditions e.g. CVD, diabetes which may be exacerbated by smoking. The JSNA notes the need to target stop smoking at BAME groups.
Religion or belief	×	<ul style="list-style-type: none"> No specific needs identified
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Pregnant women / mothers with children. Both themselves and family members would benefit. Referral to specialist services is required
Sexual orientation	×	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	×	<ul style="list-style-type: none"> No specific needs identified
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

CONCLUSIONS ON THE STOP SMOKING SERVICE

Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking. They are a priority for Haringey given the high prevalence of smoking, particularly in some of the more deprived areas and the health consequences in specific groups of the population (e.g. lung cancer, smoking related admissions and higher than average prevalence of COPD in those under 75 years).

We have concluded that the service is **necessary to meet the pharmaceutical needs of our population:**

- There is good evidence to support community pharmacy-based stop smoking services. Pharmacy services are beneficial in that medication to support a quit attempt may be supplied at the point of consultation
- Whilst pharmacy is one a range of providers for this service, the pharmacy-based service offers benefits over the other services in terms of access (including availability during extended hours and at weekends in some localities)
- The service also supports us with meeting our strategic priorities around CVD, cancer and COPD.

Access to and choice of services on weekdays (9:30am - 6pm) and Saturdays (10am - 1pm) is generally reasonable in all localities. However, we have identified the following potential gaps:

- Reduced access to the service on weekday mornings, Saturday afternoons and evenings and Sundays; noting that these are times when the working population within Haringey may wish to access the service
- No access to the service at all in NE Tottenham on a Sunday; this locality has high rates of deprivation and a population that stands to benefit from stop smoking services

Current and Future Needs

- None identified

Current & Future Improvements or better access

- We would like to see the service commissioned from a wider range of pharmacies in order to improve access, in the early mornings and at weekends; this may encourage the working population to seek support at a time which is convenient to them. In addition, this would improve access in those localities where there is a higher smoking prevalence rate and/or demand for the service i.e. the Central Locality, NE Tottenham and SE Tottenham. It should be noted that the GP based services and the mobile service will also help to improve access to stop smoking services for our residents.

6.2.2. Sexual Health Services

A. Overview

It is recognised nationally that in order to improve the sexual health of a population and to reduce teenage conceptions, a local area should commission a variety of interventions from a variety of providers to increase access to sexual health services. Community pharmacists are viewed as an effective provider for prevention and early intervention in improving sexual health.

The community pharmacy based sexual health service has recently been re-commissioned in Haringey and is comprised of two bundles:

- Services for young people aged 24 years and under
- Services for people aged 25 years and over

The table below summarises the service scope for each bundle, noting that pharmacies will adopt an “Every contact counts” approach so that service users are offered all relevant service elements irrespective of their original reason for accessing the sexual health service.

Service Element	Under 25s	25 years and Over
Emergency Hormonal Contraception (EHC)	Supply, and supervised administration on the pharmacy premises, of Levonorgestrel 1.5mg EHC, where appropriate, to female clients aged 13 - 24, in line with the requirements of the Patient Group Direction	Supply, and supervised administration on the pharmacy premises, of Levonorgestrel 1.5mg EHC, where appropriate, to female clients, in line with the requirements of the Patient Group Direction
Chlamydia and Gonorrhoea screening	Chlamydia & gonorrhoea testing, including supply of postal kits to young people aged 15 - 24 years as part of the national screening programme. Includes providing support with completing the form and labels; information on how test results will be communicated; and treatment options for the service user, and their partner(s), in the event of a positive test	Supply of chlamydia & gonorrhoea testing kits (includes encouraging those who have attended for EHC to participate). Includes providing support with completing the form and labels; information on how test results will be communicated; and treatment options for the service user, and their partner(s), in the event of a positive test
Chlamydia treatment	Supply of azithromycin, under a patient group direction, to service users who have screened positive for chlamydia. Service users will be encouraged to take the treatment in the pharmacy. In addition, details of all partners/sexual contacts will be recorded as part of the consultation	Supply of azithromycin where indicated, under a patient group direction, to service users who have screened positive for chlamydia. Service users will be encouraged to take the treatment in the pharmacy. In addition, details of all partners/sexual contacts will be recorded as part of the consultation
Condom distribution	Condom Distribution (Come Correct C-Card Scheme) including registration and repeat encounters for condom supply to young people aged 13 – 24	Free, open access provision of condoms for adults who are resident of London Borough of Haringey. Pharmacies are required to register and distribute condoms as part of the HLP

Service Element	Under 25s	25 years and Over
HIV point of care testing	<i>Not applicable</i>	HIV POCT will be promoted and offered to service users either through direct request by the service user or through opportunistic engagement when the service user requests a Chlamydia/Gonorrhoea test or EHC. It should be noted that people aged 18 years and above may access this service element.
Health Promotion advice	Provide health promotion advice (verbal & written) as relevant to service users and in accordance with the service specification e.g. the avoidance of pregnancy and STIs through safer sex and condom use, advice on the use of regular contraceptive methods	
Signposting	Pharmacies are required to signpost to other services as relevant to the service user e.g. to services which provide long-term contraceptive methods; diagnosis and management of STIs etc	

The key objectives and outcomes for the service include:

- Reduce teenage pregnancy
- Reduce unplanned pregnancy
- Reduce the prevalence of Chlamydia and Gonorrhoea
- Reduce the transmission of sexually transmitted infections (STIs) including HIV
- Promote good sexual health and healthy lifestyle choices
- Promote access to other contraception and sexual health services

B. Provider Criteria

To be eligible to provide the service pharmacies must meet the following criteria:

- Healthy Living Pharmacy status, must be achieved, to provide the over 25s sexual health bundle
- Pharmacists must have passed an advanced Disclosure & Barring screen (DBS)
- The pharmacist will have satisfactorily completed the following training courses:
 - Centre for Pharmacy Postgraduate Education (CPPE) workshop/distance learning course on EHC
 - Pharmacists must attend Child Protection training provided by Haringey Council and/or complete the CPPE course in child protection
 - Pharmacists must attend any locally arranged training/workshop organised by Haringey Council
 - Pharmacists must attend training on the use of Chlamydia and gonorrhoea testing kits and treatment of Chlamydia under a Patient Group Direction (PGD), as organised by Haringey Council
 - Pharmacists must attend any other relevant training provided by Haringey Council
 - **For pharmacies offering the over 25s bundle**, the HLP pharmacist and/or designated HIV POCT facilitator (i.e. HLP Healthy Champion) **MUST** have completed all relevant training for delivering the HIV POCT service; and be familiar with the care pathway procedure for supporting and referring patients for additional clinical and social/emotional support were necessary
- Any other pharmacy staff promoting or delivering any element of the service must be DBS checked and attend child protection and other Council provided training
- The pharmacy must designate window space for a window sticker and/or poster advertising the availability of the service from that pharmacy and is required to provide written information (supplied by Haringey Council) about Chlamydia, Gonorrhoea, and other STIs, plus details of local sexual health services
- The pharmacy must maintain written records and must use the PharmOutcomes proforma for EHC and chlamydia treatment consultations
- The pharmacy must ensure that it complies with Fraser guidance and Department of Health guidance on confidential sexual health and treatment for young people aged under 16

C. The Evidence Base

The effectiveness of Sexual Health Services at improving outcomes and reducing chlamydia infections and unwanted pregnancies has been demonstrated in studies:

- Over 14,000 Chlamydia tests were administered in one private pharmacy over 2 years; private and NHS services improve choice for patients²⁰
- Community pharmacy-based chlamydia testing and treatment services increase client access¹⁴
- EHC services provide timely access, with most women are able to receive it within 24 hours of unprotected intercourse^{19, 21}
- EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them^{19,21}
- There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service²²
- Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits²³. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referrals, links to contraception advice and pregnancy testing²⁴
- 10% of women choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies¹⁴

Our literature review did not yield any specific evidence on the benefits of pharmacy-based condom distribution schemes.

D. The Current Picture

a. Under 25s bundle

42% (25/59) pharmacies have been commissioned to provide the under 25s bundle of sexual health services.

The table below provides a summary of service provision by locality. Maps 13 and 14 (appended in a separate document) provide an overview of the distribution of pharmacies providing the service taking into account relative need based on the number of people aged 15 - 25 years (i.e. the age range for the national chlamydia screening programme); and the number of females aged 13 - 24 (i.e. the segment of the population who are eligible to access EHC under the service). Both maps demonstrate a good correlation between need and service provision.

Under 25s	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	8	4	6	7	25
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	13.8	5.4	12.5	8.2	9.4

The table on the next page provides an overview of service availability and distribution on different days each week. It shows good access, and a choice of pharmacy, in all localities on weekdays (9:30am - 6pm) and Saturday (10am - 1pm). This includes areas with highest teenage pregnancy rates (2009-11) i.e. NE Tottenham locality (Bruce Grove), SE Tottenham Locality (Tottenham Green wards) and Central locality (Haringay ward), where residents of these wards have access to at least one pharmacy within their own ward and further choice in neighbouring wards.

However, outside of these hours, service availability is more limited particularly on:

- Weekday mornings, up until and including 8am, when only one pharmacy (located in Muswell Hill, West Locality) is open
- Sundays, when the service is only available from 3 pharmacies; and there is no provision in NE Tottenham

b. Over 25s bundle

47% (28/59) pharmacies have been commissioned to provide the over 25s bundle of sexual health services. *It should be noted, that at the time of publication, the training and accreditation of pharmacies is ongoing but it is anticipated all pharmacies listed in Appendix E will be live by the end of June 2015.*

The table below provides a summary of service provision by locality; and map 15 (appended in a separate document) plots service provision against a background of the number of people aged 25 years and over as a proxy of potential pharmaceutical need.

Over 25s	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	8	7	6	7	28
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	13.8	9.4	12.5	8.2	10.5

The map demonstrates a reasonable correlation between pharmacy service provision and need. However, there are areas within the West Locality, which have a number of people aged 25 years and over, where residents may have to travel more than a mile to access the service.

The table (next but one page) provides an overview of the service availability and distribution on different days each week. As with the under 25s bundle service, there is good access in all localities on weekdays (9:30am - 6pm) and Saturday (10am - 1pm), but more limited service availability at other times, particularly on:

- Weekday mornings, up until and including 8am, when only one pharmacy (located in Muswell Hill, West Locality) is open
- Saturday evenings up until 7pm or later when only 3 pharmacies offering the service are open across the borough; and no service within the NE and SE Tottenham Localities
- Sundays, when the service is only available from 5 pharmacies; and no provision within the NE and SE Tottenham Localities

There is a range of non-pharmacy providers. Full details, of pharmacy and non-pharmacy providers, are available via the following link <http://www.haringey.gov.uk/sexualhealth>

		No. of Pharmacies Offering the Sexual Health Service - Under 25s Bundle									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	3	2	0	0	2	1	0	0	0
	Harringay	0	1	0	0	0	1	0	0	0	1
	Noel Park	0	3	1	1	0	3	2	1	1	4
	Woodside	0	1	0	0	0	1	1	0	0	2
NE Tottenham	Bruce Grove	0	2	2	0	0	2	2	0	0	1
	Northumberland Park	0	1	1	0	0	0	0	0	0	3
	Tottenham Hale	0	0	0	0	0	0	0	0	0	3
	White Hart Lane	0	1	0	1	0	1	0	0	0	2
SE Tottenham	Seven Sisters	0	1	1	1	0	1	0	0	0	2
	St Ann's	0	2	2	0	0	1	1	0	0	3
	Tottenham Green	0	3	2	0	0	3	1	1	1	2
West	Alexandra	0	1	1	0	0	1	0	0	0	0
	Crouch End	0	1	1	0	0	1	1	0	0	4
	Fortis Green	0	0	0	0	0	0	0	0	0	2
	Highgate	0	0	0	0	0	0	0	0	0	2
	Hornsey	0	2	1	0	0	2	1	1	0	0
	Muswell Hill	1	2	1	0	0	2	2	1	1	3
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		1	25	15	3	0	22	13	4	3	34
Percentage of the Total		2%	42%	25%	5%	0%	37%	22%	7%	5%	58%

		No. of Pharmacies Offering the Sexual Health Service - 25s & Over Bundle									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	3	2	0	0	2	1	0	0	0
	Harringay	0	0	0	0	0	0	0	0	0	2
	Noel Park	0	4	3	0	0	4	4	2	3	3
	Woodside	0	1	0	0	0	1	1	0	0	2
NE Tottenham	Bruce Grove	0	2	2	0	0	2	2	0	0	1
	Northumberland Park	0	2	2	0	0	1	1	0	0	2
	Tottenham Hale	0	1	0	0	0	0	0	0	0	2
	White Hart Lane	0	2	0	2	0	2	0	0	0	1
SE Tottenham	Seven Sisters	0	1	1	1	0	1	0	0	0	2
	St Ann's	0	2	2	0	0	1	1	0	0	3
	Tottenham Green	0	3	2	0	0	3	0	0	0	2
West	Alexandra	0	1	1	0	0	1	0	0	0	0
	Crouch End	0	2	1	0	0	2	2	0	1	3
	Fortis Green	0	1	1	0	0	1	0	0	0	1
	Highgate	0	0	0	0	0	0	0	0	0	2
	Hornsey	0	1	0	0	0	1	0	0	0	1
	Muswell Hill	1	1	1	0	0	1	1	1	1	4
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		1	28*	18	3	0	24	14	3	5	31
Percentage of the Total		2%	47%	31%	5%	0%	41%	24%	5%	8%	53%

* It should be noted, that at the time of publication, the training and accreditation of pharmacies is ongoing. It is anticipated all pharmacies listed in Appendix E will be live by the end of June 2015. Full details, of pharmacy and non-pharmacy providers, are available via the following link <http://www.haringey.gov.uk/sexualhealth>

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> Young people are at higher risk of poor sexual health. Pharmacy-based sexual health services are age specific. In the case of those aged under 16 the pharmacy needs to assure itself that the child is capable of providing consent through the application of Fraser Guidelines
Disability	✓	<ul style="list-style-type: none"> Services and advice need to be tailored to meet the needs of those with learning disabilities and cognitive impairment
Gender	✓	<ul style="list-style-type: none"> Health promotion advice may need to be tailored according to gender
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to delivering the service successfully. People from African communities are at higher risk of poor sexual health
Religion or belief	×	<ul style="list-style-type: none"> No specific needs identified
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Chlamydia infection may have an adverse effect on fertility and the ability to become pregnant; pharmacies can sign post women who are pregnant on to relevant services depending on whether or the not the pregnancy is planned or unplanned
Sexual orientation	✓	<ul style="list-style-type: none"> Men who have sex with men (MSM) are at higher risk of poor sexual health
Gender reassignment	✓	<ul style="list-style-type: none"> Sexual health services need to be sensitive and tailored to people who are undergoing, or who have undergone, gender reassignment
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

CONCLUSIONS ON SEXUAL HEALTH SERVICES

Haringey has high rates of sexually transmitted infections, including chlamydia (1,603 per 100,000) compared with the London and England (1,332 and 834 per 100,000 respectively). The HIV prevalence rate, at 6.7 per 1,000 is higher than the London average (5.5) and significantly higher than the England average (2.1). Similarly teenage pregnancy rates, whilst declining, are higher than the London and the England & Wales averages (33.1 per 1,000 versus 25.9 and 27.9).

The pharmacy based service aims to improve access to a range of sexual health services with a view to helping to tackle these local sexual health issues. Services have been designed as two 'bundles' - one targeted at those aged under 25 years and the other for those aged 25 years and over.

We have concluded that the service is **necessary to meet the pharmaceutical needs of our population** for the following reasons:

- There is published evidence to demonstrate the benefits of pharmacy-based chlamydia screening and EHC supply, particularly for young people
- Whilst pharmacy is one a range of providers, the pharmacy-based service potentially improves access to a broad range of sexual health services; in many areas of Haringey, this includes at extended hours on weekdays and at weekends
- Improving sexual health is an important strategic priority for Haringey

There is good access to the service during the daytime on weekdays and on Saturday mornings. However, we have identified the following potential gaps:

- More limited access on weekday mornings up until and including 8am, Saturday evenings at 7pm or later; and on Sundays; This applies to both the under 25s and the 25 years and over service
- For the under 25s service, the impact of this is that the service is not necessarily correlated with need at these times, particularly in the wards with historically high teenage pregnancy rates (Harringay, Bruce Grove and Tottenham Green)

However, published evidence demonstrates that a proportion of people using sexual health services choose a pharmacy which offers anonymity and, as such, they may be prepared to travel further to do so

Current Need

- There is a need to ensure that the residents of NE and SE Tottenham can access sexual health services, within their own localities, on every day of the week. This is particularly important for EHC where treatment has to be taken as soon as possible, and within a maximum of 72 hours, after unprotected sexual intercourse

Future Need

- No needs identified

Current & Future Improvements or better access

- We would like to see the service commissioned from more pharmacies, particularly those which open for extended hours on 7 days a week. This would improve access, and improve choice, in the areas of highest need; and would ensure service availability on the days, and at times, where there is potentially an increased demand for the service. This would also be beneficial for people who work full time

6.2.3. Supervised Consumption of Methadone and Buprenorphine

A. Overview

The pharmacy based supervised consumption service is commissioned by the Barnet, Enfield and Haringey Mental Health Trust, Drugs and Alcohol in Haringey (DASH) Service.

The service requires the pharmacist to supervise the consumption of either methadone or buprenorphine (Subutex®), for DASH clients, at the point of dispensing in the pharmacy, ensuring that the dose has been administered to, and consumed by, the patient. Pharmacies offer a user-friendly, non-judgmental, client-centred and confidential service. The pharmacy provides support and advice to the patient, including referral to primary care or specialist centres where appropriate.

The services aims and outcomes include:

- Reducing service users' dependence upon illegal substances
- Ensuring compliance with the agreed treatment plan by:
 - Dispensing in specified instalments (doses may be dispensed for the patient to take away to cover days when the pharmacy is closed, unless the patient is high risk, in which case the DASH service will refer to a pharmacy which is open for 7 days a week)
 - Ensuring each supervised dose is correctly consumed by the patient for whom it was intended
 - Monitoring user stabilisation
- Reducing the risk to local communities of diversion of prescribed medicines onto the illicit market and preventing accidental exposure to supervised medicines
- Providing service users with regular contact with health care professionals and helping them to access further advice or assistance. Service users may be referred to specialist treatment centres or other health and social care professionals, to meet their wider health and social care needs, where appropriate.

B. Provider Criteria

To be eligible to provide the service, pharmacies must meet the following criteria:

- All pharmacists must have completed the relevant CPPE course on substance misuse and attend an annual DASH training session
- With the exception of Bank Holidays the service will normally operate on Monday to Saturday inclusive
- Where a locum pharmacist is employed for two or more weeks, then the DASH should be informed. The pharmacist will be expected to ensure that they understand the scheme guidelines and procedures
- There must be a private area e.g. a consultation area within which the supervision must be undertaken
- The pharmacy must have appropriate insurance in place

C. The Evidence Base

Studies have demonstrated the effectiveness of community pharmacy based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion^{14,19}:

- There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
- Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users, attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
- Most drug users value community pharmacy-based services highly

D. The Current Picture

46% (27/59) pharmacies are commissioned to provide the supervised consumption service.

The table below provides a summary of service provision by locality and map 16 (appended in a separate document) provides an overview of the distribution of pharmacies against a background of deprivation (which is being used a proxy for need):

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	5	5	8	9	27
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	8.6	6.7	16.7	10.5	10.1

The map shows that there is a reasonable correlation between service provision and deprivation, noting that the pharmacies have been carefully selected to try and ensure that service users may access the supervised consumption service within walking distance of their home.

The table on the next page provides an overview of service availability on different days of the week. It demonstrates that there is good access on weekdays (9.30am – 6pm) and on Saturdays up until 5pm.

Access outside these hours is more limited, particularly in the mornings up until and including 8am; and on Sundays, where there is no provision in NE Tottenham and only 1 pharmacy that opens in the Central locality. However, it should be noted that the DASH service endeavours to refer ‘high risk’ patients into a pharmacy that opens 7 days a week to ensure an effective level of supervision.

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	×	▪ No specific needs identified
Disability	×	▪ No specific needs identified
Gender	×	▪ No specific needs identified
Race	✓	▪ Language may be a barrier to delivering the service successfully.
Religion or belief	×	▪ No specific needs identified
Pregnancy and maternity	×	▪ No specific needs identified
Sexual orientation	×	▪ No specific needs identified
Gender reassignment	×	▪ No specific needs identified
Marriage & civil partnership	×	▪ No specific needs identified

		No. of Pharmacies Offering the Supervised Consumption of Methadone & Buprenorphine Service									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	0	0	0	0	0	0	0	0	3
	Harringay	0	0	0	0	0	0	0	0	0	2
	Noel Park	0	3	1	1	0	3	2	1	1	4
	Woodside	0	2	1	0	0	2	2	0	0	1
NE Tottenham	Bruce Grove	0	0	0	0	0	0	0	0	0	3
	Northumberland Park	0	2	2	0	0	2	2	0	0	2
	Tottenham Hale	0	2	1	0	0	1	1	1	0	1
	White Hart Lane	0	1	0	1	0	1	0	0	0	2
SE Tottenham	Seven Sisters	0	1	1	1	0	1	0	0	0	2
	St Ann's	0	3	2	0	0	2	2	1	1	2
	Tottenham Green	0	4	3	0	0	4	1	1	1	1
West	Alexandra	0	0	0	0	0	0	0	0	0	1
	Crouch End	0	3	2	0	0	3	3	0	1	2
	Fortis Green	0	1	1	0	0	1	1	1	1	1
	Highgate	0	1	0	0	0	1	1	0	0	1
	Hornsey	0	0	0	0	0	0	0	0	0	2
	Muswell Hill	2	3	2	0	0	3	3	2	2	2
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		2	27	16	3	0	25	19	7	7	32
Percentage of the Total		3%	46%	27%	5%	0%	42%	32%	12%	12%	54%

CONCLUSIONS ON SUPERVISED CONSUMPTION SERVICE

The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community

We have concluded that the service **is necessary to meet the pharmaceutical needs** of our population for the following reasons:

- The service is primarily provided by community pharmacies
- Evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment and uptake of Hepatitis vaccinations. The service is also well accepted by users.
- The service aligns with local strategic priorities for substance misuse

There is good accessibility during day time hours, in all areas on Mondays through to Saturdays. Whilst access outside of these hours is more limited, the DASH risks assesses service users and ensures that those who are high risk are referred to pharmacies which open on 7 days each week. This approach helps to address the potential gap associated with Sunday opening.

Current and Future Need

- None identified

Current & Future Improvements or better access

- Commissioning the service from additional pharmacies which open during extended hours and at weekends would improve access and enhance the level of supervision for all service users

6.2.4. Needle & Syringe Programme

A. Overview

The pharmacy based needle and syringe exchange programme, is commissioned by the Barnet, Enfield and Haringey Mental Health Trust, Drugs and Alcohol in Haringey (DASH) Service.

Pharmacies provide access to sterile needles and syringes, and sharps containers for the return of used equipment.

They offer a user-friendly, non-judgmental, client-centred and confidential service including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate. The service is open to adults aged 18 years and over. Pharmacies are required to refer young people aged less than 18 years of age into the Young People's Drug and Alcohol Treatment Service.

The pharmacy promotes safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation. Used equipment is returned by the service user for safe disposal and the service user is provided with appropriate health promotion materials.

The service aims and outcomes include:

- Assisting service users to remain healthy until they are ready and willing to cease injecting; and ultimately achieve a drug-free life with appropriate support
- Protecting health and reducing the rate of blood-borne infections and drug related deaths among service users by:
 - Reducing the rate of sharing and other high risk injecting behaviours
 - Providing sterile injecting equipment and other support
 - Promoting safer injecting practices
 - Providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use)

- Improving the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment
- Helping service users to access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate
- Maximising the access and retention of all injectors, especially the highly socially excluded
- Helping service users to access other health and social care and to act as a gateway to other services (e.g. key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening, primary care services etc)

B. Provider Criteria

In order to provide the service, pharmacies must meet the following criteria:

- All pharmacists must have completed the relevant CPPE course on substance use and misuse;
- Pharmacists should attend mandatory training sessions organised by the Needle Exchange Co-ordinator or the DASH team as required
- Pharmacists should participate in appropriate continuing professional development
- A representative from each pharmacy must attend two yearly meetings with DASH as required
- With the exception of Bank Holidays the service will normally operate on Monday to Saturday inclusive
- There must be a private area e.g. a consultation room, where the service must be undertaken
- The pharmacy must ensure that it maintains adequate stocks of kits and that these are stored so that they are inaccessible to customers and in accordance with sterile medical equipment
- There must be a standard operating procedure in place which has been read and understood by all pharmacists and staff involved in service delivery
- Appropriate policies as required by the service level agreement, including a needle stick injury policy, must be in place
- The pharmacy must ensure that protective equipment to deal with spillages is readily available and kept close to the storage site
- The pharmacy must clearly display the national scheme or locally approved logo
- The pharmacy must have appropriate indemnity insurance in place

C. The Evidence Base

The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{14,19}:

- Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
- Most drug users value community pharmacy-based services highly

D. The Current Picture

17% (10/59) of pharmacies are commissioned to provide the needle and syringe exchange programme.

The table below provides a summary of service provision by locality, map 17 (appended in a separate document) provides an overview of the distribution of pharmacies against a background of deprivation (which is being used a proxy for need) and the table on the next page provides an overview of service availability on different days of the week.

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	4	1	2	3	10
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	6.9	1.3	4.2	3.5	3.8

The data demonstrates that, on weekdays (9:30am - 6pm), there is reasonable provision and access to pharmacies participating in the needle and syringe programme within the West, Central and SE Localities; but limited access in NE Tottenham (where only pharmacy has been commissioned to provide the service).

On all other days, access to the service is more limited:

- On weekday mornings, up until and including 8am, only one pharmacy (located in Muswell Hill) is open
- On Saturdays (10am – 1pm), there are no pharmacies open to provide the service in NE Tottenham; and on Saturday evenings only two pharmacies are open (one in the Central locality and the other in the West Locality)
- On Sundays, service users can only access the service from two pharmacies - one in the Central and West Localities

Therefore, at these times provision does not necessarily correlate with local “hot spots” including Wood Green (Noel Park ward) and N15 postcodes (Tottenham Green, Seven Sisters and St Ann’s). The DASH has advised that service users tend to be willing to travel further to access a pharmacy implying that current provision may not be an issue.

The Grove Drug Treatment Service (based in Bruce Grove ward, NE Tottenham) provides support for young people aged less than 18 years and outreach services to high-risk groups e.g. sex workers.

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	▪ The service is only open to those aged 18+ years; those aged under 18 years should be referred to the local Young People’s service
Disability	x	▪ No specific needs identified
Gender	x	▪ No specific needs identified
Race	✓	▪ Language may be a barrier to delivering the service successfully
Religion or belief	x	▪ No specific needs identified
Pregnancy and maternity	x	▪ No specific needs identified
Sexual orientation	x	▪ No specific needs identified
Gender reassignment	x	▪ No specific needs identified
Marriage & civil partnership	x	▪ No specific needs identified

		No. of Pharmacies Offering the Needle and Syringe Programme									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	0	0	0	0	0	0	0	0	3
	Harringay	0	0	0	0	0	0	0	0	0	2
	Noel Park	0	3	1	1	0	3	2	1	1	4
	Woodside	0	1	0	0	0	1	1	0	0	2
NE Tottenham	Bruce Grove	0	0	0	0	0	0	0	0	0	3
	Northumberland Park	0	0	0	0	0	0	0	0	0	4
	Tottenham Hale	0	1	0	0	0	0	0	0	0	2
	White Hart Lane	0	0	0	0	0	0	0	0	0	3
SE Tottenham	Seven Sisters	0	1	1	1	0	1	0	0	0	2
	St Ann's	0	0	0	0	0	0	0	0	0	5
	Tottenham Green	0	1	1	0	0	1	0	0	0	4
West	Alexandra	0	0	0	0	0	0	0	0	0	1
	Crouch End	0	0	0	0	0	0	0	0	0	5
	Fortis Green	0	0	0	0	0	0	0	0	0	2
	Highgate	0	0	0	0	0	0	0	0	0	2
	Hornsey	0	0	0	0	0	0	0	0	0	2
	Muswell Hill	1	2	1	0	0	2	2	1	1	3
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		1	10	4	2	0	9	6	2	2	49
Percentage of the Total		2%	17%	7%	3%	0%	15%	10%	3%	3%	83%

CONCLUSIONS ON THE NEEDLE & SYRINGE PROGRAMME

The community pharmacy-based needle and syringe exchange programme is an important public health service which reduces risks to injecting drug users and the general public

We have concluded that the service **is necessary to meet the pharmaceutical needs** of our population for the following reasons:

- The service is primarily provided by community pharmacies
- There is published evidence that needle and syringe programmes are cost effective and improve outcomes
- The aim of the service is to keep users as healthy as possible as well as reducing the transmission of blood-borne viruses. This aligns well with the local strategic priority to reduce harm associated with drug misuse, noting that Haringey is classed as “Band C” (a high band) by the Health Protection Agency for drug users infected with hepatitis C

We have identified that there is reasonable access on weekdays between 9:30am - 6pm. Outside of these hours we have identified a potential gap in that access is more limited in the early mornings on weekdays, Saturdays and Sundays which means that service provision doesn't necessarily align with need, particularly in local “hot spots” including Wood Green (Noel Park ward) and N15 postcodes (Tottenham Green, Seven Sisters and St Ann's).

Current Need

- There is a need to ensure access to the needle and syringe programme, on 7 days a week, in areas with high pharmaceutical need.

Future Need

- None identified

Current & Future Improvements or better access

- Commissioning the service from a wider range of pharmacies, including those which open for extended hours and/or at weekends would improve access to the service across Haringey.

6.2.5. Healthy Start Vitamins

A. Overview

Healthy Start is a nationwide government scheme which provides eligible families with vouchers to receive plain fruit and vegetables, milk and vitamins. It is an opportunity to provide encouragement, information and support about topics such as healthy eating, breastfeeding, vitamin supplements and nutrition for pregnant women, new mothers, babies and young children. The scheme exists to improve the health of low-income pregnant and breastfeeding women and their children. The Healthy Start vitamins in particular are tailored to suit the nutritional needs of both mother and child. The goal of Healthy Start is to ensure that every mother/child has access to the foods and nutrients they need to be as healthy as possible, irrespective of their income. This is important in Haringey as many families cannot afford to buy fruit, vegetables, milk and vitamins on a regular basis. Furthermore, by promoting nutrition and healthy eating practices early on in life, children are less likely to develop childhood obesity.

Historically, the pharmacy-based service was centred on the NHS eligibility criteria, however, Haringey has recently moved to a ‘universal’ scheme whereby anyone falling into the following groups may access the Healthy Start vitamins:

- Pregnant women
- Women who have had a baby in the last year
- Children under four years old (e.g. up to their fourth birthday). Breastfed babies are eligible from birth; babies fed on formula do not need supplementation until they are six months old.

B. Provider Criteria

To be eligible to provide the service, pharmacies must:

- Ensure that Pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service
- Ensure that Pharmacists attend / complete training on related public health issues including early booking for maternity care (by 12 weeks of pregnancy), breastfeeding and immunisation

C. The Evidence base

We are not aware of any published evidence demonstrating the benefits of pharmacy-based schemes to support the delivery of the healthy start vitamins scheme.

However, due to their general accessibility and often extended opening hours, pharmacies are well placed to provide supplies of vitamins to those eligible under this service.

D. The Current Picture

The service currently commissioned from 17% (10/59) pharmacies.

The table below provides a summary of service provision by locality and map 18 (appended in a separate document) plots the pharmacies providing the service against a background of children aged 0-4 who are living in poverty as a proxy for need.

	Central	North East Tottenham	South East Tottenham	West	Haringey
Number of Pharmacies	2	2	4	2	10
Population	58,069	74,556	47,964	85,885	266,474
Pharmacies per 100,000 population	3.4	2.7	8.3	2.3	3.8

The map shows that there is a reasonable correlation with need, although there are opportunities to improve access in the NE Locality (particularly Northumberland Park); and in parts of the West Locality (particularly Fortis Green).

The table (on the next page) provides an overview of the service availability and distribution on different days each week. There is one or more pharmacy commissioned to provide the service in all four localities on weekdays (9.30am – 6pm) and on a Saturday (10am – 5pm)

Access outside of these hours is much more limited, particularly up until and including 8am on weekdays, and on Sundays.

Non-pharmacy providers: 17 Children's Centres are involved in this service.

There are no formal arrangements for Haringey residents to access Healthy Start Vitamins in neighbouring areas.

		No. of Pharmacies Offering Healthy Start Vitamins Programme									
Locality	Ward	Open on Weekdays					Open on Saturday			Sunday	Not offered at all
		8am or earlier	9:30am - 6pm	7pm or later	Close early on Thurs	Closed for Lunch	10am - 1pm	5pm or later	7pm or later	Open at some point	
Central	Bounds Green	0	0	0	0	0	0	0	0	0	3
	Harringay	0	0	0	0	0	0	0	0	0	2
	Noel Park	0	1	1	0	0	1	1	1	1	6
	Woodside	0	1	0	0	0	1	1	0	0	2
NE Tottenham	Bruce Grove	0	1	0	0	1	1	1	0	0	2
	Northumberland Park	0	0	0	0	0	0	0	0	0	4
	Tottenham Hale	0	1	0	0	0	0	0	0	0	2
	White Hart Lane	0	0	0	0	0	0	0	0	0	3
SE Tottenham	Seven Sisters	0	1	1	1	0	1	0	0	0	2
	St Ann's	0	1	1	0	0	1	1	0	0	4
	Tottenham Green	1	2	1	0	0	2	1	1	1	3
West	Alexandra	0	0	0	0	0	0	0	0	0	1
	Crouch End	0	1	0	0	0	1	1	0	1	4
	Fortis Green	0	0	0	0	0	0	0	0	0	2
	Highgate	0	0	0	0	0	0	0	0	0	2
	Hornsey	0	0	0	0	0	0	0	0	0	2
	Muswell Hill	0	0	0	0	0	0	0	0	0	5
	Stroud Green	0	1	0	0	0	1	1	0	0	0
Total - Haringey		1	10	4	1	1	9	7	2	3	49
Percentage of the Total		2%	17%	7%	2%	2%	15%	12%	3%	5%	83%

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table below:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	<ul style="list-style-type: none"> The service is directed at women of child-bearing age and children under 4 years of age
Disability	×	<ul style="list-style-type: none"> No specific needs identified
Gender	✓	<ul style="list-style-type: none"> The service is focused on women who are pregnant or who have been pregnant in the last year; and children of either gender
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to delivering health promotion aspects of the service successfully
Religion or belief	×	<ul style="list-style-type: none"> No specific needs identified
Pregnancy and maternity	✓	<ul style="list-style-type: none"> All pregnant women, and women who have had a baby within the last year are eligible to access the service
Sexual orientation	×	<ul style="list-style-type: none"> No specific needs identified
Gender reassignment	×	<ul style="list-style-type: none"> No specific needs identified
Marriage & civil partnership	×	<ul style="list-style-type: none"> No specific needs identified

F. The Future

The service has recently been redesigned to allow universal access to Healthy Start vitamins for women and children who fall within the eligible groups

As part of the redesign process, a broader role for Children's Centres has been created. This includes identifying one centre, per locality, which will act as the main contact and venue for the service and be responsible for distributing the vitamins to families and other Children's Centres within their locality. A publicity campaign promoting the service is also planned.

There is an intention to review the pharmacy-based service with a view to ascertaining whether the current level of provision requires revision.

CONCLUSIONS ON THE HEALTHY START VITAMINS SERVICE

The JSNA highlights a number of local challenges with respect to both maternal and child health. What happens during these very early years, starting in pregnancy, has lifelong effects on many aspects of health and well-being. Poor nutrition is a major modifiable risk factor for a range of long term conditions. Nationally, there are marked differences in fruit and vegetable consumption between socio-economic groups, with higher consumption associated with higher income.

We have concluded that the service is not necessary to meet the pharmaceutical needs of our population, but **is relevant** for the following reasons:

- Healthy start vitamins may be access through Children's Centres as well as pharmacy. The pharmacy-based service therefore provides a **choice of provider and potentially improves access for residents**
- There is no published evidence base to support pharmacy-based supply of healthy start vitamins
- Many Haringey families cannot afford to buy fruit, vegetables, milk and vitamins on a regular basis and the service helps to ensure that pregnant women, new mothers and children aged under 4 years secure access to the vitamins which they require

There is one or more pharmacy commissioned to provide the service in all four localities on weekdays (9.30am – 6pm) and on a Saturday (10am – 5pm). Whilst access to the service outside of these hours is much more limited, particularly up until and including 8am on weekdays, and on Sundays it is not clear if this represents a gap because of recent changes in how the service has been commissioned.

Current and Future Need

- None identified at this point in time

Current & Future Improvements or better access

- None identified at this point in time, however, there are plans to evaluate the service with a view to determining whether or not current provision requires revision

6.3. Services Commissioned by NHS Haringey CCG

6.3.1. Anti-Coagulant and Stroke Prevention Service

NHS Haringey CCG currently commissioned an anti-coagulant and stroke prevention service from 5 GPs and a community pharmacy.

A. Overview

Providers of the anti-coagulant and stroke prevention service are responsible for sampling, testing and dosing patients according to locally agreed protocols approved by NHS Haringey. Providers are also responsible for communicating dosing recommendations to patients and their GPs.

Clinical support and advice is provided by the Haematology Department at the North Middlesex University Hospital and by the Anticoagulant team at the Whittington Hospital.

The service aims to:

- Provide an excellent integrated Anticoagulant and Stroke Prevention service across primary and secondary care in which therapy is usually initiated in secondary care and maintenance of appropriate patients is managed in a primary care setting.
- Provide more services that are near to patients and are easily accessible
- Increase capacity in the community to meet the rising demand for anticoagulant monitoring
- Shift the majority of the burden of anticoagulant monitoring from the Whittington and North Middlesex hospitals into the community allowing the hospitals to focus on new and problematic patients
- Ensure the same high quality of service to patients whether accessed in primary or secondary care
- Ensure that maintenance of patients is properly controlled and the need for continuation of therapy is reviewed regularly and discontinued where appropriate
- Support patients in understanding and managing their anti-coagulant treatment

B. Provider Criteria

To be eligible to provide the service, pharmacies must meet the following criteria:

- Have a private consultation area which is clinically appropriate, large enough for all necessary equipment and is maintained in a clean and tidy condition
- The premises should comply with the NHS Haringey infection control standards.
- There must be sufficient seating at the premises for patients whilst they are waiting to be seen
- The service provider must install and use computerised decision support software that provides guidance on dosing and follow up intervals
- Blood sampling and testing must only be undertaken by appropriately trained personnel.
- Dose adjustments of anticoagulant therapy can only be undertaken by qualified health care professionals that are currently registered with the GPhC **and** who fulfil the following criteria:
 - Have successfully completed a period of specialist training prior to the start of service delivery provided by the Whittington Hospital **and** demonstrate competence in a formal assessment
 - Are competent in managing the anti-coagulated patient

- Practitioners will be expected to maintain and develop their specialist skills and knowledge, by providing evidence relating to:
 - Relevant CPD
 - Quality improvements in response to audit/clinical governance information
 - Quality improvements in response to patient satisfaction surveys
 - Attendance at a refresher First Aid course every 2 years
 - Additionally, all practitioners will be expected to demonstrate satisfactory competence every 2 years

C. The Evidence base

The only published evidence to support pharmacy-based anti-coagulation services is from an Australian study²⁵:

- The monitoring was well received by pharmacists, GPs and patients
- The results of the trial were very positive. The CoaguChek S monitor in pharmacy-based testing performed accurately compared with conventional laboratory testing
- The author's concluded that "Further research needs to be conducted on the impact of community pharmacy-conducted INR monitoring on patient care and outcomes."

There are examples of established models of community pharmacy managed services²⁶: For example, a service provided within the area of the former Derwentside PCT has been established for several years. The service manages more than 900 patients with audits demonstrating that therapeutic control in a pharmacist led service is at least as good as that previously provided by the hospital

D. The Current Picture

The anti-coagulant and stroke prevention service is provided by 1 community and 5 General Practices in Haringey, with community access in each of the 4 localities, noting that the pharmacy provider is located in the Central Locality (Noel Park ward).

	Central	NE Tottenham	SE Tottenham	West	Haringey
No. of Primary Care Providers	1	2	1	2	6
Population	58,069	74,556	47,964	85,885	266,474
Providers per 100,000 population	1.7	2.7	2.1	2.3	2.3

E. Meeting the Needs of People with Protected Characteristics

In undertaking our assessment we have systematically considered the pharmaceutical needs of people with protected characteristics and have summarised this in the table:

Protected characteristic		Implications for Pharmaceutical Services
Age	✓	▪ The incidence of stroke, and potential need for the service increases with age
Disability	✓	▪ People who have had a stroke may have disabilities as a consequence of this and the service needs to be adapted to meet these
Gender	✓	▪ There are inequalities with respect to CVD and stroke with men being disproportionately affected and may have a greater need for the service
Race	✓	▪ Language may be a barrier to delivering the service successfully. BAME communities are more susceptible to circulatory disease and stroke
Religion or belief	×	▪ No specific needs identified
Pregnancy and maternity	✓	▪ Advice may be required on the use of anti-coagulants in pregnancy, in women planning pregnancy and for women who are breast feeding
Sexual orientation	×	▪ No specific needs identified
Gender reassignment	×	▪ No specific needs identified
Marriage & civil partnership	×	▪ No specific needs identified

F. The Future

48 pharmacies told us they would be willing to provide this service in the future.

Each service provider has additional capacity and could manage an increased number of patients being transferred from secondary care.

CONCLUSIONS - ANTI-COAGULANT AND STROKE PREVENTION SERVICE

The community pharmacy based anti-coagulant and stroke prevention service is part of an integrated service, across primary and secondary care. Therapy is usually initiated in secondary care and maintenance of appropriate patients is managed in a primary care setting.

We have concluded that the service is not necessary to meet the pharmaceutical needs of our population, but is **relevant** for the following reasons:

- The pharmacy providing the service is one of 6 community providers
- There is limited published evidence, together with 'real life' experience to support the provision of pharmacy based services
- It supports local strategic priorities to deliver 'care closer to home'

There is only one pharmacy providing this service; however, residents may also choose to attend one of the GP providers if this is more convenient for them.

The existing network of providers has capacity to manage additional patients now, and in the future. However, should the need arise to commission more pharmacies, our community pharmacy questionnaire indicated that 48 pharmacies are willing to provide this service.

We have not identified any specific gaps, needs or areas for improvement at this point in time.

7. Looking to the Future

Throughout the PNA, we have identified and documented the potential future pharmaceutical needs for our population, together with opportunities to secure improvements in services which have already been commissioned.

In this section, we describe our vision and ambition for how community pharmacy services may support the delivery of our local strategic priorities.

It should be noted that national and local strategy for health services is still evolving and we are also in the process of designing a number of pathways. Taking this into account, we have no firm plans at this point in time to commission new services from pharmacies.

We also set out our future aspirations for pharmacy services and premises.

7.1. Vision for future community pharmaceutical services in Haringey

Our vision for future of community pharmaceutical services is to embed the nationally recognised approach on the Healthy Living Pharmacy (HLP).

HLP is a tiered commissioning framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The HLP concept provides a framework for commissioning public health services through three levels of increasing complexity and required expertise with pharmacies aspiring to go from one level to the next.

It is also an organisational development framework underpinned by three enablers of:

- Workforce development – a skilled team to pro-actively support and promote behavior change, improving health and wellbeing;
- Premises that are fit for purpose; and
- Engagement with the local community, other health professionals (especially GPs), social care and public health professionals and Local Authorities.

Community pharmacies wishing to become HLPs are required to consistently deliver a range of commissioned services based on local need and commit to and promote a healthy living ethos within a dedicated health-promoting environment.

In Haringey, we've already started the implementation of HLP (refer to section 6.1) and our vision is to extend this offer equally across the borough and establish pharmacies as healthy living community hubs.

We have identified, that in Tottenham, an area which has high levels of deprivation and health challenges, coupled with poor access to GPs and low GP registration, there is an opportunity for pharmacy to drive improvements in public health through the HLP.

7.2. Aspirations for Future Pharmacy Premises and Services

In reflecting upon the gaps, areas for improvement and our vision (as set out in section 7.1 above), we have identified aspirations for pharmacy services and premises throughout our PNA; and would like to see these prioritised for future applications.

8. Consultation Report

This report provides a summary of the stakeholder consultation, which was undertaken by Haringey Council on its draft Pharmaceutical Needs Assessment (PNA), in accordance with the requirements as set out in the *National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)*.

The consultation was initiated on the 9 December 2014 and ended at 5pm on the 10 February 2015. This period is complied with the minimum 60 days consultation required by the Regulations.

8.1. Consultation Process

The consultation was undertaken electronically. A dedicated web page was created on the Haringey Council website and the draft PNA and supporting documents were posted for the duration of the consultation. Consultees were advised that they may request hard copy of the PNA if they wished; all requests for hard copy were met within 14 days. Respondents had the option of completing an online survey or a consultation response form. Submissions not using the standard response form were also accepted providing that these were made in writing.

A list of stakeholders to be consulted was compiled. This reflected the minimum requirements of the Regulations with respect to the individuals and groups who must be consulted, as follows:

- All pharmacy contractors (59 in total)
- Barnet, Enfield & Haringey Local Pharmaceutical Committee (via Middlesex Pharmaceutical Group of LPCs)
- Haringey Local Medical Committee (via London wide LMCs)
- Healthwatch Haringey
- Barnet, Enfield & Haringey Mental Health Trust
- NHS England - London Area Team
- Neighbouring Health & Wellbeing Boards; specifically:
 - Barnet
 - Camden
 - Enfield
 - Hackney
 - Islington
 - Waltham Forest

In addition, the following wider stakeholder groups were included:

- The Whittington Hospital NHS Trust (Whittington Health)
- North Middlesex University Hospital NHS Trust
- NHS Haringey CCG
- Bridge Renewal Trust
- Positive Youth
- Haringey Association of Voluntary & Community Organisations (HAVCO)

An email providing notification that the consultation was being initiated was sent out to stakeholders electronically; a hard copy letter was also sent to pharmacies.

8.2. Consultation Outcome

In total, 15 responses were received. The table (on the next page) provides details of organisations which responded.

Organisation	Address
Dr M Lindsay (GP and member of the LMC)	Somerset Gardens, 4-6 Creighton Rd, N17 8NW
Redwood Pharmacy	116 Alexandra Park Road, N10 2AH
Mintons Chemist	5 High Road, Wood Green, N22 6BH
Savemore Pharmacy	67 Westbury Avenue, Wood Green, N22 6SA
Coopers Pharmacy (Ravalia Pharm Ltd)	59 Broad Lane, Tottenham, N15 4DJ
Parade Chemist (Conochem Management Ltd)	25 Grand Parade, Green Lanes, Haringey, N4 1LG
Pharmacare (Warwick Pharmacy)	48-50 Bounds Green Road, N11 2EU
Boots UK Limited	South Divisional Office, 14 Blacklands Terrace, Chelsea
Barnet, Enfield and Haringey NHS MH Trust	St Ann's Hospital, St. Ann's Road, N15 3TH
NHS Haringey Clinical Commissioning Group	4th Floor River Park House, 225 High Road, Wood Green, N22 8HQ
Grace Pharmacy	165 Park Lane, Tottenham, N17 0HJ
The Bridge Renewal Trust	Laurels Healthy Living Centre, 256 St Ann's Road, N15 5AZ
NHS England, London Area Team	2nd Floor, Southside, 105 Victoria Street, SW1E 6QT
Middlesex Pharmaceutical Group of LPCs (with the authority and on behalf of Barnet, Enfield & Haringey LPC)	1278 High Road, Whetstone, N20 9HH
Sexual Health Service Commissioner, Haringey Council	River Park House, 225 High Road, Wood Green, N22 8HQ

All comments and feedback was consolidated into a document for review by the PNA Steering Group on the 23 February 2015. A full overview of the comments, together with the PNA Steering Group response is attached in Appendix G.

Where applicable the draft PNA was updated to reflect the decisions of the PNA Steering Group.

9. References

1. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)
2. Equality Act 2010, Chapter 1, Part 11.
3. "Use of community pharmacies: a population-based survey". *Journal of Public Health* 2005; 27 (3): 254-262. Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P.
4. "Pharmacy in England: building on strengths – delivering the future". Department of Health. April 2008
5. The NHS Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013
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