

Pharmaceutical Needs Assessment Draft for Consultation

25 January 2018

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014, 2015 and 2016

Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

- 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 NHS (Pharmaceutical Services & Local Pharmaceutical Services) Regulations 2013¹, amended in 2014, 2015 and 2016 set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA)
- A PNA 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 NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016² allow pharmacy businesses to apply to consolidate (merge) services from two or more sites onto one site. HWBs are required to provide a view to NHS England (NHSE) on whether or not this would provide a gap in services
- Box 1 summarises the duties of a HWB in relation to PNAs & Box 2 summarises the requirements for the PNA
- The PNA and supplementary statements are subsequently used by NHSE to consider applications to open a new pharmacy or to move an existing pharmacy; and when commissioning services. It is also 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
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. Our vision is to link the network of pharmacies into the Haringey Care Closer to Home Networks (CHINs). They will play a pivotal role in improving the health and wellbeing of our population. Our PNA will, therefore, be used by the London Borough of Haringey and the NHS Haringey CCG in the development of commissioning strategies
- This document prepared by the Haringey HWB, in accordance with the Regulations, replaces the PNA published on the 25 March 2015

Box 1 - Duties of the HWB

1. Publish its first PNA by 1 April 2015; and update this every 3 years
2. Confirm with NHSE on whether or not a consolidated application creates a gap
3. Maintain the PNA in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). Where a supplementary statement refers to a consolidated application this must state that the removal of a pharmacy does not create a gap. The HWB must make the PNA, and any supplementary statements, available to NHSE and neighbouring HWBs
4. Respond to consultations, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the LPC and the LMC for its area and have due regard to their representations

Box 2 – Requirements for the PNA

The matters which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- The different needs of different localities
- The needs of those who share a protected characteristic as defined by the Equality Act 2010:
- The extent to which the need for pharmaceutical services are affected by:
 - Pharmaceutical services outside the area
 - Other NHS services

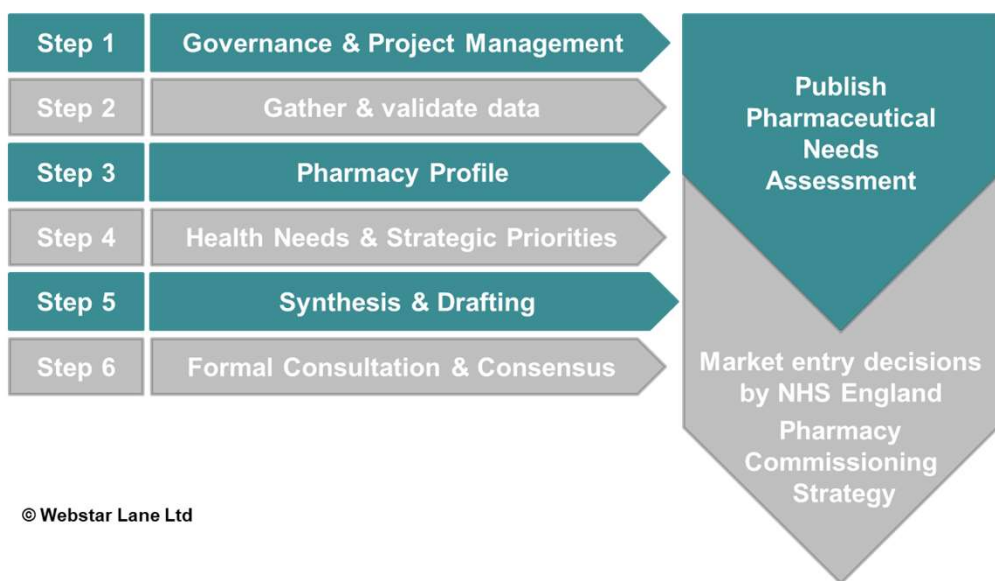
Schedule 1 of the Regulations¹ sets out the information the PNA must include:

- A statement of:
 - Services which are considered to be necessary to meet the need for pharmaceutical services and other relevant services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps
 - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
 - How the localities were determined
 - How different needs of different localities and the needs of those with protected characteristics have been taken into account
 - Whether further provision of pharmaceutical services would secure improvements or better access to pharmaceutical services
 - Likely future pharmaceutical needs
 - A report on the consultation

1. Background

1.2 Methodology

- Our PNA has been developed using a structured approach and the scope for the assessment is set out on the next page
- The diagram (below) provides a high level overview of the process adopted; and the table (right) summarises the key activities which were carried out at each stage
- The views of stakeholders were captured throughout the process and used to inform the assessment. The engagement approach included:
 - A contractor questionnaire
 - A multidisciplinary, multi-agency steering group
 - Direct communication with service commissioners and other key managers within London Borough Haringey, NHSE and NHS Haringey CCG
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB
- The final PNA was approved by the HWB on the [enter date] 2017



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	Activity
Step 1 Governance & Project management	<ul style="list-style-type: none"> • A multi-agency Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A • An external subject matter expert was appointed to provide advice and support the development of the refreshed PNA
Step 2 Gather and validate data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within the London Borough of Haringey, NHSE, NHS Haringey CCG • A online contractor questionnaire was designed to verify current service provision by pharmacies and to secure insights into other aspects of service delivery. A copy is attached in Appendix B • The questionnaire was cross-referenced with data supplied by service commissioners as part of a validation exercise; anomalies were addressed to produce an accurate dataset
Step 3 Pharmacy Profile	<ul style="list-style-type: none"> • A desktop review of local health needs (including the JSNA) and key strategies was undertaken • This was supplemented by input from public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services
Step 4 Health Needs & strategic priorities	<ul style="list-style-type: none"> • The current profile of pharmaceutical & locally commissioned services was documented on a service by service basis • This was supplemented with a benchmarking exercise using London & England comparators
Step 5 Synthesis & Drafting	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision • Pre-determined principles were used to underpin the decision making process
Step 6 Formal consultation	<ul style="list-style-type: none"> • To be completed post consultation

1. Background

1.3 Scope of the PNA

Contractors included on the NHS Pharmaceutical List for Haringey

Pharmacy Contractors (PhS)
Community pharmacists; National contract
60 pharmacies

Dispensing Appliance Contractors
Provide appliances but not medicines
0

Local Pharmaceutical Services Contractors (LPS)
Local contract, commissioned by NHSE
0

Dispensing Doctors
0

Pharmaceutical Services

Community pharmacists provide:

• Essential Services

- Dispensing medicines, appliances and other prescribed items (includes electronic prescription services) & the actions associated with dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Promotion of healthy lifestyles:
 - Prescription linked interventions
 - Public health campaigns
- Signposting / support for self-care

• Advanced Services

- Medicines use reviews (MURs) and Prescription Intervention Service
- New Medicine Service (NMS)
- Flu vaccination
- NHS Urgent Medicine Supply Advanced Service (NUMSAS)
- Stoma Appliance Customisation Service (SACS)
- Appliance Use Reviews (AURs)

• Enhanced Services

- London Pharmacy Vaccination Service
- Minor Ailments Service
- On Demand Access to Palliative Care and Specialist Medicines

Dispensing Appliance Contractors provide:

• Essential Services

- Dispensing and actions associated with dispensing appliances
- Repeatable dispensing
- Electronic prescription services
- Home delivery for specified appliances
- Provision of supplementary items (e.g. disposable wipes)

• Advanced Services

- Stoma Appliance Customisation Service (SACS)
- Appliance Use Reviews (AURs)

Included for information; all DAC services are provided by out of area contractors

Other services commissioned from Pharmacies

Services Commissioned by Public Health

- Stop Smoking Service
- Sexual health service

Services commissioned by NHS Haringey CCG - None

Services commissioned by NHS Trusts or Foundation Trusts

- Barnet, Enfield & Haringey MH Trust Drugs & Alcohol in Haringey Service:
 - Needle and Syringe Programme
 - Supervised Consumption

Other services which affect the need for Pharmaceutical Services

Haringey HWB Area

- Whittington Health (community health services)
- Barnet, Enfield and Haringey Mental Health Trust (mental health services)
- Contraceptive and Sexual Health Services
- GP practices
- GP Access Hubs provided by Federated for Health
- GP out of hours service provided by Barndoc
- "Care closer to home" pathways for community ophthalmology, musculoskeletal services, community urology, community ENT, gynaecology

Other HWB Areas

- Acute Hospitals and Urgent Care Centres based at:
 - Whittington Hospital NHS Trust (part of Whittington Health);
 - North Middlesex University Hospital NHS Trust
- Walk-in Centre at Finchley Memorial Hospital

The following have been excluded from the scope of the PNA because they do not fall within the Regulations and do not impact market entry decisions:

- Non-NHS services provided by community pharmacies (Appendix C)
- The in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Service
- The Anticoagulant & Stroke Prevention service. This is contracted as an "any qualified provider" service. One community pharmacy provides the service from 2 locations. The service has not been specifically commissioned from pharmacy 5

1. Background

1.4 Changes Since 2015

In updating its PNA, Haringey's HWB Board has taken into account a number of factors including:

National Strategy & Drivers

- “Five Year Forward View”³ & “Next Steps on the Five Year Forward View”⁴
- The independent community pharmacy service review, commissioned by NHS England in 2016⁵. This includes recommendations to maximise the use of electronic repeat dispensing; modernise medicines use reviews; and for stop smoking services to become part of the NHS pharmaceutical services contract
- The Department of Health's report: “Community Pharmacy 2016/17 and beyond: final package”⁶. This sets out various reforms with respect to:
 - Pharmacy remuneration, the introduction of a Quality Payment Scheme and the Pharmacy Access Scheme (Box 3)
 - Market entry and the introduction of new regulations which permit the consolidation of pharmacies
 - Modernisation of pharmacy services, including the Pharmacy Integration Fund and the piloting of pathways which carve out a role for community pharmacy in the urgent supply of medicines and the urgent management of minor illnesses

Local Strategy

- The North Central London Sustainability and Transformation Plan (STP). This sets the sustainability plan for improving quality, efficiency and the financial position
- Haringey's Health & Wellbeing Strategy
- Haringey's Corporate Plan
- Housing Strategy 2017-22 approved in November 2016

CCG strategies and plans including:

- Sustainability and Transformation Plan
- Five Year Forward View Plan on a Page including extended GP hours

Specific Service Changes

- Arrangements for extended GP opening hours including 3 GP Access Hubs
- Primary Care Estate Development Plan
- Changes in the provision of NHS pharmaceutical services (Box 4)

Box 3 - Financial and Quality Reform

Funding Settlement

- A reduction in funding for contractors providing NHS pharmaceutical services:
 - 4% decrease in 2016/17; and an additional 3.4% decrease in 2017/18 (and a further consultation planned regarding remuneration from 2018/19 onwards)
 - Phasing out of the establishment payment where applicable (i.e. pharmacies which historically dispense 2,500+ items per month) with a view to coming to a complete end by 2019/20
 - Consolidating the professional fee (dispensing fee), practice payment, repeat dispensing payment and monthly electronic prescription service payment into a single activity fee
- The Pharmacy Access Scheme (PhAS) was introduced alongside the new remuneration package. This has a stated aim of ensuring that a baseline level of access to NHS community pharmacy services be protected, particularly in areas where there are fewer pharmacies with higher health needs. Pharmacies qualifying for the PhAS will receive an additional payment to support the transition to the new arrangements. The scheme will end on 31 March 2018

The Quality Payment Scheme

- The quality payment scheme was introduced in 2017/18; it is a voluntary scheme
- Appendix D sets out a summary of the “gateway” criteria and quality criteria

Box 4 – Changes in NHS Pharmaceutical Services

Local changes in NHS pharmaceutical services relevant to the new PNA include:

- A new distance selling pharmacy
- A change of ownership for 7 pharmacies
- Changes in PNA reported opening hours
- **Advanced services**
 - New Services: Flu vaccination; and the NHS Urgent Medicines Advanced Service (This is a pilot scheme, now running until 30 September 2018; the service is accessed via NHS 111)
 - Changes in the number of pharmacies accredited to provide services
- **Enhanced services**
 - Changes in the number of pharmacies commissioned to provide various services
- **Locally commissioned services**
 - Healthy Living Pharmacies are now part of the Quality Payment Scheme
 - The sexual health service is now commissioned as a single service, irrespective of age; it has replaced the “Under 25s bundle” and the “25 years and over bundle”
 - Changes in the number of pharmacies commissioned to provide various services

2. Local Context

2.1 The Place

- The London Borough of Haringey is based in North Central London
- Haringey occupies an area of more than 11 square miles (28.5km²); and, geographically is one of the smallest London Boroughs
- It is a ethnically diverse area and has a relatively transient population; at the time of the 2011 census it had the 13th largest migrant population
- Haringey has many residential areas and neighbourhoods, each with their own distinctive identity and characteristics
- Haringey has a range of centres providing shopping and services and local employment. These include:
 - Wood Green Metropolitan Town Centre
 - Tottenham High Road Historic Corridor
 - Specialist centres like Crouch End and Muswell Hill
- More than 25% of the area is made up of large parks, recreation grounds and green open spaces
- Haringey has good public transport, including good tube and rail links into central London; this facilitates movement around the borough and into and out of central London
- The borough is home to a number of local landmarks including Alexandra Palace, Bruce Castle and Tottenham Hotspur Football Stadium; these draw visitors into the area every day
- Haringey borders with several other HWB areas:
 - Barnet
 - Camden
 - Enfield
 - Hackney
 - Islington
 - Waltham Forest
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas



In the remainder of this section, we explore the local demography, health needs and strategy which influence the need of the population for pharmaceutical services. This section should be read in conjunction with the Haringey Joint Strategic Needs Assessment that is updated regularly.

2. Local Context

2.1 The Place (cont...)

Localities

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- The Steering Group has determined to retain the localities used for the development of Haringey's first PNA
- The rationale behind this locality structure may be summarised as follows:
 - These localities are used by the London Borough of Haringey, NHS Haringey CCG and other agencies within Haringey for the planning, commissioning and/or delivery of services
 - A railway line forms the physical barrier between the East and West of the Borough
 - Each locality is a very distinctive geographical regions with differing health needs and demographics
 - The West locality is very different to the rest of Haringey in terms of demography and health outcomes
 - The Central locality is concentrated around the Green Lanes area
 - Tottenham is more ethnically diverse; and has been split into two localities to make these into a manageable size
- The table (right) describes the structure and features of the four localities
- Whilst the localities form the basis of our PNA we also make reference to wards. This has allowed us to pin-point specific issues within the localities, particularly where we identify extremes with respect to diversity, health needs or service provision; or where locality level information is not available

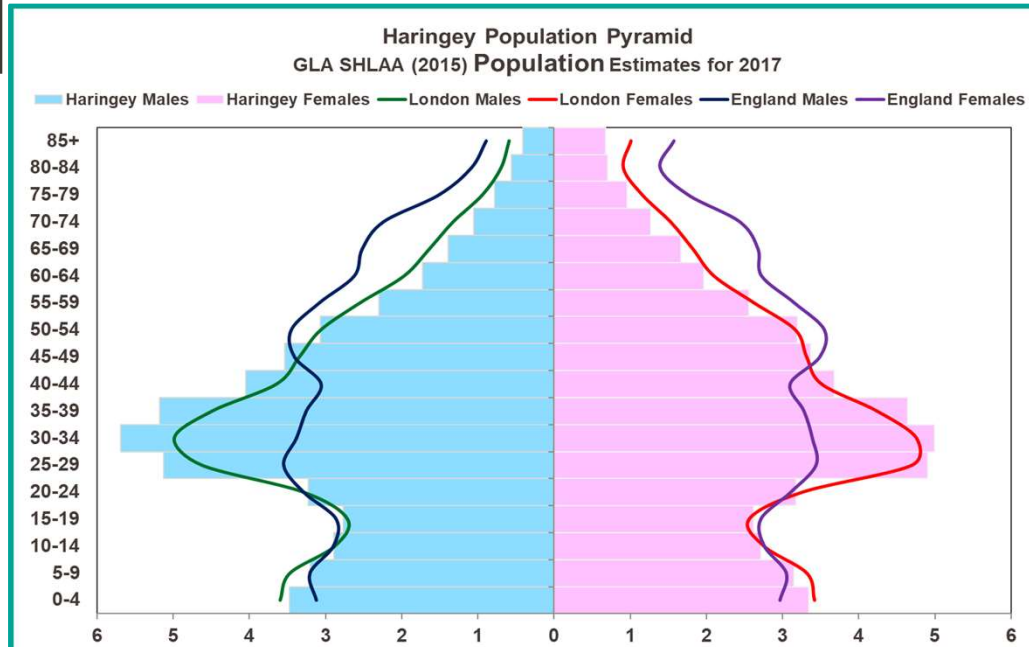
Locality	Ward(s)	Features
West	<ul style="list-style-type: none"> • Alexandra • Crouch End • Fortis Green • Highgate • Hornsey • Muswell Hill • Stroud Green 	<ul style="list-style-type: none"> • Higher proportion of people aged 65+; relatively high proportion of people who are working age • Lower levels of deprivation • Residents generally have better health outcomes • High level of long term conditions and dementia • High rates of alcohol-related admissions
Central	<ul style="list-style-type: none"> • Bounds Green • Harringay • Noel Park • Woodside 	<ul style="list-style-type: none"> • High proportion of people who are working age • Areas with higher levels of deprivation • The population is predominately Greek & Turkish • Higher smoking prevalence rates • High prevalence of frailty
NE Tottenham	<ul style="list-style-type: none"> • Bruce Grove • Northumberland Park • Tottenham Hale • West Green • White Hart Lane 	<ul style="list-style-type: none"> • High proportion of young people aged 0 - 20 • Highest levels of deprivation • Higher concentration of black African and black Caribbean people • Higher smoking prevalence rates • Higher rates of HIV & sexually transmitted diseases • Higher levels of hypertension and diabetes
SE Tottenham	<ul style="list-style-type: none"> • St Ann's • Seven Sisters • Tottenham Green 	<ul style="list-style-type: none"> • High proportion of young people aged 0 - 20 • Areas with higher levels of deprivation • Higher concentration of black African and black Caribbean people • Higher smoking prevalence rates • Higher rates of HIV & sexually transmitted diseases • High levels of diabetes and hypertension

2. Local Context

2.2 Demography

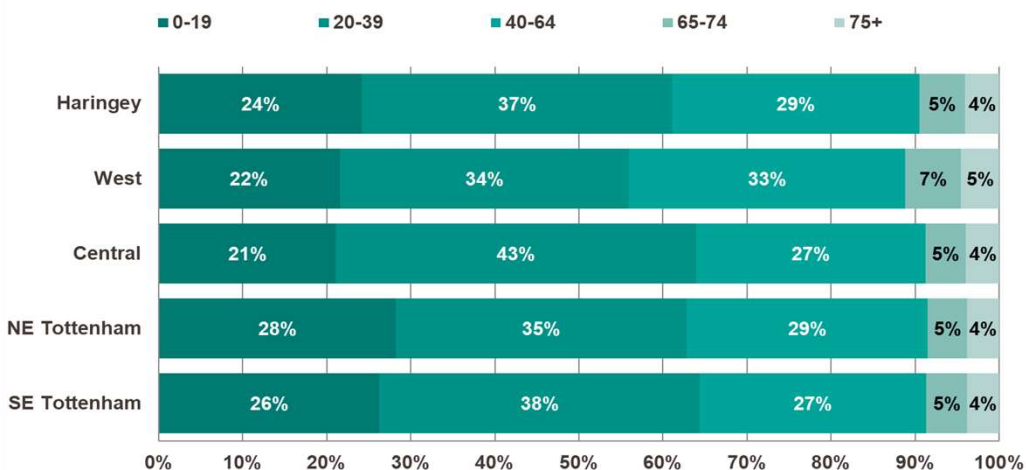
Population & Age Distribution

- Haringey has a resident population of 280,000 (GLA SHLAA projections for 2017)
- The population pyramid (on the right) demonstrates a gender split of males 50.4% to females 49.6%; this is similar to London but differs from England in that the Haringey population is younger with a higher proportion of younger working age population (25 – 44 years)
- The age distribution graph (below) demonstrates how age varies across Haringey’s localities:
 - Under 20s:** A higher proportion of under 20s live in NE Tottenham (28%) and SE Tottenham (26%) localities
 - Working age (20 – 64):** The Central locality has the highest proportion of working age people (70%); followed by the West locality (67%)
 - 65+:** 11% of the West locality population is aged 65+; this is above the Haringey average of 9%
- Haringey’s population is expected to rise by 5% by 2021. The older population (65+) and older working age population (40-64) are anticipated to have a greater increase (9% and 10% respectively) than younger groups (2%)



Projections based on GLA SHLAA; Interim 2015 estimates, 2017

Population Distribution by Age in Haringey
GLA SHLAA (2015) Population Estimates for 2017*



What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix E – “Pharmaceutical Needs Across the Life-course”
- A survey of the population in England⁷ showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy. This is relevant to Haringey’s younger population profile
- Pharmacies need to maximise opportunities to target health promotion and public health interventions to improve health and prevent or delay the onset of disease and long term conditions, especially in the younger population. Whilst only 9% of the population are aged 65+, it is still important that services meet the needs of this population segment
- The growing population has implications for future demand of pharmacy services and we will consider the capacity of the existing pharmacy network to meet this demand

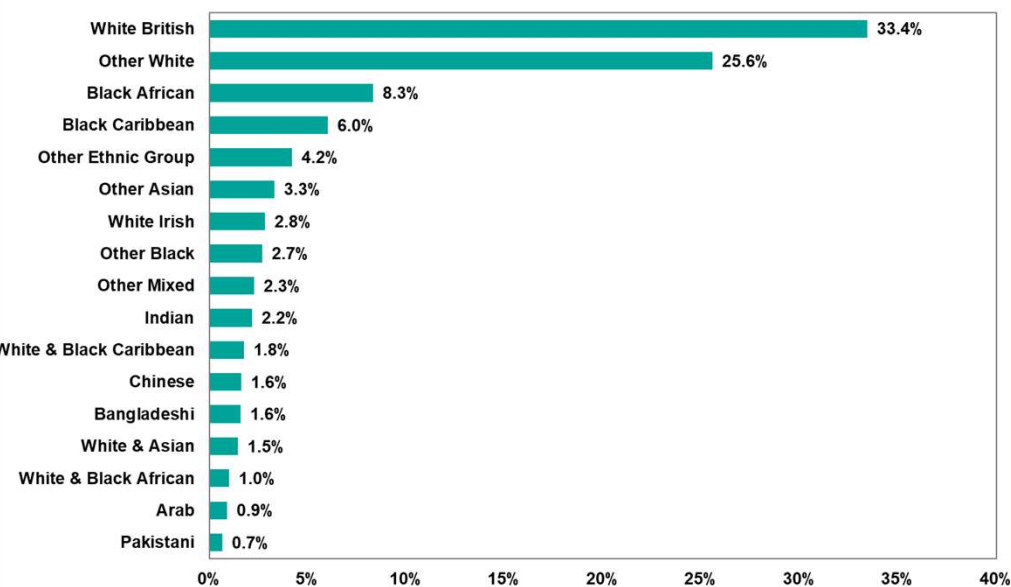
2. Local Context

2.2 Demography (cont...)

Ethnicity

- Haringey has an ethnically diverse population. The graph below provides an overview of the distribution of Haringey's population in different ethnic groups
- 61.9% of the Haringey population are non-White. This is higher than the London figure of 57.1%
- About one in six residents in Haringey are in Black ethnic groups (17.1%) and one in nine are Asian (9.4%)
- By 2021, Other ethnic group is expected to have the highest growth of 8.2%, followed by Other White (7.8%) and Other Mixed (7.0%). Meanwhile, Black Caribbean and Pakistani groups are expected to decrease by 3.2% and 1.1% respectively
- North East and South East Tottenham have higher proportion of BME compared to the other two localities.
- Over 100 languages are spoken by Haringey residents

Distribution of population by ethnic group, Haringey, 2017



Languages Spoken by Haringey Community Pharmacy Staff

Language	No. Pharmacies	Percentage	Other languages spoken (<10% pharmacies)
Gujarati	42	70%	Romanian
Hindi	36	60%	Mandarin
Turkish	22	37%	Kurdish
Urdu	15	25%	Hungarian
Swahili	14	23%	Cantonese
Arabic	13	22%	Farsi
Spanish	12	20%	English
Italian	11	18%	Russian
French	10	17%	Portuguese
Greek	8	13%	Tamil
Punjabi	8	13%	Chinese
Bengali	8	13%	Singhalese
Polish	7	12%	Creole
			Swedish
			Bangladeshi
			Twi

What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example: BAME communities are at risk of a range of health challenges from low birth weight and infant mortality through to a higher incidence of long term conditions such as diabetes and cardiovascular disease
- It is essential that pharmaceutical services meet the specific needs of all communities within Haringey, as well as providing a broad and appropriate range of services to the general population
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication-related information; and health promotion and lifestyle advice
- A significant number of staff within our pharmacies speak languages other than English. 27 (45%) pharmacies can access translation services with a reasonable spread across all 4 localities. Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken, or to a pharmacy with access to translation services, to improve access to pharmaceutical and health promotion advice

2. Local Context

2.2 Demography (cont...)

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:
 - It is ranked 30 out of the 326 local authorities in England with respect to deprivation and is the 6th most deprived in London (as measured by the IMD score 2015; where 1 = most deprived)
 - 41.5% people live in the 20% most deprived areas compared to 22.9% and 20.2% for London and England respectively (2014)
 - 27 Lower Super Output Areas (LSOAs) fall within the ten per cent most deprived nationally
 - 28.7% of children live in poverty
 - People in the west of the borough tend to have better health outcomes and access health services more than those in the east of the borough; this has created health inequalities between the east and the west of the borough
 - Within Haringey, NE Tottenham locality has the highest level of deprivation; and the West locality is the least deprived

Religion

- Haringey is a religiously diverse local authority area. The 2011 census provides an overview of religions practiced in the borough:

○ Christian	45.0%
○ No religion	25.2%
○ Muslim	14.2%
○ Jewish	3.0%
○ Hindu	1.8%
○ Buddhist	1.1%
○ Sikh	0.3%
○ Other	0.5%
○ Not stated	8.9%

What this means for the PNA

Deprivation

- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities with Haringey
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions
- 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 health needs

Religion

- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
 - Whether or not a particular medicinal product includes ingredients which are derived from animals
 - Taking medicines during periods of fasting e.g. Ramadan

2. Local Context

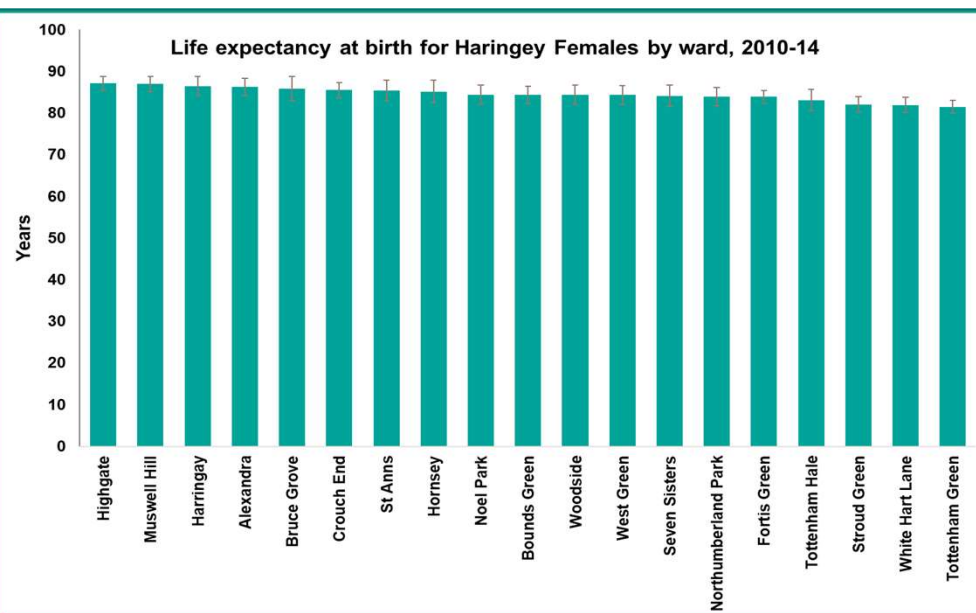
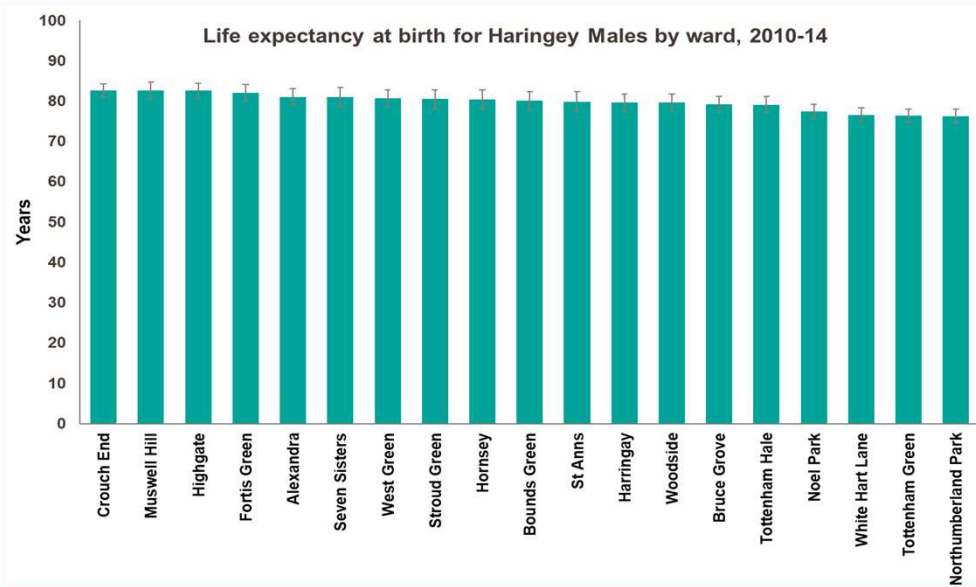
2.2 Demography (cont...)

Life Expectancy and Health Inequalities

- Life expectancy is a measure of how long a person born into an area would be expected to live by reference to current observed rates of mortality
- The all-cause age-standardised mortality rate for Haringey is 830 per 100,000 population (2016); this is the 10th lowest rate in London; and is below the London & England averages (859 and 960 respectively)
- In Haringey average life expectancy (2013-15 data) for:
 - Women is: 84.5 years compared with 83.1 for England
 - Men is: 80.0 years compared with 79.5 for England
- The gap in life expectancy between the best and worst helps to illustrate how inequalities affect the population differently. In Haringey, the gap between those who live in the most deprived 10% and the least deprived 10% is 6.5 years for men & 4.7 years for women (2017, Health Profile)
- In Haringey, there are stark differences in life expectancy in males and females between the east and the west of the borough (refer to the graphs on the right; 2010 – 14 data):
 - Crouch End had the highest life expectancy at birth (82.6 years) and Northumberland Park had the lowest (76.3 years) for men
 - For women, Highgate had the highest life expectancy at birth (87.1 years) and Tottenham Green had the lowest (81.5 years)
- 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
- We explore the impact of lifestyle and the impact on health consequences on the pages which follow

What this means for the PNA

- Community pharmacies are well placed to deliver a range of services which collectively contribute towards tackling health inequalities through addressing lifestyle behaviours and the wider health challenges with Haringey
- We systematically review this contribution on pages 23 – 24; and consider this on a service by service basis throughout our PNA



2.3 Health Needs

2.3.1 Lifestyle

Overview

- Lifestyle has a significant impact upon the health and outcomes of an individual

Smoking

- Smoking is the number one cause of preventable death in England and is a major risk factor for cardiovascular disease (heart disease and stroke); chronic obstructive pulmonary disease and cancer
- Smokers are more likely to die prematurely; and 1 in 2 long term smokers die from a smoking-related illness
- 17.7% of Haringey adults smoke (2016 data); This is the one of the 9th highest rates in London but is not statistically significantly different to the England average (15.5%). An estimated 39,000+ people smoke in Haringey
- Smoking is more prevalent in some segments of the population:
 - 31.2% of adults (aged 18 – 64 years) in routine and manual occupations smoke; this is higher than the London and England averages (23.9% and 26.5% respectively) but not statistically significantly different
 - The localities with higher smoking prevalence rates are the Central locality, NE Tottenham and SE Tottenham
 - 5.6% of expectant mothers smoke in pregnancy; this is above the London average (4.9%) but lower than the England average (10.7%)

Physical inactivity

- Physical inactivity is the fourth leading cause of global mortality; improving activity levels could help prevent CHD, cancer and diabetes
- The percentage of physically inactive adults in Haringey (2015/16; current method) was 19.3%; this was lower than the London and England averages (22.2% and 22.3%)
- Only 12.8% of 15 year olds are physically active for a least one hour per day on 7 days a week. This proportion is similar to the London and England averages (11.8% and 13.9%)

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health and unplanned pregnancy

Diet

- With respect to obesity:
 - The prevalence of overweight (including obese) among children in reception is 23.6% (2015/16); this is higher than the London average (22.0%)
 - In year 6, this increases to 38.4%; this is similar to London average (38.1%) but higher than England average (34.2%)
 - 53.8% of adults are obese or overweight; this is not statistically significantly different to the London average (55.2%) but lower than England average (61.3%)
- 56.5% of adults in Haringey meet the “5 a day” recommendation for fruit and vegetables (2015/16); this is similar to London average of 56.4% and the England average of 56.8%
- There is a correlation between fast food outlets (FFOs) and obesity. Haringey has an around average proportion of FFOs (95 outlets per 100,000 population) compared to the England average of 88 per 100,000 (2014)

Substance misuse

- Nationally 1 in 4 adults are binge drinkers and middle class drinkers are more likely to indulge in "heavy" drinking.
- In Haringey, 20.4% of those aged 16+ are increasing or higher risk drinkers; this is similar to the London and England averages (20.6% and 22.3%)
- The estimated prevalence of opiate and/or crack cocaine users is 10 per 1,000; this is similar to the London and England average (10 and 8 per 1,000; 2011/12)
- Application of the findings of the Adult Psychiatric Morbidity survey (2014) to Haringey's population suggest an estimated:
 - Around 2,800 (1.2%) adults are dependent drinkers
 - Almost 6,900 (3.1%) of adults show signs of dependence on drugs, including about 5,100 (2.3%) who show signs of dependence on cannabis only and approximately 1,800 (0.8%) with signs of dependence on other drugs (with or without cannabis dependence)
- There is a correlation between alcohol & poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on pages 23 and 24***

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices

Cancer

- Cancer is the most common cause of death in Haringey. The table on the right summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers

Cardiovascular Disease and Stroke

- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)
- Cardiovascular disease (CVD) is the second most common causes of death in Haringey

Diabetes

- Diabetes is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk
 - Ethnicity: the risk for people of South Asian origin is six times greater; and Black African or Caribbean origin is five times greater than that for White people. There is also a greater risk of the long-term complications in these groups
- The percentage of people diagnosed with diabetes is 6.2% (2016/17) compared with 6.5% and 6.7% for London and England; diabetes prevalence has been increasing in Haringey

Respiratory Disease

- Respiratory disease is the third most common cause of death in Haringey
- Respiratory mortality rates are summarised in the table
- The mortality rate for COPD, for which smoking is the main cause, is lower than London and England averages

Hospital admissions

- The table (right) summarises the impact of smoking on hospital admissions; this is statistically worse than the London and England averages

Under 75 mortality rates from cancer per 100,000

2014-16	Men	Women	Total
All Deaths Haringey (London; England)	142.6 (144.3; 152.1)	114.5 (111.4; 122.6)	127.3 (126.8; 136.8)
Preventable* Haringey (London; England)	83.7 (81.7; 85.9)	69.3 (66.5; 73.4)	75.7 (73.5; 79.4)

Under 75 mortality rates from cardiovascular disease per 100,000

2014-16	Men	Women	Total
All Deaths Haringey (London; England)	126.2 (105.7; 102.7)	48.8 (46.7; 45.8)	84.6 (74.9; 73.5)
Preventable* Haringey (London; England)	80.2 (69.6; 70.4)	24.9 (24.6; 24.3)	50.5 (46.2; 46.7)

Under 75 mortality rates from respiratory disease per 100,000

2014-16	Men	Women	Total
All Deaths Haringey (London; England)	34.6 (37.7; 39.2)	24.3 (23.7; 28.7)	29.1 (30.3; 33.8)
Preventable* Haringey (London; England)	16.1 (20.7; 20.8)	9.5 (12.7; 16.5)	12.6 (16.5; 18.6)
COPD (all ages) Haringey (London; England)	46.8 (61.3; 64.1)	30.7 (39.6; 44.5)	37.1 (48.6; 52.2)

Smoking Attributable Hospital Admissions per 100,000 – Total (2015/16)

No. of Admissions Haringey; (London; England)	1,864 (1,597; 1,726)
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* Preventable deaths are those which could be avoided through public health interventions

2.3 Health Needs

2.3.2 Health Consequences of Lifestyle Choices (cont...)

Substance Misuse

- The World Health Organisation defines the misuse of drugs or alcohol as “*the use of a substance for a purpose not consistent with legal or medical guidelines*”. It is also defined as “*a pattern of substance use that increases the risk of harmful consequences for the user*”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences
- The table (right) summarises the number of hospital admissions which are attributable to substance misuse; the data demonstrate that this is higher than the London average but below the England average for young people aged 15 – 24 years

A. Drug Misuse

- The rate of drug-related deaths (per 100,000) in Haringey is 4.4 compared with 3.1 for London & 4.2 for England (2014-2016); the rate in men is higher than in women (6.7 versus 2.2) in Haringey
- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death. The Health Protection Agency (HPA) has estimated that for England:
 - 16% of current or previous drug injectors are Hepatitis B Positive
 - 43% are Hepatitis C positive
 - 1.2% are HIV positive

B. Alcohol misuse

- Latest CMO guidance is that men and women should limit alcohol intake to a maximum of 14 units a week. Drinking more than the recommended daily allowance, particularly dependent drinking and/or binge drinking, has health consequences and social risks:
 - Liver disease:** The under 75 mortality rate (2013/15) was 20.1 per 100,000. This is statistically the same as the London (17.0) and England average (18.0)
 - Alcohol related Mortality (2015):** This was 47.9 per 100,000 and is statistically the same as the London (41.3) and England (46.1) averages; the rate for males (81.1) is significantly higher than for females (21.0)
 - Alcohol related hospital admissions** (table, right): The rate remains significantly worse than the London average

Sexual Health

A. Sexual Transmitted Infections (STIs) & HIV

- STIs & HIV cause a range of illnesses and may lead to premature death:
 - The rate of new diagnoses of STIs (excluding chlamydia in those aged under 25) was 1,778 per 100,000 compared with 1,547 for London & 795 for England (2016). A high proportion of STIs are occurring in men who have sex with men
 - The rate of chlamydia diagnosis in those aged 15-24 years was 2,244 for Haringey compared with 2,309 for London and 1,882 for England (2016). The rate of diagnosis in Haringey was not significantly different to London
 - 35% of diagnoses for new STIs were in young people aged 15-24 (compared to 51% for England)
 - The gonorrhoea diagnosis rate per 100,000 was 234; this was significantly worse than both the London rate of 186.6 and the England rate of 64.9 (2016)
 - The rate of diagnosed HIV in Haringey has not significantly changed in recent years and is 6.71 per 1,000 in those aged 15-59; this is significantly worse than both the London rate (5.78) and similar to the England rate (2.31)
 - 38.1% of HIV is diagnosed at late stage (CD4 <350) in those aged 15+; and is statistically similar to London (33.9%) & England (40.2%) (2013-15 data)
 - STI and HIV rates are highest in NE Tottenham and SE Tottenham localities, particularly Northumberland Park, Seven Sisters and Tottenham Hale

B. Pregnancy

- Unwanted and termination of pregnancy can have long term physical and psychological effects, particularly in young girls, leading to health problems in the future. Teenage pregnancy may lead to poor health and social outcomes for mother and baby. In Haringey:
 - Teenage pregnancy rates have seen a marked decline and are not statistically different to London and England (21.0 per 1,000 versus 19.2 and 20.8) (2015)
 - The under 18 abortion rate was 9.1 per 1,000; this was not significantly different to the London or England averages (2016)
 - Repeat abortion rate (under 25s) is not statistically different to London & England
 - Under 18s birth rate was 4.4 per 1,000 compared with 4.4 for London & 6.3 for England

Hospital admissions (per 100,000 population)

Alcohol related (narrow definition) - Haringey (2015/16) (London, England)	633 (545; 647)
Alcohol related (broad definition) – Haringey (2015/16) (London, England)	2,643 (2,235; 2,179)
Substance misuse (aged 15–24) – Haringey (2013/14 -15/16) (London, England)	76.3 (67.9; 95.4) 15

2.3 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Haringey:
 - The prevalence of mental health disorders (based on QOF data) in 2015/16 was 1.30% compared with 1.02% for London and 0.90% for England
 - Depression prevalence as recorded on GP registers, in those aged 18+, was 5.8% compared to 6.0% for London and 8.3% for England (2015/16)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc
- Adherence to medicines is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

Older People

- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
 - **Cardiovascular disease and diabetes**
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
 - **Dementia:** The prevalence in Haringey is 0.40% of the registered population (QOF), significantly lower than the London average (0.5%) and the England average. Alzheimer's disease is the most common form of dementia
 - **Falls:** The aged standardised rate of emergency hospital admissions per 100,000 of older people who sustained an injury due to a fall (2015/16) was:
 - 4,989 for those aged 80+; not significantly different to the London (5,550) and England rates (5,526)
 - 980 for those aged 65 – 79; this is not significantly different to the London (1,116) and England rate (1,012)

Care Homes

- With increasing numbers of frail older people with long term conditions and complex requirements including palliative needs, care homes are providing care that has historically been provided by hospitals
- In 2016, the number of nursing and residential home beds per 100 people aged 75+ was 1.3 and 6.2 respectively. This is significantly lower than the London and England averages. This is due to a relatively young population in Haringey and also a reflection of a focus on keeping people living independently in their own homes
- Adopting a proactive approach to managing medicines will help reduce unplanned admissions to hospital. Pharmacy-related recommendations from the NICE "*Managing Medicines in Care Homes (SC1)*" include:
 - The ongoing supply and demand of medicines prescribed to patients
 - Advice/support for care plans and on identifying & managing adverse effects
 - Supporting the disposal of medicines from care homes
 - Supporting delivery of the local anticipatory medicines pathways
 - Advice/support to staff on the medication administration records for patients
 - Providing a key contact for queries around medicines

Disability

Physical

- More than 19,500 people have a physical disability; this equates to approximately 10% of the population aged 16-64; of these 4,516 have a serious physical disability

Sensory (Visual or Hearing Impairment)

- 995 people are registered as blind; 715 as partially sighted; and up to 4,930 have sight loss which impacts upon daily living
- There has not been a significant change in the prevalence of the most common eye conditions, which may impact upon sight:
- In 2015/16, the crude rate of preventable sight loss per 100,000 was:
 - **Diabetic eye disease:** 2.6 compared to 2.5 (London) and 2.9 (England)
 - **Age related macular degeneration:** 59.3 versus 86.7 (London) and 114 (England)
 - **Glaucoma:** 13.4 compared to 13.4 (London) and 12.8 (England)
- Over 15,400 adults have a moderate or severe hearing impairment; and 294 have profound hearing impairment

Learning Disability

- QOF prevalence is 0.36% compared with 0.4% (London) & 0.5% (England)

2.3 Health Needs

2.3.3 Other Considerations (Cont...)

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
 - Children aged under 6 months
 - Older people
 - Pregnant women
 - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- In 2016/17, the DH target was:
 - 75+% for those aged 65+
 - 40-65% for children (aged 2 to school year 3)
 - 55% for all other “at risk” patients aged under 65 (including pregnant women)
- The seasonal influenza vaccination rates in Haringey were (2016/17):
 - Over 65s:** 62.9%; this was lower than both the London rate (65.1%) and England rate (70.5%)
 - Those aged 2 – 4 years:** 27.7%, lower than both London (29.2%) and England (38.1%)
 - Those aged 6 months to 64, in ‘at risk’ group:** 43.2%. This is lower than the average rates for London and England (47.1% and 48.6% respectively)

Pneumococcal immunisation

- People within the following groups, who are at risk of complications arising as a result of a pneumococcal infection, are eligible for pneumococcal vaccination:
 - All children under the age of two
 - Adults aged 65 or over
 - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2015/16:
 - 61.1% of the eligible population (aged 65+) received pneumococcal (PPV) vaccination; this was not significantly different than the previous year’s coverage and lower than the London (64.3%) and England (69.8%) averages
 - Vaccination coverage was higher for eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1st birthday: 89.5% compared to 90.0% and 93.5% for London & England respectively

Shingles vaccination

- Shingles vaccination is recommended in people aged 70+ years and a benchmark goal of 60% coverage has been set
- In 2015/16, 48.9% of eligible people were vaccinated compared with 47.1% for London and 54.9% for England

Childhood immunisation

- A priority is to achieve ‘herd’ immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Haringey is not meeting the national vaccination targets of 95% for a number of childhood immunisations:
 - Diphtheria, Tetanus, Pertussis, Polio, Haemophilus influenzae type b (Dtap / IPV / Hib)**
 - Uptake of 3 doses by 1st birthday: 88.9% compared to 89.2% (London) and 93.6% (England)
 - Meningococcal C (Men C)**
 - Completion of course by 1st birthday: 92.1% (comparators not available)
 - Measles, Mumps & Rubella (MMR) uptake**
 - 86.5% of eligible children received one dose on or after their 1st birthday and anytime up until their 2nd birthday (compared to 86.4% and 91.9% for London & England)
 - 83.3% of eligible children received two doses of MMR on or after their 1st birthday and up until the 5th birthday compared to 81.7% (London) & 88.2% (England)
 - Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)**
 - Uptake at 2 years:** the percentage of children who had received one booster by their 2nd birthday was 86.2%. compared to 85.9% (London) and 91.6% (England)
 - Uptake at 5 years:** the percentage of children who had received one booster by their 5th birthday and was 89.7% compared to London (88.7%) and England (92.6%)

Human Papilloma Virus (HPV) vaccination

- The HPV vaccination protects against the main causes of cervical cancer
- In 2015/16, 77.0% of 12-13 year old females received one dose of HPV vaccine, lower than both London (83.9%) and England (87.0%) averages
- 81.4% of 13-14 year old females received two doses, not different to London (80.7%) but lower than England (85.1%)

In the next section, we show how national and local healthcare strategy set out to tackle the lifestyle behaviours and health needs as outlined in the preceding pages.

We then set out the implications for the PNA on **pages 23 and 24**

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is 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. It plays a strategic role to protect and improve the nation's health and wellbeing; and reduce health inequalities. It does 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)** which 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. Full delegation of primary care medical services, from NHSE to Haringey CCG, was granted in 2017
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, this section sets out high level strategic priorities together with the implications for the PNA
- Our assessment reflects strategic priorities at the time the PNA was written

“Five Year Forward View”

- This document³ sets out key strategic priorities, and new models of care, to ensure that the NHS evolves to meet the challenge associated with people living longer with more complex health needs, whilst embracing the opportunities offered by science and technology. Of note, and of relevance to community pharmacy, are:
 - An enhanced focus on prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
 - Empowering patients and their carers to managing their own care
 - Breaking down barriers which prevent effective service integration
 - Organising care around individuals with multiple health conditions and not based on single disease pathways

“Next Steps on the Five Year Forward View”

- This follow up document to the “Five Year Forward View” was published in 2017, and sets out a number of priorities⁴:
 - Provision of urgent and emergency care, 24 hours a day on 7 days a week
 - Tackling inappropriate use of A&E, pressures on hospital beds and delayed discharges through:
 - Redesign of pathways, to ensure patients are seen in the right place at the right time; including care from new urgent treatment centres
 - Closer working between hospitals, community services and social care to free up hospital beds; includes working in “hubs” or networks
 - Improved access to GPs, through greater availability of GP appointments including bookable appointments in the evening and at weekends (to be universally available by 2019)
 - 1,300 clinical pharmacists to support medicines optimisation to improve efficiency & outcomes; and helping patients to manage their condition(s)
 - Improving pharmacy access to the summary care record & increasing use of EPS
 - A focus on cancer, aimed at improving survival rates including:
 - Early identification
 - Opening new rapid diagnosis and treatment centres
 - Improving mental health services including:
 - Increased access to psychological or “talking” therapies
 - Addressing physical health needs in people with a mental health condition, through additional health checks
 - Better services for new mothers, children and adolescents
 - Assisting frail and older people to stay health & independent
 - Sustainability and Transformation plans, Accountable Care Systems and joined up funding are vehicles to deliver the required changes

2.4 Health Services Strategy

2.4.1 National Strategy (cont...)

“Community Pharmacy Clinical Services Review”

- An independent review of pharmacy⁵ was commissioned in response to the “Five Year Forward View” and the “General Practice Forward View”
- The context for the review included:
 - The changing patient and population needs, particularly the demands of an ageing population with multiple long term conditions
 - Emerging models of pharmaceutical care within the UK and internationally
 - Evidence of sub-optimal outcomes from medicines in primary care settings
 - The need to improve integration of pharmacy and clinical pharmacy skills into patient pathways and emerging models of care
 - The need for service redesign in all aspects of care
- The review acknowledges that community pharmacy remains an under-utilised resource; and that whilst the clinical role of pharmacy has evolved over the last decade there are opportunities to do more
- Three barriers have been identified:
 - Poor integration with other parts of the NHS including digital immaturity
 - Issues with behaviours and cultures, sometimes with weak relationships between community pharmacy and GPs
 - Complex contractual mechanisms and commissioning arrangements
- The report makes a number of recommendations which focus upon maximising existing clinical services; ensuring integration of community pharmacy into new models of care; and enhancing support which is provided to people with long term conditions and for public health services
- A number of actions and next steps are recommended:
 - Electronic repeat dispensing should become the default of repeat prescribing, unless a patient is yet to be stabilised on a medicine
 - Medicines use reviews (page 57) should be redesigned to include ongoing monitoring and regular follow up; and with a focus on people with co-morbidities
 - An England-wide minor ailments scheme
 - Stop smoking services should be considered as an element of the national contract
 - Integrating community pharmacists into long term condition management pathways; and a role in case finding for conditions such as hypertension
 - Overcoming barriers through contractual & legislative reform; and digital maturity to facilitate registered pharmacy professionals to see, document and share information within clinical records held by other healthcare professionals

“Community Pharmacy 2016/17 and beyond: final package”

- The Department of Health set out a series of reforms including a significant change to the pharmacy remuneration structure to drive efficiencies and quality whilst preserving pharmacy services in areas with the highest need⁶
- The document also describes a modernisation programme for pharmacy services, which reflects priorities outlined in “Next Steps on the Five Year Forward View”:
 - **Market entry:** New regulations permitting the consolidation of contracts within a Health and Wellbeing Board area (introduced in December 2016)
 - **Digital technologies:** to improve the “prescription ordering journey” with a view to maximising patient choice and convenience
 - **Distance selling pharmacies:** a review of the terms of service to reflect the different service offering by these contractors
 - **Pharmacy Integration Fund:**
 - This sets out to develop clinical pharmacy practice within primary care including a wider role for community pharmacy, pharmacists and pharmacy technicians in the new, integrated local care models
 - The aim is to improve access for patients; reduce pressure on GPs and A&E; optimise medicines use; drive better value; improve patient outcomes; and contribute to the delivery of a 7 day health & care service
 - Initial priorities focus on the deployment of clinical pharmacists within groups of GP practices, care homes and urgent care settings, including NHS 111; and development of the pharmacy workforce and establishing principles for medicines optimisation for patient-centred care
 - **Urgent medicines supply pilot scheme:** This scheme, which is accessed following referral by the NHS 111 service, is being piloted (refer to page 38 “NHS Urgent Medicine Supply Advanced Service” for further information)
 - **Urgent minor illness care:** The intention is to develop an evidence-based, clinical and cost-effective approach to how community pharmacies contribute to urgent care
 - **Digital:** accelerating digital integration including developing the adoption of messaging and transfer of care to community pharmacy from NHS 111 and hospital care settings; and sending a post-event message from community pharmacy to other care settings

2.4 Health Services Strategy

2.4.2 Local Strategy (cont...)

Haringey Clinical Commissioning Group Outline Strategy 2014/15 – 2018-19

THE MISSION	<p style="text-align: center;">TO MAKE PRIMARY CARE AND CARE CLOSER TO HOME REALLY WORK FOR ALL HARINGEY'S RESIDENTS BY:</p> <ul style="list-style-type: none"> • MOVING FROM BUYING HEALTHCARE TO BUYING IMPROVED HEALTH OUTCOMES AS DEFINED BY OUR RESIDENTS • A POPULATION CENTRED APPROACH TO COMMISSIONING – FITTING IN WITH PEOPLE'S LIVES, IMPROVED AND MORE FLEXIBLE ACCESS • SPECIFICALLY PROMOTING AND SUPPORTING SELF CARE WHERE APPROPRIATE - THE PUBLIC EMPOWERED IN THEIR OWN CARE • STRENGTHENING AND EXTENDING PARTNERSHIP WORKING ACROSS THE WHOLE HARINGEY COMMUNITY 			
THE BACKSTORY / NARRATIVE	<p style="text-align: center;">What is Haringey CCG doing at the moment? And what are the areas to build on?</p> <p>Haringey CCG is currently spending the bulk of our budget in hospitals. This doesn't make sense if we are aiming to deliver a workable model of 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. This needs to be changed because:</p> <p>(a) There needs to be a model which works for everyone including those who would prefer to self-care and/or want more independence and choice.</p> <p>(b) There needs to be a joined up model which offers a range of prevention, early intervention and support (not just health) delivered by a variety of providers working together in different ways to support people and families more effectively.</p> <p>(c) The CCG thinks money could be spent more effectively at a time when the external financial landscape is driving "value for money" and "efficiency savings".</p>			
THE FOUR CORE OBJECTIVES or WAYS WE CAN GET THERE	<p style="text-align: center;">OBJECTIVE 1</p> <p>Explore and commission alternative models of care</p> <ul style="list-style-type: none"> • And actively promote and support self-management in the most appropriate setting. • Look at "developing the most suitable settings for care, recognising that this will mean reducing our spend in the acute sector". • A global transformation of services and service providers 	<p style="text-align: center;">OBJECTIVE 2</p> <p>More partnership working and integration as well as a greater range of providers</p> <ul style="list-style-type: none"> • Explore opportunities to extend integrated packages of support "beyond our conventional partnerships with Adult Social Care and Children's Services to include working with: housing, public health and the third sector". • Look to expand our range of providers. • Develop collaborative packages with other CCGs. • Work differently with NHS England. • Work with partners to "better define the ideal outcomes for residents." 	<p style="text-align: center;">OBJECTIVE 3</p> <p>Engaging communities in new and more innovative ways to build capacity for populations to enhance their own health and wellbeing.</p> <ul style="list-style-type: none"> • Build communities and social networks through a more positive approach which enhances existing strengths and resources within communities. • Think more creatively about providers, particularly how we work with community and voluntary groups. • Explore how best to develop new ways of communicating with our residents so that they are better placed to get information and to access support in a way which suits them e.g. new "Apps". 	<p style="text-align: center;">OBJECTIVE 4</p> <p>A re-defined model for primary care providing proactive and holistic services for local communities, supporting "healthier Haringey as a whole".</p> <ul style="list-style-type: none"> • Look at developing the role of practices in prevention and community interventions so our GPs are responsible for "health in Haringey" overall – e.g. greater role in navigation to other services including partner provider organisations such as the Local Authority. • Develop better mechanisms for case management. • Improving how primary care teams respond to people with complex needs; referring appropriately to more specialised services, for example for people with mental health problems. • Primary care will continue to work together to achieve quality improvements for patients, better access and economies of scale.
<p style="text-align: right;">Published June 2014</p>				<p style="text-align: right;">20</p>

2.4 Health Services Strategy

2.4.2 Local Strategy (cont...)

Haringey Clinical Commissioning Group Outline Strategy 2014/15 – 2018-19 (cont...)

Delivery Mechanisms – Building Our Direction of Travel

Commissioning Value Based Outcomes

- North Central London CCGs are working collaboratively
- Beginning with older people with frailty, mental health and diabetes
- Individually CCGs are focussing on integrated care, with an emphasis on populations

Developing Primary Care

- Working with NHS England to improve quality and access
- Increasing Primary and Secondary Prevention

Integration

- Including the Better Care Fund and working with the London Borough of Haringey and voluntary and community based organisations

UNDERPINNED BY

- ✓ *A continuous focus on quality assurance and safeguarding children and vulnerable adults that is embedded in all policies, procedures and practices*
- ✓ *Supported self-management that enables people with long-term conditions to play a more proactive role in their health and healthcare by providing them with information, practical tools to develop skills signposting to relevant support or activities in the wider community*
- ✓ *Harnessing the benefits of communications technology, innovation and developments in IT*

The development of the 5 year plan has been informed by the many conversations that have happened throughout the year with different stakeholders, including at public meetings, engagement visits, Network meetings and stakeholder events. We will continue to offer people in Haringey the opportunity to inform the CCG's plans and shape and improve the quality of services, in line with our engagement strategy.

Different ways of working

- Think more broadly about SERVICE not just our resources, making sure we include community groups
- Build resilience and work with generations and families
- Giving local people a genuine opportunity to be involved in shaping service delivery
- Support GPs to work with community structures and networks by improving access to better information
- Build on/extend good practice e.g. welfare and alcohol hubs model
- Embrace technology to engage with patients and local people differently
- Identify local champions/leaders of change
- Provide services across the whole system to help people help themselves

2.4 Health Services Strategy

2.4.2 Local Strategy (cont...)

Joint Health and Wellbeing Strategy 2015 -18

Vision

- To work with communities and residents to reduce health inequalities and improve the opportunities for adults and children so that they can enjoy a healthy, safe and fulfilling life

Priorities

- Three main priorities have been defined
 - Reducing obesity
 - Increasing healthy life expectancy
 - Improving mental health and wellbeing

Ambitions

- Sitting beneath these priorities are 9 ambitions:



Fewer children and young people will be overweight or obese



More adults will be physically active



Harlingey is a healthy place to live



Every resident enjoys long lasting good health



People can access the right care at the right time



More people will do more to look after themselves



More children and young people will have good mental health and wellbeing



More adults will have good mental health and wellbeing



People with severe mental health needs live well in the community

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. 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 transport⁸
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons⁹. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:
 - **Healthcare knowledge**
 - The healthcare knowledge of pharmacists, together with good accessibility, reinforces the role of community pharmacy as a “first port of call” to support people with self-care, including the management of minor illnesses
 - **Medicines expertise**
 - Medicines are the most common medical intervention. Non-adherence to prescribed medicines is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended¹⁰. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole
 - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber. As such, they have a central role to play in the management of long term conditions
 - **Provider of public health services**
 - Pharmacy is an established provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. Its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public are pivotal to its success

On the next page, we systematically explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section.

We also set out factors which our assessment will need to take into account in relation to these roles.

Finally, throughout our assessment we will reflect on the national and local strategic priorities, as described in the preceding pages. This includes considering how these priorities may influence the need for NHS pharmaceutical services and/or how they might impact upon the delivery of pharmaceutical services and/or locally commissioned services.

2.5 Implications for the PNA

2.5.2 Systematic review

The Local Context - What this means for the PNA (continued)

Dispensing Services including Palliative Care

- Dispensing services ensure that people can obtain the medicines they need. Our PNA will explore both the accessibility and future capacity of dispensing services
- We will review the “on-demand” access to EoL and specialised medicines enhanced service in the context of North Central London recommendations for palliative care medicines

Signposting

- Pharmacies need to be equipped to facilitate signposting to health & social care services e.g. drug and alcohol services, specialist stop smoking services, sexual health services etc

Stop Smoking

- Community pharmacy-based stop smoking services have been shown to be both effective & cost-effective
- Medication to support a quit may be supplied to their clients at the point of consultation
- Smoking prevalence varies across Haringey; and services need to be tailored accordingly to those populations which will benefit the most

Health Promotion & Lifestyle Modification

- The high number of people using pharmacies is a real opportunity to “Make every Contact Count”¹¹
- Our priorities include a focus on modifying lifestyle behaviours in support of the prevention agenda i.e. tackling behaviours which contribute to higher rates of cancer, CVD, diabetes and respiratory disease; and reducing risky sexual behaviour. We would welcome NHSE prioritising some, or all of these areas, for future nationally set campaigns
- Pharmacy medication records provide a valuable tool to identify people who may benefit from advice

Medicines Use Reviews & New Medicine Service

- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs
- MUR and NMS reviews help people to take their medicines as prescribed and identify adverse effects; they potentially reduce unplanned admissions & re-admissions to hospital; and reduce falls
- Proactively targeting reviews to those with diabetes, a history or risk of CVD, asthma, COPD etc will support people to self-manage their condition and take a more proactive role in their health and healthcare

Sexual Health Services (SHS)

- Haringey has high rates of STIs & HIV, particularly in NE and SE Tottenham
- Community pharmacy improves access to the full range of SHS including EHC, chlamydia & gonorrhoea screening, chlamydia treatment, condom distribution and HIV point of care testing
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity. Similarly, LGBT people (including those who are HIV positive) may prefer to use pharmacy services if they do not wish to disclose their sexuality to their GP
- Our assessment will take these factors into account, as well as considering the accessibility of SHS

Support for Unscheduled Care and Self-care

- Community pharmacies provide valuable advice to support self-care for people with self-limiting conditions
- The NHS Urgent Medicines Advance Service pilot, accessed via NHS 111, helps to manage urgent requests for repeat medicines
- The minor ailments enhanced service relieves pressure on GP and other unscheduled care providers by diverting patients to Haringey pharmacies

Pharmacy-based Vaccination

- Community pharmacy-based vaccination improves access and uptake of seasonal flu vaccination and pneumococcal vaccine. This is a priority in Haringey given historically low uptake rates for both of these vaccinations
- There may be an opportunity to extend this success to other immunisations e.g. childhood immunisations, where uptake rates in Haringey are historically low

Substance Misuse

- Community pharmacy-based services help to address the consequences of substance misuse including blood borne infections, reducing drug related crime and improving outcomes
- The prevalence of substance misuse varies across Haringey; and it is key that supervised consumption and needle exchange services reflect the different needs of the population

Health Assessment

- Pharmacies have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension); in some HWB areas they provide NHS Health checks
- Some pharmacies offer screening as a non-NHS service

Healthy Start Vitamins

- This service improves access to Healthy Start vitamins for pregnant women, new mothers and children (aged 0-4); and provides advice and information on key lifestyle matters including healthy eating, breast feeding etc
- As such it helps to tackle high rates of childhood obesity and encourage positive lifelong effects on aspects of health and wellbeing

Integrated Care Networks & New Models of Care

- Integrating community pharmacy more closely with the Haringey Care Closer to Home Networks (CHIN) is a priority
- There are opportunities to integrate medicines optimisation services to improve outcomes and experience for people who are cared for in more than one setting

3. The Assessment

3.1 Introduction and approach

Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Haringey
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
 - Determining whether or not a service is **necessary** (i.e. required to meet the need for pharmaceutical services) or **relevant** (i.e. a service which has secured improvements or better access to pharmaceutical services). Refer to table on the right
 - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box, bottom right
- We have also considered the impact of a range of other factors on the need for pharmaceutical services, including:
 - Services provided in neighbouring HWB areas
 - NHS Services provided by NHS Trusts and other providers
 - 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

Data Sources

- General Pharmaceutical Services benchmarking 2016/17 (NHS Digital) and NHSBSA data (2016/17)
- Data and information from NHS England, the London Borough of Haringey and NHS Haringey CCG, in relation to the planning, commissioning and delivery of pharmaceutical services and locally commissioned services
- The findings from the contractor questionnaire which was issued to pharmacies in October 2017. A 98.3% response rate was achieved (1 pharmacy, Allcures Pharmacy, did not respond)
- The Joint Strategic Needs Assessment (JSNA), the public health outcomes framework and other public health data
- National and local healthcare strategy; and other relevant strategies
- Haringey's Local Plan Strategic Policies 2013 – 2026 (2017 updates)

Factor	Principle(s) for Determining “Necessary” Services
Who can provide the service?	<ul style="list-style-type: none"> • Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary
Health needs & benefits	<ul style="list-style-type: none"> • Where there is a clear local health need for a given service, it was more likely to be determined as necessary
Published evidence	<ul style="list-style-type: none"> • Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary
Performance	<ul style="list-style-type: none"> • Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary. Factors which influence demand were also considered
Accessibility	<ul style="list-style-type: none"> • Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost-effective use of services
- In considering choice, a number of factors have been taken into account:
 - The number of pharmacies per 100,000 population and per square mile
 - The nationally established benchmark that “99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport”⁸. It takes an average of 20 minutes for an adult to walk one mile and we make reference to this distance as a proxy measure when considering access and choice
 - The extent to which existing services already offer a choice; or where this could be improved through the availability of additional providers or additional facilities
 - Extent to which current service provision adequately responds to the changing needs of the community it serves
 - 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 2010¹²

3.2 Pharmaceutical Services

3.2.1 Essential Services

Overview

- All community pharmacies and DACs are expected to provide essential services, as set out in the 2013 NHS Regulations, although the scope of services for pharmacies and DACs is different
- The table (right) provides a brief overview of the full range of essential services provided by community pharmacies
- In addition, the pharmacies must comply with clinical governance requirements (table below)¹³. The new quality payment scheme (Appendix D) reflects a number of these requirements
- DACs (not relevant in Haringey) are required to provide dispensing, repeat dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- 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 make reference to other elements including health promotion, sign-posting and support for self care in our PNA
- As dispensing is a common requirement for all contractors it will be used to explore key service fundamentals including:
 - The distribution of pharmacies
 - Access (including the impact of opening hours)
 - Future capacity

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Provision of information and advice, to enable the safe and effective use of medicines by patients and carer
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS); these allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy

Repeat dispensing

- Allows the pharmacy to dispense against a "repeatable prescription", for up to a year, without the patient having to request a new prescription
- The pharmacist must ascertain a patient's need for a repeat supply of a given medicine before each dispensing; and communicate issues to the prescriber with suggestions on medication changes as appropriate

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines

Signposting, healthy lifestyles & public health campaigns

- Advice, information & signposting around lifestyle & public health issues
- NHSE sets up to 6 campaigns per annum

Support for self-care

- 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

Clinical Governance (CG)

Patient & public involvement – practice leaflet publicising NHS services, patient satisfaction, compliance with inspections & reviews, compliance with Equality Act 2010¹³

Risk management – CG lead, procurement & stock handling, incident reporting, standard operating procedures, waste disposal, patient safety communications, Health & Safety

Staffing & staff management - induction for staff & locums, training, qualifications & references, development needs, poor performance, making disclosure in the public interest policy

Use of information – procedures for information management and security, self assessment of compliance

Clinical audit – one pharmacy based audit; one other audit set by NHSE

Clinical effectiveness – ensuring appropriate advice e.g. for repeat prescriptions, self care etc

Premises standards – cleanliness, appropriate environment

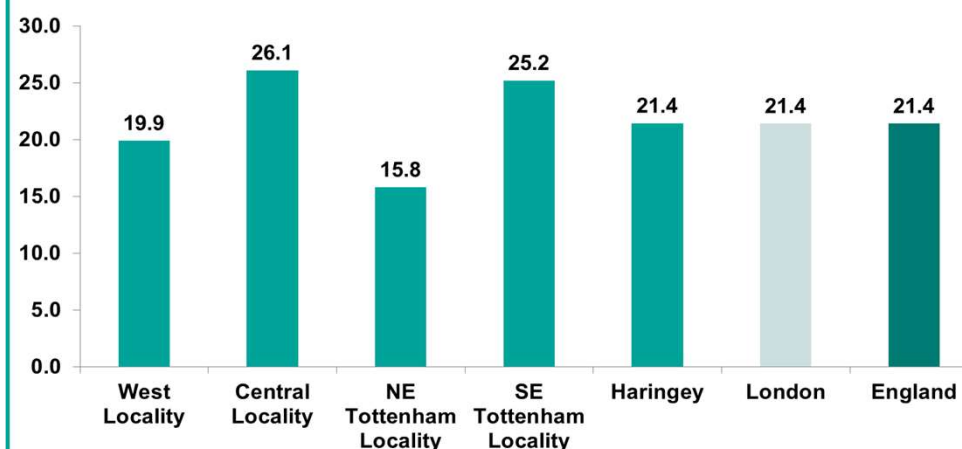
3.2.1 Essential Services

3.2.1.1 Distribution of Pharmacies

Overview

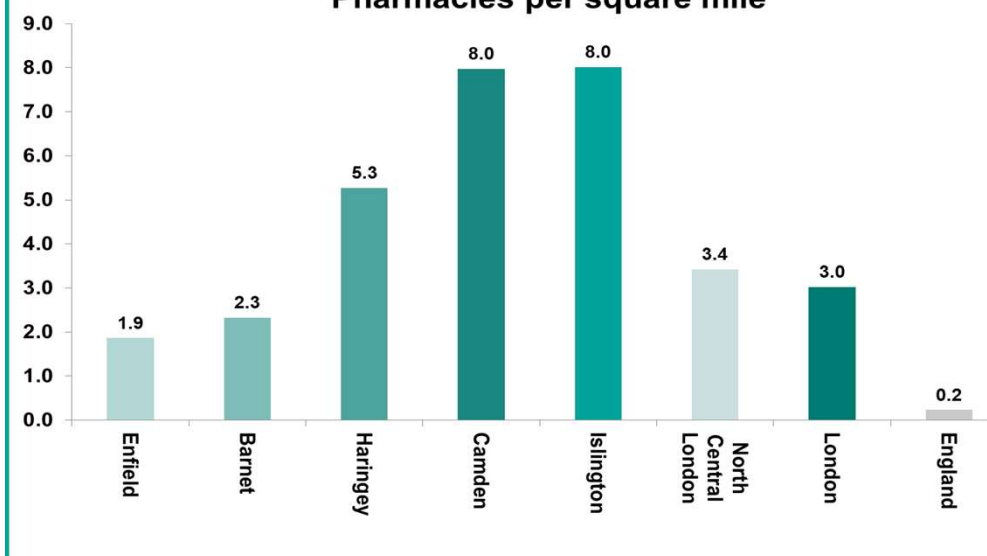
- There are 60 community pharmacies in Haringey which provide NHS pharmaceutical services under the national contract noting:
 - 5 of these are “100 Hour” pharmacies and open for 100 hours per week
 - 2 are “distance selling” pharmacies; these pharmacy may not provide essential services to any person who is present or in the vicinity of the pharmacy
- There are no dispensing appliance contractors or GP dispensing practices
- We have used benchmarking data to set Haringey’s services into context:
 - The number of pharmacies per 100,000 population is same as the London and England averages (graph, top right)
 - Haringey has more pharmacies per square mile than North Central London, London and England; (graph, bottom right)
- The table (next page) and **maps 1a & 1b** (subsequent pages) provide an overview of the distribution of pharmacies, by locality:
 - There is a choice of pharmacy in each locality and in all but 3 wards. Whilst there is a no pharmacy in West Green, residents have access to a wide choice of pharmacies on the borders of neighbouring wards
 - There is a reasonable spread of pharmacies. The vast majority of residents are within 1 mile of pharmacy / 20 minutes of a pharmacy, based on the average walking time of an adult (3.1 miles per hour)
 - 22 pharmacies outside of our area are located within a 1 mile of the Haringey boundary; these pharmacies improve access and increase choice for our residents
 - There is a reasonable correlation with deprivation. Three of the five wards which rank highest in terms of deprivation have an above average number of pharmacies. Whilst the other two wards which rank higher for deprivation (Tottenham Hale and Bruce Grove) have a below average number of pharmacies, there is access to a choice of pharmacies within a mile on the boundaries with neighbouring wards
 - Areas with a higher population density are relatively well served by pharmacies
 - There is good geographical alignment with GP surgeries, with all surgeries being within one quarter of a mile of the nearest pharmacy
 - Haringey has good access to public transport across the borough (Transport for London Public Transport Access Level, 2015). This is based on a methodology where an area is graded between 0 (very poor) and 6b (excellent). Haringey achieved a score of 3; and it is one of 14 Boroughs with a score of 3 or higher. 11 out of 19 wards also had a score of 3 or higher. This includes all wards in Central & SE Tottenham localities, 3 in NE Tottenham and 1 in the West Locality

Pharmacies per 100,000 population



NHS Digital, General Pharmaceutical Services England, 2016/17; mid year 2016 pop (2017 Haringey)

Pharmacies per square mile



NHS Digital General Pharmaceutical Services England 2016/17; NHSE Pharmaceutical lists & HWB PNA documents; Ordnance Survey Boundary Line Open Data

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD rank*	No. of Pharmacies	Ward Population 2017	Pharmacies / 100,000 population	No. of Pharmacies by Locality	Locality Pharmacies / 100,000 population
West	Alexandra	19	1	12,615	7.9	18	19.9
	Crouch End	17	5	13,442	37.2		
	Fortis Green	16	2	13,726	14.6		
	Highgate	15	2	12,663	15.8		
	Hornsey	13	2	13,335	15.0		
	Muswell Hill	18	5	12,179	41.1		
	Stroud Green	14	1	12,513	8.0		
Central	Bounds Green	12	4	14,847	26.9	16	26.1
	Harringay	11	2	14,488	13.8		
	Noel Park	6	7	15,849	44.2		
	Woodside	10	3	16,022	18.7		
NE Tottenham	Bruce Grove	5	3	15,307	19.6	13	15.8
	Northumberland Park	1	4	16,566	24.1		
	Tottenham Hale	4	3	18,622	16.1		
	West Green	7	0	14,354	0.0		
	White Hart Lane	2	3	13,734	21.8		
SE Tottenham	St Ann's	9	5	15,677	31.9	13	25.2
	Seven Sisters	8	3	17,462	17.2		
	Tottenham Green	3	5	16,498	30.3		
			60	279,899	21.4	60	21.4

*IMD = Index of Multiple Deprivation (2015) where 1 = most deprived and 19 = least deprived in Haringey; the wards which rank highest for deprivation have been highlighted

Population is based on GLA SHLAA (2015); 2017 Projections

Pharmaceutical Needs Assessment Map 1a - Map of Provision

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + Distance Selling Pharmacies
- GPs
- ▲ GP Access Hubs
- Other Providers:
 - A Barndoc - N15 5AZ
 - B Barndoc - N12 0JE
 - C Barnet, Enfield and Haringey Mental Health Trust - N15 3TH
 - D Hornsey Central Neighbourhood Health Trust - N8 8JD
 - E Laurels Healthy Living Centre - N15 5AZ
 - F Lordship Lane Primary Care Centre - N17 6AA
 - G North Middlesex University Hospital NHS Trust - N18 1QX
 - H The Whittington Hospital NHS Trust - N19 5NF
 - I Whittington Health NHS Trust - N8 8JD

- Haringey
- Haringey Localities
- Wards

Rank of IMD Score 2015 by LSOA Percentage of Rank

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %

The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Haringey Pharmacies

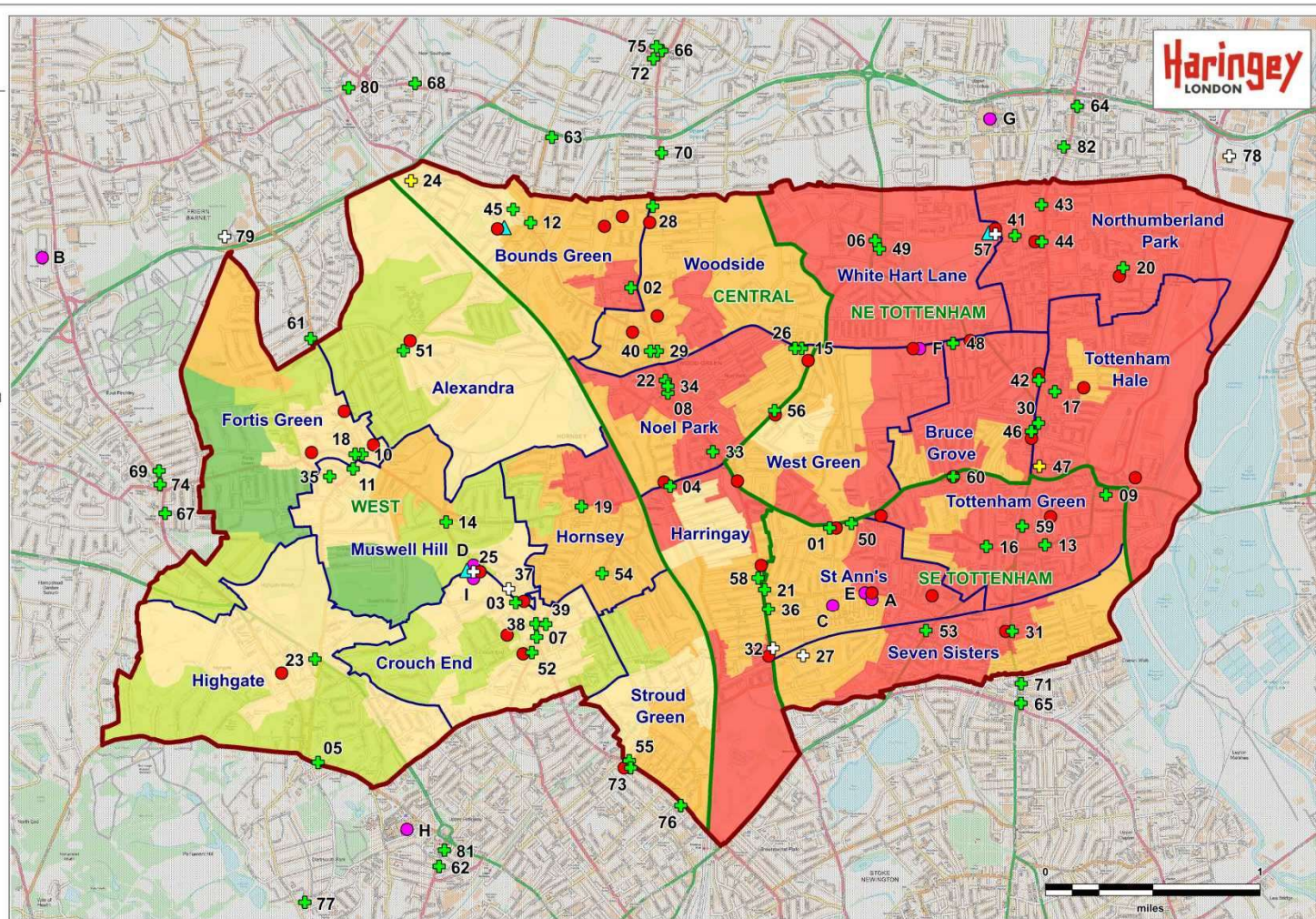
- | | |
|---|--------------------------------------|
| 01 Allcures Pharmacy - N15 3PB | 16 Dobber Pharmacy - N15 5NR |
| 02 Alpha Pharmacy - N22 8ED | 17 Dowsett Pharmacy - N17 9DD |
| 03 Amy Pharmacy - N8 8SY | 18 Dukes Pharmacy - N10 1DJ |
| 04 Avenue Pharmacy - N8 0DU | 19 Frost & Co Chemist - N8 7PS |
| 05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX | 20 Grace Pharmacy - N17 0HJ |
| 06 Beautychem Pharmacy - N17 7LH | 21 Green Light Pharmacy - N4 1JX |
| 07 Boots - N8 8DU | 22 Greenwoods Pharmacy - N22 6DS |
| 08 Boots - N22 6BA | 23 Hayward Pharmacy - N6 4EJ |
| 09 Boots - N15 4QD | 24 Homeopath Pharmacy - N11 2UD |
| 10 Boots - N10 1DJ | 25 Hornsey Central Pharmacy - N8 8JD |
| 11 Broadway Pharmacy - N10 3RS | 26 J Lord Chemist - N22 5DJ |
| 12 Clockwork Pharmacy - N11 2DN | 27 Lloydspharmacy - N4 1UJ |
| 13 Coopers Pharmacy - N15 4DJ | 28 Lloydspharmacy - N22 8JW |
| 14 Coral Pharmacy - N8 8LA | 29 Lloydspharmacy - N22 8HH |
| 15 Cross Chemist - N22 5DJ | 30 Lloydspharmacy - N17 9JD |

- | |
|--|
| 31 Mansons Pharmacy - N15 6JR |
| 32 Med-Chem Pharmacy - N4 1DU |
| 33 Minton's Chemist - N22 6BH |
| 34 Morrisons Pharmacy - N22 6ST |
| 35 Muswell Hill Pharmacy - N10 3HN |
| 36 Parade Chemist - N4 1LG |
| 37 Park Road Pharmacy - N8 8JR |
| 38 Petter Pharmacy - N8 8DT |
| 39 Pharmacia Naturale - N8 9TN |
| 40 Pharmacy Express - N22 8HH |
| 41 Pharmocare - N17 8HH |
| 42 Pharmocare - N17 6SB |
| 43 Pharmocare - N17 8EY |
| 44 Pharmocare - N17 8AH |
| 45 Pharmocare (Warwick Pharmacy) - N11 2EU |

- | |
|--|
| 46 Pharmocare (A J Rones) - N17 6QB |
| 47 Pharmplus Pharmacy - N17 9EJ |
| 48 Phillips Chemist - N17 6XF |
| 49 Porter Pharmacy - N17 7BU |
| 50 Ram Pharmacy - N15 3BL |
| 51 Redwood Pharmacy - N10 2AH |
| 52 Reena Pharmacy - N8 8AA |
| 53 Safedale Pharmacy - N15 6EP |
| 54 Saigrace Pharmacy - N8 9BG |
| 55 Santas Pharmacy - N4 3RN |
| 56 Savemore Pharmacy - N22 6SA |
| 57 Somerset Gardens Pharmacy - N17 8NW |
| 58 Stearns Pharmacy - N8 0RL |
| 59 Tesco Instore Pharmacy - N15 4AJ |
| 60 The Cadge Pharmacy - N15 4JR |

Out of Area Pharmacies

- | | |
|-----------------------------------|-------------------------------------|
| 61 Abbot Pharmacy - N10 1LR | 76 Roger Davies - N4 3EF |
| 62 Arkle Pharmacy - N19 5QU | 77 Simmonds Chemist - N6 6QS |
| 63 Aspdens Chemists - N13 4SE | 78 Tesco Instore Pharmacy - N18 3HF |
| 64 Bees Chemist - N18 2JB | 79 Tesco Instore Pharmacy - N12 0SH |
| 65 Boots - N16 6TT | 80 Vantage Pharmacy - N11 1NE |
| 66 Boots - N13 4YB | 81 Well - N19 5QT |
| 67 C. W. Andrew Pharmacy - N2 9PJ | 82 Wise Pharmacy - N18 2TW |
| 68 Coopers Chemists - N11 1AH | |
| 69 Cootes Pharmacy - N2 9ED | |
| 70 Greens Pharmacy - N13 6JU | |
| 71 Lands Chemists - N16 6TY | |
| 72 Morrisons Pharmacy - N13 4YD | |
| 73 Nuchem Pharmacy - N4 3PZ | |
| 74 Oakdale Pharmacy - N2 8AQ | |
| 75 Palmers Chemist - N13 4YB | |



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Pharmaceutical Needs Assessment Map 1b - Map of Provision

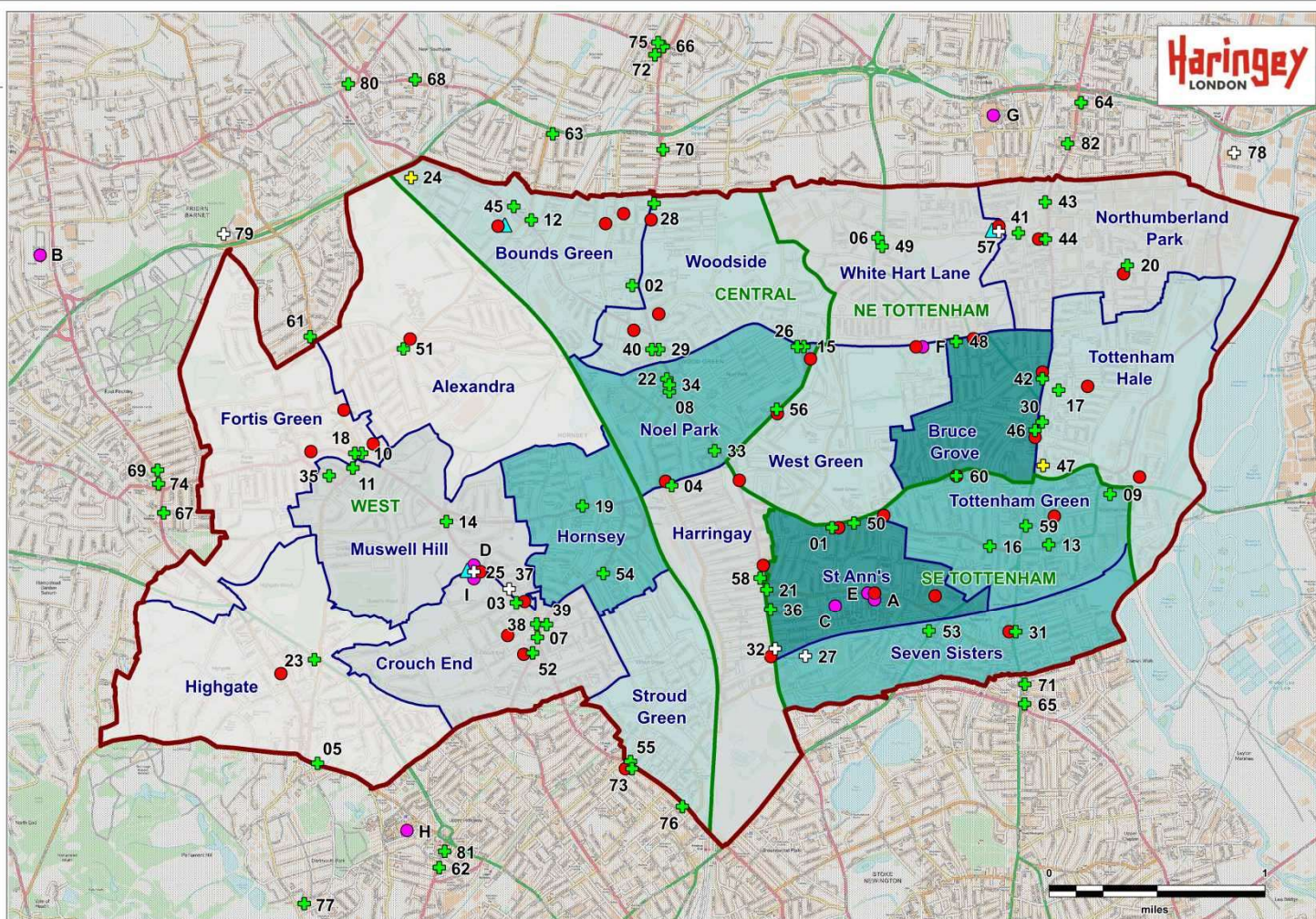
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 - H The Whittington Hospital NHS Trust - N19 5NF
 - I Whittington Health NHS Trust - N8 8JD

- Haringey
- Haringey Localities
- Wards

- Population Density**
Persons per hectare (range: 48.2 - 163.4)
- > 139
 - 117 - 139
 - 94 - 116
 - 71 - 93
 - < 71

GLA SHLAA (2015) 2017 projections per hectare.



Haringey Pharmacies

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- 04 Avenue Pharmacy - N8 0DU
- 05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX
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- 13 Coopers Pharmacy - N15 4DJ
- 14 Coral Pharmacy - N8 8LA
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- 16 Dobber Pharmacy - N15 5NR
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- 22 Greenwoods Pharmacy - N22 6DS
- 23 Hayward Pharmacy - N6 4EJ
- 24 Homeupath Pharmacy - N11 2UD
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- 28 Lloydspharmacy - N22 8JW
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- 71 Lands Chemists - N16 6TY
- 72 Morrisons Pharmacy - N13 4YD
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- 74 Oakdale Pharmacy - N2 8AQ
- 75 Palmers Chemist - N13 4YB

- 76 Roger Davies - N4 3EF
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- 82 Wise Pharmacy - N18 2TW

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3.2.1 Essential Services

3.2.1.2 Access & Opening Hours

Overview

- A community pharmacy must open for a minimum of 40 core hours unless it has been granted a contract under the “100 hour exemption”^{*} or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”
- A contractor must seek permission from NHSE to amend its core hours. Supplementary hours may be changed at the discretion of the contractor, providing that NHSE are given 90 days’ notice

Locality	Weekdays until 7pm		Saturday 9am – 12:30pm		Sunday	
	No. open	No. per 100,000	No. open	No. per 100,000	No. open	No. per 100,000
West	8	8.8	18	19.9	6	6.6
Central	7	11.4	14	22.9	3	4.9
NE Tottenham	8	10.2	10	12.7	1	1.3
SE Tottenham	9	18.1	12	24.2	4	8.1
Haringey	32	11.4	54.0	19.3	14.0	5.0

Current Picture

- The table (next page), maps (2-6) and Appendix F provide an overview of opening hours and geographical coverage throughout the week
- A high proportion of Haringey’s population are of working age and may wish to access pharmacies outside of working hours. Therefore, we have looked at access during normal working hours and during extended hours

Weekdays

- All 60 pharmacies are open between 9:30am to 5pm
- A total of 16 pharmacies vary their opening hours on weekdays: this includes 5 pharmacies which close before 5pm on the following days:
 - Wednesday: 1 pharmacy closes at 1pm
 - Thursday: 2 pharmacies close at 1pm and 2 pharmacies close at 4pm
- No pharmacies close for lunch
- **Early morning opening:**
 - 3 pharmacies open by 7am; one per locality apart from the Central locality; 2 additional pharmacies (West & SE Tottenham locality) open at 8am
 - All pharmacies, bar one, are open by 9am. The final pharmacy (SE Tottenham) opens at 9:30
- **Evening extended hours**
 - 32 (53%) pharmacies stay open until 7pm or later; map 2 shows that all residents can access a pharmacy within 1 mile at this time
 - There is a reasonable choice in each locality; SE Tottenham is very well resourced at this time of day (table, top right)
 - 5 pharmacies stay open until 10pm or later; one remains open until midnight
 - 3 pharmacies told us they may extend their opening hours; one may reduce its hours

• Saturdays

- 54 (90%) pharmacies open between 10am – 12:30pm
- 5 pharmacies open by 8am; 38 (63%) remain open until 5pm and 15 (25%) until 7pm or later
- 5 pharmacies stay open until 10pm or later; one remains open until midnight
- There is a choice in all localities throughout the day; the West, Central and SE Tottenham have an above average number of pharmacies open on Saturday mornings
- Maps 3-5 show the distribution of pharmacies at different times of day; they demonstrate that there is access within a mile at all times, apart from Saturday evenings when residents in the far west of Highgate may have to travel slightly further
- 20 pharmacies within a mile of the Haringey boundary open on Saturday; 3 of these remain open until 7pm or later
- 3 pharmacies told us they may reduce their opening hours; one may extend

• Sundays

- Large pharmacies (>280m²) are not permitted to open for more than 6 hours and this places a general constraint on access on Sundays
- However, 14 (23%) pharmacies open for between 4 and 14 hours; 12 of these pharmacies are open for 6 hours or more
- There is access to a pharmacy in all localities including a choice in all but NE Tottenham
- Map 6 shows that almost all residents can access a pharmacy on Sunday either within the borough or in a neighbouring area

• Bank Holidays

- NHSE commission an enhanced service on Easter Sunday & Christmas Day
- Adequate cover is provided by the existing network on other bank holidays

* The NHS (Pharmaceutical Services) Regulations 2005, had four exemptions which included pharmacies which were contracted to open for 100 hours a week

3.2.1 Essential Services

3.2.1.2 Access - Opening Hours (continued)

Locality	Ward	Number of Pharmacies Offering Essential Services							Sundays
		Weekdays			Saturdays				
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	5	3	0	5	5	1	2
	Fortis Green	0	2	2	0	2	2	1	1
	Highgate	0	2	0	0	2	2	0	1
	Hornsey	0	2	0	0	2	0	0	0
	Muswell Hill	2	5	2	2	5	5	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	4	2	0	2	1	0	0
	Harringay	0	2	0	0	2	0	0	0
	Noel Park	0	7	3	0	7	5	3	3
	Woodside	0	3	2	0	3	3	1	0
NE Tottenham	Bruce Grove	0	3	2	0	3	2	0	0
	Northumberland Park	0	4	4	0	3	3	1	0
	Tottenham Hale	0	3	1	0	1	1	1	0
	White Hart Lane	1	3	1	1	3	1	1	1
SE Tottenham	St Ann's	0	5	3	0	5	3	1	1
	Seven Sisters	1	3	2	1	2	1	1	1
	Tottenham Green	1	5	4	1	5	3	2	2
Total		5	60	32	5	54	38	15	14
Percentage		8%	100%	53%	8%	90%	63%	25%	23%

Notes

There are no pharmacies in West Green ward

On weekdays, a total of 16 pharmacies vary their opening hours (refer to Appendix G for full details); this includes 5 pharmacies which close before 5pm on the following days:

- Wednesday: 1 pharmacy closes at 1pm
- Thursday: 2 pharmacies close at 1pm and 2 pharmacies close at 4pm

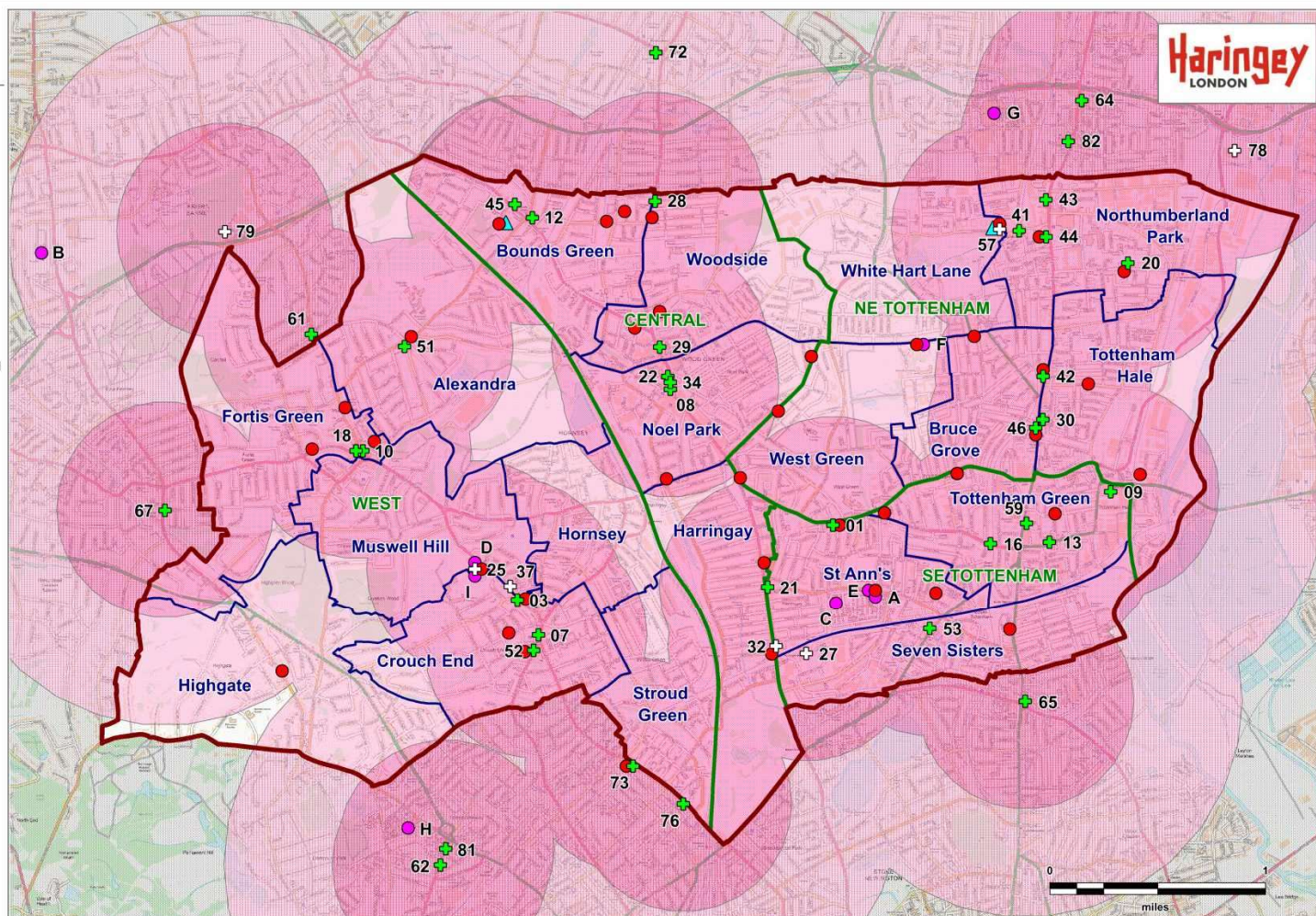
**Pharmaceutical Needs Assessment
Map 2 - Weekday Extended Hours**

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - GPs
 - ▲ GP Access Hubs
 - Other Providers:
- A BarnDoc - N15 5AZ
 B BarnDoc - N12 0JE
 C Barnet, Enfield and Haringey Mental Health Trust - N15 3TH
 D Hornsey Central Neighbourhood Health Centre - N8 8JD
 E Laurels Healthy Living Centre - N15 5AZ
 F Lordship Lane Primary Care Centre - N17 6AA
 G North Middlesex University Hospital NHS Trust - N18 1QX
 H The Whittington Hospital NHS Trust - N19 5NF
 I Whittington Health NHS Trust - N8 8JD

- Haringey
- Haringey Localities
- Wards

- Distance Buffers**
- 0.5 mile
 - 1 mile



Haringey Pharmacies

- | | |
|---|---|
| 01 Allcures Pharmacy - N15 3PB ⁺ | 22 Greenwoods Pharmacy - N22 6DS ⁺ |
| 03 Amy Pharmacy - N8 8SY ⁺ | 25 Hornsey Central Pharmacy - N8 8JD ⁺ |
| 07 Boots - N8 8DU ⁺ | 27 Lloydspharmacy - N4 1UJ [#] |
| 08 Boots - N22 6BA ⁺ | 28 Lloydspharmacy - N22 8JW ⁺ |
| 09 Boots - N15 4QD ⁺ | 29 Lloydspharmacy - N22 8HH ⁺ |
| 10 Boots - N10 1DJ ⁺ | 30 Lloydspharmacy - N17 9JD ⁺ |
| 12 Clockwork Pharmacy - N11 2DN ⁺ | 32 Med-Chem Pharmacy - N4 1DU ⁺ |
| 13 Coopers Pharmacy - N15 4DJ ⁺ | 34 Morrisons Pharmacy - N22 6ST ⁺ |
| 16 Dobber Pharmacy - N15 5NR ⁺ | 37 Park Road Pharmacy - N8 8JR ⁺ |
| 18 Dukes Pharmacy - N10 1DJ ⁺ | 41 Pharmocare - N17 8HH ⁺ |
| 20 Grace Pharmacy - N17 0HJ ⁺ | 42 Pharmocare - N17 6SB ⁺ |
| 21 Green Light Pharmacy - N4 1JX ⁺ | 43 Pharmocare - N17 8EY ⁺ |

Out of Area Pharmacies

- | |
|--|
| 61 Abbot Pharmacy - N10 1LR ⁺ |
| 62 Arkle Pharmacy - N19 5QU ⁺ |
| 64 Bees Chemist - N18 2JB ⁺ |
| 65 Boots - N16 6TT ⁺ |
| 67 C. W. Andrew Pharmacy - N2 9PJ ⁺ |
| 72 Morrisons Pharmacy - N13 4YD ⁺ |
| 73 Nuchem Pharmacy - N4 3PZ ⁺ |
| 76 Roger Davies - N4 3EF ⁺ |
| 78 Tesco Instore Pharmacy - N18 3HF [#] |
| 79 Tesco Instore Pharmacy - N12 0SH [#] |
| 81 Well - N19 5QT ⁺ |
| 82 Wise Pharmacy - N18 2TW ⁺ |

- [#] Open at 8am or earlier and until 7pm or later
- ⁺ Open until 7pm or later

Map produced by Apogee Data Consulting Ltd. Contains Ordnance Survey data © Crown copyright and database right 2018. Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations.

Pharmaceutical Needs Assessment Map 3 - Open on Saturday

Legend

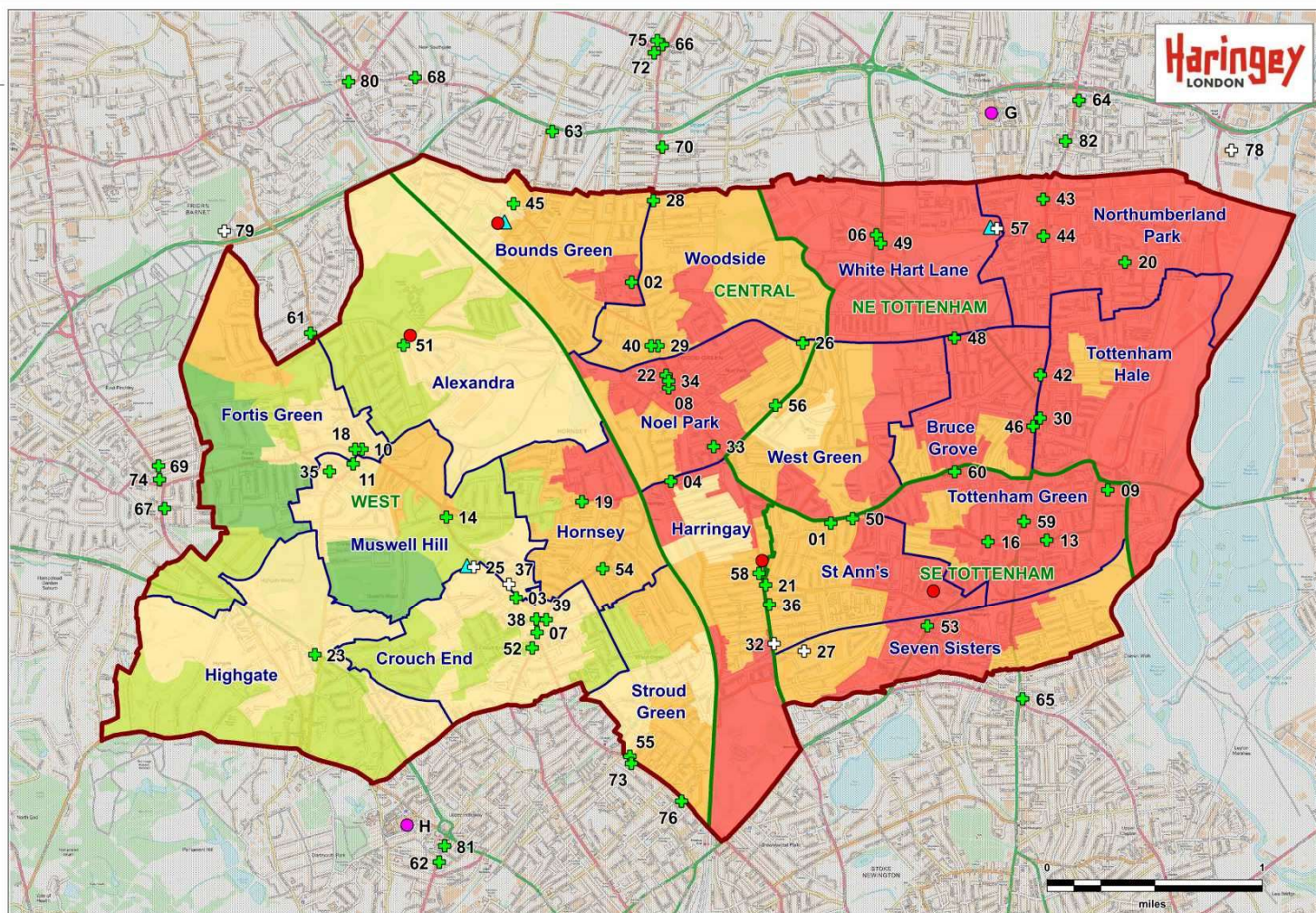
- + Pharmacies
- + 100 Hour Pharmacies
- ▲ GP Access Hubs
- GPs
- Other Providers:
 - G North Middlesex University Hospital NHS Trust - N18 1QX
 - H The Whittington Hospital NHS Trust - N19 5NF
- Haringey
- Haringey Localities
- Wards

Rank of IMD Score 2015 by LSOA Percentage of Rank

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %

The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.



Haringey Pharmacies

- | | |
|---|--------------------------------------|
| 01 Allcures Pharmacy - N15 3PB | 18 Dukas Pharmacy - N10 1DJ |
| 02 Alpha Pharmacy - N22 8ED | 19 Frost & Co Chemist - N8 7PS |
| 03 Amy Pharmacy - N8 8SY | 20 Grace Pharmacy - N17 0HJ |
| 04 Avenue Pharmacy - N8 0DU | 21 Green Light Pharmacy - N4 1JX |
| 05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX | 22 Greenwood's Pharmacy - N22 6DS |
| 06 Beautychem Pharmacy - N17 7LH | 23 Hayward Pharmacy - N6 4EJ |
| 07 Boots - N8 8DU | 25 Hornsey Central Pharmacy - N8 8JD |
| 08 Boots - N22 6BA | 26 J Lord Chemist - N22 5DJ |
| 09 Boots - N15 4QD | 27 Lloyd's Pharmacy - N4 1UJ |
| 10 Boots - N10 1DJ | 28 Lloyd's Pharmacy - N22 8JW |
| 11 Broadway Pharmacy - N10 3RS | 29 Lloyd's Pharmacy - N22 8HH |
| 13 Coopers Pharmacy - N15 4DJ | 30 Lloyd's Pharmacy - N17 9JD |
| 14 Coral Pharmacy - N8 8LA | 32 Med-Chem Pharmacy - N4 1DU |
| 15 Cross Chemist - N22 5DJ | 33 Mintons Chemist - N22 6BH |
| 16 Dobber Pharmacy - N15 5NR | 34 Morrisons Pharmacy - N22 6ST |

- | |
|--|
| 35 Muswell Hill Pharmacy - N10 3HN |
| 36 Parade Chemist - N4 1LG |
| 37 Park Road Pharmacy - N8 8JR |
| 38 Petter Pharmacy - N8 8DT |
| 39 Pharmacia Naturale - N8 9TN |
| 40 Pharmacy Express - N22 8HH |
| 42 Pharmocare - N17 6SB |
| 43 Pharmocare - N17 8EY |
| 44 Pharmocare - N17 8AH |
| 45 Pharmocare (Warwick Pharmacy) - N11 2EU |
| 46 Pharmocare (A J Rones) - N17 6QB |
| 48 Phillips Chemist - N17 6XF |
| 49 Porter Pharmacy - N17 7BU |
| 50 Ram Pharmacy - N15 3BL |
| 51 Redwood Pharmacy - N10 2AH |

- | |
|--|
| 52 Reena Pharmacy - N8 8AA |
| 53 Safedale Pharmacy - N15 6EP |
| 54 Saigrace Pharmacy - N8 9BG |
| 55 Santas Pharmacy - N4 3RN |
| 56 Savemore Pharmacy - N22 6SA |
| 57 Somerset Gardens Pharmacy - N17 8NW |
| 58 Stearns Pharmacy - N8 0RL |
| 59 Tesco Instore Pharmacy - N15 4AJ |
| 60 The Cadge Pharmacy - N15 4JR |

Out of Area Pharmacies

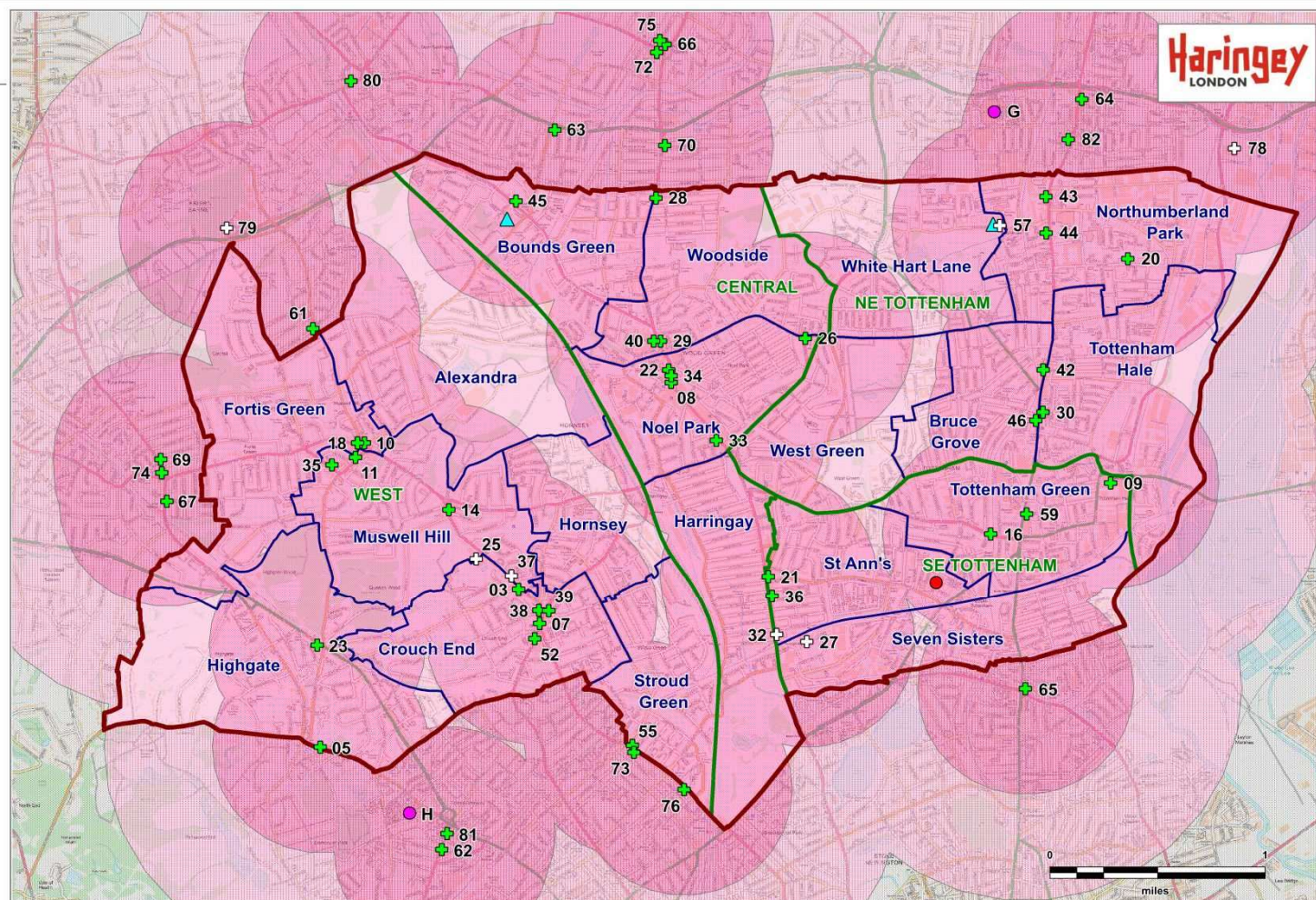
- | | |
|-----------------------------------|-------------------------------------|
| 61 Abbot Pharmacy - N10 1LR | 78 Tesco Instore Pharmacy - N18 3HF |
| 62 Arkle Pharmacy - N19 5QU | 79 Tesco Instore Pharmacy - N12 0SH |
| 63 Aspden Chemists - N13 4SE | 80 Vantage Pharmacy - N11 1NE |
| 64 Bees Chemist - N18 2JB | 81 Well - N19 5QT |
| 65 Boots - N16 6TT | 82 Wise Pharmacy - N18 2TW |
| 66 Boots - N13 4YB | |
| 67 C. W. Andrew Pharmacy - N2 9PJ | |
| 68 Coopers Chemists - N11 1AH | |
| 69 Cootes Pharmacy - N2 9ED | |
| 70 Greens Pharmacy - N13 6JU | |
| 72 Morrisons Pharmacy - N13 4YD | |
| 73 Nuchem Pharmacy - N4 3PZ | |
| 74 Oakdale Pharmacy - N2 8AQ | |
| 75 Palmers Chemist - N13 4YB | |
| 76 Roger Davies - N4 3EF | |

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**Pharmaceutical Needs Assessment
Map 4 - Open on Saturday
until 5pm or later**

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- ▲ GP Access Hubs
- GPs
- Other Providers:
G North Middlesex University Hospital NHS Trust - N18 1QX
H The Whittington Hospital NHS Trust - N19 5NF
- Haringey
- Haringey Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile



Haringey Pharmacies

- 03 Amy Pharmacy - N8 8SY
- 05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX
- 07 Boots - N8 8DU
- 08 Boots - N22 6BA
- 09 Boots - N15 4QD
- 10 Boots - N10 1DJ
- 11 Broadway Pharmacy - N10 3RS
- 14 Coral Pharmacy - N8 8LA
- 16 Dobber Pharmacy - N15 5NR
- 18 Dukes Pharmacy - N10 1DJ
- 20 Grace Pharmacy - N17 0HJ
- 21 Green Light Pharmacy - N4 1JX
- 22 Greenwoods Pharmacy - N22 6DS

- 23 Hayward Pharmacy - N6 4EJ
- 25 Hornsey Central Pharmacy - N8 8JD
- 26 J Lord Chemist - N22 5DJ
- 27 Lloydspharmacy - N4 2UJ
- 28 Lloydspharmacy - N22 8JW
- 29 Lloydspharmacy - N22 8HH
- 30 Lloydspharmacy - N17 9JD
- 32 Med-Chem Pharmacy - N4 1DU
- 33 Mintons Chemist - N22 6BH
- 34 Morrisons Pharmacy - N22 6ST
- 35 Muswell Hill Pharmacy - N10 3HN
- 36 Parade Chemist - N4 1LG
- 37 Park Road Pharmacy - N8 8JR

- 38 Petter Pharmacy - N8 8DT
- 39 Pharmacia Naturale - N8 9TN
- 40 Pharmacy Express - N22 8HH
- 42 Pharmocare - N17 6SB
- 43 Pharmocare - N17 8EY
- 44 Pharmocare - N17 8AH
- 45 Pharmocare (Warwick Pharmacy) - N11 2EU
- 46 Pharmocare (A J Rones) - N17 6QB
- 52 Reena Pharmacy - N8 8AA
- 55 Santas Pharmacy - N4 3RN
- 57 Somerset Gardens Pharmacy - N17 8NW
- 59 Tesco Instore Pharmacy - N15 4AJ

Out of Area Pharmacies

- 61 Abbot Pharmacy - N10 1LR
- 62 Arkle Pharmacy - N19 5QU
- 63 Aspdens Chemists - N13 4SE
- 64 Bees Chemist - N18 2JB
- 65 Boots - N16 6TT
- 66 Boots - N13 4YB
- 67 C. W. Andrew Pharmacy - N2 9PJ
- 69 Cootes Pharmacy - N2 9ED
- 70 Greens Pharmacy - N13 6JU
- 72 Morrisons Pharmacy - N13 4YD
- 73 NuChem Pharmacy - N4 3PZ
- 74 Oakdale Pharmacy - N2 8AQ
- 75 Palmers Chemist - N13 4YB

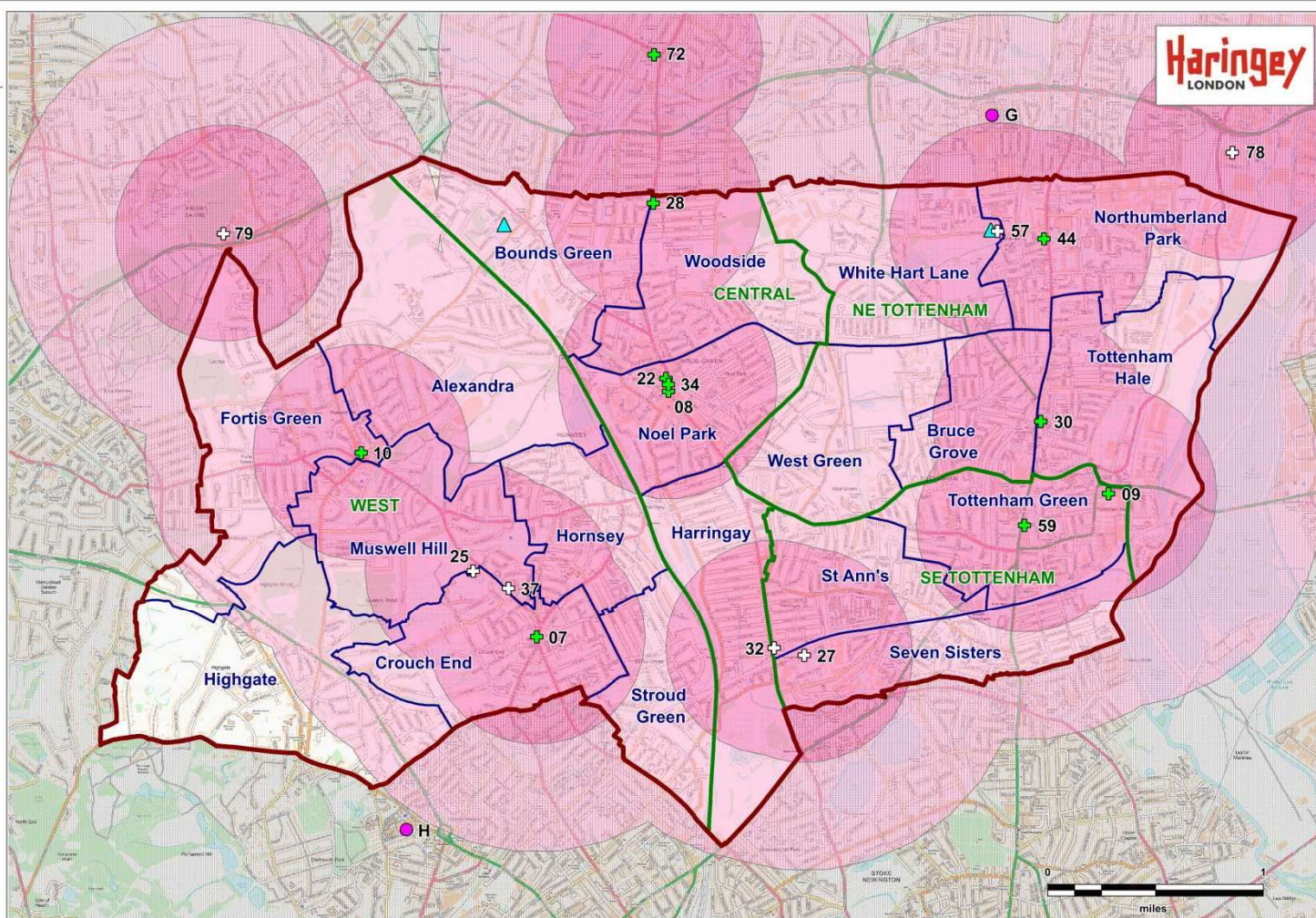
- 76 Roger Davies - N4 3EF
- 78 Tesco Instore Pharmacy - N18 3HF
- 79 Tesco Instore Pharmacy - N12 0SH
- 80 Vantage Pharmacy - N11 1NE
- 81 Well - N19 5QT
- 82 Wise Pharmacy - N18 2TW

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**Pharmaceutical Needs Assessment
Map 5 - Open on Saturday
until 7pm or later**

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- ▲ GP Access Hubs
- Other Providers:
G North Middlesex University Hospital NHS Trust - N18 1QX
H The Whittington Hospital NHS Trust - N19 5NF
- Haringey
- Haringey Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile



Haringey Pharmacies

- 07 Boots - N8 8DU
- 08 Boots - N22 6BA
- 09 Boots - N15 4QD
- 10 Boots - N10 1DJ
- 22 Greenwood's Pharmacy - N22 6DS
- 25 Hornsey Central Pharmacy - N8 8JD
- 27 Lloydspharmacy - N4 1UJ
- 28 Lloydspharmacy - N22 8JW

Out of Area Pharmacies

- 30 Lloydspharmacy - N17 9JD
- 32 Med-Chem Pharmacy - N4 1DU
- 34 Morrisons Pharmacy - N22 6ST
- 37 Park Road Pharmacy - N8 8JR
- 44 Pharmocare - N17 8AH
- 57 Somerset Gardens Pharmacy - N17 8NW
- 59 Tesco Instore Pharmacy - N15 4AJ
- 72 Morrisons Pharmacy - N13 4YD
- 78 Tesco Instore Pharmacy - N18 3HF
- 79 Tesco Instore Pharmacy - N12 0SH

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**Pharmaceutical Needs Assessment
Map 6 - Open on Sunday**

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- ▲ GP Access Hubs
- Other Providers:
 G North Middlesex University Hospital NHS Trust - N18 1QX
 H The Whittington Hospital NHS Trust - N19 5NF
- Haringey
- Haringey Localities
- Wards

**Rank of IMD Score 2015 by LSOA
Percentage of Rank**

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %

Distance Buffers

- 0.5 mile
- 1 mile

The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

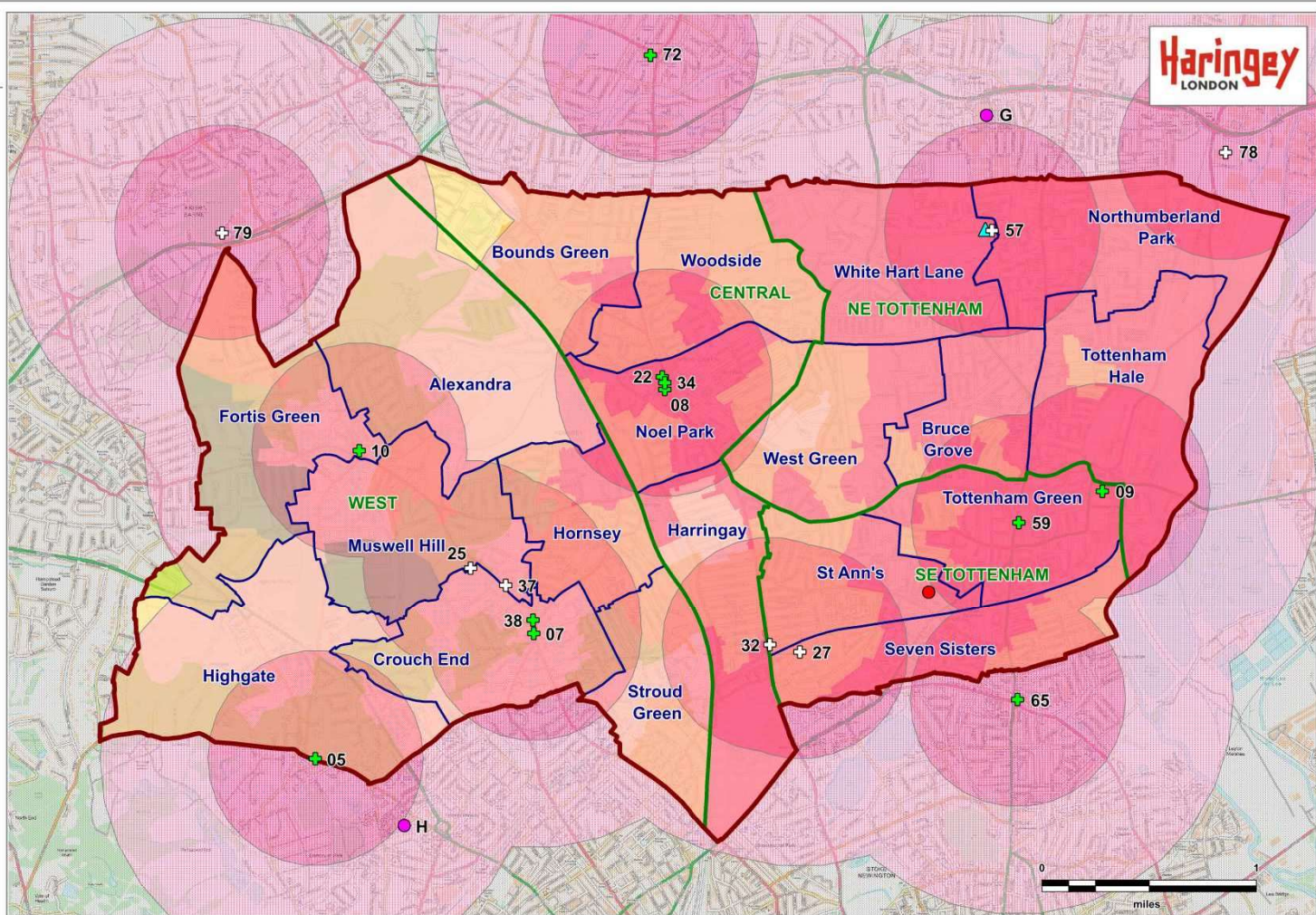
Haringey Pharmacies

- 05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX
- 07 Boots - N8 8DU
- 08 Boots - N22 6BA
- 09 Boots - N15 4QD
- 10 Boots - N10 1DJ
- 22 Greenwood's Pharmacy - N22 6DS
- 25 Hornsey Central Pharmacy - N8 8JD

- 27 Lloyd's Pharmacy - N4 1UJ
- 32 Med-Chem Pharmacy - N4 1DU
- 34 Morrisons Pharmacy - N22 6ST
- 37 Park Road Pharmacy - N8 8JR
- 38 Petter Pharmacy - N8 8DT
- 57 Somerset Gardens Pharmacy - N17 8NW
- 59 Tesco Instore Pharmacy - N15 4AJ

Out of Area Pharmacies

- 65 Boots - N16 6TT
- 72 Morrisons Pharmacy - N13 4YD
- 78 Tesco Instore Pharmacy - N18 3HF
- 79 Tesco Instore Pharmacy - N12 0SH



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3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

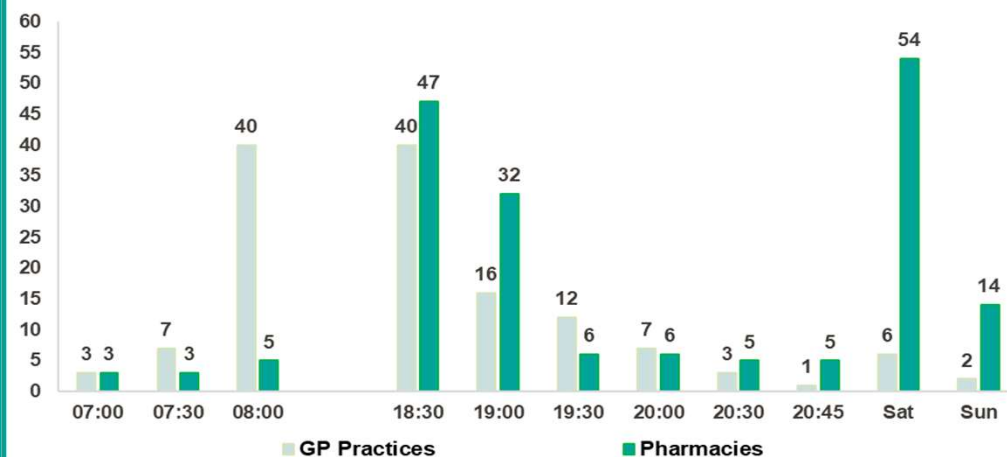
Alignment of Pharmacy Opening Hours with Other NHS services

- An important consideration is the ability of patients to get their prescription dispensed in a timely manner. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- Therefore, we looked at pharmacy opening hours in the context of GP opening hours and other NHS services

Alignment of GP and Pharmacy Opening Hours

- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours
- There are 3 GP access hubs, provided by Federated 4 Health, the pan-Haringey GP Federation (table, right)
- The graphs (right and next page) provide a summary of the number of GP practices (including the GP access hubs), which open for extended hours *on one or more days each week; noting that Tuesday & Wednesday are the days when most GP practices open early; and Tuesday is the day when most close late. The graphs demonstrate:*
 - **For Haringey as a whole:** On weekdays & Saturdays, there is always one or more pharmacies open when a GP surgery is open; on these days patients will always be able to get their prescription dispensed after an early morning or late evening appointment, even if they can't use their regular pharmacy
 - **West Locality:** There is a reasonable alignment between GP and pharmacy opening hours; pharmacy choice is limited in the mornings and in the evenings from 7pm onwards. Alignment is good at weekends
 - **Central Locality:** GP and pharmacy opening hours do not align on weekday mornings or evenings after 8pm; users of the GP Hub located in Bounds Green may have to travel up to 2 miles to access a pharmacy. This is also the case for GP hub users on a Saturday before 9am and after 7pm
 - **NE Tottenham:** There is a reasonable alignment on weekdays; pharmacy choice is limited in the mornings and in the evenings from 7:30pm onwards. The GP hub is covered on Saturday by the pharmacy which remains open until 10:30pm; On Sunday, GP hub users may have to travel up to 2 miles to access a pharmacy before 10am
 - **SE Tottenham:** There is reasonable alignment on weekdays and Saturdays; choice is limited in the mornings and after 7:30pm on Sunday
 - **Sunday:** there is a short gap in the morning before 9am when a GP hub & a GP surgery are open but no pharmacies open. GP hub users may have to travel up to 4 miles to access a pharmacy on Sunday evenings

Alignment of GP and Community Pharmacy Opening Hours
Haringey



GP Access Hubs Opening Hours

Hub Location	Locality	Weekdays	Saturdays	Sundays
Somerset Gardens Health Centre	NE Tottenham	18:30–20:30	08:00–20:00	08:00–20:00
Bounds Green Group Practice	Central	18:30–20:30	08:00–20:00	Closed
Queenswood Medical Practice	West	Closed	08:30 -12:30	Closed

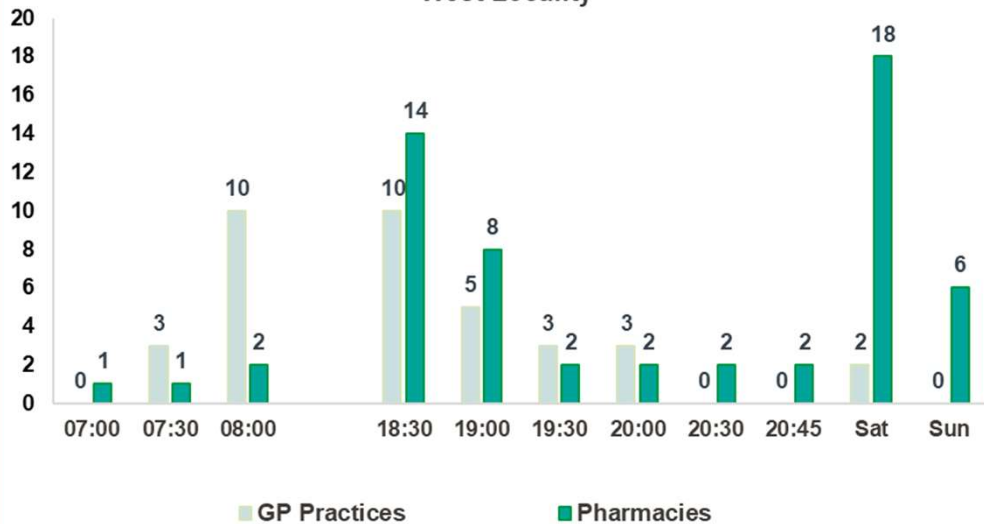
NHS Urgent Medicine Supply Advanced Service (NUMSAS)

- This is a pilot service which runs from 1 Dec 16 – 30 September 2018
- It aims to manage NHS 111 requests for urgent medicine supply; reduce demand on the rest of the urgent care system; resolve problems leading to patients running out of their medicines; and to increase patients' awareness of electronic repeat dispensing
- 23 pharmacies have registered to provide the service; there is cover every day of the week and during extended hours on weekdays; NHS 111 may also direct a patient to the nearest open pharmacy in other areas
- 24 pharmacies said they plan to register to offer the service in the future
- Subject to the evaluation of the pilot, we believe that this service is **necessary** to meet the need for pharmaceutical services

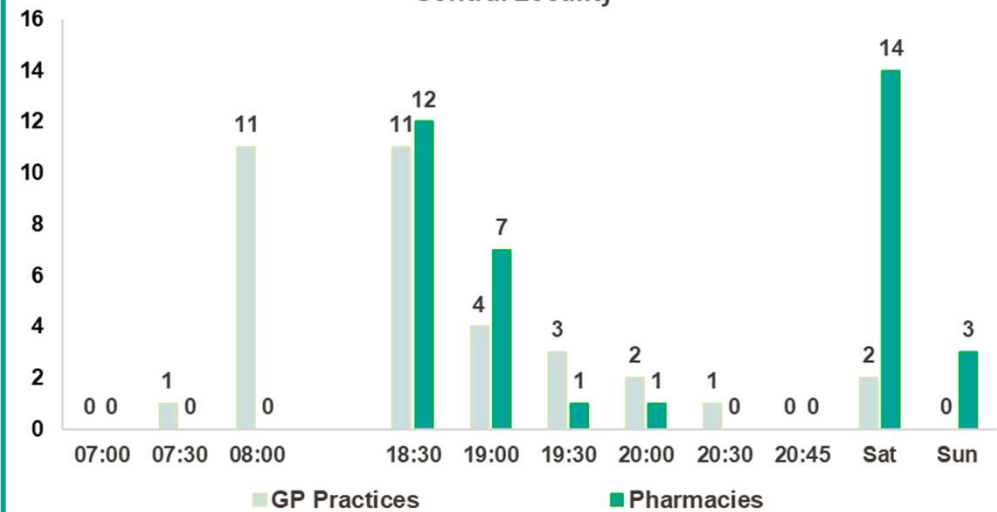
3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

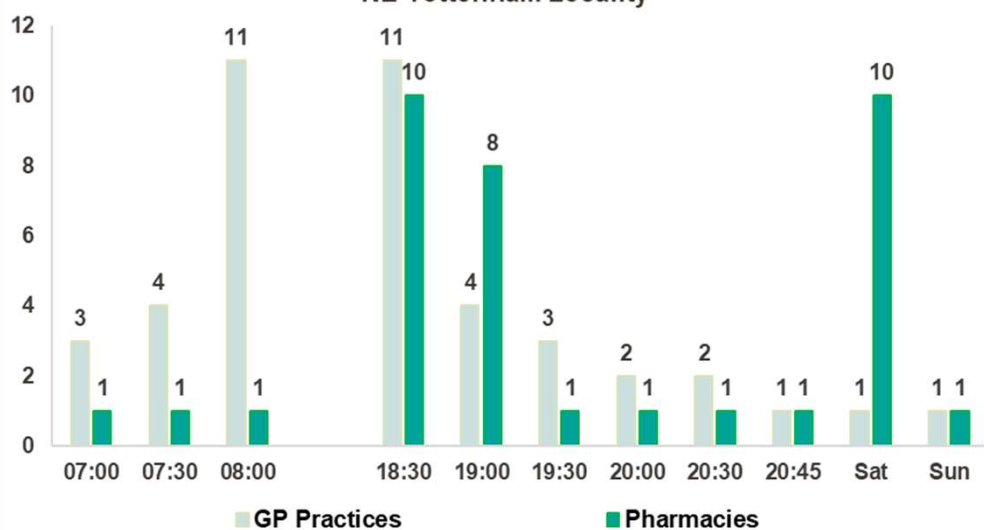
Alignment of GP and Community Pharmacy Opening Hours
West Locality



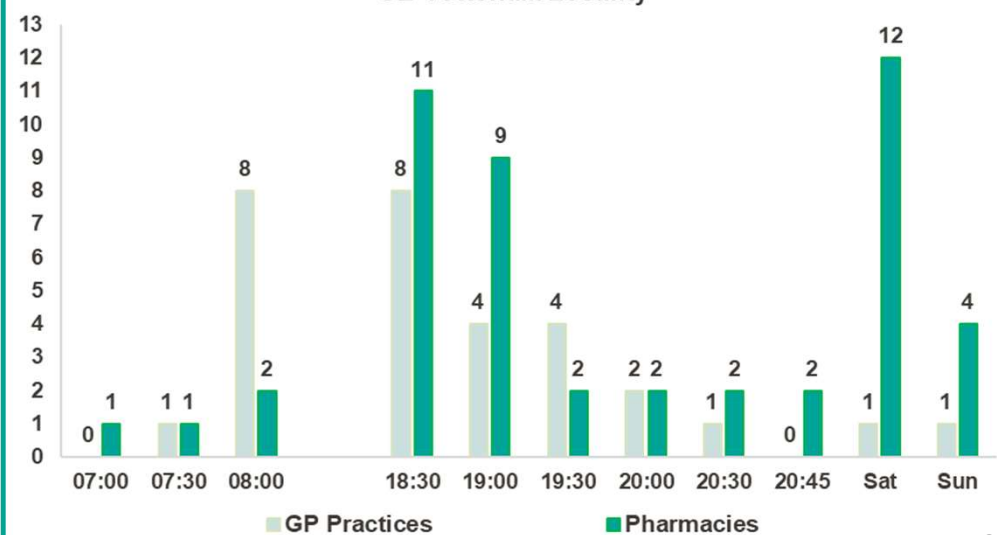
Alignment of GP and Community Pharmacy Opening Hours
Central Locality



Alignment of GP and Community Pharmacy Opening Hours
NE Tottenham Locality



Alignment of GP and Community Pharmacy Opening Hours
SE Tottenham Locality



3.2.1 Essential Services

3.2.1.2 Access & Opening Hours (cont...)

Unscheduled Care Providers

- The table (right) provides an overview of the unscheduled care providers which provide services for Haringey residents; and their opening times
- All of these providers supply medicines directly to patients although FP10 prescriptions, for dispensing by community pharmacy, may be used if a non-stock medicine is required
- All the providers, with the exception of the Barndoc base in SE Tottenham (St Ann's ward), are located out of the borough. It is likely that Haringey residents who are issued with an FP10 prescription will get this dispensed by a pharmacy close to the provider
- However, those using the Barndoc base in SE Tottenham and a proportion of the other residents may prefer to use a Haringey pharmacy
- We have, therefore, looked at alignment of opening hours:
 - All but one of the unscheduled care providers are within 1 mile of a 100 hour pharmacy (this includes 100 hour pharmacies located outside of the borough); the Whittington Hospital is within 1.5 miles a 100 hour pharmacy
 - **Weekdays & Saturdays:**
 - Three Haringey pharmacies open by 7am (one in each locality apart from the Central locality). The latest closing pharmacies remain open until 11pm (West locality); 10:30pm (NE Tottenham) and midnight (SE Tottenham)
 - Two out of area pharmacies open by 6:30am (8am on Mondays) and remain open until 10:30pm
 - **Sundays:**
 - The earliest a pharmacy opens is 9am (West locality)
 - The majority of pharmacies open between 10am and 11am (all localities and out of area pharmacies)
 - Most pharmacies close between 5pm and 7pm; one pharmacy in SE Tottenham stays open until midnight
- The above pattern of opening means that there is no access to community pharmacy services in the overnight period. This may, rarely, lead to a delay in accessing dispensing for an urgent FP10 prescription. However, we do not believe that there is gap in provision as very few FP10 prescriptions are issued during these hours; and we are not aware of any complaints in this respect

Unscheduled Care Services & Providers		
Service	Provider	Opening hours
Accident & Emergency	Whittington Hospital NHS Trust	24 hours, 365 days a year
	North Middlesex University Hospital NHS Trust	
Urgent Care Centres	Whittington Hospital NHS Trust	24 hours, 365 days a year
	North Middlesex University Hospital NHS Trust	
Walk-in Centre	Finchley Memorial Hospital	08:00-22:00 365 days a year
GP OOHs Service	Barndoc	18:30-08:00 356 days a year

3.2.1 Essential Services

3.2.1.3 Access and Support for those with Disabilities

Overview

- The Equality Act 2010¹³ requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics
- Pharmacies receive payment as contribution towards providing auxiliary aids, under this Act, to those who require support with taking their medicines
- Access and support for those with disabilities is a key consideration. This was explored in the contractor questionnaire and public survey

Current Picture

- The table (next page) summarises the findings from our contractor questionnaire, noting that the data is not available for 1 pharmacy:
- **Wheelchair access**
 - 92% pharmacies are fully accessible to wheelchairs
 - 3 pharmacies help disabled patients to access the premises where this is difficult; patient access is not applicable to the distance selling pharmacies
- **Hearing impairment**
 - 23% of pharmacies have hearing loops
 - 15% have a member of staff who is able to use sign language
 - Some pharmacies commented that they communicate by writing or text
- **Visual impairment**
 - 82% have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
 - 23% pharmacies offer labels with braille (although it should be noted that many original packs are embossed with braille by the manufacturer)
- **Cognitive impairment including dementia and learning disabilities:**
 - 15% supply “aide memoires” (e.g. reminder charts) if needed
 - 50% have easy to read information available
 - 92% provide monitored dosage systems (MDS)
 - 67% pharmacies confirmed that they have a “dementia-friendly” environment; and 11.7% said they were working towards this
 - 96.7% have one or more staff trained as a “dementia friend”; 32% of pharmacies have trained 80% or more of their patient facing staff
- **Value Added Services to Support People with disabilities**
 - 98.3% pharmacies offer a prescription collection service and 88.3% a free delivery service
 - 18.3% and 15% respectively offer consultations in patients' homes and care homes; and two thirds of pharmacies are willing to offer such support in the future

Disability in Haringey

- The estimated prevalence of disability in Haringey is summarised below (refer to page 16 for further details)

Physical

- Approximately 10% of the population aged 16 – 64 have a physical disability

Sensory impairment

- **Visual:** Around 2.5% have slight loss which impacts upon daily living
- **Hearing:** Approximately 7.5% have moderate or severe hearing impairment

Cognitive impairment

- **Learning disability:** QOF prevalence is 0.36%
- **Dementia:** QOF prevalence is 0.4%

Conclusions on Access and Disability

- Many pharmacies have taken steps to support people with disabilities, minimising disadvantage particularly with respect to:
 - Wheelchair & pushchair access
 - Provision of large print labels and/or easy to read information to those with visual and/or cognitive impairment
 - Supply of auxiliary aids such as MDS; whilst there is no published evidence to demonstrate the benefits of these systems, they may be useful for people with complex medicine regimens and who are easily confused
 - Dementia where a high proportion of pharmacies have staff trained as “dementia friends” and offer a dementia-friendly environment
- It is of note, that support in almost all of these areas have improved since our first PNA was published
- Less than 50% of pharmacies offer the following support, which represent an opportunity for improvements:
 - Facilities to support those who are hearing impaired to improve the quality of communication; access and choice is currently reduced for those who are dependent upon support such as a hearing loop; the prevalence of hearing impairment is set to increase and this is an important future consideration
 - Offer “aide memoires” to people with cognitive impairment. Such support may improve adherence and improve patient outcomes

3.2.1 Essential Services

3.2.1.3 Access & Support for those with Disabilities

Supporting People with Disabilities

Locality	Ward	Wheelchair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environment
			Hearing Loop	Signing	Braille on labels	Large print labels	'Aide Memoire'	Easy to Read Information	Monitored Dosage Systems	Large Print Labels	
West	Alexandra	1	0	0	0	1	0	0	0	1	1
	Crouch End	5	2	2	1	5	1	4	5	5	5
	Fortis Green	2	2	1	2	2	0	1	2	2	2
	Highgate	2	0	0	0	1	0	0	1	1	0
	Hornsey	2	0	0	0	1	1	1	2	1	0
	Muswell Hill	5	0	0	2	4	1	3	5	4	5
	Stroud Green	1	0	0	0	1	0	0	1	1	0
Central	Bounds Green	2	1	0	1	4	0	1	4	4	1
	Harringay	2	0	0	0	2	0	0	2	2	0
	Noel Park	7	3	1	1	6	2	4	7	6	4
	Woodside	2	1	0	1	3	0	0	3	3	1
NE Tottenham	Bruce Grove	3	0	1	1	2	1	1	3	2	2
	Northumberland Park	3	0	0	1	1	0	3	4	1	3
	Tottenham Hale	3	0	0	1	2	0	3	3	2	2
	White Hart Lane	3	1	2	0	3	1	2	3	3	3
SE Tottenham	St Ann's	4	0	0	2	3	0	1	3	3	3
	Seven Sisters	3	1	0	0	3	0	2	3	3	3
	Tottenham Green	5	3	2	1	5	2	4	4	5	5
Total		55	14	9	14	49	9	30	55	49	40
Percentage		92%	23%	15%	23%	82%	15%	50%	92%	82%	67%

Notes:

- The questionnaire results were inconsistent with respect to the provision of large print labels in that more pharmacies said they provide these for those with cognitive impairment than for visual impairment. The question was intended to understand if this facility is available so the results for cognitive impairment have been used
- Detailed data is not available for Allcures Pharmacy

3.2.1 Essential Services

3.2.1.4 Dispensing

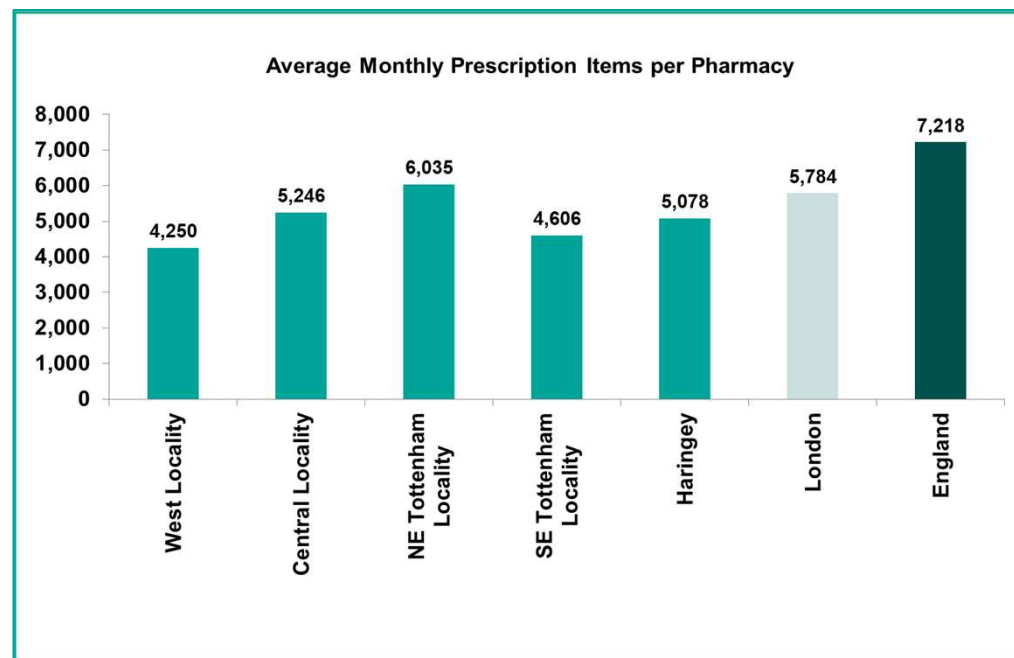
Overview

In our review of dispensing we looked at a number of factors including:

- The pattern of dispensing. This includes a high level comparison with the London and England average; and 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

Current Picture

- The graph (on the right) compares the **average** pharmacy dispensing rate in Haringey with the London and England averages
- The data includes all prescriptions dispensed by Haringey pharmacies not just those issued by Haringey prescribers. It demonstrates that Haringey's dispensing rate is below the London and England average
- Analysis of prescriptions written by Haringey prescribers has been undertaken. The total number of items prescribed was 4,096,385 (epact data September 16 – August 17). Of these:
 - 85% of these items were dispensed by Haringey pharmacies
 - 15% were either dispensed by pharmacies outside of the area or were attributable to medicines which had been personally administered by GP surgeries (e.g. injections)
 - The table (page 44) shows the pharmacies, in neighbouring HWB areas, which have dispensed the highest number of items against these prescriptions
- The table (right) demonstrates variation between the localities:
 - The lowest proportion of items was dispensed in SE Tottenham and the highest in the Central locality
 - All localities are below the England average with respect to the number of items per pharmacy per month; only NE Tottenham is above the London average
 - Within Haringey, the Central and SE Tottenham localities have an above average dispensing rate in terms of items per head of population; and NE Tottenham and the West localities are below average
 - This variation is likely to be a combination of:
 - The number of pharmacies within each locality
 - Local residents exercising choice with respect to where they get their prescription dispensed, both within Haringey and outside of the area (as illustrated by the relatively high out of area dispensing rate)
 - Higher rates of deprivation, and higher prevalence of LTCs, which may impact upon the number of items per head



NHS Digital, General Pharmaceutical Services, England, 2016/17; NHSBSA 2016/17 data for Haringey

Locality	No. of Pharmacies	Total Items Dispensed	% Total Items	Items / Pharmacy / Month	Items per Head of Population
West	18	91,7904	26%	4250	10.1
Central	16	100,7237	28%	5246	16.5
NE Tottenham	13	941,421	26%	6035	12.0
SE Tottenham	13	718,608	20%	4606	14.5
Haringey	60	3,585,170	100%	4979	12.8

NHSBSA: Items dispensed in 2016/17

3.2.1 Essential Services

3.2.1.4 Dispensing (cont...)

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
- The table on the right provides an overview of cross-border dispensing and includes the pharmacies and DACs, in neighbouring HWB areas, which have dispensed the most items against prescriptions written by Haringey GPs (only pharmacies with >2,500 items have been shown)

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their nominated pharmacy without having to request a new prescription form from their GP
- Benefits of repeat dispensing include:
 - Reduced GP practice workload, freeing up time for clinical activities
 - Greater predictability in workload for pharmacies, which facilitates the delivery of a wider range of pharmaceutical services
 - Reduced waste as pharmacies only dispense medicines which are needed
 - Greater convenience for patients
- The repeat dispensing rate in Haringey has been increasing year on year; this was 5% of all dispensing in April 2009 and has reached 29.7% in August 2017; with an average rate of 27% in 2016/17 (2015 PNA; epect data September 2012 – August 2017)
- This demonstrates that the Haringey Health Economy is realising the benefits associated with repeat dispensing

Electronic Prescription Services

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy
- The system is potentially more efficient and may reduce dispensing error rates; it can reduce trips for patients between the GP surgery and a pharmacy
- All pharmacies in Haringey are EPS compliant

Summary of Cross Border Dispensing

HWB Area	Pharmacy / DAC Name	Post Code	Items	% Total
Barnet	Abbot Pharmacy	N10 1LR	74,949	1.8%
	Vantage Pharmacy	N11 1NE		
	Tesco Instore Pharmacy	N12 0SH		
	Cootes Pharmacy	N2 9ED		
	C. W. Andrew Pharmacy	N2 9PJ		
	Oakdale Pharmacy	N2 8AQ		
	Boots	NW4 3FB		
	Boots	N20 9HS		
Camden	Simmonds Chemist	N6 6QS	2,930	0.1%
Enfield	Boots	N9 0HW	208,935	5.1%
	Greens Pharmacy	N13 6JU		
	Aspden Chemists	N13 4SE		
	Wise Pharmacy	N18 2TW		
	Tesco Instore Pharmacy	N18 3HF		
	Coopers Chemists	N11 1AH		
	Lloydspharmacy	N9 0TY		
	Boots	N16 6TT		
	Bees Chemist	N18 2JB		
	Morrisons Pharmacy	N13 4YD		
	Lloydspharmacy	N21 3RS		
	Boots	N13 4YB		
	Jhoots Pharmacy	N14 6LH		
	Chemist2you/Aqua	N9 8JE		
	Parkview Pharmacy	N14 4XA		
	Asda Pharmacy	N14 5PW		
	Boots	N14 5PH		
	Palmers Chemist	N13 4YB		
Healthfare Chemist	EN1 1NY			
Boots	EN1 1TH			
Hackney	Lands Chemists	N16 6TY	11,547	0.3%
Islington	Nuchem Pharmacy	N4 3PZ	69,113	1.7%
	Roger Davies	N4 3EF		
	Arkle Pharmacy	N19 5QU		
	Well	N19 5QT		
Waltham Forest	Well	E17 3LX	2,957	0.1%

3.2.1 Essential Services

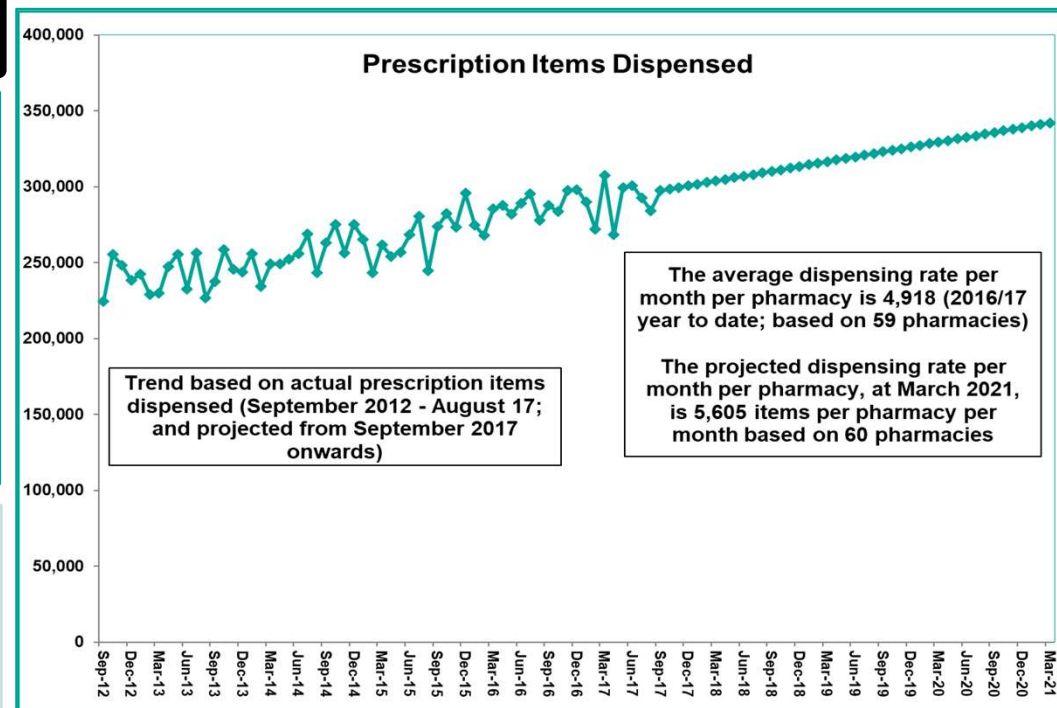
3.2.1.5 The Future

Overview

- We have undertaken the following analysis to explore the future capacity of Haringey's pharmacies:
 - The future pattern and growth of prescribing
 - The extent to which other NHS organisations (e.g. acute trusts, community and mental health services providers) rely upon NHS Pharmaceutical services to supply medicines
 - Local housing, commercial and regeneration plans and how these may impact upon the local population
 - The potential impact of consolidated applications on the distribution of pharmacies

Prescribing

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Haringey's pharmacies
- The graph (right) plots the average number of items dispensed per month, between Sep 2012 and Aug 2017 and projects through to March 2021 (note the new DSP did not dispense any items but has been included in the analysis from Sept 2017)
- The graph illustrates that the trend is for the volume of items to increase. The average number of items per month has been estimated to be 5,605 per pharmacy per month. This dispensing rate is below the current London and England averages (page 43)
- It is important to note some potential limitations with the analysis:
 - The data is based on prescriptions issued by Haringey GPs. It doesn't include prescription items issued by GPs / prescribers in other areas
 - We have assumed that the rate of cross border dispensing and personally administered items by GP practices will remain constant at 15%
 - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc. For example, NHSE has agreed prescribing restrictions for a range of low value medicines; and is consulting on stopping the routine prescribing of over-the-counter preparations (the expectation is that patients will seek advice from community pharmacists and buy a medicine if required). This policy, if introduced, will reduce the number of prescription items
- However, limitations aside, the data imply that there is capacity within the existing network of pharmacies to meet future dispensing needs



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Haringey CCG

NHS Trusts & Use of NHS Pharmaceutical Services

Whittington Health (Acute and community services)

- Dispenses the majority of their medicines from in-house pharmacies for inpatients and at discharge
- The Trust has a wholly-owned subsidiary for the dispensing of outpatient medicines. There are no plans for apply to provide NHS Pharmaceutical Services
- FP10 prescriptions are used for community clinics

North Middlesex University Hospital NHS Trust

- Dispenses the majority of their medicines for inpatients, outpatients and at discharge in-house. There is separate pharmacy for outpatients. There are no plans to apply for NHS Pharmaceutical Services
- FP10 prescriptions are sometimes issued for dispensing in the community

Barnet, Enfield and Haringey Mental Health Trust

- The MH Trust and the Drug & Alcohol (Grove) Treatment Service for Haringey uses FP10 prescriptions

GP Out of Hours Service provided by Barndoc

- Supplies the majority of its medicines directly to patients
- FP10 prescriptions are sometimes issued for dispensing in the community

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Local Plan 2013 – 2026 (2017 updates)

- Haringey's Local Plan outlines how the Council will address local and strategic development needs including housing, employment, leisure and retail provision
- The diagram (next page) provides a visual overview of the spatial strategy and the areas which will be developed

Housing

- The London Plan sets Haringey a target of 15,020 additional dwellings between 2015 – 2025; this equates to 1,502 homes per annum
- Running alongside this, Haringey has set a strategic target of 19,802 new homes between the period of 2011/12 – 2025/26; the latest trajectory shows that the actual supply of new homes will be approximately 22,000 i.e. 1,571 homes per annum
- This means that there will be between 4,500 and 4,700 net new homes during the timescale of this PNA
- The table (top right) provides a broad overview of the distribution of the new housing
- The housing targets are used in the GLA SHLAA population projections used for the PNA; as such the projected population increases have been accounted for

Key Areas for Development

- Development of Tottenham is a major priority in Haringey; this regeneration programme will have an impact on population growth
- 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, other parts of the borough are being considered as 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

References

- Haringey's Local Plan Strategic Priorities 2013 – 2017; with 2017 updates
- Haringey Strategic Services Delivery Plan; 2015

Location & minimum total number of dwellings	0-5 years (2011/12 -2015/16)	6-10 years (2016/17-20/21)	11-15 years (2021/22-2025/26)
Wood Green 4,610 units	185	920	3,505
Areas of Limited Change 5,940 units	1,285	2,825	1,830
Seven Sisters Corridor (south) 2,020 units	25	1,200	795
Tottenham Hale 5,665 units	2,230	1,975	1,460
North Tottenham 4,695 units	275	920	3,550
Tottenham High Road Corridor Bruce Grove 1,080 units	570	380	130
24,010	4,570	8,220	11,220

Reproduced from Haringey's Local Plan Strategic Priorities 2013 – 2026 (with 2017 updates)

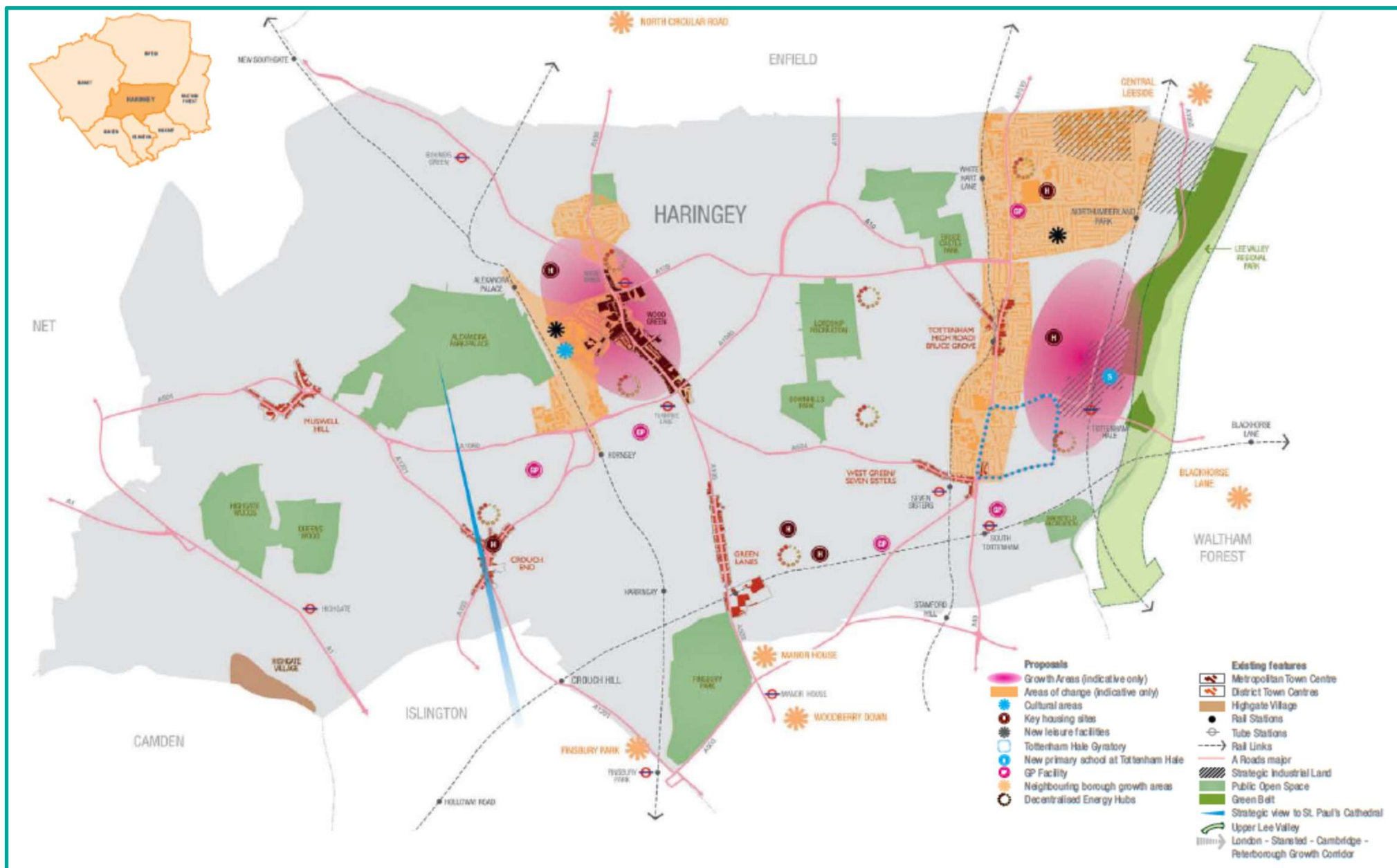
Primary Care Developments

- In 2015, Haringey CCG and NHSE commissioned a Strategic Service Delivery Plan. This highlighted a current deficit of primary care facilities in specific areas of Haringey; and a future need for more primary care premises to meet housing growth
- In November 2016, the CCG awarded capital funding to support the development of 3 primary care premises; these are planned for 2020 *subject to business case approval*:
 - The Welbourne Centre (Tottenham Hale, NE Tottenham locality)
 - The Iceland Building, Wood Green (Noel Park, Central locality)
 - The Hawes & Curtis Building (Harringay ward, Central Locality)
- There are no firm plans for new healthcare facilities; or relocation or closure of GP surgeries for other parts of Haringey

Local development plans will impact upon demography, the number of people coming into the area on a daily basis and the accessibility of pharmacy services. We have projected the population through to 2021 and assessed the impact on pharmacy distribution (pages 48 – 50)

3.2.1 Essential Services

3.2.1.5 The Future (cont...)



3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Locality	Ward	IMD* rank	No. of Pharmacies	Pharmacies by locality	Ward Population (2017)	Pharmacies / 100,000 population (2017)	Locality Pharmacies per 100,000 (2017)	Projected Population (2021)	Pharmacies per 100,000 (projected)	Locality Pharmacies per 100,000 Projected Pop 2021)	Difference by Locality	Difference by ward
West	Alexandra	19	1	18	12,615	7.9	19.9	12,850	7.8	19.4	-0.5	-0.1
	Crouch End	17	5		13,442	37.2		13,715	36.5			-0.7
	Fortis Green	16	2		13,726	14.6		13,973	14.3			-0.3
	Highgate	15	2		12,663	15.8		13,171	15.2			-0.6
	Hornsey	13	2		13,335	15.0		13,661	14.6			-0.4
	Muswell Hill	18	5		12,179	41.1		12,836	39.0			-2.1
	Stroud Green	14	1		12,513	8.0		12,615	7.9			-0.1
Central	Bounds Green	12	4	16	14,847	26.9	26.1	14,868	26.9	24.3	-1.8	0.0
	Harringay	11	2		14,488	13.8		15,056	13.3			-0.5
	Noel Park	6	7		15,849	44.2		18,789	37.3			-6.9
	Woodside	10	3		16,022	18.7		17,093	17.6			-1.2
NE Tottenham	Bruce Grove	5	3	13	15,307	19.6	16.5	15,684	19.1	15.8	-0.8	-0.5
	Northumberland Park	1	4		16,566	24.1		17,731	22.6			-1.6
	Tottenham Hale	4	3		18,622	16.1		20,735	14.5			-1.6
	West Green	7	0		14,354	0.0		14,685	0.0			0.0
	White Hart Lane	2	3		13,734	21.8		13,687	21.9			0.1
SE Tottenham	St Ann's	9	5	13	15,677	31.9	26.2	16,173	30.9	25.2	-1.0	-1.0
	Seven Sisters	8	3		17,462	17.2		17,730	16.9			-0.3
	Tottenham Green	3	5		16,498	30.3		17,715	28.2			-2.1
Total			60	60	279,899	21.4	21.4	292,767	20.5	20.5	-0.9	-0.9

Notes

- IMD = Index of Multiple Deprivation (2015) where 1 = most deprived and 19 = least deprived in Haringey; The wards which rank highest for deprivation are highlighted in red
- GLA SHLAA (2015) population projections are linked to housing development trajectories. 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, 10 and 15 years

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for the Future Need for Pharmaceutical Services
West	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by approximately 2,350 people. This will effectively reduce the number of pharmacies per 100,000 by 0.5 and move the locality slightly further away from the current London and England averages The average no. of items dispensed per pharmacy per month is below the Haringey, London and England averages; and the average number of items dispensed per head is below the Haringey average Residents living in the areas with a higher population density have a choice from several pharmacies located within a mile of where they live There are no significant housing developments planned for this locality 	<p>No future gaps in pharmaceutical need</p> <ul style="list-style-type: none"> The overall projected increase in population is relatively small (2.6%) Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, average dispensing rates per pharmacy and per head are currently below average We have, therefore, concluded that there is sufficient capacity in the existing pharmacy network to absorb any increases in prescription items The HWB has not identified a need for a additional pharmacy in this locality
Central	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by almost 4,600 people. Whilst this will effectively reduce the average number of pharmacies per 100,000 by 1.8, the locality will continue to have an above average number of pharmacies The average no. of items dispensed per pharmacy is below the London and England average. The average number of prescription items per pharmacy and per head are above the Haringey average Residents living in the areas with a higher population density and/or deprivation are generally well served by pharmacies within Haringey Wood Green (Noel Park) is one of the significant growth areas and it is estimated there will be approximately 550 new dwellings during the lifetime of this PNA Two new primary care premises are planned for this locality. These will open in 2020, <i>subject to business case approval</i> 	<p>No future gaps in pharmaceutical need</p> <ul style="list-style-type: none"> The overall increase in population is moderate (7.5%) The average number of pharmacies will remain above the local, London and England averages, even though the number of pharmacies per 100,000 will reduce The average dispensing rates per pharmacy are below the London and England average suggesting there is sufficient capacity within the existing of pharmacies to absorb any increases in prescription items arising from both the natural growth in prescription items; and as a result of the Haringey Local Development and Housing Plans The HWB has not identified a need for a additional pharmacy in this locality

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for the Future Need for Pharmaceutical Services
NE Tottenham	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by approximately 3,940 people. This will effectively reduce the number of pharmacies per 100,000 by 0.8; and will move the locality further away from the current London and England averages The average no. of items dispensed per pharmacy per month is above the Haringey and London average but below the England average. The average number of items dispensed per head is below the Haringey average Residents living in areas with a higher population density and/or deprivation have reasonable access to pharmacy services, although choice is more limited This locality will see an increase of almost 2,000 new home (net) as a result of the Tottenham Regeneration programme One new primary care premises is planned for this locality. This will open in 2020, <i>subject to business case approval</i> 	<p>Possible future gaps in pharmaceutical need</p> <ul style="list-style-type: none"> The overall projected increase in population is moderate (5%) This will push the locality average number of pharmacies further away from the Haringey, London and England averages; and this is potentially a concern due to higher rates of deprivation and poorer outcomes in this locality Dispensing rates per pharmacy are below the England average suggesting that there is capacity within the existing network of pharmacies to absorb any increases in prescription items arising from natural growth in prescription items The locality <i>may</i> benefit from additional access to pharmaceutical services once housing developments have been completed and assuming that the projected population growth is realised; or when the new primary care premises in Tottenham Hale open
SE Tottenham	<ul style="list-style-type: none"> By 2021, it is estimated that the locality population will increase by approximately 1,980 people. This will effectively reduce the number of pharmacies per 100,000 by 1; however, the average number of pharmacies will remain above the local, London and England average The average no. of items dispensed per pharmacy per month is below the Haringey, London and England averages; however, the average number of items dispensed per head is above the Haringey average The areas with a higher population density and/or deprivation, within this locality, are generally well served by pharmacies within the Haringey and/or by those in neighbouring HWB areas The Seven Sisters corridor (South) is expected to have a net increase of 720 new dwellings over the lifetime of this PNA 	<p>No future gaps in pharmaceutical need</p> <ul style="list-style-type: none"> The overall increase in population is moderate (4%) The average number of pharmacies will remain above the local, London and England averages, even though the number of pharmacies per 100,000 will reduce The average dispensing rates per pharmacy are below the London and England average suggesting there is sufficient capacity within the existing of pharmacies to absorb any increases in prescription items arising from both the natural growth in prescription items and as a result of the Haringey Local Development and Housing Plans The HWB has not identified a need for a additional pharmacy in this locality

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Consolidated Applications

- The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (SI 1077)² permit the merger of two pharmacy businesses within the same HWB area, providing that this does not create a gap in the provision of pharmaceutical services
- The “consolidation” involves the closure of one of the pharmacies and may involve an associated change of ownership
- The Regulations provide statutory protection against the consolidated pharmacy in that a new pharmacy is not permitted to open and replace the pharmacy which has closed. This protection only remains in place until the HWB produces a new PNA
- Only pharmacies on the pharmaceutical list may submit an application (i.e. the Regulations do not apply to distance selling pharmacies, DACs and LPS pharmacies)
- The pharmacy which remains open must:
 - Retain the same core hours
 - Provide any enhanced service which is commissioned by NHSE in the HWB area
- Whilst a consolidated application is an “excepted” application, NHSE must not grant it if this would create a gap in pharmaceutical services that could be met by a standard application i.e. to:
 - Meet a current need (Regulation 13, 2013 Regulations);
 - Meet a future need (Regulation 15, 2013 Regulations); or
 - Secure improvements or better access (Regulation 17, 2013 Regulations)
- It is the responsibility of the HWB to confirm, with NHSE, if an application would create a gap
- The PNA Steering has determined principles to support the HWB with decision making in the event that a consolidated application is received (table, right)

Factor(s)	Principles to Inform Consolidation Application Decisions
Advanced and enhanced services	<ul style="list-style-type: none"> • A potential closure must not have an adverse impact on access to any pharmaceutical and locally commissioned services i.e. the HWB would anticipate that <u>all</u> services offered by the closing pharmacy would need to be available from the consolidated pharmacy • Residents need to have reasonable access*, to identical services, from an alternative pharmacy
Other services which affect the need for pharmaceutical services i.e. locally commissioned services	
Pharmacy opening hours	<ul style="list-style-type: none"> • The earliest and latest opening of a pharmacy within a locality must be preserved, particularly if a potential closure impacts upon extended hour opening and weekend opening
Deprivation	<ul style="list-style-type: none"> • Reasonable access* to pharmacy services need to be maintained where the potential closure relates to a pharmacy in a deprived area
Population density & average number of pharmacies	<ul style="list-style-type: none"> • The impact of a potential closure on a locality's average number of pharmacies (compared with benchmarks) and future capacity are considerations in densely populated areas
Alignment of GP services	<ul style="list-style-type: none"> • The alignment between GP & pharmacy services needs to be maintained, so that residents continue to have reasonable access* following a GP consultation
Choice	<ul style="list-style-type: none"> • The impact of the potential closure on choice will be considered in a locality where choice is already limited

* The HWB defines reasonable access as approximately 20 minutes travel time for the majority of residents; or the distance of 1 mile

We have applied these principles to the current network of pharmacies, to identify if any locality is “potentially vulnerable” to a gap in the event that a consolidated application is received (refer to page 52)

3.2.1 Essential Services

3.2.1.5 The Future (cont...)

Factor(s)	West	Central	NE Tottenham	SE Tottenham
Advanced and enhanced services	Risk of reduced access & less choice: <ul style="list-style-type: none"> SACS, AURs, On demand access to medicines 	Risk of reduced access & less choice: <ul style="list-style-type: none"> SACS, NUMSAS, On demand access to medicines 	Risk of reduced access & less choice: <ul style="list-style-type: none"> SACS, NUMSAS, flu vaccination, London Pharmacy vaccination, On demand access to medicines 	Risk of reduced access & less choice: <ul style="list-style-type: none"> SACS, AURs, On demand access to medicines
Other services which affect the need for pharmaceutical services i.e. locally commissioned services	Risk of reduced access & less choice: <ul style="list-style-type: none"> Stop smoking Needle & syringe programme Healthy start vitamins 	Risk of reduced access & less choice: <ul style="list-style-type: none"> Stop smoking Needle & syringe programme Healthy start vitamins 	Risk of reduced access & less choice: <ul style="list-style-type: none"> Stop smoking Needle & Syringe programme (access must be maintained) Sexual health Healthy start vitamins (access must be maintained) 	Risk of reduced access & less choice: <ul style="list-style-type: none"> Stop smoking Needle & Syringe programme Healthy start vitamins
Pharmacy opening hours Preserve the earliest & latest opening	<ul style="list-style-type: none"> No reduction in the number of pharmacies which open during extended hours on weekdays and Saturday No reduction in the number of pharmacies on Sundays M-F: 07:00 – 23:00 Sat: 07:00 – 23:00 Sun: 09:00 – 19:00 	<ul style="list-style-type: none"> Mon: 09:00 – 20:00 Sat: 09:00 – 19:00 Sun: 11:00 – 17:00 	<ul style="list-style-type: none"> Mon: 07:00 – 22:30 Sat: 07:00 – 22:30 Sun: 10:00 – 17:00 	<ul style="list-style-type: none"> M-F: 07:00 – 00:00 Sat: 07:00 – 00:00 Sun: 10:00 – 00:00
Deprivation	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies within a reasonable distance of areas with deprivation 	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies within a reasonable distance of areas with deprivation 	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies within a reasonable distance of areas with deprivation 	<ul style="list-style-type: none"> Preserve access to a pharmacy / choice of pharmacies within a reasonable distance of areas with deprivation
Pop density & average number of pharmacies	<ul style="list-style-type: none"> Take into account the below average number of pharmacies across the locality 	<ul style="list-style-type: none"> Above average number of pharmacies; decision will need to take account of affected location(s) 	<ul style="list-style-type: none"> Take into account the below average number of pharmacies across the locality 	<ul style="list-style-type: none"> Above average number of pharmacies; decision will need to take account of affected location(s)
Alignment with GP services	<ul style="list-style-type: none"> Risk of reduced access if there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours 	<ul style="list-style-type: none"> Risk of reduced access if there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours in the evenings 	<ul style="list-style-type: none"> Risk of reduced access if there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours 	<ul style="list-style-type: none"> Risk of reduced access if there is only one pharmacy close to a GP surgery Preserve alignment with GP opening hours
Choice <i>Dependent upon the affected location(s)</i>	<ul style="list-style-type: none"> Risk of reduced choice during extended hours on weekdays & Saturdays 	<ul style="list-style-type: none"> Risk of reduced choice during extended hours on weekdays & Saturdays; and on Sunday 	<ul style="list-style-type: none"> Risk of reduced choice / no choice during extended hours on weekdays & Saturdays; and Sunday 	<ul style="list-style-type: none"> Risk of reduced choice during extended hours on weekdays & Saturdays
Conclusion	<ul style="list-style-type: none"> Risk of a gap depending upon the location(s) affected application Gap if hours & services not preserved Other localities may depend upon this locality, particularly in the mornings & on Sunday 	<ul style="list-style-type: none"> Potentially vulnerable to a gap Other localities depend on this locality on Sunday 	<ul style="list-style-type: none"> Risk of a gap depending upon the location(s) affected application Gap if hours & services not preserved 	<ul style="list-style-type: none"> Potentially vulnerable to a gap depending upon the location(s) affected application Gap if hours & services not preserved Other localities may depend upon the early and late opening of pharmacies in this locality

3.2.1 Essential Services

3.2.1.6 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic

Age	✓	<ul style="list-style-type: none"> Advice on, and support with, taking medicines needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> Older people may require advice on managing complex medicine regimens 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; supply of sugar free medicines may be particularly beneficial for children People of working age may wish to access services outside of normal working hours; 56% pharmacies offer consultations in the work place
Disability	✓	<ul style="list-style-type: none"> A proportion of pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical and/or sensory disabilities (refer to page 16 for the local context in Haringey). 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; and 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 multi-compartment compliance aids, "aide memoires" and easy to read information which may improve adherence in those who have cognitive impairment People with a disability may exercise a choice and choose a pharmacy which better addresses their needs. In Haringey, most pharmacies have confirmed that their premises are accessible to wheelchairs; and many have taken steps to support those with a range of disabilities, although the actual support provided varies from pharmacy to pharmacy (refer to pages 41 and 42)
Gender	✓	<ul style="list-style-type: none"> We have identified that younger adults, particularly men, are less likely to visit pharmacies. We need to encourage pharmacies to maximise opportunities to target health promotion and public health interventions 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 signpost 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 and may benefit from medicines-related advice; this also provides an opportunity to target health promotion advice and public health interventions 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 and need to be aware of the religious beliefs of the population they service. For example, advice on taking medicines during Ramadan and/or 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 ensure that pregnant and breast feeding mothers avoid medicines which may be harmful
Sexual orientation	✓	<ul style="list-style-type: none"> LGBT people (including those who are HIV positive) may prefer to use pharmacy services, for health advice and support with self-care including minor ailments, rather than using GP services as they may not wish to disclose their sexuality to their GP
Gender reassignment	✓	<ul style="list-style-type: none"> Pharmacies may be part of the care pathway for people undergoing gender reassignment; they play a role in ensuring the medicines which form part of the treatment regimen are available and provided without delay or impediment
Marriage & civil partnership	✗	<ul style="list-style-type: none"> No specific needs identified

3.2.1 Essential Services

3.2.1.7 Conclusions

Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors and were used to explore a range of factors relevant to the pharmaceutical needs of our population
- We have determined that essential services are **necessary** to meet the need for pharmaceutical services 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 signposting advice, community pharmacy plays a valuable role in addressing health needs and tackling the health inequalities of Haringey's population

Distribution of Pharmacies

- Haringey has an average number of pharmacies per 100,000 population; and is above the London and England average with respect to the number of pharmacies per square mile
- There is a choice of pharmacy in each locality and a reasonable spread of pharmacies across the borough. Almost all residents are able to access a pharmacy within 1 mile or 20 minutes of where they live; choice and access are enhanced by the 22 out of area pharmacies which are located within 1 mile of the Haringey boundary
- There is a reasonable link between pharmacy distribution and population density. Whilst NE Tottenham (the most deprived locality) has a below average number of pharmacies, residents may access pharmacy services in neighbouring localities or from out of area pharmacies
- There is good alignment with GP surgeries, with all surgeries being within one quarter of a mile or less of the nearest pharmacy

Opening Hours

- In considering opening hours we have taken into account Haringey's high proportion of people who are of working age who may wish to access pharmacy services outside of "normal" weekday working hours; and have looked at alignment with other services
- Access and choice are good on weekdays between the hours of 9:30am – 7pm and on Saturdays between 10am and 5pm
- Outside of these hours, access and choice within Haringey is more limited, particularly on:
 - **Weekday mornings:** Only 5 pharmacies, located in the West, NE Tottenham and SE Tottenham, open before 9am. The earliest a pharmacy opens in Central locality is 9am; this limits access and choice at this time of day
 - **Saturdays:** The same 5 pharmacies open before 9am; choice is more limited on Saturday evenings with some residents in Highgate (West locality) having to travel further than a mile to access an open pharmacy
 - **Sundays:** There is access to a pharmacy in all localities on Sundays; and a choice of pharmacy in all localities apart from NE Tottenham
 - **Bank Holidays:** NHS England commission an enhanced service on Easter Sunday and Christmas Day; adequate cover is provided by the existing network of pharmacies on other bank holidays
- With respect to alignment of pharmacy opening hours with other services:
 - There is a reasonable alignment with GP practice and GP hub opening hours
 - Residents with an urgent prescription following a GP appointment before 9am in the Central locality may have to travel to a neighbouring locality to get this dispensed if they do not wish to wait for a pharmacy to open within their own locality
 - GP hub users and people who have used a service offered by one of the unscheduled care providers may have to travel between 2 – 4 miles to access a pharmacy on weekday and Saturday evenings; and also on Sundays
 - Residents are not be able to access dispensing services overnight e.g. after being given a prescription by the GP out of hours service or an unscheduled care provider. However, the need for such access is rare and we do not believe this is a gap

3.2.1 Essential Services

3.2.1.7 Conclusions

Conclusions on Essential Services (cont...)

Access and support for people with disabilities

- A high proportion of pharmacies have made reasonable adjustments to meet the needs of those with a disability including provision of wheelchair access, large print labels, easy to read information, monitored dosage systems, a dementia friendly environment; as well as training staff as “dementia friends”
- 98.3% of pharmacies offer prescription collection and 88.3% home delivery; almost 20% offer consultations in patient’s homes; these are provided free-of-charge

Dispensing

- The dispensing rate for Haringey pharmacies varies across all four localities and is below the London and England averages
- 85% of prescriptions written by Haringey GPs are dispensed by Haringey pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for the other 15%
- The rate of repeat dispensing has been increasing and reached an average of 27% in 2016/17; this demonstrates that Haringey residents and the health economy are realising the benefits associated with repeat dispensing
- All pharmacies are EPS compliant

Consolidated Applications

- We have developed principles to support the HWB making robust decisions in relation to consolidated applications

The Future

- We have taken into account the trend for growth in prescription items and the Haringey local development and housing plans
- Benchmarking data show that there is sufficient capacity to meet the future need for pharmaceutical services in all but one locality. The exception is NE Tottenham which has a below average number of pharmacies, higher levels of deprivation, poorer health outcomes and is set to see significant population growth as a result of housing developments and the local programme of regeneration
- The principles for consolidated applications have been applied. We have identified that all localities are potentially vulnerable to a gap, dependent upon the location(s) affected by a consolidated application. However, the HWB will consider any future application on its own merits

Overall conclusions

Current need [Regulation 4(1); 2(a)]

- No gaps or need identified

Future need [Regulation 4(1); 2(b)]

- NE Tottenham may benefit from additional access to pharmaceutical services once housing developments and the new primary care premises (which are subject to business case approval) in Tottenham Hale have been completed

Current and Future Improvements or Better Access [Regulation 4(1); 4 (a and b)]

- Access and choice would be enhanced if more pharmacies within the **existing network of pharmacies** were commissioned to extend opening hours on weekday mornings and at weekends. This would strengthen alignment with GP practice and hub opening hours; and may be beneficial for those residents who work full time and who prefer to use a pharmacy outside of working hours
- Improvements could be secured if more pharmacies, within the existing network, were to offer support for people with hearing impairment and aide memoires for those with cognitive impairment
- An additional pharmacy is not required to secure these improvements

Other NHS services (Regulation 4(1); 5 (a and b))

- We have not identified any other NHS services which affect the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services

3.2.2 Premises & Other Considerations

3.2.2.1 Consultation Areas

Consultation Areas

- Consultation areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services
- They provide a place in which confidential discussions may be held and facilitate privacy when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the consultation area characteristics are defined:
 - There must be a sign designating the private consultation area or room
 - The area or room must be:
 - Clean and not used for the storage of any stock
 - Laid out and organised so that any materials or equipment which are on display are healthcare related
 - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services from pharmacy, we explored the facilities available in our contractor questionnaire (refer to table on the right):
 - 97% contractors have one or more consultation areas
 - 8 (13.3%) pharmacies have two consultation areas
 - The contractor which does not have a consultation area intends to install one within the next 12 months

Secure exchange of Information

- Access to NHS.net email is one of the gateway criteria for the Quality Payment Scheme (Appendix D). In our contractor questionnaire:
 - 57 (95%) pharmacies confirmed that they have an NHS.net email account:
 - 45 of these pharmacies check their account at least once a day
 - 8 pharmacies check at least once a week
 - 4 pharmacies only check the account once a month
 - 2 pharmacies are planning to get an NHS.net email in the next 12 months

NHS Choice Entry

- An up-to-date NHS choices entry is another of the gateway criteria for the Quality Payment Scheme
- 54 (90%) contractors confirmed that this was the case for their pharmacy

Summary Care Record (SCR)

- The Quality Payment Scheme includes a criterion for accessing the SCR
- 53 (88.3%) of contractors told us they had enabled the SCR in our contractor questionnaire

Consultation Areas & Facilities

Feature	Rationale	No. (n=60)	%
On-site	Facilitates 'walk in' approach to service delivery	58	97%
Closed room	For confidentiality	57	95%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	47	78%
Wheelchair access	Improves access to a confidential area for those with a physical disability	42	70%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	9	15%
Computer	For contemporaneous patient records	39	65%
Internet access	Access to on-line resources	44	73%
Medication records	Access to a patient's medication history during the consultation	38	63%
Telephone	Allows confidential calls to be made	23	38%
Sink with hot water	Required for services which include examination, taking samples and/or testing of body fluids	40	67%
Examination couch	Allows for a broader range of services to be provided	10	17%
CCTV	Affords protection and security	12	20%
Panic button	Affords protection and security	14	23%

Other Facilities on the Premises

Patient toilet	Facilitates provision of samples	22	37%
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Data was not available for one pharmacy

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service is intended to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- Reviews are normally undertaken face to face
- The pharmacy must have a consultation area which complies with specified criteria (or get NHSE's permission to provide domiciliary MURs)
- Pharmacists must be accredited to undertake MURs
- A pharmacy may:
 - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule'); this rule does not apply to PIs
 - Undertake up to 400 MURs per annum
 - 70% of MURs must be directed to target groups i.e. People who:
 - Are taking high risk medicines (diuretics, anti-coagulants, anti-platelets, non-steroidal anti-inflammatory drugs)
 - Have been recently discharged from hospital, where a change was made to medicines (MUR should be undertaken within 4 - 8 weeks)
 - Have been prescribed certain respiratory medicines
 - Are at risk or diagnosed with CVD & who are prescribed at least 4 medicines

The Current Picture

- 56 (93%) Haringey pharmacies are accredited to provide the service
- The table (next page) demonstrates good access on weekdays (9:30am – 5pm) and Saturdays (10am – 5pm) in all localities. Access is more limited during extended hours on weekdays, Saturdays and Sundays
- Map 7** shows there is access within a mile for almost all areas of high need (based on no. of people aged 16+ with a long term limiting illness)
- The graph (right) compares Haringey with London & England:
 - The average number of MURs per **accredited** pharmacy was 218. This is below the London and England averages and falls short of the maximum number of 400 MURs per annum
 - There is variation between localities. In SE Tottenham, the higher than average activity reflects the higher need. High MUR levels in West Locality may reflect the older age profile of this locality. Activity in the Central locality & NE Tottenham is low even though these localities have areas of higher need
 - The number of MURs undertaken varies significantly between pharmacies and ranges from 1 – 466 (some pharmacies exceeded the maximum permitted)

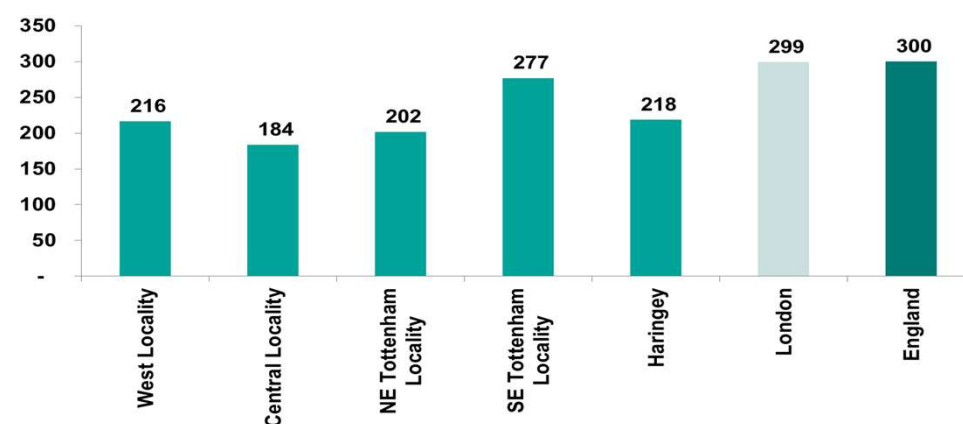
MURS and Prescription interventions

Locality	No. Pharmacies	Pharmacies per 100,000	No. Active Pharmacies	No of MURs	Range	No. Per 1,000 People
West	17	18.8	17	3,678	1-410	41
Central	16	26.1	16	2,938	1-437	48
NE Tottenham	10	12.7	10	2,017	2-432	26
SE Tottenham	13	26.2	13	3,600	19-466	73
Haringey	56	20.0	56	12,233	1-466	44

The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies¹⁴:
 - 49% of patients reported receiving recommendations to change how they take their medicines; & 90% of patients were likely to make the change(s)
 - 77% had their medicines knowledge improved by the MUR
 - 97% of patients thought there was sufficient privacy
 - 85% of patients scored the MUR 4 or 5 on a usefulness scale where: 1 was not useful and 5 very useful

Average No. of MURs per Accredited Pharmacy



3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering MURs and Prescription Interventions							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	5	3	0	5	5	1	2
	Fortis Green	0	2	2	0	2	2	1	1
	Highgate	0	2	0	0	2	2	0	1
	Hornsey	0	1	0	0	1	0	0	0
	Muswell Hill	2	5	2	2	5	5	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	4	2	0	2	1	0	0
	Harringay	0	2	0	0	2	0	0	0
	Noel Park	0	7	3	0	7	5	3	3
	Woodside	0	3	2	0	3	3	1	0
NE Tottenham	Bruce Grove	0	2	1	0	2	1	0	0
	Northumberland Park	0	2	2	0	2	2	1	0
	Tottenham Hale	0	3	1	0	1	1	1	0
	White Hart Lane	1	3	1	1	3	1	1	1
SE Tottenham	St Ann's	0	5	3	0	5	3	1	1
	Seven Sisters	1	3	2	1	2	1	1	1
	Tottenham Green	1	5	4	1	5	3	2	2
Total		5	56	29	5	51	36	15	14
Percentage		8%	93%	48%	8%	85%	60%	25%	23%

Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 7 - Medicines Use Reviews &
Prescription Intervention Service**

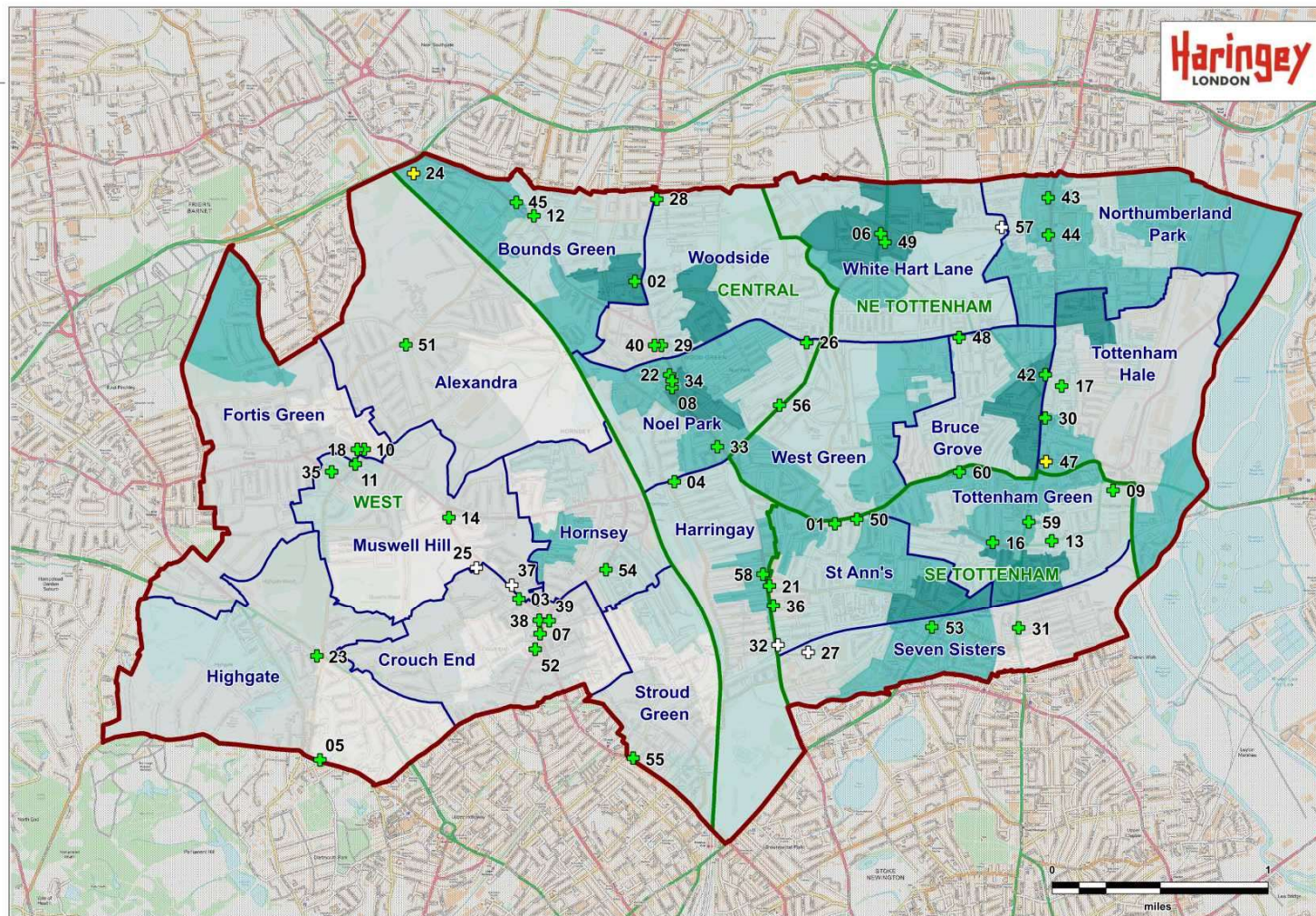


Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + Distance Selling Pharmacies
- Haringey
- Haringey Localities
- Wards

No. people aged 16+ with a long term limiting illness

- > 329
- 272 - 329
- 214 - 271
- 156 - 213
- < 156



Haringey Pharmacies

- 01 Allcures Pharmacy - N15 3PB
- 02 Alpha Pharmacy - N22 8ED
- 03 Amy Pharmacy - N8 8SY
- 04 Avenue Pharmacy - N8 0DU
- 05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX
- 06 Beautychem Pharmacy - N17 7LH
- 07 Boots - N8 8DU
- 08 Boots - N22 6BA
- 09 Boots - N15 4QD
- 10 Boots - N10 1DJ
- 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
- 16 Dobber Pharmacy - N15 5NR
- 17 Dowsett Pharmacy - N17 9DD
- 18 Dukes Pharmacy - N10 1DJ
- 21 Green Light Pharmacy - N4 1JX
- 22 Greenwoods Pharmacy - N22 6DS
- 23 Hayward Pharmacy - N6 4EJ
- 24 Homeupath Pharmacy - N11 2UD
- 25 Hornsey Central Pharmacy - N8 8JD

- 26 J Lord Chemist - N22 5DJ
- 27 Lloydspharmacy - N4 1UJ
- 28 Lloydspharmacy - N22 8JW
- 29 Lloydspharmacy - N22 8HH
- 30 Lloydspharmacy - N17 9JD
- 31 Mansons Pharmacy - N15 6JR
- 32 Med-Chem Pharmacy - N4 1DU
- 33 Minton's Chemist - N22 6BH
- 34 Morrisons Pharmacy - N22 6ST
- 35 Muswell Hill Pharmacy - N10 3HN
- 36 Parade Chemist - N4 1LG

- 37 Park Road Pharmacy - N8 8JR
- 38 Petter Pharmacy - N8 8DT
- 39 Pharmacia Naturale - N8 9TN
- 40 Pharmacy Express - N22 8HH
- 42 Pharmocare - N17 6SB
- 43 Pharmocare - N17 8EY
- 44 Pharmocare - N17 8AH
- 45 Pharmocare (Warwick Pharmacy) - N11 2EU
- 47 Pharmplus Pharmacy - N17 9EJ
- 48 Phillips Chemist - N17 6XF
- 49 Porter Pharmacy - N17 7BU

- 50 Ram Pharmacy - N15 3BL
- 51 Redwood Pharmacy - N10 2AH
- 52 Reena Pharmacy - N8 8AA
- 53 Safedale Pharmacy - N15 6EP
- 54 Saigrace Pharmacy - N8 9BG
- 55 Santas Pharmacy - N4 3RN
- 56 Savemore Pharmacy - N22 6SA
- 57 Somerset Gardens Pharmacy - N17 8NW
- 58 Stearns Pharmacy - N8 0RL
- 59 Tesco Instore Pharmacy - N15 4AJ
- 60 The Cadge Pharmacy - N15 4JR

Map produced by Apogee Data Consulting Ltd. Contains Ordnance Survey data © Crown copyright and database right 2018. Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations.

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic

Age	✓	Older people taking multiple medications for LTCs, are likely to require MURs. People of working age may wish to access this service during extended hours. Access may be reduced for care home residents, although 15% pharmacies offer consultations in care homes
Disability	✓	MURs help to assess the need for support e.g. large print labels, aide memoires etc; advice needs to be tailored for those with cognitive impairment
Gender	✘	No specific needs identified
Race	✓	Language may be a barrier to successful MURs
Religion or belief	✘	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✘	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✘	No specific needs identified

Further Provision

- We wish to see **all** pharmacies offering the MUR service; and actively targeting a greater number of patients for an MUR review
- We wish to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients
- Domiciliary MURs (with NHSE approval) may improve access for people who are less able to visit get to a pharmacy & care home residents
- We support the recommendation for the transformation of this service⁵

The Future

- 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 due to expected population increases due to regeneration and housing developments
- We believe that there is capacity in the system and that this increased need may be met within our existing network of pharmacies

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
 - People with LTCs with multiple medicines benefit from regular reviews
 - It is estimated that up to 20% of all hospital admissions are medicines related¹⁵ and arise as a result of treatment failure or an unintended consequence (e.g. a side effect or taking the wrong dose)
- We have determined that MURs are **necessary** to meet the need for pharmaceutical services:
 - The MUR service may only be provided by community pharmacies
 - There is published evidence to demonstrate the benefits of MURs
 - There is good alignment with local strategic priorities, particularly the focus on prevention, early intervention and support for self-management of LTCs
- 56 of Haringey's pharmacies offer MURs; 1 additional pharmacy is prepared to do so in the future
- Access is good on weekdays (9:30am–5pm) & Saturdays (10am–5pm)
- We have identified the following current gaps:
 - 3 of pharmacies which don't offer MURs do not wish to do so in the future
 - For Haringey as a whole, the average number of MURs is significantly below the maximum permitted; there is variation in the number of MURs undertaken by pharmacies; service activity does not necessarily align with need, particularly in the Central & NE Tottenham localities. This implies there is an opportunity to do more to improve patient outcomes
 - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents with a long term condition, who work full time and who may prefer to visit a pharmacy outside of working hours
- These gaps are relevant because patients cannot access MURs from an alternative pharmacy because of the 3 month rule (although they could be offered a prescription intervention instead)
- Opportunities for improvements to address these gaps are set out under "further provision". An additional pharmacy is not required

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Hypertension
 - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (referral may be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month
- Patients may access this service from an alternative pharmacy if their regular pharmacy does not offer the service or is not open at a time of day which is convenient to them

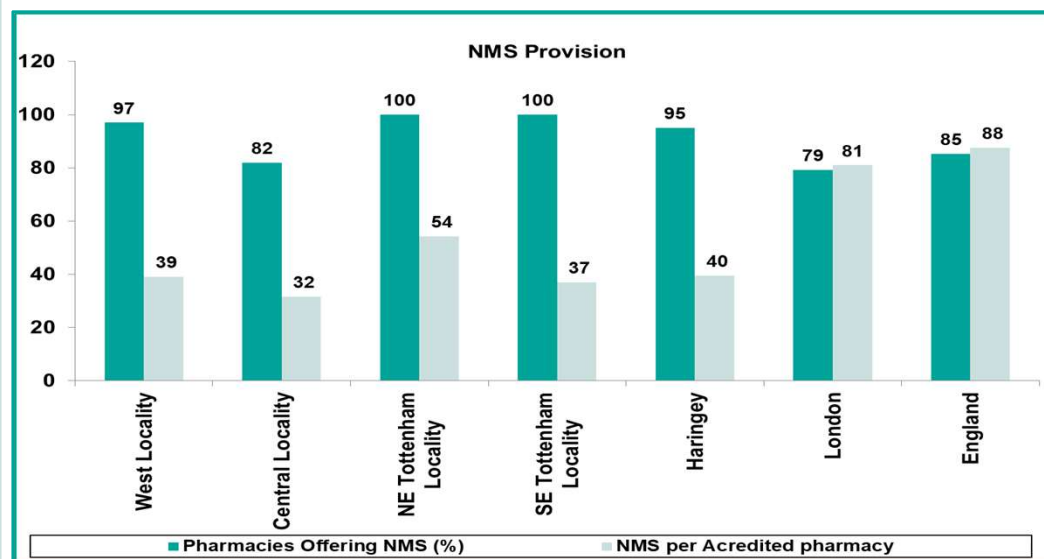
The Current Picture

- 55 (92%) pharmacies are accredited to provide the NMS; 4 additional pharmacies are willing to offer the service in the future
- The table (next page) demonstrates good access & choice on weekdays (9:30am – 5pm) & Saturdays (10am – 5pm) in all localities. Access is more limited during extended hours on weekdays, Saturdays & Sundays
- Map 8** shows there is access within a mile for almost all areas of high need (based on no. of people aged 16+ with a long term limiting illness)
- The graph (right) compares Haringey with London and England:
 - The proportion of Haringey pharmacies accredited to offer the service is higher average; yet the number of reviews undertaken is below average
- There is variation between localities:
 - Only 35 (64%) of the accredited pharmacies are active. NE Tottenham has the highest proportion of inactive pharmacies (45%)
 - Variation is partially aligned to need. NE and SE Tottenham have areas of higher need. NE Tottenham has the second highest proportion of reviews and SE Tottenham has the highest number of reviews per 1,000 people. However, the Central locality is below average. High activity undertaken by pharmacies in West Locality may reflect the older age profile of this locality

New Medicine Service						
Locality	No. Pharmacies	Pharmacies per 100,000	No. Active Pharmacies	No of Reviews	Range	No. Per 1,000
West	16	17.7	11	624	2-330	7
Central	15	24.5	10	473	2-102	8
NE Tottenham	11	14.0	5	596	26-184	8
SE Tottenham	13	26.2	9	480	1-163	10
Haringey	55	19.6	35	2173	1-330	8

The Evidence Base

- A randomised control trial demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and is cost-effective¹⁶:
 - 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
 - Pharmacy ownership affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- A telephone-based pharmacy service, showed pharmacists met patients' needs for information and advice on medicines, when starting treatment¹⁷



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicine Service							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	5	3	0	5	5	1	2
	Fortis Green	0	2	2	0	2	2	1	1
	Highgate	0	2	0	0	2	2	0	1
	Hornsey	0	1	0	0	1	0	0	0
	Muswell Hill	2	5	2	2	5	5	2	2
	Stroud Green	0	0	0	0	0	0	0	0
Central	Bounds Green	0	4	2	0	2	1	0	0
	Harringay	0	2	0	0	2	0	0	0
	Noel Park	0	6	3	0	6	4	3	3
	Woodside	0	3	2	0	3	3	1	0
NE Tottenham	Bruce Grove	0	2	1	0	2	1	0	0
	Northumberland Park	0	3	3	0	2	2	0	0
	Tottenham Hale	0	3	1	0	1	1	1	0
	White Hart Lane	1	3	1	1	3	1	1	1
SE Tottenham	St Ann's	0	5	3	0	5	3	1	1
	Seven Sisters	1	3	2	1	2	1	1	1
	Tottenham Green	1	5	4	1	5	3	2	2
Total		5	55	30	5	49	34	14	14
Percentage		8%	92%	50%	8%	82%	57%	23%	23%

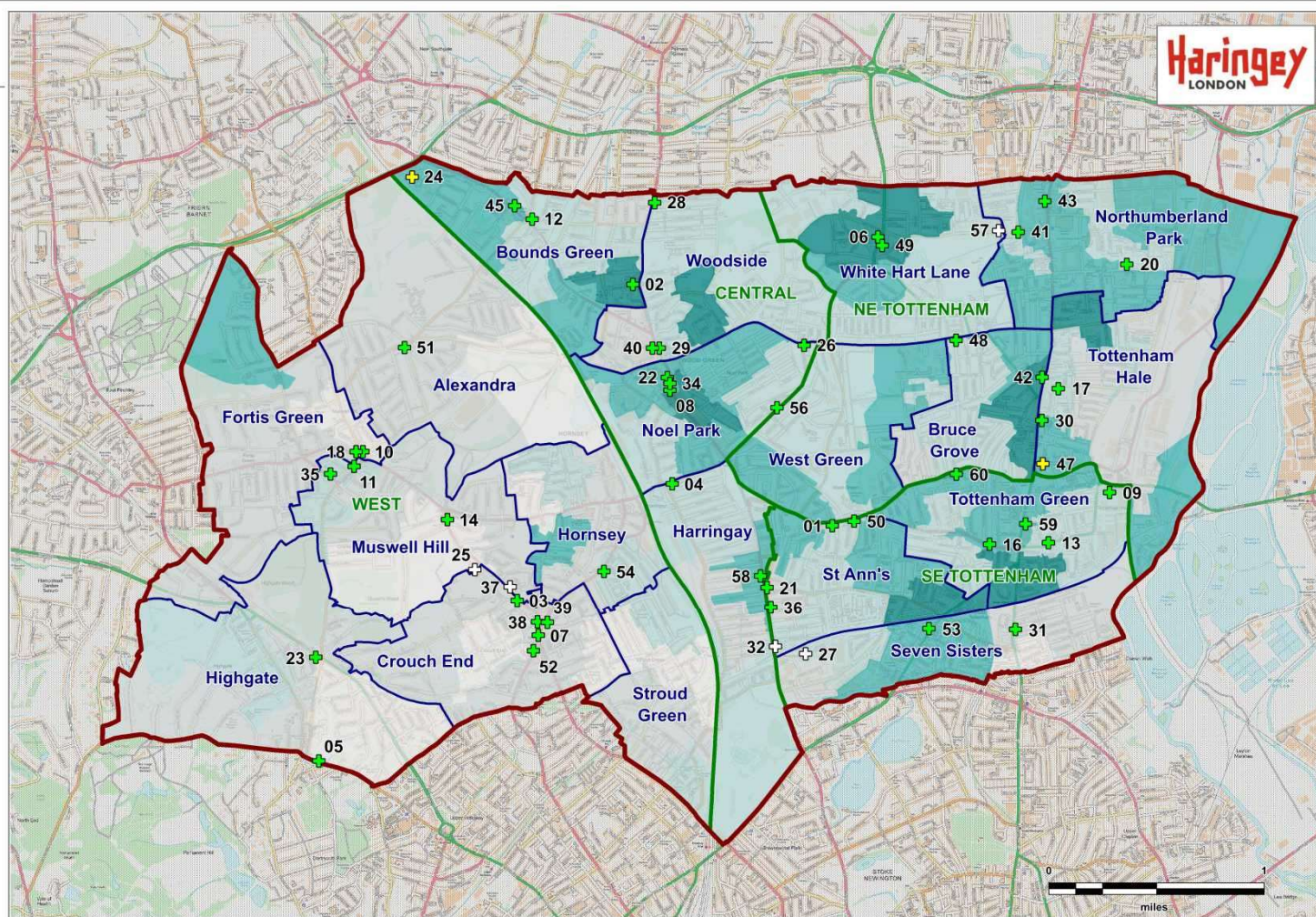
Notes

There are no pharmacies in West Green ward

Pharmaceutical Needs Assessment Map 8 - New Medicine Service

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Distance Selling Pharmacies
 - Haringey
 - Haringey Localities
 - Wards
- No. people aged 16+ with a long term limiting illness**
- > 329
 - 272 - 329
 - 214 - 271
 - 156 - 213
 - < 156



Haringey Pharmacies

- | | | | | |
|--|--|--|---|---|
| 01 Allcures Pharmacy - N15 3PB
02 Alpha Pharmacy - N22 8ED
03 Amy Pharmacy - N8 8SY
04 Avenue Pharmacy - N8 0DU
05 Bailey & Saunders (Highgate Pharmacy) - N6 5HX
06 Beautychem Pharmacy - N17 7LH
07 Boots - N8 8DU
08 Boots - N22 6BA
09 Boots - N15 4QD
10 Boots - N10 1DJ
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
16 Dobber Pharmacy - N15 5NR
17 Dowsett Pharmacy - N17 9DD
18 Dukes Pharmacy - N10 1DJ
20 Grace Pharmacy - N17 0HJ
21 Green Light Pharmacy - N4 1JX
22 Greenwood Pharmacy - N22 6DS
23 Hayward Pharmacy - N6 4EJ | 24 Homeupath Pharmacy - N11 2UD
25 Hornsey Central Pharmacy - N8 8JD
26 J Lord Chemist - N22 5DJ
27 Lloydspharmacy - N4 1UJ
28 Lloydspharmacy - N22 8JW
29 Lloydspharmacy - N22 8HH
30 Lloydspharmacy - N17 9JD
31 Mansons Pharmacy - N15 6JR
32 Med-Chem Pharmacy - N4 1DU
34 Morrisons Pharmacy - N22 6ST
35 Muswell Hill Pharmacy - N10 3HN | 36 Parade Chemist - N4 1LG
37 Park Road Pharmacy - N8 8JR
38 Petter Pharmacy - N8 8DT
39 Pharmacia Naturale - N8 9TN
40 Pharmacy Express - N22 8HH
41 Pharmocare - N17 8HH
42 Pharmocare - N17 6SB
43 Pharmocare - N17 8EY
45 Pharmocare (Warwick Pharmacy) - N11 2EU
47 Pharmplus Pharmacy - N17 9EJ
48 Phillips Chemist - N17 6XF | 49 Porter Pharmacy - N17 7BU
50 Ram Pharmacy - N15 3BL
51 Redwood Pharmacy - N10 2AH
52 Reena Pharmacy - N8 8AA
53 Safedale Pharmacy - N15 6EP
54 Saigrace Pharmacy - N8 9BG
56 Savemore Pharmacy - N22 6SA
57 Somerset Gardens Pharmacy - N17 8NW
58 Stearns Pharmacy - N8 0RL
59 Tesco Instore Pharmacy - N15 4AJ
60 The Cadge Pharmacy - N15 4JR |
|--|--|--|---|---|

Map produced by Apogee Data Consulting Ltd. Contains Ordnance Survey data © Crown copyright and database right 2018. Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations.

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic

Age	✓	Older people taking multiple medications may benefit from the NMS. People of working age may wish to access this service during extended hours; Access may be reduced for care home residents
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful NMS reviews
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	NMS may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision (now and future)

- We wish to see [all](#) Haringey pharmacies offering and proactively delivering the service; pharmacies not offering the service should be encouraged to signpost to an alternative pharmacy
- We wish to see more pharmacies offering the NMS during extended hours and/or at weekends, where there is a demand for service provision
- Adopting an integrated approach to service delivery, whereby all pharmacies and prescribers in primary and secondary care work closely together may increase the number of people referred into the service and secure improvements in outcomes for patients

The Future

- We anticipate there will be an increase in the number of people requiring NMS as our population ages, as more patients are cared for closer to home and due to expected population increases due to regeneration and housing developments
- We believe that there is capacity in the system and that this increased need may be met by our existing network of pharmacies

Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems¹⁰:
 - Only 16% people take a new medicine as prescribed
 - 10 days after starting a new medicine, almost one third are non-adherent
 - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or an unintended consequence of the prescribed medicine
- We have determined that the NMS is **necessary** to meet the need for pharmaceutical services:
 - The service may only be provided by community pharmacies
 - There is published evidence to demonstrate the benefits of the NMS
 - There is good alignment with local strategic priorities, particularly the focus on prevention, early intervention and support for self-management of LTCs; and reducing unnecessary hospital admission or re-admission due to non-adherence with a new medicine
- 55 pharmacies offer the NMS; 4 additional pharmacies are willing to do so in the future
- Access is good on weekdays (9:30am–5pm) & Saturdays (10am–5pm)
- We have identified the following current gaps:
 - The average number of NMS per pharmacy is below the London and England averages; there is variation between the localities in terms of the number of reviews undertaken; a significant number of pharmacies are not active; and variation in service activity is only partially explained by need. This implies there are opportunities to do more to improve patient outcomes
 - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents who work full time and who may prefer to visit a pharmacy outside of weekday working hours. Residents have the option of using an alternative pharmacy if their own pharmacy is closed
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template
- The service aims 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 customisations which may be undertaken

The Current Picture

- 7 (11.7%) pharmacies are accredited to offer the SAC service (based on the contractor questionnaire, the NHSE pharmaceutical list and NHSBSA data for 2016/17)
- 19 additional pharmacies told us they would be willing to offer the service in the future
- The table (next page) provides an overview of the service availability:
 - There is one or more pharmacy in each locality offering the service
 - On weekdays and Saturdays, all 7 pharmacies offering the service are open
 - 2 pharmacies offering SACS open on a Sunday
- Benchmarking (table on the right) has been undertaken to set the provision of SACS into context:
 - The proportion of pharmacies offering SACS in Haringey is above the London average and slightly below the England average
 - There is variation with respect to the average number of customisations undertaken for England, London and Haringey
 - The average number for Haringey is very low and only 2 pharmacies are active
 - NHS Digital data for England shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
- Our analysis of prescribing data (page 67) indicates that out of area pharmacies and DACs may play a significant role in the provision of SACS
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their ongoing care

The Evidence Base

- There is no published evidence to demonstrate the benefits of SACS
- The stated benefits of improving the duration of usage and reducing waste are theoretical

Comparator Area	SACS Service 2016/17		
	% Pharmacies / DACs offering SACS	No. of customisations	Average No. per Active Pharmacy / DAC
England	15.3%	1,319,993	730
London	4.5%	52,924	630
Haringey	11.7%	10	5

NHS Digital, General Pharmaceutical Services, England, 2016/17; NHSBSA data 2016/17

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies offering SACS		
		Weekdays	Saturdays	Sundays
West	Alexandra	0	0	0
	Crouch End	0	0	0
	Fortis Green	0	0	0
	Highgate	0	0	0
	Hornsey	0	0	0
	Muswell Hill	1	1	1
	Stroud Green	0	0	0
Central	Bounds Green	0	0	0
	Harringay	0	0	0
	Noel Park	0	0	0
	Woodside	2	2	0
NE Tottenham	Bruce Grove	0	0	0
	Northumberland Park	0	0	0
	Tottenham Hale	1	1	0
	White Hart Lane	0	0	0
SE Tottenham	St Ann's	1	1	0
	Seven Sisters	1	1	1
	Tottenham Green	1	1	0
Total		7	7	2
Percentage		11.7%	11.7%	3.3%

Notes

There are no pharmacies in West Green ward

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

SACS Provision in Relation to Dispensing

- In order to effectively review provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances dispensed against prescriptions issued by Haringey GPs, was 14,203 (Sep 16 – Aug 17 data)
- The table (right) summarises how this breaks down between Haringey and out of area pharmacies and DACs:
 - 34.6% of items were dispensed within Haringey. Pharmacies dispensed anywhere between 1 and 259 items
 - 65.4% of items were dispensed outside of the area
- Taking the above into account, it follows that a high proportion of residents will access the SACS outside of the area

Stoma Appliance Dispensing			
		Items	% Total
Haringey Pharmacies	West	1,607	11.3%
	Central	1,218	8.6%
	NE Tottenham	1,308	9.2%
	SE Tottenham	7,81	5.5%
	Haringey Total	4,914	34.6%
Out of Area Pharmacies & DACs	>100 items	8,074	8.6%
	<100 items	1,215	56.8%
	Out of Area Total	9,289	65.4%

Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to have stomas and are more likely to require access to the SACS
Disability	✓	SACS 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 successful SACS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Due to changes in body shape in pregnancy access to SACS may be required
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Conclusions

- This service aims to ensure the proper and comfortable fitting of the appliance; and to improve the duration of usage, thereby reducing waste
- We have identified that 7 (11.7%) of our pharmacies have historically offered the service. This level of provision is above the London average but below the England average
- There is availability in all localities; and a choice of pharmacy in the Central locality
- Only 2 pharmacies are active (one of these is located in NE Tottenham; the other in the Central locality)
- We have determined that the SACS is not necessary to meet the need for pharmaceutical services but is a **relevant** service which brings improvements:
 - Our analysis shows that residents may choose to access pharmacy or DAC based stoma customisation within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy-based services offer improvements in relation to choice and accessibility
 - SACS provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of a demand for the pharmacy-based service and there have been no complaints, implying that current arrangements are adequate
- We have not identified any current or future gaps

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

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' (box, top right) that they have been prescribed. The pharmacy 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
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances

The Current Picture

- 2 (3.3%) pharmacies are accredited to offer AUR service (based on the contractor questionnaire and the NHSE pharmaceutical list)
- 46 additional pharmacies told us they would be willing to offer the service in the future
- The service is theoretically available on 7 days a week from the two pharmacies which are located in the West locality (Muswell Hill) and SE Tottenham locality (Seven Sisters)
- Benchmarking (table on the right) has been undertaken to set the provision of AURs into context:
 - The proportion of Haringey pharmacies offering AURs is significantly higher than the England and London averages
 - No Haringey pharmacies were active; and there is considerable variation, with respect to the average number of AURs undertaken in England and London. NHS Digital data shows that areas with DACs tend to have higher levels of activity compared to those with pharmacies alone
 - An advantage of this service is that contractors may undertake reviews in people's homes. This improves access for those who are less able to leave their home and care home residents
- Our analysis of prescribing data (page 69) indicates that out of area pharmacies & DACs may play a significant role in the provision of AURs
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care

Specified Appliances

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

The Evidence Base

- There is no published evidence to demonstrate the benefits of AURs
- The stated benefits of improving adherence and reducing waste are theoretical

Comparator Area	AURs Service Benchmarking				
	% offering AURs	Total No.		Average No. per Pharmacy / DAC	
		Home	Premises	Home	Premises
England	1.5%	33,617	9,836	391	106
London	0.6%	874	868	175	145
Haringey	3.3%	0	0	0	0

NHS Digital, General Pharmaceutical Services, England, 2016/17; NHSBSA data 2016/17

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

AUR Provision in Relation to Dispensing

- We have used dispensing of appliances as a means of exploring provision of AURs
- The total number of appliances (including stoma appliances), dispensed against prescriptions issued by Haringey GPs was 138,999
- The table (right) summarises how this breaks down between Haringey and out of area pharmacies and DACs:
 - 77.6% of items were dispensed within Haringey; pharmacies dispensed between 1 and 5,467 items
 - 22.4% of items were dispensed outside of the area
 - The maximum number of AURs which could be provided to people using appliances was 3,971 (based on 1/35 specified appliances):
 - 3,082 within Haringey
 - 889 outside of the area

Appliance Dispensing			
		Items	% Total
Haringey Pharmacies	West	24,356	17.5%
	Central	30,940	22.3%
	NE Tottenham	29,109	20.9%
	SE Tottenham	23,492	16.9%
	Haringey Total	107,897	77.6%
Out of Area Pharmacies & DACs	>100 items	23,107	16.6%
	<100 items	7,995	5.8%
	Out of Area Total	31,102	22.4%

Meeting the Needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and are more likely to require access to AURs
Disability	✓	Disabled people are more likely to use appliances and are more likely to require access to AURs. AURs may be undertaken in patients' homes; this improves accessibility for those who are less able to get a pharmacy or DAC (this is not the case for Haringey pharmacies which were not active)
Gender	✓	Appliance advice may be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & 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

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Haringey, 2 pharmacies theoretically offer the AUR service; this level of provision is above the London and England averages
- No pharmacy was active in 2016/17
- We have concluded that the AURs service is not necessary to meet the need for pharmaceutical services but is a **relevant** service which brings improvements:
 - Our analysis shows that residents may choose to access pharmacy or DAC-based AURs within or outside the area; or from the hospital or clinic providing their ongoing care. This means that the pharmacy and DAC-based services offer improvements in relation to choice and accessibility
 - AURs provide theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved outcomes or value for money
- We are not aware of a demand for the pharmacy-based service and there have been no complaints, implying that current arrangements are adequate
- We have not identified any current or future gaps

3.2.3 Advanced Services

3.2.3.5 Flu Vaccination

Overview

- The service is targeted at patients who are aged 65+ or those aged 18+ who fall into an “at risk” category
- The aim of the service is to:
 - Sustain and maximise the uptake of flu vaccination in “at risk” groups by building capacity in community pharmacy as an alternative to general practice
 - Provide more opportunities and improve convenience for eligible patients to access flu vaccinations
 - Reduce variation and provide consistent levels of population coverage for flu vaccination across England
- All participating pharmacies are required to meet the professional and premises requirements set out in the service specification; pharmacists must be authorised by name to work under the patient group direction
- The service was first commissioned in 2015; NHSE has confirmed it will continue in 2018/19

The Current Picture

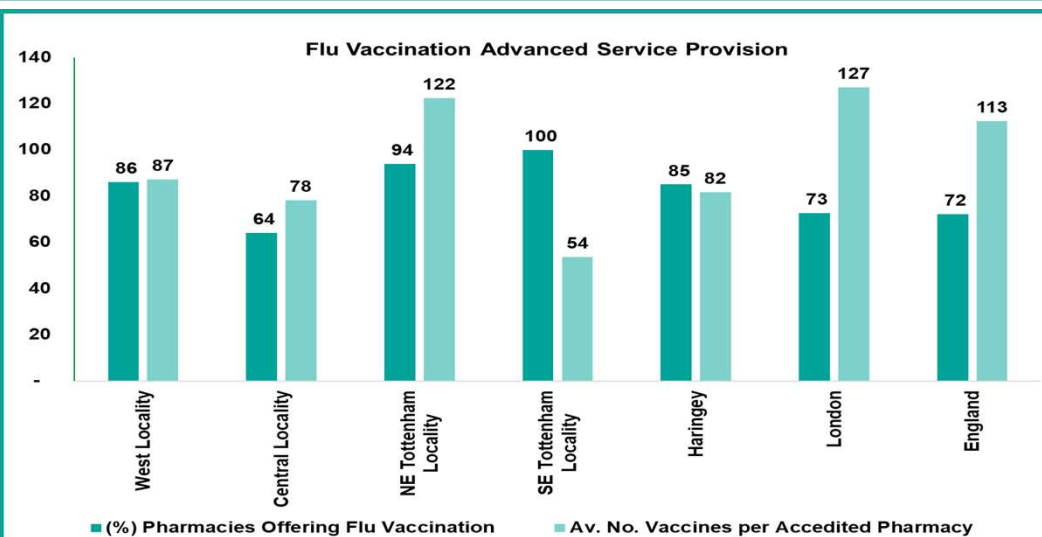
- 41 (85%) of pharmacies offer the flu vaccination advanced service; 17 additional pharmacies are willing to offer the service in the future
- The table (next page) demonstrates reasonable access and choice on weekdays (9:30am – 5pm) and Saturdays (10am – 5pm) in all localities. Access is more limited outside of these hours
- Map 9** shows there is access within a mile for almost all areas of high need (based on those aged 65+, one of the target groups for vaccination); the exception is a small area of Highgate (West locality)
- The graph (right) compares Haringey with London and England:
 - The proportion of pharmacies accredited to offer the service is above the London & England averages; only the Central locality is below average
 - Only 30 pharmacies are active (73%). NE Tottenham has the most active pharmacies (83%) and SE Tottenham the least (70%)
 - Conversely, pharmacies in the West & Central localities have administered the most vaccines (36% and 26% respectively)
 - Service activity aligns with need; the West and the Central localities administered the most vaccines. These localities have higher numbers of people aged 65+ or are adjacent to areas with higher numbers of people
- Non-pharmacy providers** include GPs and community nurses

Flu Vaccination Advanced Service

Locality	No. Pharmacies	Pharmacies per 100,000	No. Active Pharmacies	No. Given	Range	No. Per 1,000
West	14	15.5	10	1222	5-243	14
Central	11	18.0	8	859	41-242	14
NE Tottenham	6	7.6	5	734	15-276	9
SE Tottenham	10	20.1	7	536	39-174	11
Haringey	41	14.6	30	3351	5-276	12

The Evidence Base

- In a pilot, pharmacies used ‘PharmOutcomes’ to record vaccinations¹⁸:
 - 4,192 people were vaccinated (approximately 15% of the total vaccinated)
 - 35% were under 65 & in ‘at risk’ groups (versus 17% by other providers)
 - 19% patients stated vaccination was unlikely without pharmacy access
 - 97% rated the service as ‘excellent’
- A literature review¹⁹ of pharmacy immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
 - High user satisfaction with pharmacy based services
 - Support for non-physician immunisation is greater for adults than children
- A systematic review²⁰ found nurses or pharmacists offering vaccinations & related education increased the likelihood of vaccine uptake. In 2015, pharmacists immunised 500,000+ with no reports of harm



3.2.3 Advanced Services

3.2.3.5 Flu Vaccination Advanced Service

Locality	Ward	Number of Pharmacies Offering the Flu Vaccination Advanced Service							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	5	3	0	5	5	1	2
	Fortis Green	0	2	2	0	2	2	1	1
	Highgate	0	0	0	0	0	0	0	0
	Hornsey	0	0	0	0	0	0	0	0
	Muswell Hill	2	5	2	2	5	5	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	2	2	0	1	1	0	0
	Harringay	0	1	0	0	1	0	0	0
	Noel Park	0	5	3	0	5	3	3	3
	Woodside	0	3	2	0	3	3	1	0
NE Tottenham	Bruce Grove	0	1	1	0	1	1	0	0
	Northumberland Park	0	1	1	0	0	0	0	0
	Tottenham Hale	0	2	1	0	1	1	1	0
	White Hart Lane	0	2	0	0	2	0	0	0
SE Tottenham	St Ann's	0	3	2	0	3	2	0	0
	Seven Sisters	1	3	2	1	2	1	1	1
	Tottenham Green	1	4	4	1	4	3	2	2
Total		4	41	26	4	37	28	12	11
Percentage		7%	68%	43%	7%	62%	47%	20%	18%

Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 9 - Flu Vaccination
Advanced Service**

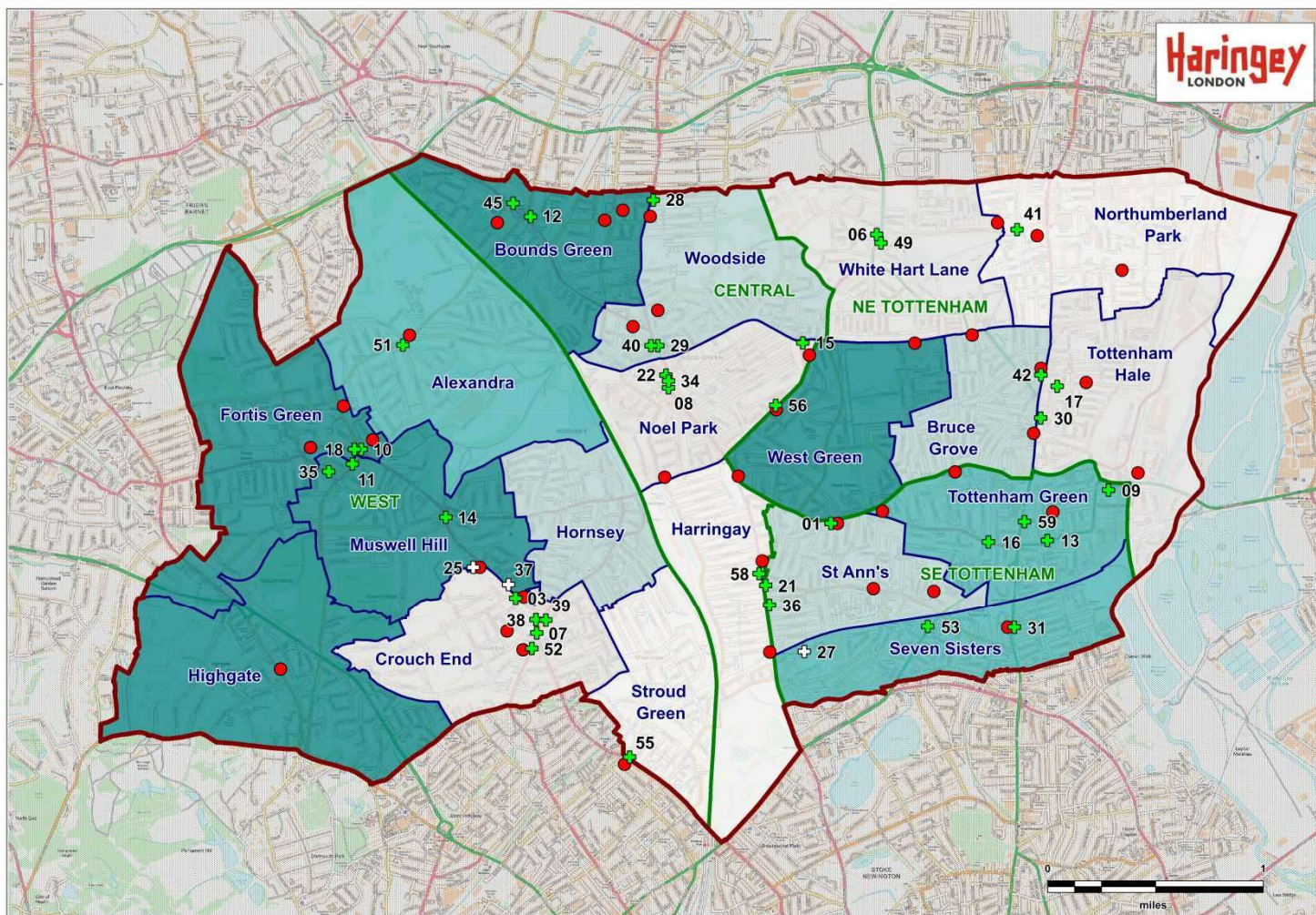
Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- Haringey
- Haringey Localities
- Wards

**No. of people aged 65 years and over
(range: 1,054 - 1,661)**

- > 1,504
- 1,420 - 1,504
- 1,335 - 1,419
- 2,250 - 1,334
- < 1,250

GLA SHLAA (2015) 2017 projections



Haringey Pharmacies

- 01 Allcures Pharmacy - N15 3PB
- 03 Amy Pharmacy - N8 8SY
- 06 Beautychem Pharmacy - N17 7LH
- 07 Boots - N8 8DU
- 08 Boots - N22 6BA
- 09 Boots - N15 4QD
- 10 Boots - N10 1DJ
- 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
- 16 Dobber Pharmacy - N15 5NR
- 17 Dowsett Pharmacy - N17 9DD
- 18 Dukes Pharmacy - N10 1DJ
- 21 Green Light Pharmacy - N4 1JX
- 22 Greenwoods Pharmacy - N22 6DS
- 25 Hornsey Central Pharmacy - N8 8JD
- 27 Lloydsparmacy - N4 2UJ
- 28 Lloydsparmacy - N22 8JW
- 29 Lloydsparmacy - N22 8HH

- 30 Lloydsparmacy - N17 9JD
- 31 Mansons Pharmacy - N15 6JR
- 34 Morrisons Pharmacy - N22 6ST
- 35 Muswell Hill Pharmacy - N10 3HN
- 36 Parade Chemist - N4 1LG
- 37 Park Road Pharmacy - N8 8JR
- 38 Petter Pharmacy - N8 8DT
- 39 Pharmacia Naturale - N8 9TN
- 40 Pharmacy Express - N22 8HH
- 41 Pharmocare - N17 8HH

- 42 Pharmocare - N17 6SB
- 45 Pharmocare (Warwick Pharmacy) - N11 2EU
- 49 Porter Pharmacy - N17 7BU
- 51 Redwood Pharmacy - N10 2AH
- 52 Reena Pharmacy - N8 8AA
- 53 Safedale Pharmacy - N15 6EP
- 55 Santas Pharmacy - N4 3RN
- 56 Savemore Pharmacy - N22 6SA
- 58 Stearns Pharmacy - N8 0RL
- 59 Tesco Instore Pharmacy - N15 4AJ

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3.2.3 Advanced Services

3.2.3.5 Flu Vaccination

Meeting the needs of those with a protected characteristic

Age	✓	The service is available to those aged 65+ and “at risk” adults aged 18+; Under 18s are currently excluded but are eligible to access the London Pharmacy Vaccination Service. People of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability
Gender	✗	No specific needs identified
Race	✓	BAME people are more likely to be in the “at risk” groups
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Uptake of seasonal influenza vaccination is below the DH targets and the London and England averages for those aged 65+; and all other “at risk” groups. Therefore, we wish to see:
 - All Haringey pharmacies accredited to offer this service
 - Pharmacies adopting a proactive approach to targeting “at risk” patients for vaccination
- We would like to see more pharmacies offering the service during extended hours and/or at weekends, where there is a demand for service provision e.g. in those localities where there is a high proportion of people who work full time and who may wish to access services outside of working hours

The Future

- We anticipate there will be an increase in the number of people requiring flu vaccination as our population ages, due to expected population increases due to regeneration and housing developments & as a result of changes in ethnic mix
- We believe that there is capacity in the system and that this increased need may be met by our existing network of pharmacies

Conclusions

- The service aims to improve the uptake of immunisation in adult patients (aged 18+) who fall into an “at risk” category either as a result of their age or a clinical condition; and to establish community pharmacy as an alternative provider to general practice
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
 - The service will facilitate Haringey to achieve DH vaccination targets and improve uptake of seasonal influenza vaccine, in all “at risk” groups
 - The service fits with the local focus on prevention; reducing demand for unscheduled care and potentially reducing unnecessary hospital admissions
 - Whilst community pharmacy is one of a range of providers offering vaccination, there are benefits in terms of access, particularly where pharmacies open during extended hours on weekdays and at weekends
- 41 pharmacies offer the service
- There is reasonable access and choice on weekdays (9:30am – 5pm) and Saturdays (10am – 5pm) in all localities
- Service provision and activity aligns with need
- We have identified the following current gaps:
 - 19 pharmacies do not offer the service; 17 of these have indicated they would be prepared to offer this service in the future
 - Access on weekdays & Saturdays during extended hours and on Sundays is more limited. This may present a constraint for residents who work full time and who may prefer to use pharmacy outside of working hours
 - Only 30 pharmacies are active
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Overview

- The aim of an immunisation programme is to minimise the health impact of disease through effective prevention
- The service has been established to deliver 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 where an individual is eligible for two or more vaccinations under different immunisation programmes
 - Improving access to vaccination services
 - Provides a mechanism to ensure that all “at risk” patients have access to the seasonal influenza vaccine e.g. in the event that there are delays in the start of the Flu Vaccination Advanced service (refer to section 3.2.3.5)
- The scope of service (2017/18) includes the following portfolio:
 - Seasonal influenza vaccination for patient cohorts outside of those covered by the flu vaccination advanced service
 - Pneumococcal polysaccharide vaccine (PPV)
 - Meningococcal group A C W & Y conjugate vaccine (MenACWY; Nimenrix)

The Current Picture

- 35 (58%) of pharmacies are commissioned to provide the service; 17 additional pharmacies are willing to offer the service in the future
- The table (next page) summarises the availability of services:
 - There is reasonable access and a choice of pharmacy on weekdays (9:30am - 5pm); and on Saturdays (10am – 12:30pm) in all localities
 - Access and choice are much more limited during extended hours on weekdays and Saturdays
 - On Sunday there is no access to the service in NE Tottenham
- **Map 10** shows that residents in most areas of Haringey can access the service within a mile of where they live; residents in parts of Highgate, Fortis Green and Northumberland Park may have to travel up to 2 miles
- 26 pharmacies are active (74%); the West locality has the most active pharmacies (85%); the Central locality the least active pharmacies (50%); pharmacies in SE Tottenham administered the fewest vaccines. Overall, the number of vaccines administered was low
- **Non Pharmacy providers:** include GP surgeries and community nurses

London Pharmacy Vaccination Service

Locality	No. Pharmacies	Pharmacies per 100,000	No. Active Pharmacies	No. Given	Range	No. Per 1,000
West	13	14.4	11	142	1 - 89	2
Central	8	13.1	4	89	10 - 45	1
NE Tottenham	5	6.4	4	46	1 - 27	1
SE Tottenham	9	18.1	7	28	1 - 14	1
Haringey	35	12.5	26	305	1 - 89	1

Provider Criteria

- The service specifications sets out the criteria, which include:
 - The pharmacy must be signed up to the Flu Vaccination Advanced Service
 - There must be a designated consultation room, NHSE approved area or alternative premises for offsite vaccinations (only with NHSE approval)
 - Systems are required for safe storage of vaccine, maintenance of the cold chain, safe disposal of sharps and clinical waste and infection control
 - The service must be provided by an accredited, trained pharmacist working under the relevant (and signed) patient group direction for each vaccination
 - The pharmacist must complete the “Declaration of Competence self assessment framework and statement of declaration for immunisation services” via CPPE, ” every 2 years; a basic life support training course for adults and children from 2 years; maintain knowledge appropriate to their clinical practice including developing skills for all vaccinations included in the service scope
 - The pharmacist must able to vaccinate 20+ people
 - The provider must have access to the current Resuscitation Council UK Anaphylaxis Algorithm and must maintain a minimum stock of epinephrine
 - Pharmacist must be aware of the need to have hepatitis B vaccination
 - Standard operating procedures must be available
 - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
 - To facilitate communication with GPs, all vaccinations must be uploaded onto Sonar within 24 hours (48 hours at weekends / public holidays)

The Evidence Base

- Refer to Flu Vaccine Advanced Service (page 70)

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies Offering the London Pharmacy Vaccination Service							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	4	2	0	4	4	1	2
	Fortis Green	0	2	2	0	2	2	1	1
	Highgate	0	0	0	0	0	0	0	0
	Hornsey	0	0	0	0	0	0	0	0
	Muswell Hill	2	5	2	2	5	5	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	2	2	0	1	1	0	0
	Harringay	0	1	0	0	1	0	0	0
	Noel Park	0	3	2	0	3	2	2	2
	Woodside	0	2	1	0	2	2	0	0
NE Tottenham	Bruce Grove	0	1	1	0	1	1	0	0
	Northumberland Park	0	0	0	0	0	0	0	0
	Tottenham Hale	0	2	1	0	1	1	1	0
	White Hart Lane	0	2	0	0	2	0	0	0
SE Tottenham	St Ann's	0	2	1	0	2	2	0	0
	Seven Sisters	1	3	2	1	2	1	1	1
	Tottenham Green	1	4	4	1	4	3	2	2
Total		4	35	21	4	32	25	10	10
Percentage		7%	58%	35%	7%	53%	42%	17%	17%

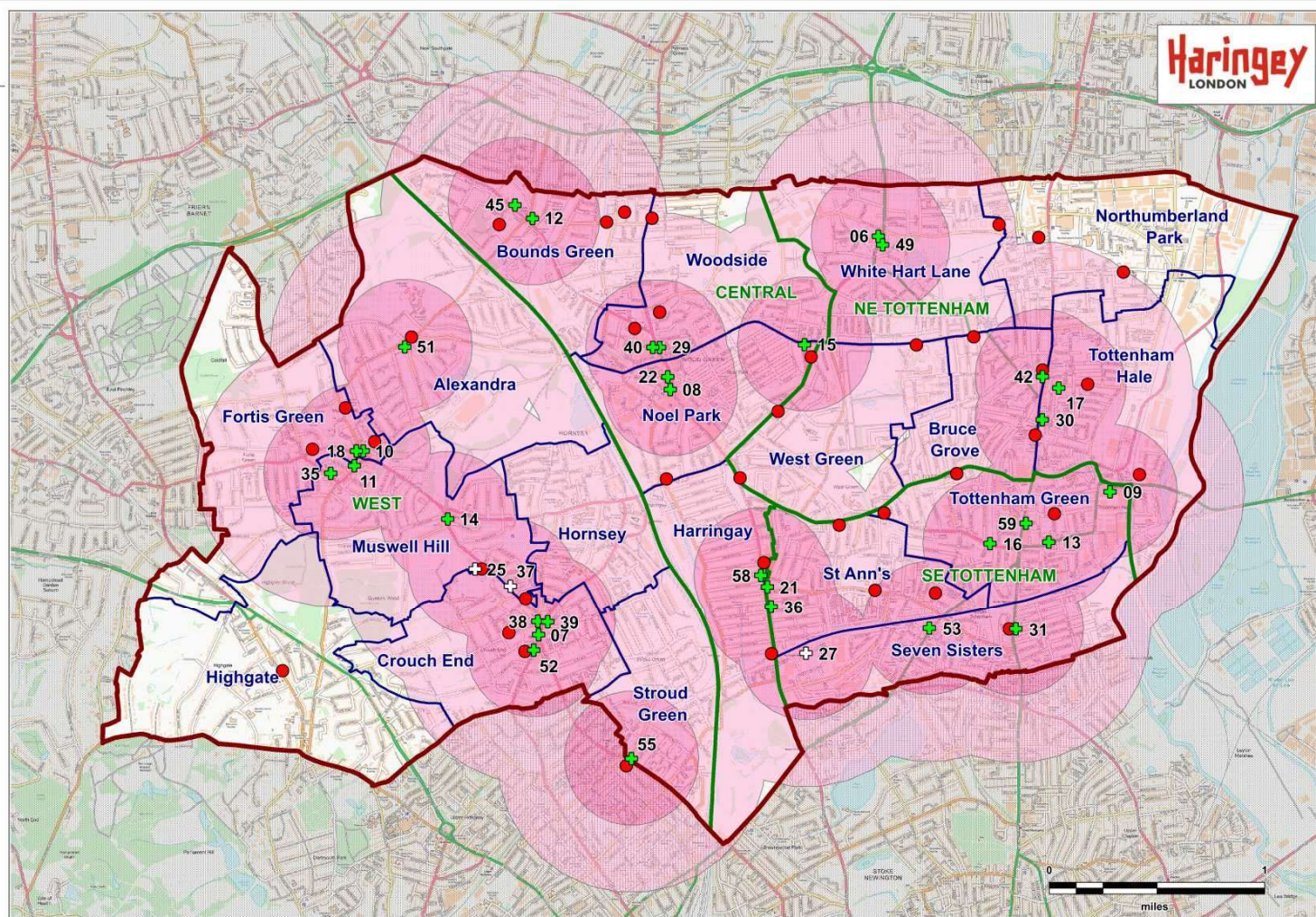
Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 10 - London Pharmacy
Vaccination Service**

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GPs
- Haringey
- Haringey Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile



Haringey Pharmacies

- 06 Beautychem Pharmacy - N17 7LH
- 07 Boots - N8 8DU
- 08 Boots - N22 6BA
- 09 Boots - N15 4QD
- 10 Boots - N10 1DJ
- 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
- 16 Dobber Pharmacy - N15 5NR
- 17 Dowsett Pharmacy - N17 9DD
- 18 Dukes Pharmacy - N10 1DJ
- 21 Green Light Pharmacy - N4 1JX
- 22 Greenwoods Pharmacy - N22 6DS
- 25 Hornsey Central Pharmacy - N8 8JD
- 27 Lloydspharmacy - N4 2UJ
- 29 Lloydspharmacy - N22 8HH

- 30 Lloydspharmacy - N17 9JD
- 31 Mansons Pharmacy - N15 6JR
- 35 Muswell Hill Pharmacy - N10 3HN
- 36 Parade Chemist - N4 1LG
- 37 Park Road Pharmacy - N8 8JR
- 38 Petter Pharmacy - N8 8DT
- 39 Pharmacia Naturale - N8 9TN
- 40 Pharmacy Express - N22 8HH
- 42 Pharmocare - N17 6SB

- 45 Pharmocare (Warwick Pharmacy) - N11 2EU
- 49 Porter Pharmacy - N17 7BU
- 51 Redwood Pharmacy - N10 2AH
- 52 Reena Pharmacy - N8 8AA
- 53 Safedale Pharmacy - N15 6EP
- 55 Santas Pharmacy - N4 3RN
- 58 Stearns Pharmacy - N8 0RL
- 59 Tesco Instore Pharmacy - N15 4AJ

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3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Meeting the needs of those with a protected characteristic

Age	✓	Each vaccine is targeted at specific cohorts of patients: <ul style="list-style-type: none"> Flu: “At risk” patients aged of 2 – 17 PPV: Those aged 65+ years; “At risk” patients aged 2+ years MenACWY vaccine: Those aged 18-25 years People of working age may wish to access the service during extended hours
Disability	✓	Pharmacy services may be more accessible to people with a physical disability; pharmacists may administer the vaccines to housebound patients in their homes (subject to NHSE approval)
Gender	✗	No specific needs identified
Race	✓	BAME people are more likely to be in the “at risk” groups for flu and pneumococcal vaccine
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	The service is available to women who are pregnant, in the event that the advanced flu service is delayed
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- We would like to see the service commissioned from more Haringey pharmacies in order to improve:
 - Flu vaccination rates in “at risk” patients aged 2 – 64 years (uptake in Haringey is below DH targets and the England and London averages) and PPV uptake (below London and England averages)
 - Access & choice, during extended hours on weekdays and/or at weekends, where there is a demand for service provision e.g. in localities with a high proportion of people who work full time
- We would like to understand why vaccine administration is low with a view to improving uptake of the pharmacy-based service

The Future

- NHS England has advised that they may wish to broaden the current portfolio of vaccines (subject to establishing appropriate logistics)

Conclusions.

- The service aims improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “Every Contact Counts” by offering co-administration of different vaccines, where these are clinically indicated. The scope of the service currently includes seasonal influenza vaccine, pneumococcal polysaccharide vaccine and meningococcal group A, C, W and Y conjugate vaccine
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the role of community pharmacy in delivering immunisation services and educational interventions to increase vaccine uptake
 - The service will facilitate achievement of DH vaccination targets and improve uptake of seasonal influenza vaccine “at risk” patients aged 2 – 64 years; it fits with the local focus on prevention; reducing demand for unscheduled care and potentially reducing unnecessary hospital admissions
 - Whilst community pharmacy is one of a range of providers offering the vaccinations, there are potentially benefits in terms of access and choice, particularly for those pharmacies which are open during extended hours on weekdays and at weekends
- 35 pharmacies are commissioned to provide the service
- We have identified the following current gaps:
 - 25 pharmacies do not provide the service; 17 of these are willing to offer this in the future
 - Access and choice are much more limited during extended hours on weekdays & Saturday; and on Sundays (with no access in NE Tottenham). This may present a constraint for residents who prefer to visit a pharmacy outside of working hours
 - 9 pharmacies were inactive; and the number of vaccines administered in 2016/17 was low. There was a shortage of PPV vaccine but the reasons for low uptake of flu vaccine are not clear; this warrants investigation because of the potential service benefits
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.2 Minor Ailments Service

Overview

- This pharmacy-based service provides advice and support on the management of minor ailments. Medicines may be supplied and are available free of charge for people exempt from prescription charges
- The aims and intended service outcomes are to:
 - Improve access and choice for people with minor ailments
 - Promote self-care 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 into the pharmacy-based service
 - Supply appropriate medicines and devices (dressings etc) at NHS expense (the scope of the service is summarised in the table below)
 - Triage patients and refer on to other health & social care professionals, where appropriate
 - Reduce GP workload related to minor ailments, increasing capacity

Conditions Included in the Scheme

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

The Current Picture

- 47 (78%) pharmacies have been commissioned to provide the service; 12 additional pharmacies would be willing to provide this service in the future
- The table (next page) summarises the availability of services:
 - There is good access and a choice of pharmacy on weekdays (9:30am - 5pm); and on Saturdays (10am – 5pm)
 - Outside of these hours, access & choice are more limited but reasonable
 - Map 11** shows there is access within a mile for most areas of Haringey (those in parts of Highgate may have to travel a bit further); and all areas of high need (based on deprivation)
 - The table (top right) demonstrates that the Central and SE Tottenham localities are well resourced; both of these have areas with higher levels of deprivation
- Non Pharmacy providers:** not applicable

Minor Ailments Service

Locality	No. Commissioned	Pharmacies per 100,000
West	12	13.3
Central	12	19.6
NE Tottenham	11	14.0
SE Tottenham	12	24.2
Haringey	47	16.8

Provider Criteria

- All pharmacists must 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 CCG
- The pharmacist must keep up-to-date with their continued professional development; and ensure that all pharmacy staff have been trained
- The pharmacy should have:
 - 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

The Evidence Base

- Evidence has demonstrated that pharmacy-based minor ailment services (MAS) can improve health outcomes and be cost effective:
 - One study showed that minor ailment services improve access to medicines and provide greater choice in primary care for patients with minor illness²¹
 - A systematic review including one randomised trial showed²²:
 - Symptom resolution in 68-94% of patients
 - Less than a quarter of patients went to their GP after the consultation
 - Between 47%- 92% of people would have seen their GP
 - Over 90% were satisfied with their experience and would re-use the pharmacy-based service
- Areas with high levels of deprivation, may benefit from a MAS²³
- A more recent review of the evidence has shown:
 - Community pharmacists can effectively swab sore throats and differentiate between those who need antibiotics and those who don't
 - Community pharmacy managed minor ailments are associated with lower costs compared with general practice and A&E; the authors noted that the study was not randomised and this may have biased the findings²⁰

3.2.4 Enhanced Services

3.2.4.2 Minor Ailments Service

Locality	Ward	Number of Pharmacies Offering the Minor Ailments Service							Sundays
		Weekdays			Saturdays				
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	4	3	0	4	4	1	2
	Fortis Green	0	2	2	0	2	2	1	1
	Highgate	0	0	0	0	0	0	0	0
	Hornsey	0	1	0	0	1	0	0	0
	Muswell Hill	2	3	2	2	3	3	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	3	2	0	2	1	0	0
	Harringay	0	2	0	0	2	0	0	0
	Noel Park	0	6	2	0	6	4	2	2
	Woodside	0	1	0	0	1	1	0	0
NE Tottenham	Bruce Grove	0	3	2	0	3	2	0	0
	Northumberland Park	0	4	4	0	3	3	1	0
	Tottenham Hale	0	1	0	0	0	0	0	0
	White Hart Lane	1	3	1	1	3	1	1	1
SE Tottenham	St Ann's	0	4	3	0	4	2	1	1
	Seven Sisters	1	3	2	1	2	1	1	1
	Tottenham Green	1	5	4	1	5	3	2	2
Total		5	47	28	5	43	28	12	12
Percentage		8%	78%	47%	8%	72%	47%	20%	20%

Notes

There are no pharmacies in West Green ward

Pharmaceutical Needs Assessment Map 11 - Minor Ailments Service



Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Haringey
- Haringey Localities
- Wards

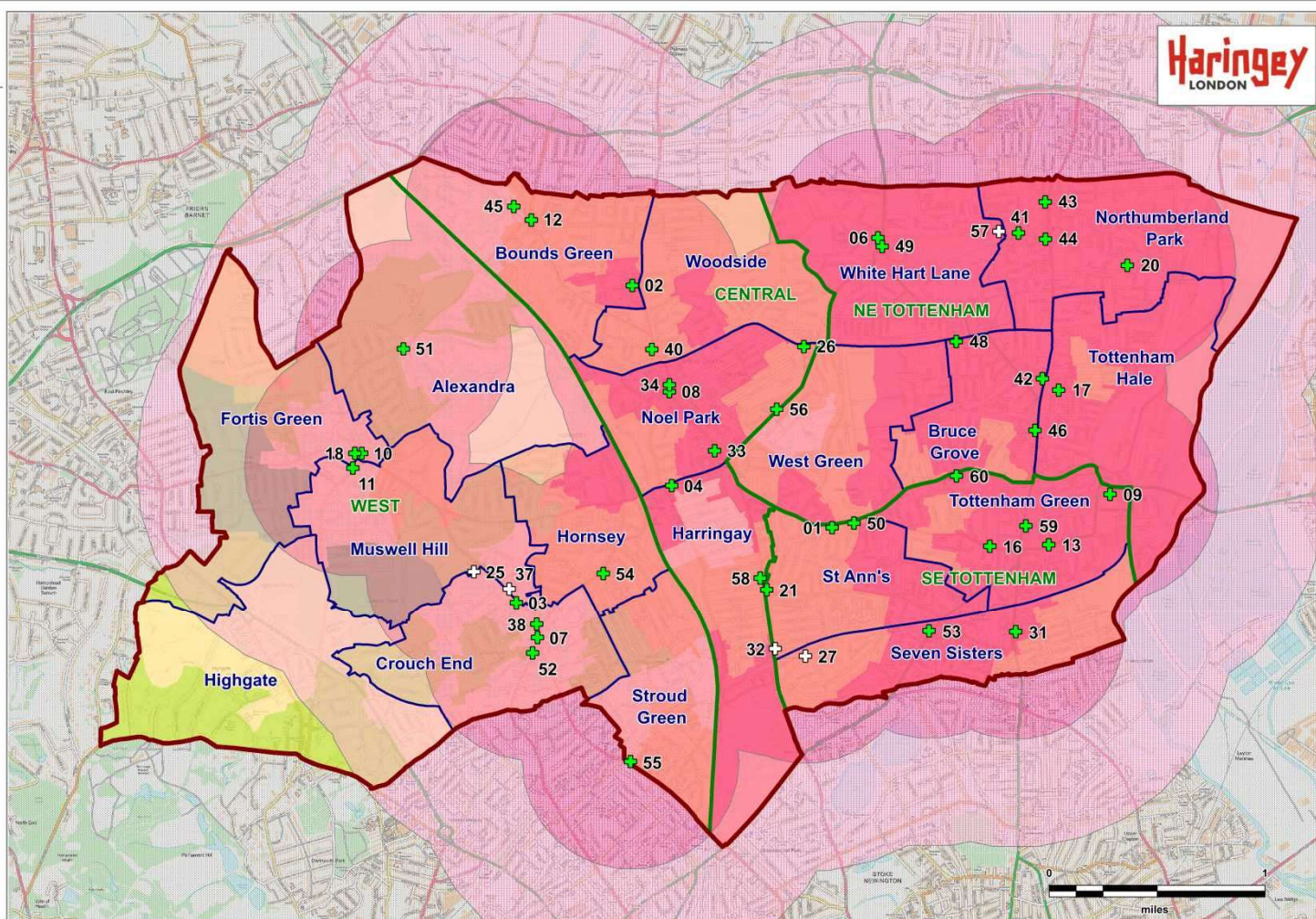
Rank of IMD Score 2015 by LSOA

Percentage of Rank

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %

Distance Buffers

- 0.5 mile
- 1 mile



The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Haringey Pharmacies

- | | | | | |
|----------------------------------|--------------------------------------|---------------------------------|--|--|
| 01 Allcures Pharmacy - N15 3PB | 12 Clockwork Pharmacy - N11 2DN | 27 Lloydspharmacy - N4 2UJ | 43 Pharmocare - N17 8EY | 54 Saigrace Pharmacy - N8 9BG |
| 02 Alpha Pharmacy - N22 8ED | 13 Coopers Pharmacy - N15 4DJ | 31 Mansons Pharmacy - N15 6JR | 44 Pharmocare - N17 8AH | 55 Santas Pharmacy - N4 3RN |
| 03 Amy Pharmacy - N8 8SY | 15 Cross Chemist - N22 5DJ | 32 Med-Chem Pharmacy - N4 1DU | 45 Pharmocare (Warwick Pharmacy) - N11 2EU | 56 Savemore Pharmacy - N22 6SA |
| 04 Avenue Pharmacy - N8 0DU | 16 Dobber Pharmacy - N15 5NR | 33 Mintons Chemist - N22 6BH | 46 Pharmocare (A J Rones) - N17 6QB | 57 Somerset Gardens Pharmacy - N17 8NW |
| 06 Beautychem Pharmacy - N17 7LH | 17 Dowsett Pharmacy - N17 9DD | 34 Morrisons Pharmacy - N22 6ST | 48 Phillips Chemist - N17 6XF | 58 Stearns Pharmacy - N8 0RL |
| 07 Boots - N8 8DU | 18 Dukes Pharmacy - N10 1DJ | 37 Park Road Pharmacy - N8 8JR | 49 Porter Pharmacy - N17 7BU | 59 Tesco Instore Pharmacy - N15 4AJ |
| 08 Boots - N22 6BA | 20 Grace Pharmacy - N17 0HJ | 38 Petter Pharmacy - N8 8DT | 50 Ram Pharmacy - N15 3BL | 60 The Cadge Pharmacy - N15 4JR |
| 09 Boots - N15 4QD | 21 Green Light Pharmacy - N4 1JX | 40 Pharmacy Express - N22 8HH | 51 Redwood Pharmacy - N10 2AH | |
| 10 Boots - N10 1DJ | 25 Hornsey Central Pharmacy - N8 8JD | 41 Pharmocare - N17 8HH | 52 Reena Pharmacy - N8 8AA | |
| 11 Broadway Pharmacy - N10 3RS | 26 J Lord Chemist - N22 5DJ | 42 Pharmocare - N17 6SB | 53 Safedale Pharmacy - N15 6EP | |

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3.2.4 Enhanced Services

3.2.4.2 Minor Ailments Service

Meeting the needs of those with a protected characteristic

Age	✓	The service is open to all Haringey residents. The pharmacy needs to assure itself that a child aged <16 is capable of providing consent through application of Fraser Guidelines; alternatively, the service may be accessed via a parent or guardian. People of working age may prefer to access the service during extended hours on weekdays or at the weekend
Disability	✓	Advice may need to be tailored for people with cognitive impairment or learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to successful delivery
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Suitability of medicines for use in pregnant and/or breast feeding women needs to be considered
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Commissioning the service from more pharmacies would improve access and choice “in-hours”; and during extended hours on weekdays and/or at weekends where there is a demand for service provision e.g. in areas where there is a high proportion of people who work full time and who may wish to access services outside of working hours
- In our contractor questionnaire, pharmacies identified the following as areas for support to improve delivery:
 - The need for training
 - Issues with renewing the contract which has left some pharmacies unable to provide the service
 - Review of the monthly “financial cap” as this is being exceeded by demand
 - Improved advertising

The Future

- NHS England has advised that the future commissioning of this service is under review
- A key consideration will be to ensure that the service scope aligns with the outcome on the NHSE consultation for over the counter medicines; as well as reflecting local CCG prescribing policy. This will promote equity of access to medicines in all clinical settings

Conclusions

- The minor ailments service aims to encourage people who are registered with a Haringey GP to use pharmacy services as a “first port of call” for the management of self-limiting conditions
- We have concluded that this service is **necessary** to meet the need for pharmaceutical services:
 - The service is only available from community pharmacists
 - Published evidence demonstrates that minor ailments services are cost effective, can improve health outcomes and improve access to healthcare services
 - The service supports deliver of local priorities to improve primary care access and to reduce demand for unscheduled care services
 - Urgent minor illness care is a stated priority for the Pharmacy Integration Fund⁶
- 47 pharmacies have been commissioned to provide the service
- There is good access and a reasonable choice of pharmacy on weekdays (9:30am – 5pm) and Saturdays (10am – 12:30pm)
- Service provision generally aligns with need in that all areas with higher deprivation are within 1 mile of a pharmacy offering the service
- We have identified the following current gaps:
 - 13 pharmacies do not provide the service; 12 of these have indicated they are prepared to offer the service in the future
 - Access and choice are reduced during extended hours on weekdays & Saturdays and on Sundays. Residents may be more reliant on the pharmacy-based minor ailments at these times, particularly at the weekends when most GP surgeries are closed. They may have to travel further to access the service
 - Activity data has not been provided so it has not been possible to evaluate if there are any gaps with respect to service delivery
- Opportunities for improvements, to address these gaps, are set out under “further provision”. An additional pharmacy is not required

3.2.4 Enhanced Services

3.2.4.3 On Demand Access to End of Life & Specialised Medicines

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 aims 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, where a local community pharmacy cannot access a prescribed medicine(s) within an appropriate timescale
- The “on demand” pharmacies are also required to provide information and advice 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
- As such, 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

Provider 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 to meet the majority of “urgent” requests; and dispense these in response to NHS prescriptions
- The pharmacist has a duty to ensure that all pharmacists (including locums) and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service
- Standard operating procedures must be in place and reviewed annually
- The pharmacy must be able to demonstrate that pharmacists and staff have undertaken relevant CPD e.g. CPPE training on Palliative Care
- The pharmacy must attend any local update events on request

Locality	Pharmacy	Weekdays	Saturday	Sunday
West	Hornsey Central Pharmacy	7:00 - 22:00	7:00 - 22:00	09:00 - 19:00
Central	Pharmacy Express	9:00 - 18:30	9:00 - 17:00	Closed
NE Tottenham	Phillips Chemist	9:00 – 18:30 (18:00 on Thurs)	9:00 - 14:00	Closed
SE Tottenham	Boots	9:00 - 19:00	9:00 - 19:00	11:00 - 17:00

The Evidence Base

- Evidence exists for pharmacy-based 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 praised²⁴
 - 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 patients²⁵
 - A review of palliative care pharmacists in a retail-based ambulatory care setting was undertaken. Initial results demonstrate the success of this pilot²⁶

The Current Picture

- 4 pharmacies have been commissioned to provide the service; one in each locality
- The service availability on different days of the week is stated in the table (right). It demonstrates that residents can access the service during extended hours, from 7am through to 10pm at night on weekdays and Saturdays; and for a reasonable period on a Sunday
- There is no access to the service overnight
- A review of access to palliative care medicines, across the CCGs in North Central London, is in progress. Options to standardise the formulary of medicines available from extended hour pharmacies and securing overnight provision are being considered
- **Non Pharmacy providers:** Barndoc, the GP Out of Hours Provider, stocks a small number of end of life drugs which provides access to key medicines in the out of hours period

3.2.4 Enhanced Services

3.2.4.3 On Demand Access to End of Life & Specialised Medicines

Meeting the needs of those with a protected characteristic

Age	✓	People of all ages may need to access end of life and specialist medicines
Disability	✓	No specific needs identified. All pharmacies providing the service are fully accessible to wheelchairs
Gender	✗	No specific needs are identified
Race	✓	Language may be a barrier to providing advice on palliative care medicines
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Pharmacies may be required to provide advice on the use of medicines in 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

Further Provision

- The NCL review recognises 3 opportunities for improvements:
 - Standardisation of the medicines stocked across NCL; perhaps with all pharmacies stocking a “core” formulary; and an extended list of more specialist medicines to be held by pharmacies which open until at least 10pm
 - Commissioning the service from the 2 NCL pharmacies which open until midnight (one of these is located in Haringey)
 - Access to EoL care medicines after midnight
- If implemented, these recommendations will improve timely access to EoL care medicines for Haringey residents. This would address the gap on Sunday in the Central and NE Tottenham localities; and the more limited access on weekday and Saturday evenings, in all but the West locality
- The following were identified as areas for support in our questionnaire:
 - Improved advertising to raise awareness of the service
 - More information on other EoL services to facilitate signposting
 - The need for training was identified by pharmacies who are willing to offer the service in the future

The Future

- NHS England has advised that the future commissioning of this service is under review
- The recommendations from the NCL “Provision of Palliative Care” drugs will need to be taken into consideration in any future specification

Conclusions

- The on-demand access to end of life and specialist medicines service provides a back-up service to ensure people can secure timely access to medicines, when their local community pharmacy is unable to supply
- We have determined that the service is not necessary to meet the need for pharmaceutical services but is a **relevant** service which brings improvements:
 - Access to palliative care medicines is important to limit suffering and stress in very distressing circumstances
 - Currently, 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’); as such it improves timely access to palliative care and specialised medicines
 - Published evidence demonstrates that community pharmacies play a valuable role in delivering palliative care services and improving access to medicines
 - The service fits with local strategic priorities including the NCL End of Life strategy which facilitates patients to stay at home; and ensuring that people can access the right care at the right time. It potentially reduces attendance at unscheduled care providers and may reduce admission to hospital
- 4 pharmacies have been commissioned to provide the service; one in each locality
- Barndoc, the GP out of hours provider provides access to these medicines when pharmacies are closed
- We have identified the following current gaps:
 - Only one pharmacy (West Locality) opens before 9am
 - The pharmacy in NE Tottenham closes at 2pm on a Saturday; and the pharmacies in NE Tottenham & the Central locality do not open on Sunday
 - Residents may have to travel further at these times to access the service; however, this is a back-up to the GP OOHs service so coverage is reasonable
- Opportunities for improvements, to address these gaps, are set out under “Further Provision”. An additional pharmacy is not required

3.3 Locally Commissioned Services

3.3.1 Overview & Healthy Living Programme

Overview

- Regulations 4(1); 5a and 5b¹ require that the HWB considers how other NHS services affect the need for pharmaceutical services or where further provision would secure improvements or better access
- Within our PNA, we look at this from two perspectives:
 - a. Firstly, we review how other NHS services impact upon pharmaceutical need (this has been systematically considered throughout the PNA)
 - b. Secondly, we have made an assessment of services which have been directly commissioned from pharmacy. In Haringey this includes a detailed review of the following locally commissioned services:
 - Stop Smoking
 - Substance Misuse – Supervised Consumption of Methadone and Buprenorphine (Subutex®)
 - Substance Misuse - Needle and Syringe Programme
 - Sexual Health
 - Healthy Start Vitamins
- The Healthy Living Pharmacy programme is of relevance to the commissioning of locally commissioned services. The box (right) provides a brief overview of this programme
- In undertaking our assessment of locally commissioned services, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out 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 the need for pharmaceutical services; or if we believe the service is relevant in that it secures improvements in access or choice
- It should be noted that applications to provide NHS Pharmaceutical Services **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services). They should not be submitted solely on the basis of gaps identified for locally commissioned services

Healthy Living Pharmacy (HLP) Programme

- 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
- Previously, Haringey pharmacies which met a range of defined criteria were eligible to participate in a local HLP programme
- The framework is underpinned by three enablers:
 - Workforce development - a skilled team to proactively support and promote behaviour change, with a view to improving health and wellbeing
 - Premises which are fit for purpose
 - Engagement with the local community & other health professionals (especially GPs), social care, public health professionals and local authorities
- The HLP concept aims to provide a framework for commissioning services via 3 levels of increasing complexity and expertise:
 - Level 1 – Promotion: “Promoting health, wellbeing and self-care”; this level requires self-assessment by pharmacies against criteria defined by Public Health England; it is one of the requirements to achieve a payment under the QPS in 2017/18
 - Level 2 – Prevention: “Providing services” (commissioner-led)
 - Level 3 – Protection: “Providing treatment” (commissioner-led)
- In our contractor questionnaire, 33 pharmacies told us that they have achieved HLP Level 1; and 23 are working towards this

The Evidence Base

- The HLP concept has been shown to improve service delivery, increase improvements against quality measures and outcomes; and effect behaviour change^{27, 28}. For example:
 - Higher quit rates for stop smoking services^{27, 28}
 - Higher MUR and NMS activity levels^{27, 28}
 - With respect to service users, 21% would have done nothing if they hadn't accessed an HLP; 61% would have gone to their GP instead; 98% would recommend the service to others²⁷

3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Overview

- The “Stop Smoking in Healthy Living Pharmacies Service” aims to:
 - Improve access to and choice of stop smoking services
 - Reduce smoking-related illnesses and deaths
 - Improve the population’s health by reducing exposure to second hand smoke
 - Improve access to additional treatment by offering referral to additional treatment from specialist services, currently provided by One You Haringey
 - Reduce health inequalities
- The pharmacy-based stop smoking service focuses on pharmacies:
 - Offering very brief advice (VBA)
 - Providing one to one support to local residents, as part of a 6 week programme providing behaviour support and including the supply of nicotine replacement therapy (NRT) if a quit date has been set
 - Undertaking appropriate promotion of the service locally
 - Providing health promotion material / smoke-free resources
 - Referring on to specialist stop smoking services (includes pregnant women; those with COPD, severe mental illness, co-morbidities, higher levels of tobacco dependence and people using smokeless tobacco)
 - Offering the service to those aged under 16 if the advisor meets the requirements for providing the service to young people

The Current Picture

- 18 (30%) of pharmacies have been commissioned; 13 of these have achieved HLP level 1 status under the quality payment scheme; 4 are working towards this and data was not available for 1 pharmacy
- The tables (top right & next page) & map 12 summarise service availability:
 - There is reasonable access and a choice of pharmacy in all 4 localities on weekdays (9:30am - 5pm); and on Saturdays (10am – 12:30pm)
 - Access is much more limited in the mornings before 9am (only 1 pharmacy opens), weekday evenings, Saturday afternoon onwards and Sunday
 - **Map 12** shows there is access within a mile of all areas of higher need (based on deprivation); and that the SE and Central localities are well resourced
 - Only 8 pharmacies are active
- **Non-pharmacy providers:**
 - GP practices and One You Haringey as part of an integrated system for stop smoking; and outreach clinics have all helped to improve access
 - A collaboration between primary care & the outreach provider is underway; this combines surgery invitations to late opening clinics provided by One Your Haringey

Locality	No. Pharmacies	Pharmacies per 100,000	No. Active Pharmacies	No. Active Per 100,000
West	4	4.4	1	1.1
Central	4	6.5	3	4.9
NE Tottenham	4	5.1	2	2.5
SE Tottenham	6	12.1	2	4.0
Haringey	18	6.4	8.0	2.9

Provider Criteria

- The pharmacy must achieve status as a Healthy Living Pharmacy
- The pharmacy must have a private area for consultations
- 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 to other members of the pharmacy
- All staff involved in the provision of the stop smoking service must have relevant knowledge and be 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

The Evidence Base

- There is good evidence to support pharmacy-based services^{19, 29}:
 - 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
 - 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
- A recent systematic review of 12 randomised controlled trials found²⁰:
 - Patients were 1.21 times more likely to quit via a community pharmacy-based service compared to controls; and 2.56 times more likely versus usual care
 - 4 studies reported smoking cessation services were cost effective

3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Locality	Ward	Number of Pharmacies Offering the Stop Smoking Service							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	0	0	0	0	0	0	0
	Crouch End	0	2	1	0	2	2	0	1
	Fortis Green	0	0	0	0	0	0	0	0
	Highgate	0	0	0	0	0	0	0	0
	Hornsey	0	0	0	0	0	0	0	0
	Muswell Hill	1	1	1	1	1	1	1	1
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	1	1	0	1	1	0	0
	Harringay	0	0	0	0	0	0	0	0
	Noel Park	0	2	1	0	2	2	1	1
	Woodside	0	1	0	0	1	1	0	0
NE Tottenham	Bruce Grove	0	2	2	0	2	2	0	0
	Northumberland Park	0	1	1	0	0	0	0	0
	Tottenham Hale	0	0	0	0	0	0	0	0
	White Hart Lane	0	1	0	0	1	0	0	0
SE Tottenham	St Ann's	0	2	2	0	2	1	0	0
	Seven Sisters	0	2	1	0	1	0	0	0
	Tottenham Green	0	2	1	0	2	1	0	0
Total		1	18	11	1	16	12	2	3
Percentage		2%	30%	18%	2%	27%	20%	3%	5%

Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 12 - Stop Smoking**

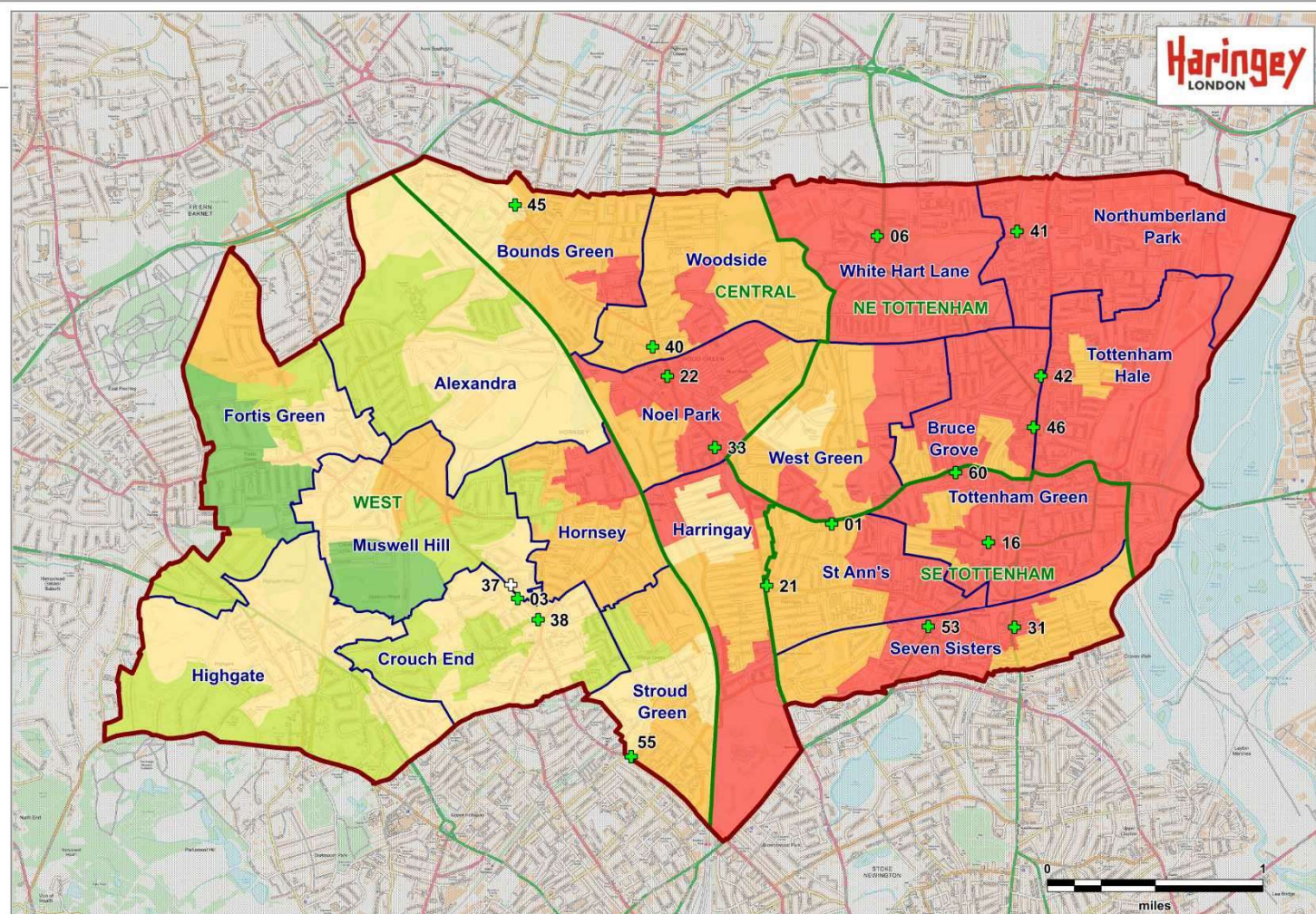


Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Haringey
- Haringey Localities
- Wards

**Rank of IMD Score 2015 by LSOA
Percentage of Rank**

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %



Haringey Pharmacies

- | | | |
|----------------------------------|--------------------------------|--|
| 01 Allcures Pharmacy - N15 3PB | 31 Mansons Pharmacy - N15 6JR | 42 Pharmocare - N17 6SB |
| 03 Amy Pharmacy - N8 8SY | 33 Minton's Chemist - N22 6BH | 45 Pharmocare (Warwick Pharmacy) - N11 2EU |
| 06 Beautychem Pharmacy - N17 7LH | 37 Park Road Pharmacy - N8 8JR | 46 Pharmocare (A J Rones) - N17 6QB |
| 16 Dobber Pharmacy - N15 5NR | 38 Petter Pharmacy - N8 8DT | 53 Safedale Pharmacy - N15 6EP |
| 21 Green Light Pharmacy - N4 1JX | 40 Pharmacy Express - N22 8HH | 55 Santas Pharmacy - N4 3RN |
| 22 Greenwoods Pharmacy - N22 6DS | 41 Pharmocare - N17 8HH | 60 The Cadge Pharmacy - N15 4JR |

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3.3 Locally Commissioned Services

3.3.2 Stop Smoking

Meeting the needs of those with a protected characteristic

Age	✓	In Haringey, there is a correlation between age (and gender) and the consequences of smoking. Proactively targeting 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	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment; people within these groups may benefit from referral on to specialist smoking services
Gender	✓	See age above
Race	✓	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	✗	No specific needs identified
Pregnancy and maternity	✓	Pregnant women / mothers with children. Both themselves and family members would benefit. Referral to specialist services is required
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

The Future

- No future needs identified

Further Provision

- We would like all commissioned pharmacies to proactively deliver the service
- We have identified that access, and choice, could be improved by:
 - Commissioning the service from more pharmacies which open for extended hours and/or at weekends. The One You Haringey triage pathway routes residents to pharmacies and this may encourage people who work to seek support at a time, and location, which is convenient to them
 - Commissioning the service from additional pharmacies located in areas with higher smoking prevalence rates and/or demand for the service i.e. the Central Locality, NE Tottenham and SE Tottenham

Conclusions

- Smoking cessation is our most important lifestyle programme to reduce 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. For CVD, risk reduction falls within a year of stopping
- We have determined that the service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support community pharmacy-based
 - Pharmacy services potentially offer benefits in terms of access (including availability during extended hours and at weekends); in addition, medication to support a quit attempt may be supplied at the time of the consultation
 - Given the high prevalence of smoking, particularly in some of the more deprived areas and the health consequences in specific groups (e.g. smoking-related admissions, lung cancer & higher than average prevalence of COPD in those under 75 years), stop smoking services support us in meeting our strategic priorities around CVD, cancer, CVD and COPD
- 18 pharmacies have been commissioned; and an additional 31 pharmacies are willing to offer the service
- There is reasonable access and a choice of pharmacy in all 4 localities on weekdays (9:30am - 5pm); and on Saturdays (10am – 12:30pm)
- We have identified the following potential gaps:
 - Access, and choice during extended hours on weekdays and at weekends are more limited. The working population may be discouraged from using the service if they have less choice or have to travel 2 – 3 miles to do so
 - Only 8 pharmacies are active; this effectively reduces service accessibility
 - GP based services and the mobile service have helped to improve access to stop smoking services

3.3 Locally Commissioned Services

3.3.3 Substance Misuse – Supervised Consumption

Overview

- This pharmacy-based service is commissioned by Barnet, Enfield & Haringey Mental Health Trust Drugs Service in Haringey (The Grove)
- The pharmacist is required to supervise the consumption of methadone or buprenorphine (Subutex®), for Grove clients, at the point of dispensing
- The service aims and outcomes include:
 - Reducing service users' dependence upon illegal substances
 - Providing a local community-based service with flexible times of access
 - 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; high risk patients are referred, by the Grove, to a pharmacy which is open for 7 days a week)
 - Ensuring each supervised dose is administered to, and consumed by, the patient
 - Monitoring user stabilisation, feeding back any concerns to the Grove
 - Reducing risk to local communities from the diversion of prescribed medicines into the illicit market; and preventing accidental exposure to supervised medicines
 - Reducing the risk of children being affected by parental substance misuse
 - Providing service users with regular contact with healthcare professionals; offering support and advice including referral to primary care or specialist centres where appropriate
 - Service users may be offered blood-borne virus testing, needle exchange, stop smoking advice, where appropriate

The Current Picture

- 31 (52%) pharmacies are commissioned to provide the service; 16 additional pharmacies are willing to provide the service in the future
- The tables (top right & next page) & map 13 summarise service availability:
 - There is reasonable access and choice in all 4 localities on weekdays (9:30am - 7pm); and Saturdays (10am – 5pm)
 - Access and choice are much more limited in the mornings before 9am, when only 3 pharmacies offering the service are open; and on Saturday evenings from 7pm onwards. On Sunday, 8 pharmacies offering the service open, with availability in all 4 localities
 - The Central locality and SE Tottenham are well resourced
 - **Map 13** shows there is access within a mile for all areas of Haringey
 - Pharmacies undertook 15,320 supervisions in 2016/17; it is anticipated that this will increase to more than 15,800 in 2017/18

Locality	No. Pharmacies	Pharmacies per 100,000
West	9	9.9
Central	7	11.4
NE Tottenham	7	8.9
SE Tottenham	8	16.1
Haringey	31	11.1

Provider Criteria

- Pharmacies are required to offer a user-friendly, non-judgemental, client-centred and confidential service
- All pharmacists must have completed the relevant CPPE course on substance misuse and attend a regular Grove 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 Grove 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

The Evidence Base

- Studies have demonstrated the effectiveness of pharmacy at:
 - Improving adherence, improving outcomes and reducing medicine diversion^{19, 29}
 - Moderate quality evidence shows high attendance at community pharmacy-based supervised methadone administration services; and user acceptability^{19, 29}
 - Inclusion of trained community pharmacists in the care of IV drug users attending to obtain methadone substitution treatment improves testing and subsequent uptake of hepatitis vaccination^{19,29}
 - Most drug users value community pharmacy-based services highly^{19,29}
 - Reducing methadone-related deaths (per million defined daily doses) from 20 to 2 in Scotland; and 25 to 6 in England²⁰
 - The cost-effectiveness of pharmacy based services is not yet proven²⁰

3.3 Locally Commissioned Services

3.3.3 Substance Misuse – Supervised Consumption

Locality	Ward	Number of Pharmacies Offering the Supervised Consumption Service							Sundays
		Weekdays			Saturdays				
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	0	0	0	0	0	0	0
	Crouch End	0	3	2	0	3	3	0	1
	Fortis Green	0	1	1	0	1	1	1	1
	Highgate	0	1	0	0	1	1	0	0
	Hornsey	0	0	0	0	0	0	0	0
	Muswell Hill	2	3	2	2	3	3	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	1	1	0	0	0	0	0
	Harringay	0	1	0	0	1	0	0	0
	Noel Park	0	3	1	0	3	2	1	1
	Woodside	0	2	1	0	2	2	0	0
NE Tottenham	Bruce Grove	0	1	1	0	1	1	0	0
	Northumberland Park	0	2	2	0	2	2	1	0
	Tottenham Hale	0	2	1	0	1	1	1	0
	White Hart Lane	1	2	1	1	2	1	1	1
SE Tottenham	St Ann's	0	3	2	0	3	2	1	1
	Seven Sisters	0	1	1	0	1	0	0	0
	Tottenham Green	0	4	3	0	4	2	1	1
Total		3	31	19	3	29	22	9	8
Percentage		5%	52%	32%	5%	48%	37%	15%	13%

Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 13 - Substance Misuse
Supervised Consumption
of Methadone & Buprenorphine**



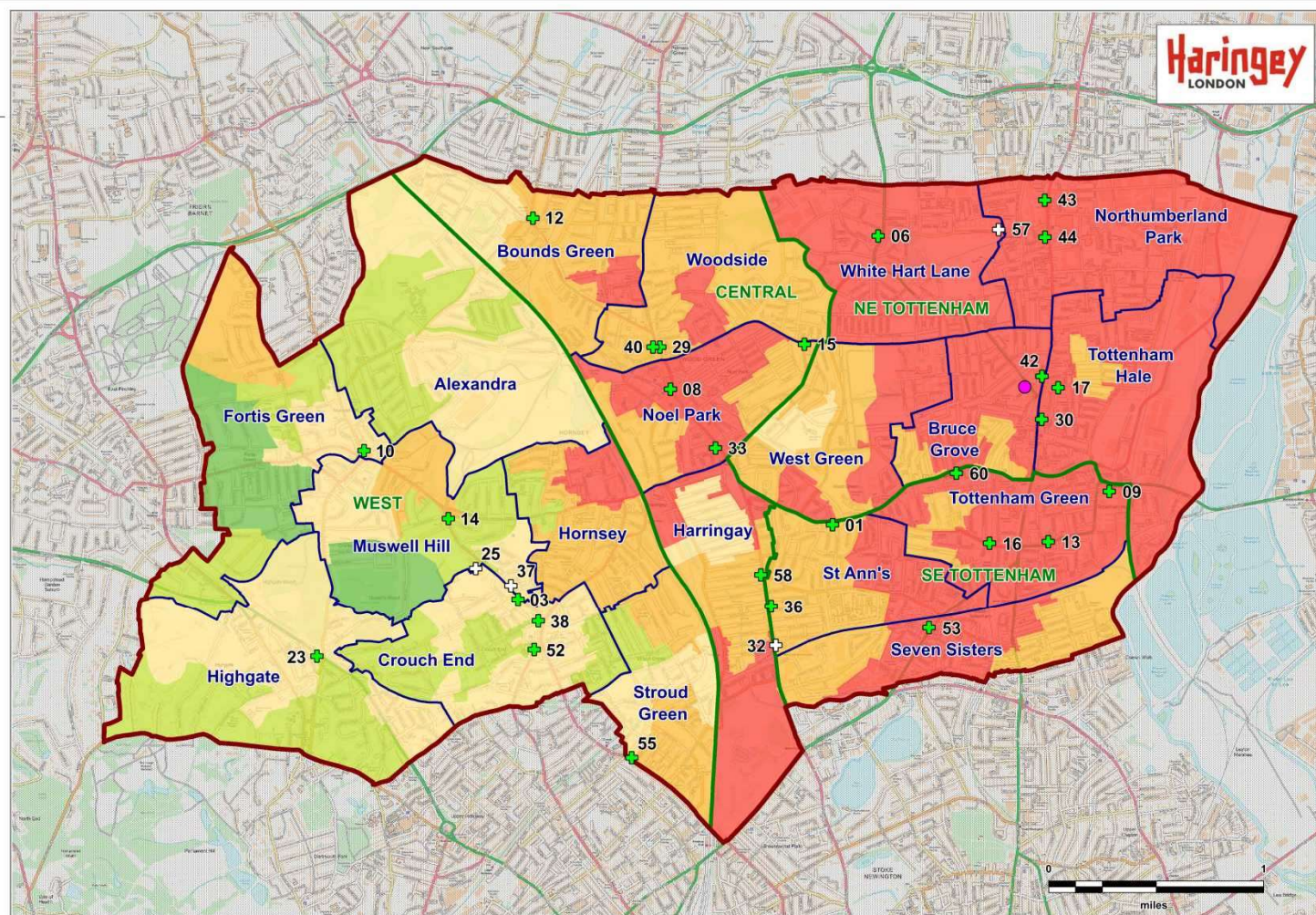
Legend

- + Pharmacies
- + 100 Hour Pharmacies
- The Grove Drug Treatment Service
- Haringey
- Haringey Localities
- Wards

Rank of IMD Score 2015 by LSOA

Percentage of Rank

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %



The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Haringey Pharmacies

- | | | | |
|----------------------------------|--------------------------------------|--------------------------------|--|
| 01 Allcures Pharmacy - N15 3PB | 14 Coral Pharmacy - N8 8LA | 32 Med-Chem Pharmacy - N4 1DU | 44 Pharmocare - N17 8AH |
| 03 Amy Pharmacy - N8 8SY | 15 Cross Chemist - N22 5DJ | 33 Mintons Chemist - N22 6BH | 52 Reena Pharmacy - N8 8AA |
| 06 Beautychem Pharmacy - N17 7LH | 16 Dobber Pharmacy - N15 5NR | 36 Parade Chemist - N4 1LG | 53 Safedale Pharmacy - N15 6EP |
| 08 Boots - N22 6BA | 17 Dowsett Pharmacy - N17 9DD | 37 Park Road Pharmacy - N8 8JR | 55 Santas Pharmacy - N4 3RN |
| 09 Boots - N15 4QD | 23 Hayward Pharmacy - N6 4EJ | 38 Petter Pharmacy - N8 8DT | 57 Somerset Gardens Pharmacy - N17 8NW |
| 10 Boots - N10 1DJ | 25 Hornsey Central Pharmacy - N8 8JD | 40 Pharmacy Express - N22 8HH | 58 Stearns Pharmacy - N8 0RL |
| 12 Clockwork Pharmacy - N11 2DN | 29 Lloydspharmacy - N22 8HH | 42 Pharmocare - N17 6SB | 60 The Cadge Pharmacy - N15 4JR |
| 13 Coopers Pharmacy - N15 4DJ | 30 Lloydspharmacy - N17 9DJ | 43 Pharmocare - N17 8EY | |

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3.3 Locally Commissioned Services

3.3.3 Substance Misuse – Supervised Consumption

Meeting the needs of those with a protected characteristic

Age	✘	No specific needs identified
Disability	✓	Advice may need to be tailored to those with learning disabilities, if applicable
Gender	✘	No specific needs identified
Race	✓	Language may be a barrier to the successful delivery of the supervised consumption service
Religion or belief	✘	No specific needs identified
Pregnancy & maternity	✘	No specific needs identified
Sexual orientation	✘	No specific needs identified
Gender reassignment	✘	No specific needs identified
Marriage & civil partnership	✘	No specific needs identified

Further Provision & Opportunities for Improvements

- Commissioning the service from additional pharmacies which are open for extended hours, and/or at the weekend, would improve access and enhance the level of supervision for all service users
- Areas for support, identified by our contractor questionnaire include:
 - Additional training and training for a second pharmacist
 - A simplified and online system for claims
- Barriers to participating in the service were cited as:
 - Lack of demand
 - Security concerns
 - Opening hours which don't meet the requirements of the service specification

The Future

- No specific plans identified other than the opportunity to secure improvements as set out under “Further Provision” below

Conclusions

- The supervised consumption service provides support to drug users to help them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community outcomes
- We have determined that the service is **necessary** to meet the need for pharmaceutical services:
 - The service is primarily provided by community pharmacies
 - Published evidence suggests that the community pharmacy-based model of supervised consumption can improve health outcomes for service users. This includes improved adherence to treatment and uptake of hepatitis vaccinations
 - The service aligns with local strategic priorities for substance misuse
- 31 pharmacies are commissioned to provide the service; and a further 16 pharmacies are willing to provide this service in the future
- There is reasonable access and choice in all 4 localities on weekdays (9:30am - 7pm); and Saturdays (10am – 5pm)
- Whilst access outside of these hours is more limited, the Grove risk assesses service users and ensures that those who are high risk are referred to one of the 8 pharmacies which open for 7 days a week
- We have not identified gaps, however, there are opportunities to improve access and choice; refer to “Further Provision & Opportunities for Improvements”

3.3 Locally Commissioned Services

3.3.4 Substance Misuse - Needle and Syringe Programme

Overview

- The pharmacy-based needle & syringe programme is commissioned by the Barnet, Enfield & Haringey Mental Health Trust Drugs and Alcohol in Haringey (Grove) Service
- Pharmacies offer a user-friendly, non-judgemental, client-centred, confidential service, providing access to sterile needle & syringes and sharps containers in return for used equipment
- The pharmacy promotes safe practice to the user, providing advice and supply of appropriate health promotion materials on sexual health & STIs, HIV; Hepatitis C transmission and treatment; and Hepatitis B immunisation
- The service aims and outcomes include:
 - Assisting service users to remain healthy until they are ready and willing to cease injecting
 - Protecting health and reducing the rate of blood-borne virus (BBV) infections and drug-related deaths among service users and the community by:
 - Providing sterile equipment and promoting safer injecting practices to reduce the rate of sharing and other high risk behaviours
 - Providing and reinforcing harm reduction messages including BBV & overdose prevention and wider health improvement i.e. supplying condoms, sexual health testing, stop smoking advice and support
 - Helping service users to access BBV testing or treatment by offering referral to specialist drug & alcohol treatment centres; and health or social professionals where appropriate

Locality	No. Pharmacies	Pharmacies per 100,000
West	2	2.2
Central	4	6.5
NE Tottenham	1	1.3
SE Tottenham	3	6.0
Haringey	10	3.6

Provider Criteria

- Pharmacists must complete the CPPE course on substance use & misuse; attend mandatory training sessions organised by the Needle Exchange co-ordinator or the Grove team; and undertake appropriate CPD
- A representative must attend two yearly meeting with the Grove as required
- The service should operate on Monday to Saturday (excluding bank holidays)
- There must be a private consultation area which is used for service delivery
- Adequate stocks of kits must be kept; these must be stored so that they are inaccessible to customers & 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, including a needle stick injury policy
- The pharmacy must ensure that protective equipment to deal with spillages is readily available and kept close to the storage site
- The national scheme or locally approved logo must be displayed
- The pharmacy must have appropriate indemnity insurance in place

The Evidence Base

- The effectiveness of Needle and Syringe services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{19,29}:
 - 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
- A rapid review of the evidence confirms evidence of effectiveness, safety and cost-effectiveness of needle and syringe programmes²⁰

Non-pharmacy providers

- The Grove Treatment Service (NE Tottenham) provides needle and syringe exchange to all age groups on:
 - Mon – Fri: 9:30m – 5:30pm (8pm on Wed); and Saturday: 10am – 3pm

The Current Picture

- 10 (17%) pharmacies have been commissioned to provide the service; a further 31 pharmacies are willing to provide the service in the future
- The tables (top right & next page) & map 14 summarise service availability:
 - There is reasonable access to the service in all 4 localities on weekdays (9:30am - 5pm); and on Saturdays (10am – 12:30pm); and there is a choice of pharmacy in all localities apart from NE Tottenham
 - Access is more limited in the mornings before 9am, on weekday evenings, Saturday afternoons & evenings and Sunday
 - SE Tottenham and the Central locality are well resourced
 - **Map 14** shows there is access within a mile for almost all areas of higher need, based on deprivation & local hot spots in Wood Green (Noel Park) and N15 postcodes (Tottenham Green, Seven Sisters and St Ann's). The Grove Treatment Service is located centrally to areas of higher need

3.3 Locally Commissioned Services

3.3.4 Substance Misuse - Needle and Syringe Programme

Locality	Ward	Number of Pharmacies Offering the Needle & Syringe Programme							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	0	0	0	0	0	0	0
	Crouch End	0	0	0	0	0	0	0	0
	Fortis Green	0	0	0	0	0	0	0	0
	Highgate	0	0	0	0	0	0	0	0
	Hornsey	0	0	0	0	0	0	0	0
	Muswell Hill	0	1	0	0	1	1	0	0
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	0	0	0	0	0	0	0
	Harringay	0	0	0	0	0	0	0	0
	Noel Park	0	3	1	0	3	2	1	1
	Woodside	0	1	0	0	1	1	0	0
NE Tottenham	Bruce Grove	0	0	0	0	0	0	0	0
	Northumberland Park	0	0	0	0	0	0	0	0
	Tottenham Hale	0	1	0	0	0	0	0	0
	White Hart Lane	0	0	0	0	0	0	0	0
SE Tottenham	St Ann's	0	0	0	0	0	0	0	0
	Seven Sisters	0	1	1	0	1	0	0	0
	Tottenham Green	0	2	1	0	2	1	1	1
Total		0	10	3	0	9	6	2	2
Percentage		0%	17%	5%	0%	15%	10%	3%	3%

Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 14 - Substance Misuse
Needle & Syringe Programme**

Legend

- + Pharmacies
- The Grove Drug Treatment Service
- Haringey
- Haringey Localities
- Wards

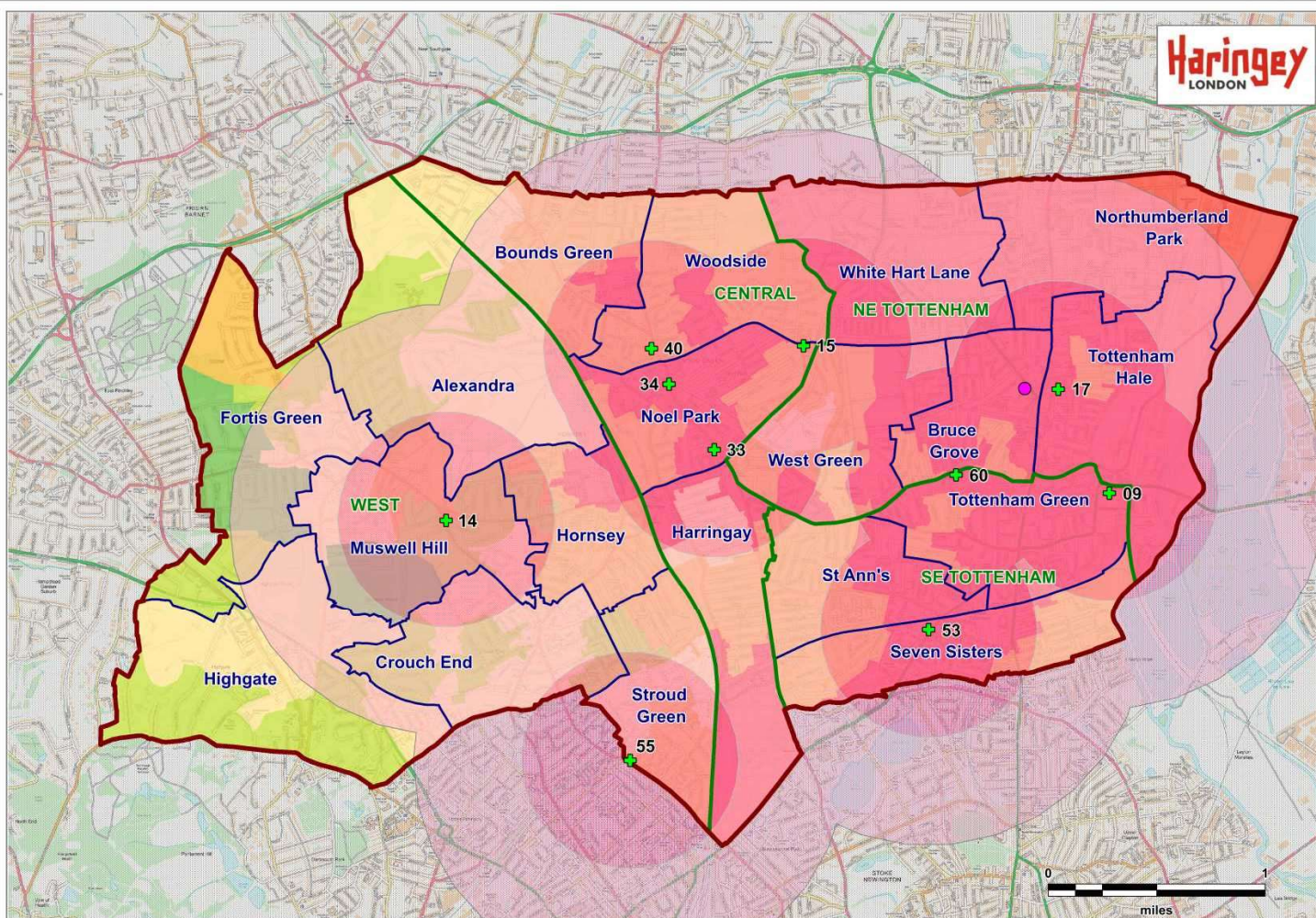
Rank of IMD Score 2015 by LSOA

Percentage of Rank

- < 20 %
- 20 - 39.9 %
- 40 - 59.9 %
- 60 - 79.9 %
- > 80 %

Distance Buffers

- 0.5 mile
- 1 mile



The overall IMD 2015 was constructed by combining income, employment, health & disability, education, skills & training, barriers to housing & services, crime and living environment data.

The percentage of IMD is calculated using the 'Rank of IMD Score', where 1 is the most deprived LSOA and 32844 the least deprived on this overall measure. The percentages are the Rank of IMD score for the whole of England.

Haringey Pharmacies

- | | |
|-------------------------------|---------------------------------|
| 09 Boots - N15 4QD | 34 Morrisons Pharmacy - N22 6ST |
| 14 Coral Pharmacy - N8 8LA | 40 Pharmacy Express - N22 8HH |
| 15 Cross Chemist - N22 5DJ | 53 Safedale Pharmacy - N15 6EP |
| 17 Dowsett Pharmacy - N17 9DD | 55 Santas Pharmacy - N4 3RN |
| 33 Mintons Chemist - N22 6BH | 60 The Cadge Pharmacy - N15 4JR |

3.3 Locally Commissioned Services

3.3.4 Substance Misuse - Needle and Syringe Programme

Meeting the needs of those with a protected characteristic

Age	✓	The service is open to adults aged 18+. Pharmacies are required to refer young people aged under 18 years into the Young People's Drug & Alcohol Treatment Service
Disability	✗	Advice may need to be tailored to those with learning disabilities, if applicable
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✓	Support for the unborn child
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision & Opportunities for Improvements

- Improvements in access and choice, particularly in the Central, NE and SE Tottenham localities, where there are areas of higher need would be achieved by commissioning the service from:
 - More pharmacies which open on 7 days a week
 - Additional pharmacies which open for extended hours on weekdays and Saturdays
- Areas for support, identified by our contractor questionnaire include:
 - Additional training for pharmacist and front line staff
 - Access to free Hepatitis B vaccination for pharmacy staff involved in service delivery
 - Additional funding (to offset the impact of "lost of space" due to the storage requirements for the service)
- Barriers to participating in the service were cited as: concerns with security and lack of demand

The Future

- No specific plans identified other than the opportunity to secure improvements as set out under "Further Provision" below

Conclusions

- The community pharmacy-based needle and syringe exchange service is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that the needle and syringe exchange service is **necessary** to meet the need for pharmaceutical services:
 - 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
- 10 pharmacies are commissioned to provide the service; a further 31 pharmacies are willing to provide this service in the future
- There is reasonable access to the service, and alignment with need based on deprivation and local "hot spots" on weekdays (9:30am - 5pm); and on Saturdays (10am – 12:30pm). There is also a choice of pharmacy in all localities apart from NE Tottenham at these times
- Service users of any age may choose to access the service provided by the Grove Treatment Service, which is located centrally to areas of higher need
- The Grove Treatment Centre also provides outreach services to high-risk groups e.g. sex workers
- We have identified the following current gaps:
 - Access is more limited in the mornings before 9am, on weekday evenings, Saturday afternoons & evenings and Sunday. Whilst, service provision does not necessarily align well with need at these times, we are aware that service users tend to be more willing to travel further to access a pharmacy
- Refer to "Further Provision" for improvement opportunities

3.3 Locally Commissioned Services

3.3.5 Sexual Health Service

Overview

- It is recognised nationally that a local area should commission a range of interventions, from a variety of providers to increase access to sexual health services in order to improve the sexual health of a population and to reduce teenage conceptions
- Community pharmacists are viewed as an effective provider for prevention and early intervention in improving sexual health
- In Haringey, the community pharmacy-based service has been re-commissioned into a single service for both young people and adults (refer to box, right); it offers improved coverage and choice for residents
- Key objectives and outcomes for the pharmacy-based service include:
 - Reducing unplanned pregnancy and teenage pregnancy
 - Reducing the prevalence of Chlamydia and Gonorrhoea
 - Reducing the transmission of sexually transmitted infections including HIV
 - Promoting good sexual health and healthy lifestyle choices
 - Promoting access to other contraception and sexual health services

Provider Criteria

Pharmacies must:

- Achieve Healthy Living Pharmacy status
- Designate window space for a sticker and/or poster advertising the availability of the service from that pharmacy; and to provide written information about chlamydia, gonorrhoea & other STIs, plus details of local sexual health services
- Ensure that it complies with Fraser guidance and Department of Health guidance on confidential sexual health and treatment for young people aged under 16
- Ensure that all service interventions are recorded on PharmOutcomes

Pharmacists delivering the service must:

- Have passed an advanced Disclosure & Barring screen (DBS)
- Satisfactorily complete the training courses; either the Centre for Pharmacy Postgraduate Education workshop/distance learning course and/or training provided by Haringey council (refer to specification for full details) including:
 - EHC, child protection, the use chlamydia & gonorrhoea testing kits, supply of treatment under PGDs (chlamydia treatment & EHC), condom demonstration & distribution; other relevant training provided by Haringey Council
 - For HIV PoCT, the HLP pharmacist and/or HLP Healthy Champion MUST complete all relevant training; and be familiar with the care pathway procedure for supporting & referring patients for additional clinical & 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

Intervention	Description
Emergency Hormonal Contraception (EHC)	<ul style="list-style-type: none"> • Supply, and supervised administration on the pharmacy premises, of levonorgestrel 1.5mg where appropriate, to female clients aged 13+ years, in accordance with the requirements of the Patient Group Direction (PGD)
Chlamydia and Gonorrhoea screening	<ul style="list-style-type: none"> • Chlamydia & gonorrhoea testing, including supply of postal kits to young people & adults aged 15+ years • Includes support with completing the form and labels; information on how test results will be communicated; and advice on treatment options for the service user, and their partner(s), in the event of a positive test
Chlamydia treatment	<ul style="list-style-type: none"> • Supply of azithromycin, under a patient group direction, to service users who have screened positive for chlamydia; ensuring that the treatment is taken in the pharmacy • Where applicable, index patients will be encouraged to provide details of all partners/sexual contacts which will be recorded as part of the consultation
Condom distribution (Come Correct C-Card Scheme)	<ul style="list-style-type: none"> • Condom distribution including registration and repeat encounters for condom supply to young people aged 13 – 24 as part of the Pan London C-card scheme • Free, open access provision of condoms for adults who are resident in the London Borough of Haringey • Pharmacies are required to promote and distribute condoms as part of the service
HIV Point of Care Testing	<ul style="list-style-type: none"> • HIV PoCT will be promoted and offered to service users from at risk groups, either through direct request by the service user or through opportunistic engagement when the service user requests a Chlamydia/Gonorrhoea test or EHC • The service is age restricted and may only be offered to those aged 18+ years
Health Promotion advice	<ul style="list-style-type: none"> • Provision of relevant health promotion advice (verbal & written) e.g. avoidance of pregnancy and STIs through safer sex and condom use; advice on the use of regular contraceptive methods
Signposting	<ul style="list-style-type: none"> • Signposting to other relevant services e.g. services which provide long-term contraceptive methods; diagnosis and management of STIs. Examples include Haringey's young people's STI and women's contraceptive service or the sub-regional Genito Urinary Medicines (GUM) service

3.3 Locally Commissioned Services

3.3.5 Sexual Health Service

The Current Picture

- 30 (50%) pharmacies have been commissioned to provide the service; 22 of these have achieved HLP level 1 status under the quality payment scheme; 7 are working towards this; and data is not available for 1 pharmacy
- The tables (bottom & next page) and map 15 summarise service availability:
 - There is reasonable access and a choice of pharmacy in all localities on weekdays (9:30am – 7pm) & Saturdays (10am – 5pm)
 - Outside of these hours, access and choice are more limited particularly on:
 - Weekday mornings & Saturday mornings up until 9am when the service is only available from 2 pharmacies in the West Locality
 - Saturday evenings when only 5 pharmacies offering the service are open; and no access in SE Tottenham
 - Sundays when there is no access in NE or SE Tottenham
 - **Map 15** plots pharmacies against a background of the number of young people aged 15 – 24 years (one of the target populations) and shows:
 - There is access to a pharmacy within 1 mile for all residents, including those who live in areas of higher need i.e. NE and SE Tottenham
 - Service provision and delivery do not necessarily align with need:
 - In Haringey, 20 (67%) pharmacies are active
 - NE Tottenham has a below average number of pharmacies offering the service; although 75% of these are active
 - SE Tottenham has an above average number of pharmacies but only 50% of these are active. The active pharmacies are based in wards with higher need

Non-pharmacy providers:

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

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 patients³⁰
 - Community pharmacy-based chlamydia testing and treatment services increase client access¹⁹ and are convenient²⁰
 - Pharmacy- based EHC services (including supply against prescription or under PGD and OTC sales) provide timely access to treatment and are highly rated by women who use them^{19, 31}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, however, it is not possible to separate out the contribution of the community pharmacy service³²
 - Evidence of EHC impact is lacking. A randomised controlled trial noted fewer A&E visits³³. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing³⁴
 - 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' pharmacies¹⁹
 - The average time to access EHC was 16 hours through pharmacies compared to 41 hours through family planning clinics²⁹
- Our literature review did not yield any specific evidence on other pharmacy-based sexual health services such as oral contraception, pregnancy testing and the c-card scheme

Locality	No. Pharmacies	Pharmacies per 100,000	No. Active Pharmacies	No. Active per 100,000
West	10	11.1	6	6.6
Central	8	13.1	7	11.4
NE Tottenham	4	5.1	3	3.8
SE Tottenham	8	16.1	4	8.1
Haringey	30	10.7	20	7.1

3.3 Locally Commissioned Services

3.3.5 Sexual Health Service

Locality	Ward	Number of Pharmacies Offering the Sexual Health Service							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	1	1	0	1	0	0	0
	Crouch End	0	3	2	0	3	3	0	1
	Fortis Green	0	0	0	0	0	0	0	0
	Highgate	0	1	0	0	1	1	0	0
	Hornsey	0	1	0	0	1	0	0	0
	Muswell Hill	2	3	2	2	3	3	2	2
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	2	2	0	1	1	0	0
	Harringay	0	0	0	0	0	0	0	0
	Noel Park	0	5	2	0	5	4	2	2
	Woodside	0	1	0	0	1	1	0	0
NE Tottenham	Bruce Grove	0	1	1	0	1	1	0	0
	Northumberland Park	0	2	2	0	1	1	1	0
	Tottenham Hale	0	0	0	0	0	0	0	0
	White Hart Lane	0	1	0	0	1	0	0	0
SE Tottenham	St Ann's	0	3	2	0	3	2	0	0
	Seven Sisters	0	2	1	0	1	0	0	0
	Tottenham Green	0	3	2	0	3	1	0	0
Total		2	30	17	2	27	19	5	5
Percentage		3%	50%	28%	3%	45%	32%	8%	8%

Notes

There are no pharmacies in West Green ward

Pharmaceutical Needs Assessment Map 15 - Sexual Health Services



Legend

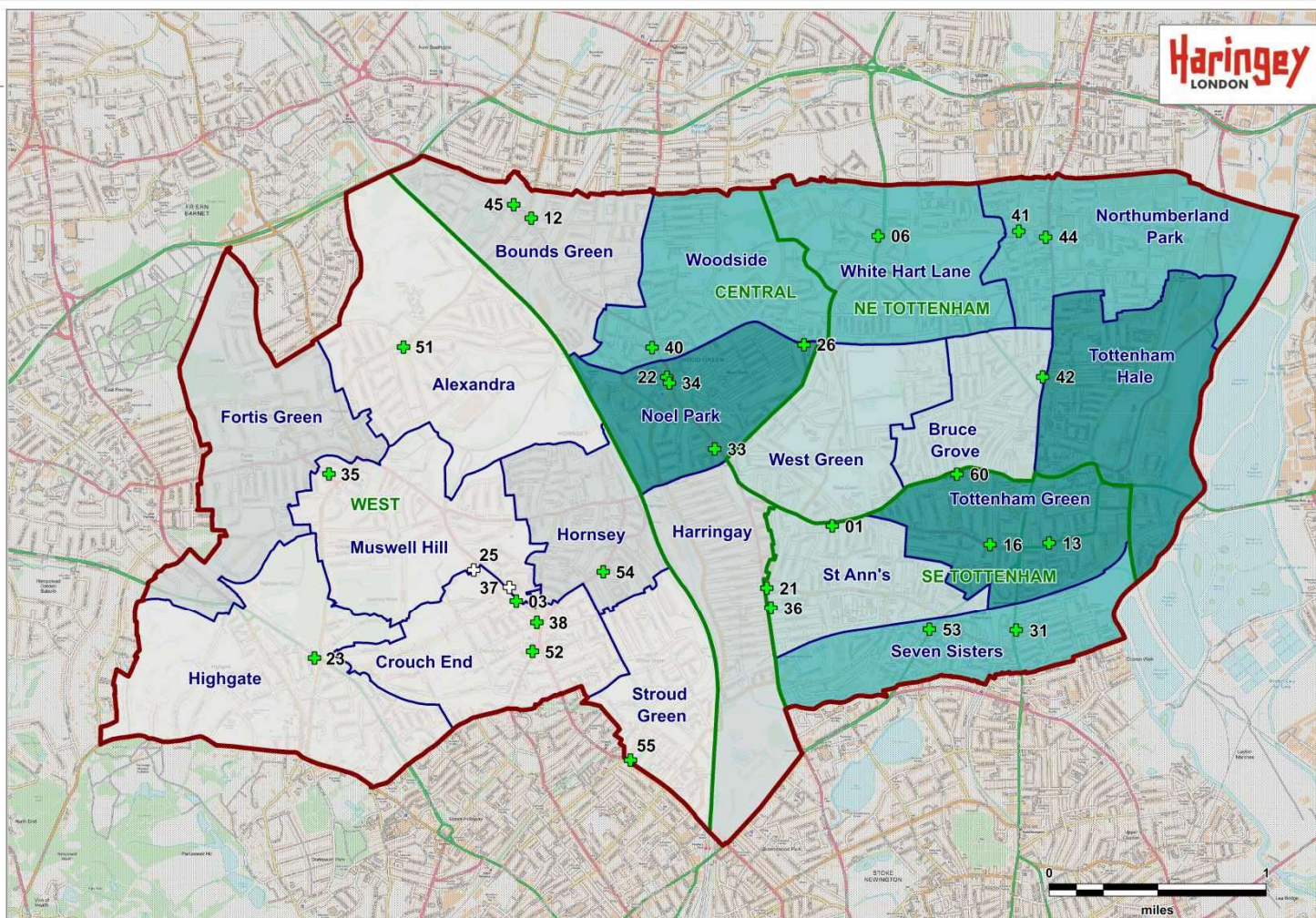
- + Pharmacies
- + 100 Hour Pharmacies
- Haringey
- Haringey Localities
- Wards

No. of young people aged between 15 and 24
(range: 890 - 3,608)

- > 2,289
- 1,940 - 2,289
- 1,580 - 1,939
- 1,130 - 1,579
- < 1,130

GLA SHLAA (2015) population projections for 2017

The Sexual Health Service includes:
 Emergency hormonal contraception
 National chlamydia screening programme
 Chlamydia treatment
 Condom distribution
 Point of care HIV testing



Haringey Pharmacies

- | | | |
|----------------------------------|--------------------------------------|--|
| 01 Allcures Pharmacy - N15 3PB | 25 Hornsey Central Pharmacy - N8 8JD | 41 Pharmocare - N17 8HH |
| 03 Amy Pharmacy - N8 8SY | 26 J Lord Chemist - N22 5DJ | 42 Pharmocare - N17 6SB |
| 06 Beautychem Pharmacy - N17 7LH | 31 Mansons Pharmacy - N15 6JR | 44 Pharmocare - N17 8AH |
| 12 Clockwork Pharmacy - N11 2DN | 33 Mintons Chemist - N22 6BH | 45 Pharmocare (Warwick Pharmacy) - N11 2EU |
| 13 Coopers Pharmacy - N15 4DJ | 34 Morrisons Pharmacy - N22 6ST | 51 Redwood Pharmacy - N10 2AH |
| 15 Cross Chemist - N22 5DJ | 35 Muswell Hill Pharmacy - N10 3HN | 52 Reena Pharmacy - N8 8AA |
| 16 Dobber Pharmacy - N15 5NR | 36 Parade Chemist - N4 1LG | 53 Safedale Pharmacy - N15 6EP |
| 21 Green Light Pharmacy - N4 1JX | 37 Park Road Pharmacy - N8 8JR | 54 Saigrace Pharmacy - N8 9BG |
| 22 Greenwoods Pharmacy - N22 6DS | 38 Petter Pharmacy - N8 8DT | 55 Santas Pharmacy - N4 3RN |
| 23 Hayward Pharmacy - N6 4EJ | 40 Pharmacy Express - N22 8HH | 60 The Cadge Pharmacy - N15 4JR |

Map produced by Apogee Data Consulting Ltd. Contains Ordnance Survey data © Crown copyright and database right 2018. Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations.

3.3 Locally Commissioned Services

3.3.5 Sexual Health Service

Meeting the needs of those with a protected characteristic

Age	✓	Young people are at higher risk of poor sexual health. Pharmacy-based sexual health services are age specific. The pharmacy needs to assure itself that a child aged under 16 is capable of providing consent through the application of Fraser Guidelines
Disability	✓	The service and advice may need to be tailored for those with learning disabilities or cognitive impairment
Gender	✓	Advice may need to be tailored according to gender
Race	✓	Language may be a barrier to delivering successful sexual health services. People from African communities are at higher risk of poor sexual health
Religion or belief	✓	Religious beliefs need to be taken into account
Pregnancy and maternity	✓	Chlamydia infection may have an adverse effect on fertility and the ability to become pregnant; pharmacies can signpost women who are pregnant on to relevant services depending on whether or the not the pregnancy is planned or unplanned
Sexual orientation	✓	Men who have sex with men (MSM) are at higher risk of poor sexual health
Gender reassignment	✗	Service need to be sensitive & tailored to people who are undergoing, or who have undergone, gender reassignment
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- Commissioning the service from more pharmacies which open for extended hours on 7 days a week, would improve access and choice, in the areas of highest need; as well as ensuring service availability on the days and at times, where there is potentially an increased demand
- Improved advertising and more training were identified by the pharmacies, in our contractor questionnaire, as areas for support

The Future

- No specific plans identified other than the opportunity to secure improvements as set out under “Further Provision” below

Conclusions

- Sexual health is a priority in Haringey in order to tackle high rates of new sexually transmitted infections and to maintain or improve the decline in teenage pregnancy rates (refer to page 15)
- We have determined that the pharmacy-based sexual health service is **necessary** to meet the need for pharmaceutical services:
 - There is published evidence to support the supply of EHC and chlamydia screening & treatment through pharmacies
 - Whilst pharmacy is one a range of providers, the pharmacy-based service potentially improves access in many areas of Haringey, this includes during extended hours on weekdays and at weekends
 - Improving sexual health is an important strategic priority for Haringey
- 30 pharmacies have been commissioned to provide the service; an additional 26 pharmacies are willing to provide the service in the future
- There is reasonable access and a choice of pharmacy in all localities on weekdays (9:30am – 7pm) & Saturdays (10am – 5pm)
- The distribution of pharmacies generally aligns with need; it is of note that published evidence suggests that a proportion of people using sexual health services choose a pharmacy which offers anonymity and they may be prepared to travel further to do so
- We have identified the following gaps:
 - The service is only available from two pharmacies, located in the West locality, up until 9am on weekday and Saturday mornings
 - Sundays when there is no access in NE or SE Tottenham
 - Only 20 pharmacies are active
 - There is a need to ensure that alternative pharmacy options are available where an existing provider no longer wishes to provide a service or the pharmacy is no longer operational. This is important to minimise undiagnosed STI's or the provision of EHC, which must be taken with 72 hours of unprotected sexual intercourse
- Refer to “Further Provision” for improvement opportunities

3.3 Locally Commissioned Services

3.3.6 Healthy Start Vitamins

Overview

- Healthy Start is a nationwide government scheme which provides eligible families with vouchers to receive plain fruit and vegetables, milk and vitamins. The scheme exists to improve the health of low-income pregnant and breastfeeding women and their children; and aims 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
- In Haringey, a 'universal' scheme is in place 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
- The service provides an opportunity to provide advice, information and support about topics such as healthy eating, breastfeeding, vitamin supplements and nutrition for pregnant women, new mothers, babies and young children

The Current Picture

- 11 (18%) pharmacies have been commissioned to provide the service; a further 43 pharmacies are willing to offer the service
- The tables (top right & next page) and map 16 summarise service availability:
 - On weekdays (9:30am -5pm) and Saturdays (10am – 12:30pm), the service may be accessed in all 4 localities; with a choice in all localities apart from NE Tottenham
 - At all other times, access and choice are very limited with no availability before 9am on weekdays or Saturdays; and only 1 pharmacy (West Locality) offering the service opens on a Sunday
 - **Map 16** plots the pharmacies offering the service against the number of children aged 0 – 4 years as a proxy for need; deprivation is also a consideration. It demonstrates that distribution of pharmacies does not necessarily align with need: NE Tottenham has areas with high need (based on the number of children and deprivation) but only 1 pharmacy has been commissioned; alignment with need in the Central and SE Tottenham localities is reasonable; the West Locality, an area of lower need is relatively well resourced
 - All pharmacies are active
- **Non-pharmacy providers:** 17 Children's Centres are involved in this service

Healthy Start Vitamins

Locality	No. Pharmacies	No. Pharmacies per 100,000
West	3	3.3
Central	2	3.3
NE Tottenham	1	1.3
SE Tottenham	5	10.1
Haringey	11	3.9

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

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

3.3 Locally Commissioned Services

3.3.2 Healthy Start Vitamins

Locality	Ward	Number of Pharmacies Offering the Healthy Start Vitamins Service							
		Weekdays			Saturdays				Sundays
		8am or earlier	9:30am – 5pm	7pm or later	8am or earlier	10am – 12:30pm	5pm or later	7pm or later	
West	Alexandra	0	0	0	0	0	0	0	0
	Crouch End	0	2	1	0	2	2	0	1
	Fortis Green	0	0	0	0	0	0	0	0
	Highgate	0	0	0	0	0	0	0	0
	Hornsey	0	0	0	0	0	0	0	0
	Muswell Hill	0	0	0	0	0	0	0	0
	Stroud Green	0	1	0	0	1	1	0	0
Central	Bounds Green	0	0	0	0	0	0	0	0
	Harringay	0	0	0	0	0	0	0	0
	Noel Park	0	1	0	0	1	1	0	0
	Woodside	0	1	0	0	1	1	0	0
NE Tottenham	Bruce Grove	0	0	0	0	0	0	0	0
	Northumberland Park	0	0	0	0	0	0	0	0
	Tottenham Hale	0	0	0	0	0	0	0	0
	White Hart Lane	0	1	0	0	1	0	0	0
SE Tottenham	St Ann's	0	1	1	0	1	0	0	0
	Seven Sisters	0	2	1	0	1	0	0	0
	Tottenham Green	0	2	1	0	2	1	0	0
Total		0	11	4	0	10	6	0	1
Percentage		0%	18%	7%	0%	17%	10%	0%	2%

Notes

There are no pharmacies in West Green ward

**Pharmaceutical Needs Assessment
Map 16 - Healthy Start Vitamins**

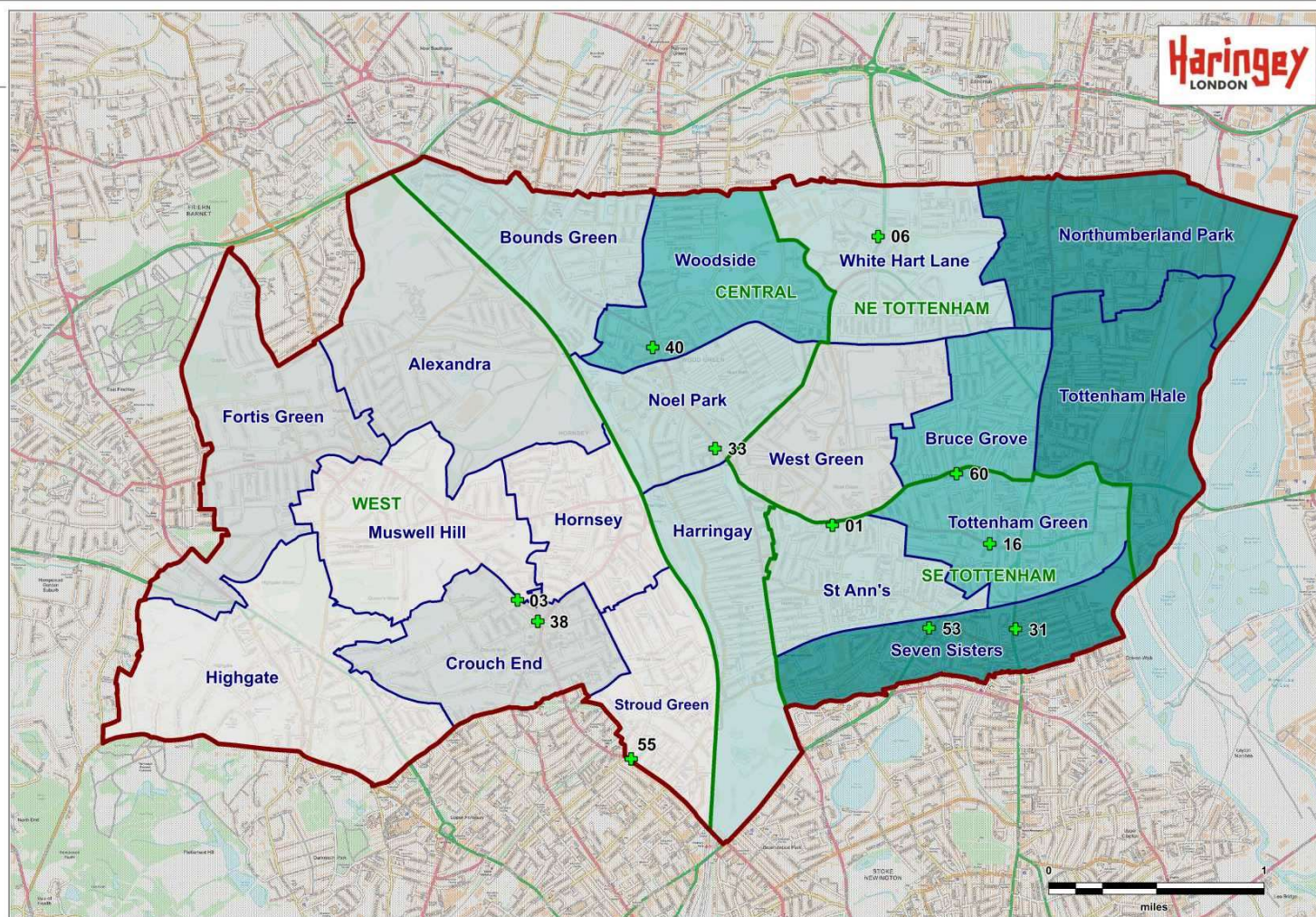
Legend

- + Pharmacies
- Haringey
- Haringey Localities
- Wards

**No. of people aged between 0 and 4
(range: 663 - 1,563)**

- > 1,495
- 995 - 1,495
- 967 - 994
- 764 - 966
- < 764

GLA SHLAA (2015) population projections for 2017



Haringey Pharmacies

- 01 Allcures Pharmacy - N15 3PB
- 03 Amy Pharmacy - N8 8SY
- 06 Beautychem Pharmacy - N17 7LH
- 16 Dobber Pharmacy - N15 5NR
- 31 Mansons Pharmacy - N15 6JR
- 33 Mintons Chemist - N22 6BH

- 38 Petter Pharmacy - N8 8DT
- 40 Pharmacy Express - N22 8HH
- 53 Safedale Pharmacy - N15 6EP
- 55 Santas Pharmacy - N4 3RN
- 60 The Cadge Pharmacy - N15 4JR

Map produced by Apogee Data Consulting Ltd. Contains Ordnance Survey data © Crown copyright and database right 2017. Please note: Pharmacy locations have been generalised to aid interpretation and may not represent exact locations.

3.3 Locally Commissioned Services

3.3.6 Healthy Start Vitamins

Meeting the needs of those with a protected characteristic

Age	✓	The service is directed at women of child-bearing age and children under 4 years of age
Disability	✓	Advice may need to be tailored to service users who have learning disabilities
Gender	✓	The service is focused on women who are pregnant or who have been pregnant in the last year; and children of either gender
Race	✓	Language may be a barrier to delivering health promotion aspects of the service successfully
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✓	All pregnant women, and women who have had a baby within the last year are eligible to access the service
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

Further Provision

- The service has recently been recommissioned and there are no immediate plans to commission additional pharmacies
- Areas for support, identified by our contractor questionnaire, include:
 - Training
 - Improved advertising
 - Leaflets and materials providing information on the service
- Barriers to participating in the service were cited as insufficient time and/or demand

The Future

- The service will be periodically reviewed to ascertain whether the current level of service provision is sufficient or if this requires review
- This review will be undertaken in the context of the distribution services provided by the Children's Centres

Conclusions

- 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 determined that the service is not necessary to meet the need for pharmaceutical services, but is **relevant**:
 - There is no published evidence base to support pharmacy-based supply of healthy start vitamins
 - Healthy start vitamins may be accessed through Children's Centres as well as pharmacy. The pharmacy-based service therefore provides a choice of provider and potentially improves access for residents
 - Many Haringey families cannot afford to buy fruit, vegetables, milk and vitamins on a regular basis. The service helps to ensure that pregnant women, new mothers and children aged under 4 years secure access to the vitamins which they require
- 11 pharmacies have been commissioned to provide the service
- There is availability in all 4 localities on weekdays (9:30 – 5pm) and Saturdays (10am – 12:30)
- All pharmacies are active
- We have identified the following gaps:
 - 49 pharmacies do not provide the service. However, 43 of these have indicated that they are willing to offer the service
 - Access and choice, during extended hours on weekdays & Saturdays is limited; only 1 pharmacy offers the service on a Sunday
 - Service provision does not necessarily align with need. In NE Tottenham where only pharmacy has been commissioned. Residents in this locality may have to travel up to 2 miles to access the pharmacy-based service. However, residents have the option to use on of the Children's Centres
- We have not identified opportunities for further provision

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- We have considered how community pharmacy *may* support the delivery of our public health ambitions and our local strategic priorities
- Our thinking has been influenced by a number of factors including:
 - Local strategic priorities which focus on staying healthy, prevention and early intervention; promoting self-care and helping people to access the right care at the right time
 - We fully support the inclusion of the Healthy Living Pharmacy Programme, within the new quality payment scheme for community pharmacy, as this is the foundation upon which we have commissioned our pharmacy public health services; and we anticipate that all commissioned pharmacies will have achieved or will be working towards achieving this HLP status in the future
 - The accessibility and strengths of community pharmacy to offer opportunistic health promotion and brief interventions with a view to “Making Every Contact Count”⁷
 - The opportunity for community pharmacy to play a wider role in primary care, including improving accessibility; relieving pressure on the urgent care through the minor ailments service; and a pivotal role in supporting the management of long term conditions
 - Our review of pharmaceutical needs across the life-course (Appendix E)
 - A literature review, which has looked at the evidence to support the delivery of pharmacy-based services and how these link to the NHS, Public Health and Social Care Outcomes Framework
- At this point in time we have not identified any potential service developments for future commissioning from community pharmacies in Haringey
- However, we will continue to work closely with the existing community pharmacy network and provide support to enable them to continue to deliver high quality locally commissioned services. A 4 year framework is in place, for pharmacy-based services, to facilitate this

3. The Assessment

3.5 Regulatory Statements

NECESSARY SERVICES Services which are necessary to meet the need for pharmaceutical services		RELEVANT SERVICES Services which have secured improvements or better access to pharmaceutical services		
In the HWB area Regulation 4 (1); 1 (a)	Outside the HWB area Regulation 4 (1); 1 (b)	In the HWB area Regulation 4 (1); 3 (a)	Outside the HWB area Regulation 4 (1); 3 (b)	Other pharmaceutical services which affect the assessment Regulation 4 (1); 3 (c)
<ul style="list-style-type: none"> Essential Services Medicines Use Reviews & Prescription Interventions New Medicine Service Flu Vaccination Advanced Service NHS Urgent Medicine Supply Advanced Service (pilot) London Pharmacy Vaccination Service Minor Ailments Service 	<ul style="list-style-type: none"> Essential services provided by pharmacies in neighbouring HWB areas NHS Urgent Medicine Supply Advanced Service (pilot) 	<ul style="list-style-type: none"> Stoma Appliance Customisation Service Appliance Use Reviews On Demand Access to End of Life & Specialised Medicines 	<ul style="list-style-type: none"> Stoma Appliance Customisation Service provided by out of area pharmacies and DACs Appliance Use Reviews provided by out of area pharmacies and DACs 	<ul style="list-style-type: none"> None identified inside or outside of the HWB area

Regulation	Summary of Gaps, Needs and Improvements
Necessary Services – gaps in provision (current need) Schedule 1; Regulation 4(1); 2(a)	<ul style="list-style-type: none"> None identified
Necessary Services – gaps in provision (future need) Schedule 1; Regulation 4(1); 2(b)	<ul style="list-style-type: none"> NE Tottenham has a below average number of pharmacies and may benefit from additional access to pharmaceutical services once housing developments and the new primary care premises (which are subject to business case approval) in Tottenham Hale have been completed
Improvements or Better Access Schedule 1; Regulation 4(1); 4(a)	<ul style="list-style-type: none"> Access and choice, to all pharmaceutical and locally commissioned services, would be enhanced if more of the existing network of pharmacies were commissioned to extend opening hours on weekday mornings; and at weekends. This would strengthen alignment with GP practice and hub opening hours; may be beneficial for residents who prefer to use a pharmacy outside of working hours; and would improve access to end of life medicines Improvements would be secured if more existing pharmacies were to offer support to those with a hearing impairment and through the provision of “aide memoires” for those with cognitive impairment The HWB has not identified a need for an additional pharmacy to deliver these improvements
Future improvements or Better Access Schedule 1; Regulation 4(1); 4(b)	<ul style="list-style-type: none"> Access and choice as described under “Improvements or Better Access” above
Other NHS services which affect the need for pharmaceutical services or where further provision would secure improvements or better access Schedule 1; Regulation 4(1); 5 (a and b)	<ul style="list-style-type: none"> We have not identified any gaps or needs for other NHS services (provided or arranged by a local authority, NHSE, a CCG, an NHS Trust or NHS FT) which affect the need for pharmaceutical services; or where further provision of pharmaceutical services would secure improvements, or better access, to these services

4. Consultation Report

Place Holder for Consultation report

Consultation Outcome

- Place holder

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations

- Placeholder to be completed post consultation

Other Stakeholder Groups

- Placeholder to be completed post consultation

Annex A

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Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LPC	Local Pharmaceutical Committee
AUR	Appliance Use Reviews	LPS	Local Pharmaceutical Services (local contract)
BAME	Black, Asian and Minority Ethnic	LSOA	Lower Super Output Areas
BBV	Blood-borne Virus	LTC	Long Term Condition
CCG	Clinical Commissioning Group	MDS	Monitored Dosage Systems
CCTV	Closed Circuit Television	Men C	Meningococcal type C
COPD	Chronic Obstructive Pulmonary Disease	MH	Mental Health
CPD	Continuing professional development	MMR	Measles, Mumps and Rubella
CPPE	Centre of Pharmacy Postgraduate Education	MURs	Medicines Use Reviews
CVD	Cardiovascular Disease	NCL	North Central London
DAC	Dispensing Appliance Contractor	NHSE	NHS England
DTaP	Diphtheria, Tetanus, acellular Pertussis	NICE	National Institute for Health & Care Excellence
EHC	Emergency hormonal contraception	NMS	New Medicine Service
EoL	End of Life	NUMSAS	NHS Urgent Medicines Supply Advanced Service
EPS	Electronic prescription services	ONS	Office of National Statistics
FP10	NHS Prescription Form	PCV	Pneumococcal Conjugate Vaccine
FT	Foundation Trust	PGD	Patient Group Direction
GLA	Greater London Authority	PhAS	Pharmacy Access Scheme
GP	General Practitioner	PHE	Public Health England
Hib	Haemophilus influenzae type B	PhS	Pharmaceutical Services (national contract)
HIV	Human Immunodeficiency Virus	PI	Prescription Intervention
HLP	Healthy Living Pharmacy	PMR	Patient Medication Record
HPA	Health Protection Agency	PNA	Pharmaceutical Needs Assessment
HPV	Human Papillomavirus	PoCT	Point of Care Testing
HWB	Health & Wellbeing Board	PPV	Pneumococcal Polysaccharide Vaccine
IMD	Index of Multiple Deprivation	PSNC	Pharmaceutical Services Negotiating Committee
IPV	Inactivated Polio Vaccine	QoF	Quality and Outcomes Framework
JHWS	Joint Health & Wellbeing Strategy	QPS	Quality Payment Scheme
JSNA	Joint Strategic Needs Assessment	SACS	Stoma Appliance Customisation Services
LAs	Local Authorities	SHLAA	Strategic Housing Land Availability Assessment
LGBT	Lesbian, Gay, Bisexual, Transgender	STIs	Sexually Transmitted Infections
LMC	Local Medical Committee	STP	Sustainability & Transformation Partnership