

# Pharmaceutical Needs Assessment 2018

**Camden Health and Wellbeing Board**

MARCH 2018

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**Accuracy of the report:** Please note that the information contained within this report is accurate at the time of writing.

## 1. EXECUTIVE SUMMARY

This is Camden Health and Wellbeing Board's (HWB) second Pharmaceutical Needs Assessment (PNA). The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of the PNA, as well as the process for market entry of pharmacies into an area. The PNA, as part of this process, assesses the need for pharmaceutical services in Camden's population, identifying any gaps in service delivery and any areas for improvement.

The PNA will be used by NHS England when determining whether to approve applications for pharmacies in the area to join the pharmaceutical list, and to inform NHS England's commissioned services. It is also designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs), and will be used as part of Camden's Joint Strategic Needs Assessment (JSNA) to inform future commissioning strategies.

Community pharmacies play a pivotal role in improving the health and wellbeing of the local population and it is important that opportunities to do this are fully realised to ensure a well-functioning local health economy that addresses residents' needs. To ensure that our community pharmacies are as effective as possible in meeting the health and wellbeing needs of Camden's population, this assessment has drawn on multiple data sources, information and resident and health professional views to present a complete picture of need and provision in Camden, identifying where we can make improvements to reduce health inequalities and improve health outcomes for our population.

### 1.1. Summary of the needs of the Camden population

Camden has a diverse resident population, with larger proportions of both younger people and minority ethnic groups than the overall London population and Camden also has areas of high deprivation. These combine to create some stark health inequalities within Camden. For example, on average, women will live 5.2 years more than men in Camden, in comparison to 3.8 years in England. Over 43,700 residents have a diagnosed long term condition, and many having more than one condition. It is estimated that the actual prevalence of long term conditions is actually much

higher, owing to the large estimated conditions that remain undiagnosed – around 42,800 in the Camden population.

In general, Camden experiences greater alcohol and substance misuse harms than the London average. The borough also has a high rate of sexually transmitted infections and HIV, which is partly linked to the relatively large populations of young people and men who have sex with men. The prevalence of smoking in Camden is similar to the national average.

## 1.2. Summary of the assessment of pharmaceutical services

This assessment has determined that Camden's population has sufficient provision of pharmaceutical services to meet the health needs of the population.

With 67 pharmacies overall and 27 pharmacies per 100,000 residents, Camden has a similar rate of community pharmacies per 100,000 residents than the London average (22 pharmacies per 100,000). There is no defined ideal rate available. Four of the pharmacies in Camden are on a '100-hour' contract, providing coverage early in the morning and late at night at several busy areas in the borough. There is at least one pharmacy in each ward, and out-of-hours access is available in all localities. Previous resident engagement has highlighted that work could be done with residents to raise awareness about pharmacy opening times, particularly out of hours, and to improve the accessibility of some pharmacies for those who use a wheelchair or need a seat while waiting.

Each commissioned service offered by Camden's pharmacies was assessed in this PNA to determine any gaps, and whether the service is necessary or relevant to meet the pharmaceutical needs of Camden's population<sup>1</sup>. Table 1.1 summarises the assessment of each type of service provided by community pharmacies (essential, advanced, enhanced and locally commissioned)<sup>2</sup>. Note that any areas for improvement in locally commissioned services are not used as a basis for market entry, but that filling these are important in further improving the health and wellbeing of Camden residents.

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<sup>1</sup> Necessary and relevant services are defined in Section 2.3.

<sup>2</sup> Essential, advanced, enhanced, and locally commissioned services are defined in Section 2.5.

Any gaps in provision identified should be reviewed by the commissioners responsible for commissioning the respective services, to ensure high quality service provision and to identify opportunities for improved health and wellbeing outcomes for Camden residents.

### 1.3. Summary of pharmacy users' views of pharmaceutical services

From the focus groups conducted in 2014 with Camden pharmacy users and in more recent national findings, pharmacies were generally viewed positively, with pharmacists considered professional and knowledgeable, with regular pharmacy users in particular commenting that they highly value the support and personal service that they receive at pharmacies.

The previous local findings also highlighted that a number of residents felt unable to access pharmacies in late evenings, or had to travel long distances. The opening hours' data suggest that there is a pharmacy open in each locality until at least 10pm. More work may therefore be required to raise awareness of late opening hours. Discussions in the local focus groups also revealed that some service users had been offered, or used, services that other people were not aware of. This was reflected in the more recent national findings. There may therefore be scope for more work to improve awareness of the range of services offered by pharmacies.

### 1.4. Wider recommendations

There are no identified gaps in the provision of pharmaceutical services in Camden. This includes an assessment of proposed housing, retail and transportation developments in the borough and projected population increases. It is however acknowledged that the Sustainability and Transformation Plan for North Central London is likely to result in changes in how health and care services will work. Timely consideration of how these changes may impact on the utilisation of pharmaceutical services across Camden will be required.

Within the context of the PNA, areas where improvements can be made in order to maximise the potential of community pharmacies in helping Camden's population stay healthy were identified. These recommendations should also be reviewed by the commissioners responsible for these services, in order to determine ways in which pharmacy services could be improved in general:

- Improving population awareness of available pharmacy services
- Improving population awareness of longer opening hours



- Addressing the areas where pharmacies can increase the provision of key public health programmes, such as the Healthy Living Pharmacy

Within the current health and care landscape, health and care organisations (both commissioners and providers) are increasingly coming together to plan, develop and deliver integrated services focused on meeting needs and improving the health of the population. The HWB is ideally placed to oversee and drive this change to improve the health and wellbeing of Camden's population, and to ensure that the role and contribution of community pharmacy in doing so is both harnessed and supported.

Table 1.1: Summary of assessment of pharmaceutical services, by type of service

Service	Assessment of service	Gaps identified
<b>Essential services</b>		
<b>Mandatory services (e.g. dispensing)</b>	Necessary service	▪ None identified; provision is suitable for current population and projected demographic changes.
<b>Advanced services</b>		
<b>Medicines Use Reviews (MUR)</b>	Necessary service	▪ None identified; provision is suitable for current population and projected demographic changes.
<b>New Medicine Service (NMS)</b>	Necessary service	▪ None identified; provision is suitable for current population and projected demographic changes.
<b>Appliance Use Reviews (AUR)</b>	Relevant service	▪ No participating pharmacies in Camden, and no need identified.
<b>Stoma Appliance Customisation (SAC)</b>	Relevant service	▪ No participating pharmacies in Camden, and no need identified.
<b>National NHS England Flu Service</b>	Necessary service	▪ None identified; provision is suitable for current population and projected demographic changes.
<b>Enhanced services</b>		
<b>Minor Ailments Scheme (MAS)</b>	Necessary service	▪ None identified; provision is suitable for current population and projected demographic changes.

Service	Assessment of service	Gaps identified
<b>Medicines Reminder Devices</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>London Pharmacy Vaccination Service</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified; provision is suitable for current population and projected demographic changes.</li> </ul>
<b>Locally commissioned services</b>		
<b>Stop smoking service</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified. Pharmacy stop smoking services could be more targeted towards BAME (black, Asian, minority ethnic) groups and smokers from routine and manual occupations. However, there is no evidence to suggest that there is a need for increased service provision.</li> </ul>
<b>Screening service (Health Checks)</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified. With few pharmacies currently offering NHS Health Checks, there is scope for pharmacies to contribute further to the uptake of NHS Health Checks overall in Camden. However, there is no evidence to suggest that there is a need for increased service provision.</li> </ul>
<b>Emergency hormonal contraception service</b>	Relevant service	<ul style="list-style-type: none"> <li>None identified. Availability is limited on outside of standard opening hours on weekends. However, there is no evidence to suggest that there is a need for increased service provision.</li> </ul>
<b>Supervised self-administration service</b>	Necessary service	<ul style="list-style-type: none"> <li>None identified. One ward does not have any provision, but the service can be accessed in pharmacies in neighbouring wards. Access outside of standard opening hours on Sundays is limited throughout the borough. However, there is no evidence to suggest that there is a need for increased service provision.</li> </ul>

Service	Assessment of service	Gaps identified
<b>Needle syringe exchange service</b>	Necessary service	<ul style="list-style-type: none"> <li>▪ None identified. Four wards do not have any pharmacies offering the service, but this service can be accessed in neighbouring wards. Access outside of standard opening hours on Saturdays and Sundays is limited throughout the borough. However, there is no evidence to suggest that there is a need for increased service provision.</li> </ul>
<b>Community Equipment Services</b>	Necessary service	<ul style="list-style-type: none"> <li>▪ None identified. However, the Retail Model for Community Equipment Services in Camden is yet to be reviewed, and conclusions on the effectiveness of the service therefore cannot be drawn.</li> </ul>
<b>Health promotion campaigns run by Public Health</b>	Relevant service	<ul style="list-style-type: none"> <li>▪ None identified.</li> </ul>

## 2. INTRODUCTION

This is Camden Health and Wellbeing Board's (HWB) second Pharmaceutical Needs Assessment (PNA) under the 2013 regulations and requirements, describing the assessment of the need for pharmaceutical services in Camden. As set out in the regulations, the PNA will be used by NHS England as the basis for determining market entry for new pharmacies in the area. The London Borough of Camden (LBC) and Camden Clinical Commissioning Group (CCG) will also use this assessment of need to plan pharmaceutical services for Camden's population, where they have commissioning responsibilities.

As a valuable and trusted health resource, with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or general practice environment and to reduce health inequalities<sup>3</sup>. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner with other local health services. To ensure that our community pharmacies are as effective as possible in meeting the needs of Camden's population, this assessment has taken multiple data sources, information and views into account to present a complete picture of need and provision in Camden, identifying where we can make improvements to reduce health inequalities and improve health outcomes for our population.

### 2.1. Background to the PNA

PNAs will be used by NHS England when deciding if new pharmacies are needed in the area and to make decisions on which NHS funded services need to be provided by local community pharmacies. They are designed to inform commissioning decisions by Local Authorities (LAs) and CCGs. In addition, the PNA will also be used as part of Camden's JSNA to inform future commissioning strategies.

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<sup>3</sup> "*Healthy lives, healthy people*", the public health strategy for England (2010). Available at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

Previously, PNAs were the responsibility of Primary Care Trusts (PCTs) to produce. The first PNAs were published in 2005, as the basis for deciding market entry of pharmacies to PCT areas. The publication of the White Paper *Pharmacy in England: Building on strengths – delivering the future* proposed a review of the requirements of PNAs in order to make the process more robust, and make PNAs more effective in assessing the need for services. The Health and Social Care Act (2012) transferred this responsibility to local authority HWBs in 2013, and further widened the scope of the PNA.

Box 2 1: Health and Wellbeing Boards (HWBs)

Camden's HWB brings together key partners from various organisations relevant to health and care, to improve the health and wellbeing of the local population, and reduce health inequalities. Members include representatives from Camden CCG, London Borough of Camden, Camden Healthwatch and the voluntary and community sector. More information about the HWB can be found on [Camden Council's website](#).

## 2.2. Duty of the HWB

The PNA regulations require that each Local Authority HWB publish a PNA covering their area. The HWB is responsible for the following:

- Publishing the second PNA before 1 April 2018, ensuring that all required information and assessments are included;
- Ensuring an up-to-date map of services is included in the assessment;
- Publishing any statements or revisions within three years of the previous publication;
- Ensuring that other HWBs have access to the PNA;
- Consulting stakeholders and other areas about the content of the assessment for the minimum 60-day period;
- Responding to a consultation from a neighbouring HWB;
- Ensuring that once published, the PNA is kept up-to-date and any supplementary statements or full revisions are published as soon as possible following any changes.

## 2.3. Minimum requirements for the PNA

The PNA regulations set out the minimum information that should be included in the report. A statement of the needs of the following must be included:

- **Necessary services:** services that are required to meet the pharmaceutical needs of the population. This includes current and future needs.
- **Relevant services:** services that improve pharmaceutical services in the area, including access to services. This includes current provision and any potential gaps in future provision.
- **Other NHS services:** pharmacy services provided by other organisations such as the Local Authority, NHS England or the CCG, which impact on the need for pharmacy services in the area. Services of this type would improve pharmacy services, including access.

The PNA must also include a statement of how the assessment was carried out, including:

- How localities were determined
- How different needs of the localities were taken into account
- How different needs of people with a protected characteristic were taken into account
- A report on the consultation

A map showing the premises where pharmaceutical services must also be provided.

## 2.4. The scope of the PNA

Identifying whether services fall within the scope of the PNA depends on who is providing the service, and what is provided. The content of PNAs is set out in regulations published nationally<sup>4</sup> and includes an obligation to assess all services “provided under arrangements made by the NHS Commissioning Board (NHSCB)” [now known as NHS England]. This includes the provision of pharmaceutical services by a person on a pharmaceutical list (i.e. on the NHS England approved pharmacy list), providing pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme, and / or the dispensing of drugs or appliances by a dispensing doctor. The needs assessment should take different type of pharmacy services (essential, advanced and enhanced) and pharmacy contractors (community pharmacies or dispensing appliance contractors) into account, in relation to current and future need. For this PNA, we have defined the scope as follows:

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<sup>4</sup> NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, available at: <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

- a) Providing pharmaceutical services by a person on a pharmaceutical list is the **dispensing service**. The dispensing service covers the supply of medicines ordered on NHS prescriptions, and information and advice on their use to patients and carers, and the maintenance of appropriate records. This PNA will assess whether Camden's population has adequate access to dispensing services, based on where services are provided and other factors<sup>5</sup>
- b) The **dispensing of appliances** and provision of Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). For the purposes of this PNA, we will assess whether patients have adequate access to these services. Other services that appliance contractors provide are outside the scope of the PNA. There are no pharmacies in Camden which are also dispensing appliance contractors. There are no standalone appliance dispensing services outside of community pharmacies. More information about these services is given in Section 2.5.
- c) For community pharmacies, the scope of this assessment is broad and covers a wide range of services offered. **Essential, advanced and enhanced** services provided under the terms of services for the pharmaceutical contractor are part of the scope. A definition of each type of service is given in Section 2.5.

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<sup>5</sup> NHS Community Pharmacy Contractual Framework, (2010) available at:  
[http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20\\_v1201020oct2004\\_.pdf](http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20_v1201020oct2004_.pdf)

Box 2. 2: What should a good PNA cover? <sup>6</sup>

- The PNAs should meet the market entry regulations.
- PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.
- It should examine the demographics of its local population, across the area and in different localities, and their needs. It should also look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
- The PNA should contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the JSNA and the Joint Health and Wellbeing Strategy (JHWS).

## 2.5. Pharmaceutical services: types of services covered

### 2.5.1. Pharmacy contractors

#### Essential services

For pharmacy contractors, essential services (as set out in the 2013 NHS Regulations) include the following:

- Dispensing medication and actions associated with dispensing (e.g. keeping accurate records)
- Repeatable dispensing
- Disposal of waste medicines
- Promotion of healthy lifestyles
- Prescription linked interventions

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<sup>6</sup> Royal Pharmaceutical Society, Pharmaceutical Needs Assessments: a guide for local authorities (2013), available at: <http://www.rpharms.com/promoting-pharmacy-pdfs/nhs-reforms---pnas-for-local-authorities---jan-2013.pdf>



- Public health campaigns (up to 6 campaigns per year)
- Signposting
- Support for self- care

All pharmacy contractors must provide the full range of essential services, as mandated by the NHS regulations. The provision of these services is assessed in Section 5.2 at the Essential Services level.

### Advanced services

There are six advanced services that form part of the regulations covering NHS community pharmacies. Pharmacies who wish to provide any of these services need to meet minimum criteria, published in national guidance. The advanced services covered are shown below alongside a brief description:

<b>Medicines Use Reviews (MUR)</b>	A medicine use review is conducted by an accredited pharmacist with patients on multiple medications. These can be for patients with diagnosed long term conditions <sup>7</sup> , e.g. asthma or COPD, or patients who might benefit from having medications explained to them.
<b>New Medicine Service (NMS)</b>	This service is aimed at people with long term conditions with newly prescribed medications to help improve adherence, leading to better health outcomes.
<b>Appliance Use Reviews (AUR)<sup>8</sup></b>	These reviews, conducted by a pharmacist or a specialist nurse, are designed to improve a patient's knowledge of their appliance. It includes establishing the way a patient uses their appliance and advising on storage, disposal and use of the appliance.
<b>Stoma Appliance Customisation (SAC)<sup>9</sup></b>	The aim of this service is to ensure that patients with more than one stoma appliance have comfortable fitting stoma and are aware of their proper use.

<sup>7</sup> A long term condition is a health problem that cannot be cured but can be controlled by medication or other therapies.

<sup>8</sup> An 'appliance' is a medical device such as an inhaler, wound drainage pouch, or catheter.

<b>National NHS England Flu Service</b>	Community pharmacies in England can offer a seasonal influenza (flu) vaccination service for patients in at-risk groups who are 18 years old and over.
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There are 63 pharmacies in Camden that provide one or more advanced services out of a total of 67 pharmacies. A full breakdown is available in Appendix A. There are limits to the number of MURs and AURs that a pharmacy can undertake, but no limit for SACs. These are assessed in Section 5.3.

### Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies, and defined in the. 'Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013'. Each service is defined within a service level agreement, provided by NHS England. For the purposes of this PNA, the enhanced services offered by Camden pharmacies will be assessed. These are assessed in Section 5.4:

<b>Minor Ailments Scheme (MAS)</b>	This scheme aims to treat people more quickly and efficiently by going to a pharmacy rather than their GP. A pharmacy registered for the scheme can provide medication and advice for certain illnesses and conditions. The scheme transferred back to NHS England from CCGs in April 2014.
<b>Medicines Reminder Devices (MRD)</b>	The service aims to support patients who require help to take their medicines correctly. Pharmacists dispense medicines in dosette, providing easier to read labels, or blister packs to other health and social care professionals for support to help patients take medicines at the correct

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<sup>9</sup> A stoma is a temporary or permanent body opening, either natural or surgically created, which connects a portion of the body cavity to the outside environment to allow bodily waste to leave the body. A stoma appliance covers the stoma with a removable pouching system to collect and contain the output for later disposal.

	time.
<b>London Pharmacy Vaccination Service</b>	The scheme aims to deliver flu vaccinations eligible groups who are two years old and over. It is intended to complement the National NHS England Flu Service, provided between September-January of each year. It also the pneumococcus polysaccharide vaccine (PPV) and Meningitis ACWY. It is commissioned annually by NHS England London Area Team.

### 2.5.2. Local Pharmaceutical Services (LPS) contractors

LPS pharmacies are commissioned directly by NHS England, under a local contract. There are no LPS pharmacies in Camden.

### 2.5.3. Dispensing Appliance Contractors (DAC)

Dispensing Appliance Contractors (DAC) are contracted to provide a range of appliances (such as stomas and dressings). There are no dispensing appliance contractors in Camden.

### 2.5.4. Dispensing Doctors

There are no dispensing doctors in Camden.

### 2.5.5. Other services

The PNA must also take into account other services offered in the area that affect the need for pharmaceutical services. For this assessment, locally commissioned services and other NHS services have been taken into account.

### Locally commissioned services

Locally commissioned services (LCSs) are commissioned locally, by an NHS organisation other than NHS England or through the Local Authority. They affect the need for pharmacy services, or have been commissioned to meet a local need. The LCSs listed below are commissioned by Camden CCG, the London Borough of Camden, or both jointly. These are assessed in Section 5.5.

<b>Stop smoking service</b>	This service provides advice and counselling, as well as pharmacotherapy, such as nicotine replacement therapy (NRT) required to support smokers in their attempt to quit.
<b>Screening service (Health Checks)</b>	This service provides a free NHS Health Check in community pharmacies, as another avenue for cardiovascular (CVD) risk assessment and early diagnosis. The programme aims to prevent heart disease, stroke, diabetes and kidney disease by identifying and managing people at high risk of CVD.
<b>Emergency hormonal contraception service</b>	This service provides free emergency contraception for women aged 13-24, as well as signposting and referral to other sexual health services.
<b>Needle syringe exchange service</b>	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis B and C, and HIV.
<b>Supervised consumption service</b>	This service provides patients prescribed substitute opiate with regular supervised by a pharmacist, ensuring the patient adheres to treatment.
<b>Community Equipment Services</b>	Accredited retailers dispense prescriptions for simple aids to support service users to live independently. Retailers can also arrange for collection or delivery and / or fitting of any equipment that is prescribed.
<b>Health promotion campaigns run by Public Health</b>	Local Authority Public Health departments can commission pharmacies to run health promotion campaigns, in addition to those run by NHS England.

## 2.6. Excluded from scope

Pharmacy services commissioned by Camden CCG or NHS England, but not covered by PNA regulations are outside the scope of assessment. These include prison pharmacies, secondary and tertiary care sites, and non-NHS services provided by community pharmacies.

Most patients in Camden are treated at one of the following local hospitals:

- University College London Hospitals NHS Foundation Trust
- Royal Free Hampstead NHS Trust
- The Whittington Hospital NHS Trust

There are no prison pharmacies in Camden. The PNA makes no assessment of the need for pharmaceutical services in hospital or prison settings. However, the HWB is keen to ensure that patients moving in and out of hospital/prison settings have access to integrated pharmaceutical services that ensure continuity of medicines support. In order to achieve this, local hospitals and prisons are asked to adhere to the Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services<sup>10</sup>.

Community pharmacies also provide other services, such as home delivery and travel health advice. However, these services are not commissioned so are not in the scope of this assessment. Pharmacies may also organise a private contract with care homes, in order to provide medicines as and when required by the care home. Apart from the dispensing element, this work is outside of the pharmacy contractual framework and is therefore beyond the scope of the PNA.

In addition, non-pharmaceutical services provided by the NHS are outside the scope of assessment. This includes hospital, dental and GP practices. However, access to these services may have implications for the need for pharmaceutical services, and are therefore briefly described in section 5.1.3.

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<sup>10</sup> Royal Pharmaceutical Society, Optimising Patient Outcomes From Medicines (2014). Available at: <http://www.rpharms.com/support-pdfs/rps---professional-standards-for-hospital-pharmacy.pdf>

## 2.7. Updating and revising the PNA

Once the PNA has been published, the duty of the HWB will be to ensure the PNA remains relevant until the next publication (within three years). If there are changes to pharmacy provision during this time, it is a requirement that a revised assessment is published, unless a full revision would be a “disproportionate response to those changes”. Therefore, there are two options for publishing revisions, which will be used by Camden’s HWB as appropriate:

### 1. Supplementary statement

A short statement detailing the change to pharmacy provision in the area covered. Examples of detail included in this type of statement include pharmacy closures, pharmacy openings or changes to opening hours. Supplementary statements can also be published while a full revision is being prepared so that any changes in pharmacy provision can be taken into account as soon as possible.

### 2. Full revision

A full revision is necessary if there are substantial changes in the area. This could include the number of people in the area, the demographics of the population, or a change in the risks to the health and wellbeing of people in its area. If there is a full revision to the PNA, it will need to be consulted on as prescribed by the regulations.

A defined notification process will be developed to ensure that all key organisations are made aware of supplementary statements and full revisions.

## 2.8. Update on 2015 PNA recommendations

The PNA process for Camden in 2015 highlighted many areas where pharmacies are doing well in their provision of pharmacy services for the population they serve. Though no significant gaps in provision were identified as part of the PNA, smaller potential gaps in service provision and some potential improvements were identified in order to maximise the potential of community pharmacies in helping Camden’s population stay healthy and manage their health conditions. These wider recommendations from the 2015 PNA are as follows:

1. Improving the awareness of available pharmacy services
2. Improving the awareness of longer opening hours
3. Addressing the areas where pharmacies can increase the provision of key public health programmes

The following sections describe what changes have happened locally in relation to each of these areas.

#### 2.8.1. Improving the awareness of available pharmacy services

All community pharmacies in England have been encouraged to update their NHS Choices entries by April 2017 as part of a national initiative to improve awareness of the services available from community pharmacies.

Lifestyle services provided by pharmacies, such as smoking services and NHS Health Checks, are now being promoted through the One You and other lifestyle websites. For example, for those pharmacies participating in the NHS Health Checks programme, appointment times can be booked through the NHS Health Checks provider's website, increasing awareness and accessibility of local pharmacy services.

#### 2.8.2. Improving the awareness of longer opening hours

All community pharmacies in England have been encouraged to update their NHS choices entries and 111 Directory of Services profiles by April 2017 as part of a national initiative to improve awareness of the community pharmacy opening hours

#### 2.8.3. Addressing the areas where pharmacies can increase the provision of key public health programmes

Camden's community pharmacies have all been encouraged to become Healthy Living Pharmacies (HLP). The HLP program is a nationally recognised approach to maximising the role of the pharmacy in the prevention of ill health, the management of disease, reduction of health inequalities and in support of health and wellbeing. While the programme is delivered by pharmacies, it is not a pharmaceutical service.

The HLP concept is designed to develop (in respect of health and wellbeing services):

- a skilled community pharmacy workforce able to promote and support health and wellbeing;
- community pharmacy engagement with local residents (including 'Making Every Contact Count');
- community pharmacy engagement with local stakeholders such as GPs, local authorities, voluntary organisations and other health and social care professionals; and

- a supportive environment in which health and wellbeing services are promoted and delivered.

Recently, national changes were made to the programme, with the aim of seeking to increase the number of pharmacies achieving HLP accreditation. Going forwards, all HLPs will be supported to promote and deliver three to four key public health campaigns a year.

## 2.9. Update on changes to the health and care system

The health and care system in Camden has undergone some changes since the previous 2015 PNA was published. Notably, this includes the introduction of the North Central London Sustainability and Transformation Plan (STP).

A key programme of work within the STP is the development of Care Closer to Home Integrated Networks (CHINs) which are known as neighbourhoods in Camden, and Quality Improvement Support Teams (QISTs). These locality-based teams within a CCG footprint provide an ideal network for closer integration of community pharmacies within the family of health and care services and support to patients. They also provide an opportunity to reduce inappropriate variation in service availability, delivery, and outcomes. CHINs and QISTs are not yet fully developed and implemented in Camden, and they therefore do not influence the approach taken to developing this PNA. However, it will be important to be aware of how they may influence the planning and delivery of health and care in future, particularly any changes resulting from the implementation of the Sustainability and Transformation Plan across North Central London.

A number of important national strategy documents have been published since the last PNA, listed below. These will shape future provision of primary and integrated care services in the borough over the lifetime of this PNA.

- [Next Steps on the NHS Five Year Forward View](#)
- [Community Pharmacy Reforms](#)
- [Pharmacy Integration Fund Briefing](#)
- [NICE guidance for Medicines Optimisation](#)



### 3. DEVELOPING THE PNA

The development of Camden's PNA has been led by a dedicated steering group, with engagement and consultation with a wide range of stakeholders. The information gathered has been used to create a comprehensive picture of Camden's population and their current and future health needs. The way in which pharmacy services can match these needs and can decrease health inequalities and increase healthy life expectancy has been assessed. More information on the methods and stakeholders are given in the sections below.

#### 3.1. Methods used in assessment

The PNA regulations from 2015 PNA still apply and the same methods have therefore been used for the 2018 PNA. The PNA regulations state that the following must be taken into account when making the assessment:

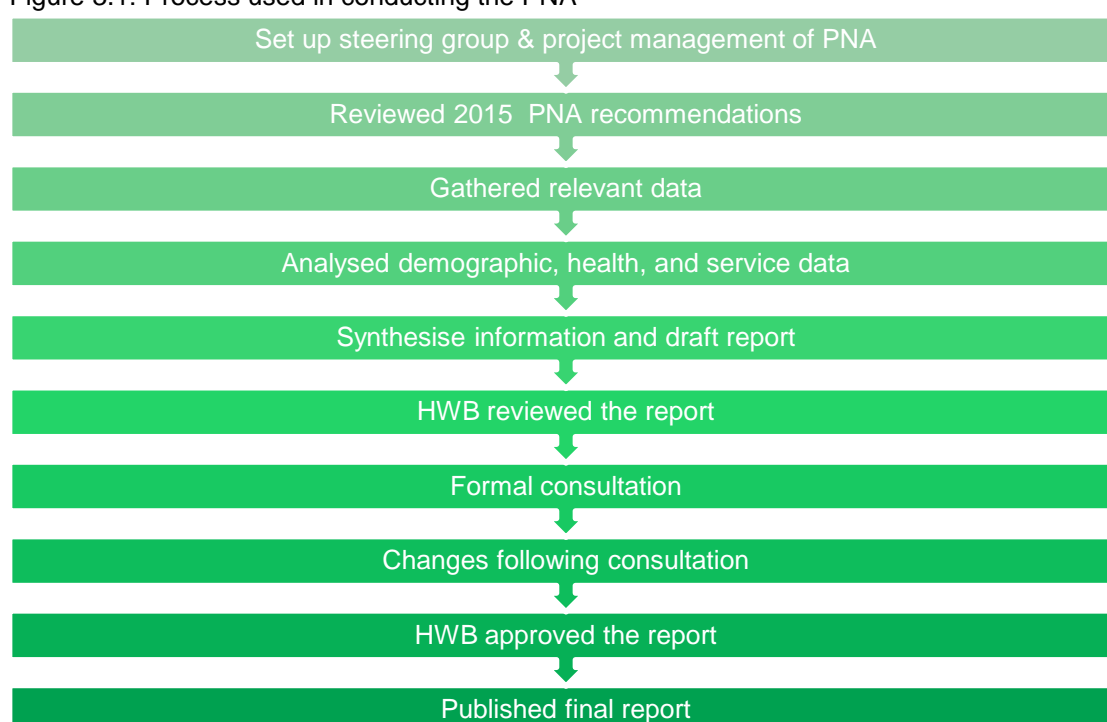
1. Demographic profile and health needs of the population
2. Whether there is sufficient choice in pharmacy service
3. Different needs of the different localities in the area (if any)
4. Services provided in neighbouring areas and how they affect the need for pharmaceutical services
5. Services provided by the NHS (inside or outside the area) affect the need for pharmaceutical services
6. Whether further provision of pharmaceutical services would improve provision or access in the area.
7. Likely future pharmaceutical needs, based on the assessment and any projected changes in the population, demographic profile or risk to their health and wellbeing.
8. Mandatory 60-day consultation period with a range of specified stakeholders (see Section 3.4).

A mixture of methods and data were used in making the assessment of each type of pharmacy services. This has included:

- Analysing Camden's population to assess health needs
- Reviewing existing pharmacy service data held by commissioners

Data sources were varied and included: The Camden GP Public Health dataset for information on the health of the local population; the Strategic Housing and Land Availability Assessment population projections from the Greater London Authority, to estimate changes in the borough's population and healthcare needs; information on the pharmacies in the borough from NHS England; and service use statistics from the CCG, the Camden and Islington Public Health department, and from ePact. These included Camden's JSNA and Annual Public Health Reports, as well as various profiles and factsheets produced by Camden and Islington's Public Health department. Further details on the sources used can be found in the Appendices. Other published documents and reports were also used for information.

Figure 3.1: Process used in conducting the PNA



## 3.2. Governance and steering group

A steering group was set up to oversee the development of the PNA in accordance with Department of Health regulations. The work of the steering group was governed by Camden's HWB. The consultation documentation will be submitted to the HWB in October 2017 for approval, and the final PNA will be submitted to the HWB in March 2018.

Members of the steering group included representatives from:

1. Camden and Islington Public Health (joint department)
2. Camden CCG Medicines Management
3. Local Pharmaceutical Committee
4. Camden communications (Public Health)

The steering group also engaged with Healthwatch Camden, who commented on early drafts of the document and consultation plan before formal consultation.

The steering group met regularly to discuss key aspects of the PNA and make any required decisions. The group also ensured that the PNA captured the specific needs of local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant.

Once finalised and published, the group will ensure that the findings of the PNA are disseminated widely, and will work towards implementation of the recommendations with relevant partners on behalf of the HWB.

The steering group was governed by terms of reference, agreed by all members. In addition, all members were required to declare any conflicts of interest. This is all described more fully in Appendix B.

NHS England London were invited to join the PNA steering group, but signalled they were unable to attend any of the London steering group meetings due to capacity issues. They provided a webinar on the PNA process and expectations in May 2017 and had a dedicated email address to which enquiries could be sent. NHS England London also commission pharmacy services in Camden and were therefore also requested to contribute to the relevant sections. They have also commented on a draft version and in response to the formal consultation.

### 3.3. Engagement during the development of the PNA

The PNA was developed in conjunction with internal and external stakeholders, taking an inclusive approach from the beginning, including with Healthwatch Camden, who were invited to the steering group and to contribute to draft versions of the PNA, as well as advising on the consultation process.

The mandated 60-day consultation period allowed members of the public, professionals and other stakeholders to comment on the draft PNA and whether it truly reflects the needs of Camden residents. A list of consultees who were

specifically requested to take part, some of whom are mandated consultees, are listed in Appendices D and E.

### 3.4. Regulatory consultation process and outcomes

The draft PNA was consulted on for the mandatory 60-day period, from October, 2017 to December, 2017. The consultation followed the Camden Health and Wellbeing Board policy. The responses collected from the broad range of stakeholders invited to take part were collated into a comprehensive report, were reviewed by the steering group (SG) and evidence of the SG responses to available in Appendix E.

### 3.5. Context of Camden's PNA

Camden is an inner London borough, covering an area of 22 square kilometres. It is the eighth most densely populated borough in England with about 11,100 people per square kilometre. Approximately 246,000 people live in Camden.

### 3.6. Area and demographics

Camden borders Brent, Barnet, Haringey, Islington and Westminster boroughs, as well as the City of London (Map 3.1). As an inner London borough, Camden's population swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travel in for work, and tourists. The latest figures show that Camden's population more than doubles in size on an average workday to more than 495,000 people, including 61,100 domestic and overseas tourists. This PNA takes daytime change in the population into account when making recommendations.<sup>11</sup>

More information about the demographics of Camden's population can be found in Chapter 4, which focuses on the health needs of Camden's population.

In Camden, there are 35 GP practices, 39 general dental practices, 67 community pharmacies and five hospitals, as well as other community based services. More information on service provision is given in Chapter 5.

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<sup>11</sup> Greater London Authority (2015). Available at: <http://data.london.gov.uk/dataset/daytime-population-borough>

Map 3.1: London boroughs showing Camden's location, 2017



### 3.7. Deciding on the localities for the PNA

The regulations governing the PNA require that the area covered by the PNA is divided into localities in order to take into account the differing needs of the population covered.

Localities for Camden's PNA have been chosen to match those historically used by Camden CCG for commissioning purposes: North, South and West, as shown in Map 3.2. These localities were discussed by the PNA steering group, and it was agreed to use these three localities for making the assessment.

It is important to note that more recently, Camden CCG has started moving towards Care Closer to Home Integrated Networks (CHINs) or "neighbourhoods" as a basis for grouping GP practices and other community services, as part of the mobilisation of STP plans in North Central London. However, at the time of conducting the PNA the plans for the creation of these neighbourhood configurations are still being developed, and not all GP Practices are formally part of a CHIN. As Camden CCG is

still in transition from the previous locality based model to a neighbourhood grouping, it was agreed that this PNA would proceed on the basis of the current three localities. The new neighbourhood groupings are likely to be similar to the existing localities and, since the CCG has already set up structures to monitor and deliver health services at this geographical level, the PNA can therefore still be easily used to support the future development and integration of primary and community health service provision in Camden. Future neighbourhood boundaries will be taken into account for subsequent PNAs.

### 3.8. Resident population of localities

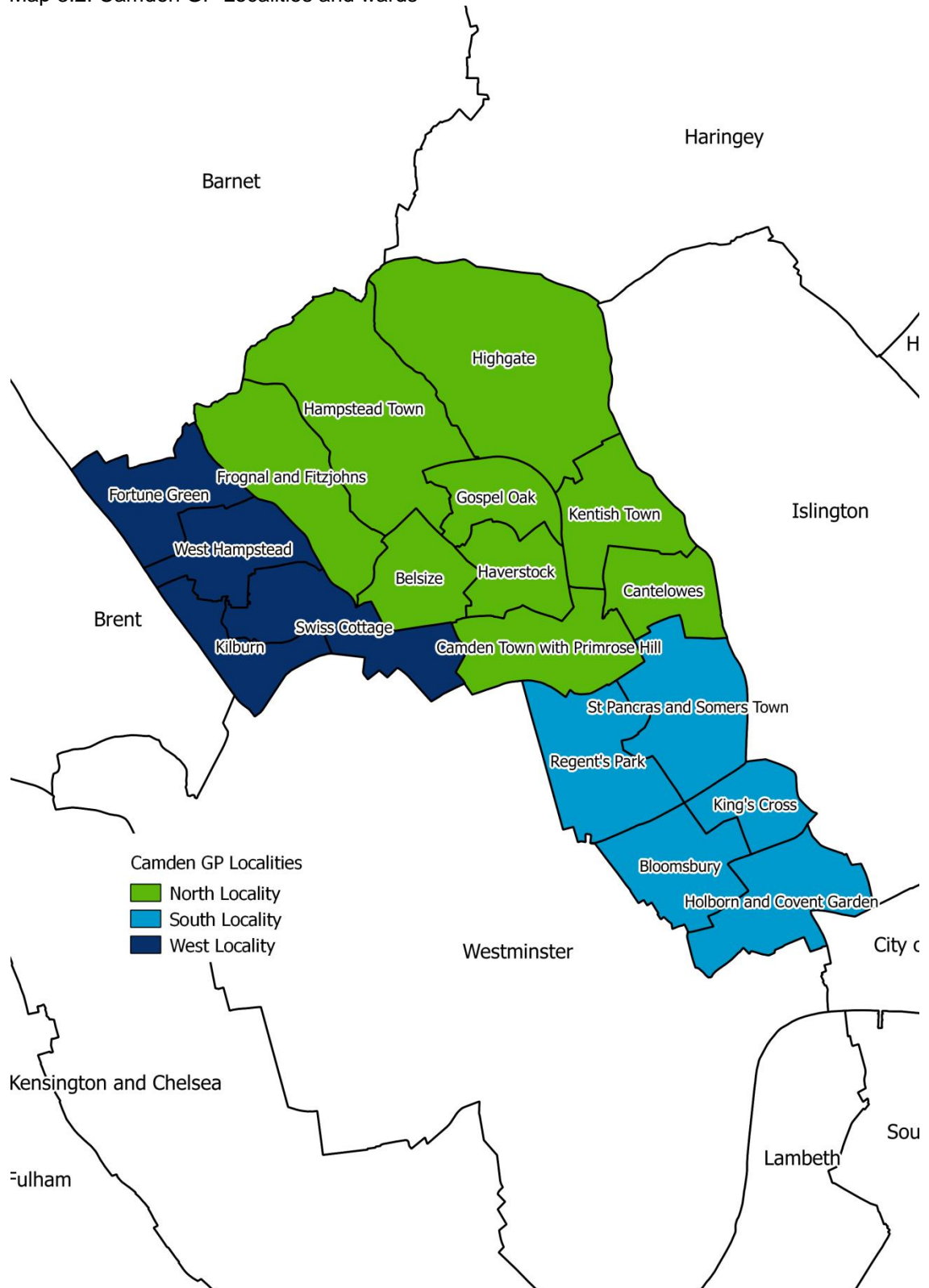
The resident population of Camden's localities varies, due to the varying population density between areas. Table 3.1 shows the resident population, using estimates from the Greater London Authority. As a comparison, the GP registered population is also shown.

The large difference between the GP registered and resident population in the South locality is due to a number of GP practices that lie within the South locality but border the North locality, and other local authorities. This has been taken into account when making the final assessments of need in the area.

Table 3.1: Number of people registered with GP practices in locality, and resident in locality

Locality	GP Registered population (Sep 2015)		Resident population (2017)	
	Number of people	Percent of total population	Number of people	Percent of total population
North	92,840	41%	119,470	49%
South	87,533	38%	71,949	29%
West	48,775	21%	54,802	22%
<b>TOTAL</b>	<b>229,148</b>	<b>--</b>	<b>246,221</b>	<b>--</b>

Map 3.2: Camden GP Localities and wards



**Source:** GP practice IT systems / Open Exeter; Census 2011

### 3.9. Priorities and strategies

Decision-making around the provision of pharmacy services in Camden is based on the needs and priorities identified in Camden's JSNA, the JHWS and commissioning strategies.

The JSNA is an overarching needs assessment for the area designed to influence service planning and commissioning. It describes the current and future health and wellbeing needs of the local population and makes recommendations for action to meet these needs, taking into account current services and evidence of effectiveness. The JSNA is created jointly by the local authority, CCG, Healthwatch, and other partners including the voluntary and community sector (VCS). Undertaking and publishing a JSNA is a mandatory requirement of all HWBs and their partners. Camden's 2017 JSNA is available [online](#).

Informed by the JSNA, Camden's JHWS for 2016-2018 prioritises: - healthy weight, healthy lives; reducing alcohol-related harm; resilient families; the first 1,001 days; and ensuring good mental health for all. The JHWS can be found on [Camden Council's website](#). There are no known firm plans for pharmaceutical services in or arising from the Camden JHWS 2016-2019 or the Camden JSNA.

There are no known plans for changes to pharmaceutical services arising from the Camden JSNA or the Camden JHWS.

Camden CCG's commissioning strategy takes the JSNA into account as well as other assessments and information to make decisions about priorities for the future. The priorities for Camden CCG and [Camden Healthwatch](#) are aligned with those of the JHWS. The [Camden CCG website](#) offers more information on their commissioning strategy.

Camden's joint Public Health (PH) function, which is part of the London Boroughs of Camden and Islington, takes into account all of the priority areas mentioned above when setting priorities and service objectives which, in turn, inform commissioning of local services through pharmacies. Overall, Public Health strives to improve the health and wellbeing of Camden residents, while reducing inequalities in life expectancy and quality of life that exist across its communities. This is carried out through a focus on eight key areas: Children & young people have the best start in life; residents lead active, healthy lives; fewer residents harmed by tobacco, alcohol &



drug misuse; residents have good mental health and wellbeing; people with long term conditions are diagnosed earlier; residents are supported to age healthily; and protecting the health of our residents.

[NHS England's mission](#) is for everyone to have greater control of their health and their wellbeing, and to be supported to live longer, healthier lives by high quality health and care services that are compassionate, inclusive and constantly-improving

## 4. HEALTH NEEDS PROFILE FOR CAMDEN

This chapter will provide a summary of the health needs of Camden's population, relevant to the PNA. A fuller and more detailed description of population health needs in Camden is available in the [JSNA](#).

### 4.1. Key messages: impact of Camden's health needs on pharmacy provision

- Camden's diverse population is made up of a higher proportion of younger and working age people than a typical London borough. There are clear areas of deprivation within the borough; the South locality is more deprived than the North and the West.
- The projected growth in population by will create additional demand for pharmaceutical services across Camden's pharmacy network, particularly among older people. New housing developments will also alter the way in which our population use services and the demands placed on community pharmacy.
- Understanding the diversity of Camden's population is important, given that disease rates and health conditions vary by age and ethnic group and, in particular, some smaller ethnic groups experience stark health inequalities. There are also geographical differences in where people are living with long term conditions, with those in the North locality experiencing more multiple long term conditions and conditions associated with older populations (e.g. dementia).
- High blood pressure and diabetes are the most commonly diagnosed long term conditions in Camden, accounting for half of the 71,700 long term conditions that have been diagnosed in 43,700 people. There is a high prevalence of mental health need locally, particularly in more deprived areas, with 8% of people living with diagnosed depression. Not everyone with a long term condition has been diagnosed and current estimates suggest that there are 42,800 undiagnosed long term conditions within the borough.
- While smoking prevalence in Camden is similar to the London and England averages, with around one-in-five residents reporting that they are current smokers, the high burden of disease associated with smoking means that supporting people to quit remains a high priority within the borough. Similarly, supporting people to maintain a healthy weight is important given the associated risks of developing long term conditions.

- Camden has a higher prevalence of drug and alcohol misuse than other London boroughs, particularly in relation to opiate and crack-use. The borough also has high rates of sexually transmitted infections and HIV, particularly among young people (Chlamydia) and men who have sex with men (MSM) (HIV, gonorrhoea and syphilis). The rate of teenage pregnancy is one of the lowest in London.

## 4.2. Population demographics

### 4.2.1. Population and projected growth

About 246,200 people currently live in Camden, with the population distributed across the three PNA localities and wards (Table 4.1). More information about the localities and the rationale for their choice is covered in Section 3.4.

Table 4.1: Population by locality, 2017 estimates, rounded

Locality	Ward Name	Population
<b>North</b>	Belsize	14,190
	Camden Town with Primrose Hill	13,640
	Cantelowes	13,080
	Frognaal and Fitzjohns	13,320
	Gospel Oak	12,380
	Hampstead Town	12,300
	Haverstock	13,870
	Highgate	11,930
	Kentish Town	14,770
	<b>North Total</b>	<b>119,470</b>
<b>South</b>	Bloomsbury	11,910
	Holborn and Covent Garden	14,510
	Kings Cross	12,660
	Regents Park	15,280
	St Pancras and Somers Town	17,600
	<b>South Total</b>	<b>71,950</b>
<b>West</b>	Fortune Green	13,210
	Kilburn	13,520
	Swiss Cottage	14,580
	West Hampstead	13,490
	<b>West Total</b>	<b>54,800</b>
<b>Camden population</b>		<b>246,220</b>

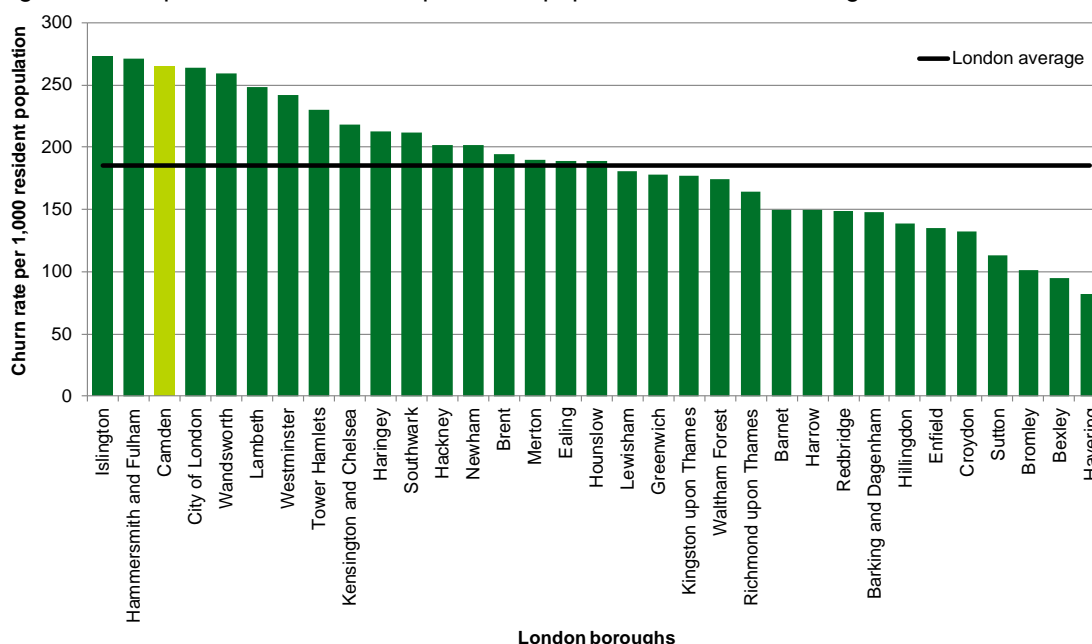
**Source:** GLA projections, 2017

Camden's population is expected to rise to 265,580 by 2024, an increase of 8%<sup>\$\$\$</sup>. This compares to a 9% increase in London. The largest percentage increase is expected in people aged 80 and over, with numbers in this group predicted to rise by 43% (3,340 people). The expected population rise in people aged 60-69 accounts for the largest change in terms of absolute numbers of residents, with an estimated growth of 4,130 people.

Expected population growth varies by geographical area within the borough of Camden. The highest expected increase is in the South locality, where the population is expected to increase by 13% (9,440 people). This is mainly driven by large increases in the St Pancras and Somers Town wards (23%), and also accounts for almost half of the projected increase in Camden overall. The population of the North locality is expected to increase at a lower rate than the Camden average.

Data from 2010 has shown that the population of Camden is highly mobile, with one of the highest rates of turnover in London. Just over one quarter of Camden's population either moved in or out of Camden in the course of a year (Figure 3.1), one of the highest rates in London. There are more people moving into Camden than leaving the borough, increasing the population size.

Figure 4.1: Population turnover rate per 1,000 population, London boroughs, 2008-09



Source: GLA, 2010

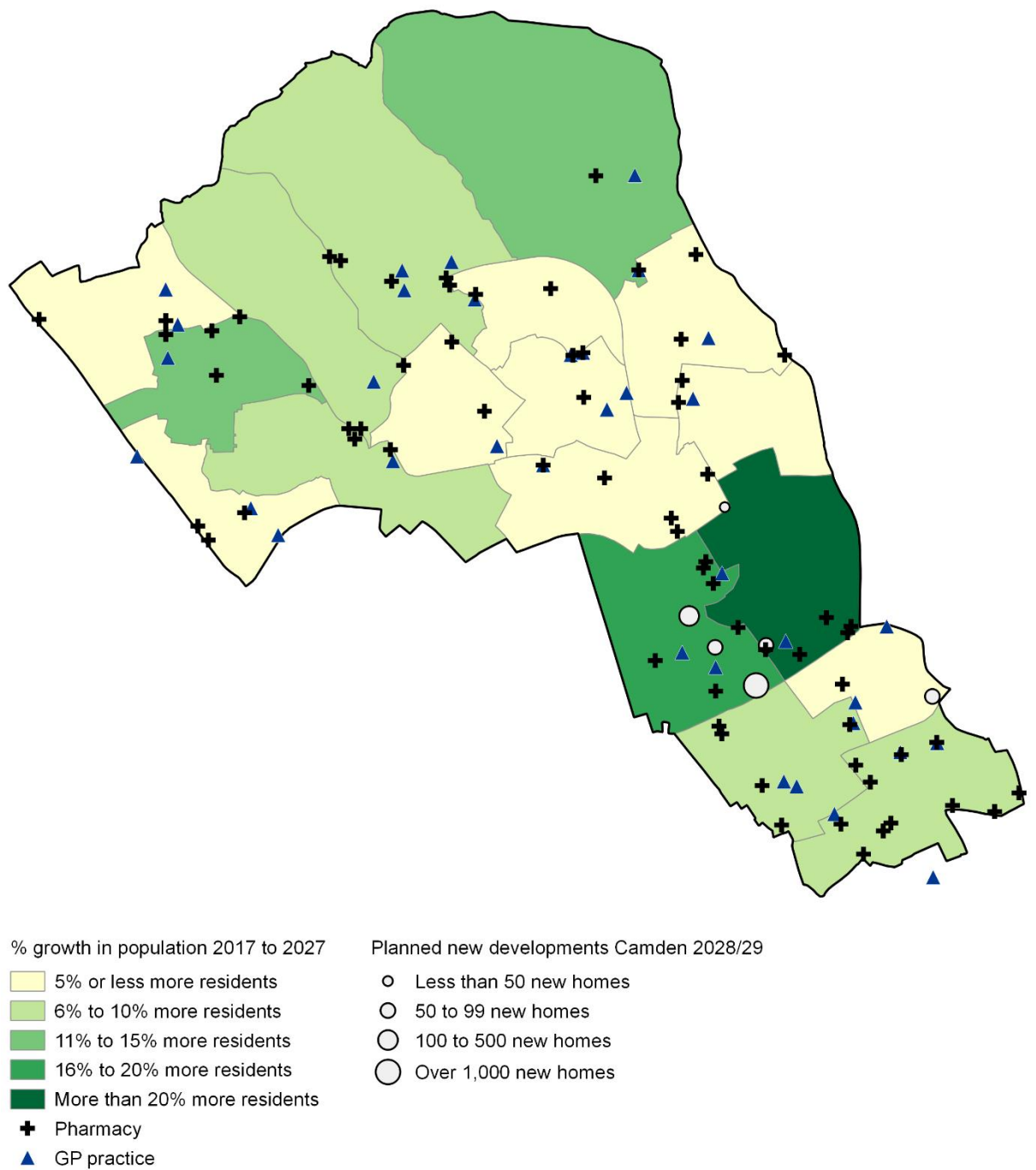
<sup>\$\$\$</sup> GLA 2012 Round 'Camden Development v2'. Interim 2011 census rebased.

New developments will contribute to the projected increases in population. Camden's Planning Department estimated in July 2017 that there will be approximately 7,000 additional homes built in the borough by 2021/22, with a further 4,200 added by 2026/27 and another 5,000 by 2031/32 (Map 4.1). According to the 2011 Census, the average household size in Camden in 2011 was 2.17 people.

New developments are taking place around St Pancras and Somers Town, Regent's Park, Camden Town and Primrose Hill and King's Cross. It should be noted that further alterations to the London Plan (Mach 2016) requires Camden to deliver a minimum of 8,892 homes between 2015 and 2025, which Camden is meeting in its housing projections. There is substantial redevelopment in the King's Cross area, including the provision of new housing, office and retail space. This is likely to affect social travel in the area. Euston station is also being re-developed to create a terminal for HS2, which will take place over the next 15 years. Crossrail is also likely to increase development pressures in the South locality, but the extent of this is not yet known.

These developments may constitute a future pharmaceutical service need. However, in areas where there are current developments, there is already a high density of pharmacies (Map 4.1).

Map 4.1: Projected percentage population increase by ward and planned new developments, Camden 2027



#### 4.2.2. Student population

Camden is also home to the largest student population in London, with over 25,300 students attending one of the 11 higher education institutions in Camden, with 40% of students are located in the South of the borough\*\*\*\*.

#### 4.2.3. Daytime population

As an inner London borough, Camden's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travelling in for work, and tourists. The latest figures show that Camden's population more than doubles in size on an average workday to more than 490,000 people, including 61,000 domestic and overseas tourists. About 316,000 of the total daytime population are workers, although it is not clear what proportion live and work in the borough†††.

#### 4.2.4. Age and sex profile

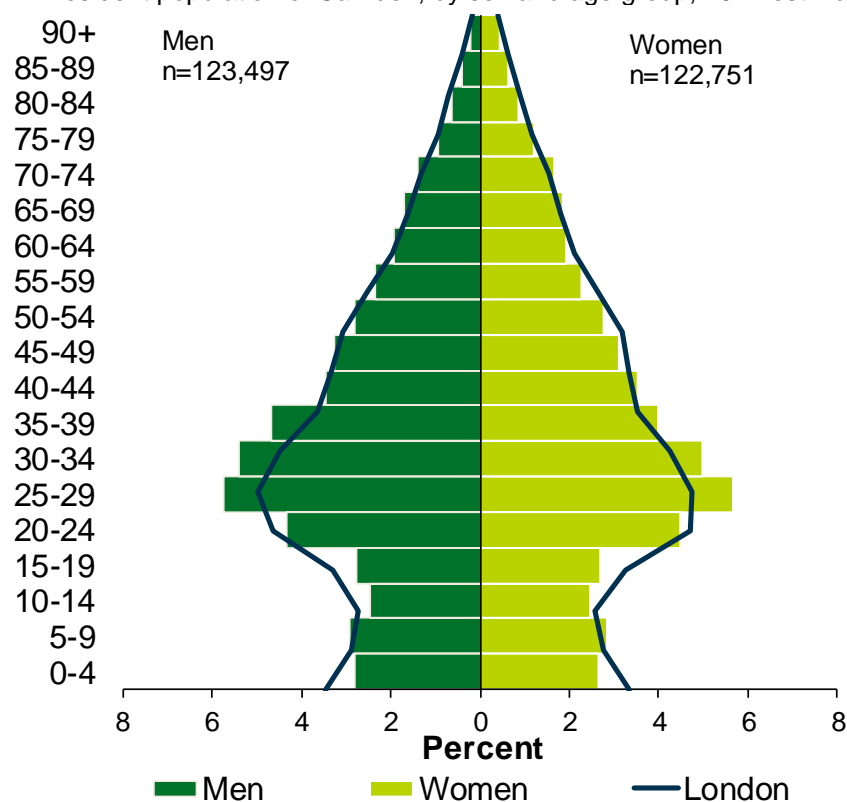
The age and gender profile of Camden is similar to London but younger than England, with significantly greater proportions of younger adults aged between 25 and 39 years (Figure 4.2). The large student population and people of younger working age contribute to a high level of turnover as people move in and out of the borough. Camden also has a smaller proportion of resident children and young people aged 5-19, compared to the London average.

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\*\*\*\* Higher Education Statistics Agency 2013-14.

††† Greater London Authority (2015). Available at: <http://data.london.gov.uk/dataset/daytime-population-borough>

Figure 4.2: Resident population of Camden, by sex and age group, 2017 estimates

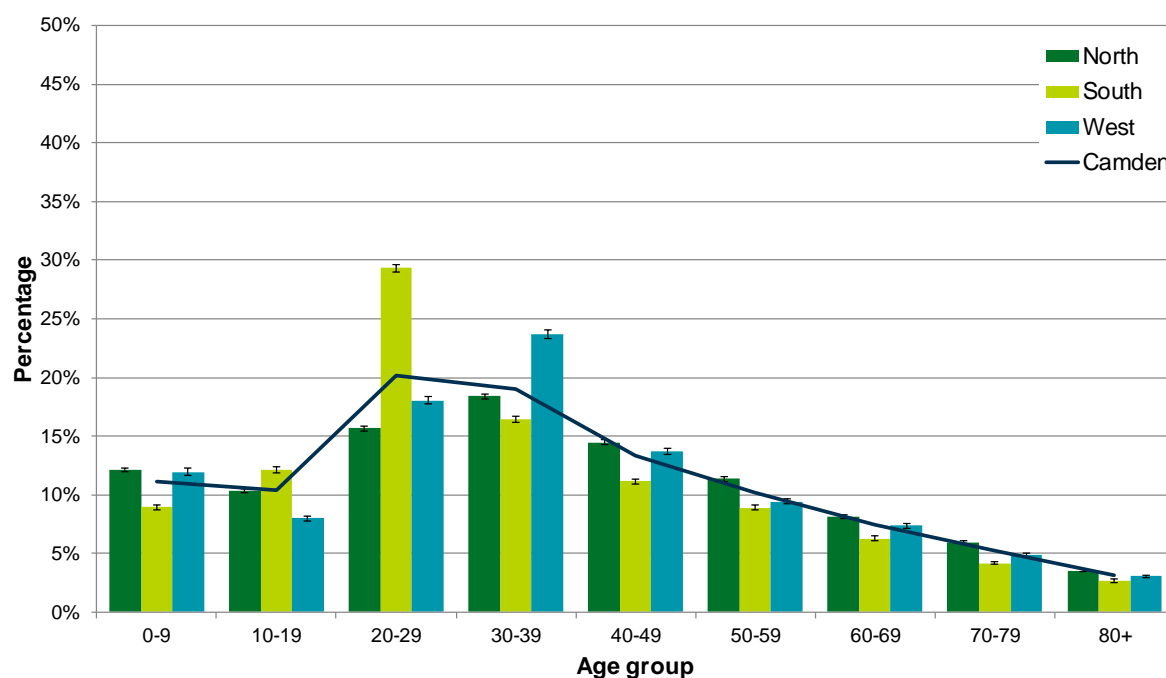


Source: GLA, 2017

In the North and West localities, people aged 20-29 represent a smaller proportion than in Camden, while in the South this age group represents a larger proportion. This could be due to the high number of students in this locality. The West locality has a significantly higher proportion of people aged 30-39 and a lower proportion of 10-19 year olds (Figure 4.3).



Figure 4.3: Resident population of Camden, by locality and age group, compared to Camden overall, 2017 estimates



Source: GLA, 2017

Age is an important determinant of health, and by extension, the need for healthcare services including pharmacies. Although the prevalence of living in poor health increases with age, two-thirds of Camden people living in poor health are under 65 years of age. While people's health generally deteriorates as they get older, in Camden people start experiencing poor health earlier than in England, when residents are middle-aged.

#### 4.2.5. Ethnicity and language

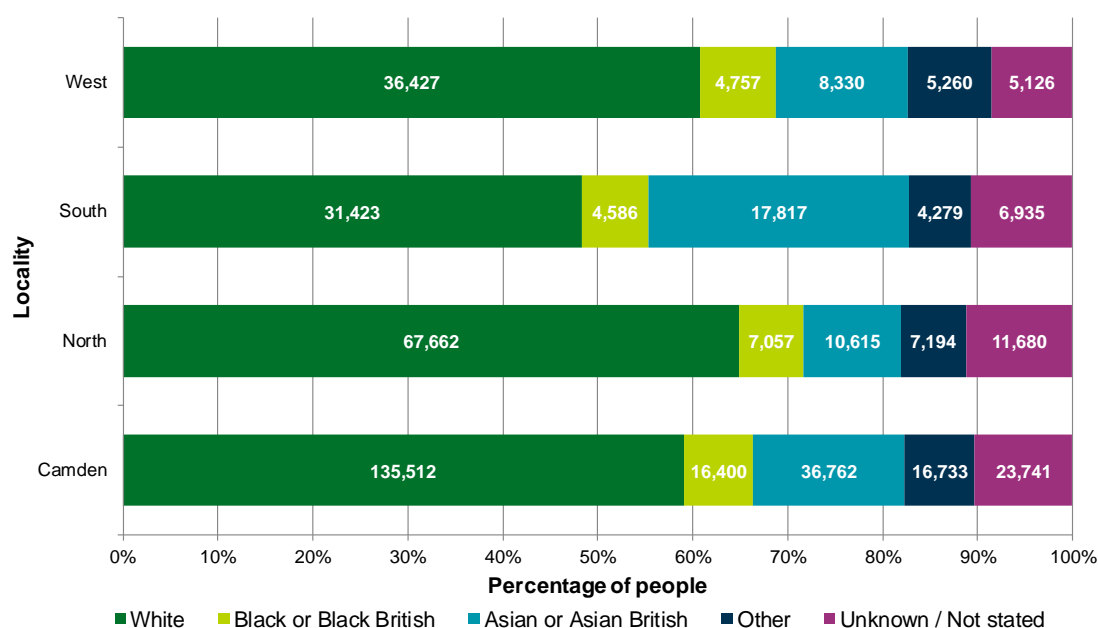
Camden is a very diverse borough. Overall, about a third of Camden's population with recorded ethnicity are from black, Asian and minority ethnic (BAME) groups, ranging between 27% in the North locality and 46% in the South locality. The ethnic breakdown also differs between locality, with a larger proportion of Asian people in the South (19% compared to 12% in Camden overall). Figure 4.4 shows the ethnic distribution for people whose ethnicity has been recorded by their GP (registered population).

The numbers of people in certain ethnic groups are expected to increase more than others over time; 'Arab' (determined by the ONS 2011 census ethnic category) and

‘Other ethnic’ groups are expected to grow by 26% and 22%, respectively, between 2017 and 2027.

Data from the 2011 census show that almost half of people reporting poor health in Camden are White British, and more than one-in-six are Asian and one-in-eight are ‘Other White’ ethnic groups<sup>+++</sup>. This largely reflects the ethnic profile of Camden’s population. It is some of the smaller ethnic groups, however, that experience the starkest health inequalities. Notably, White Irish people are more than twice as likely to be living in poor health compared to the Camden average. Unusually, in the Irish population the proportion of middle-aged people who report poor health is the same as in the older-age group<sup>+++</sup>, indicating that White Irish residents experience poorer health earlier in their lives. In contrast, there is a clear relationship between age and poor health among Asian ethnic groups, with older Asians being almost twice as likely to be in poor health compared to the Camden average for over 65s.

Figure 4.4: Percentage breakdown of GP registered population by ethnicity, Camden localities, September 2015



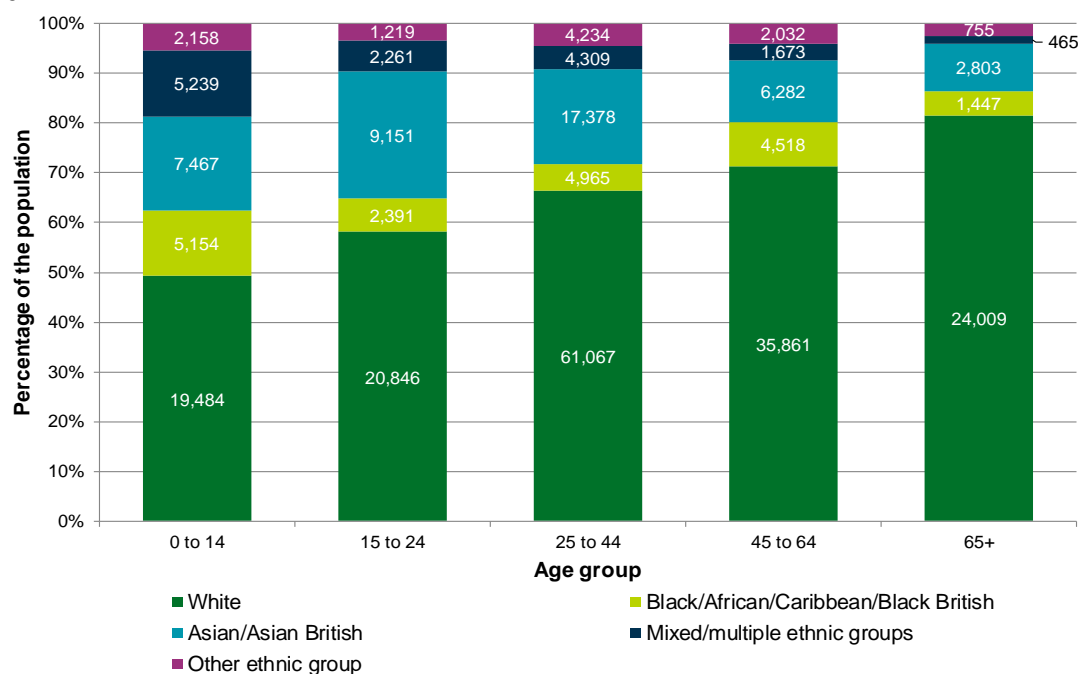
Source: Camden’s GP PH dataset, 2015

Generally the age structure of the BAME groups is younger than the white population across all localities; 46% of children and young people aged 0 to 24 years are from a

<sup>+++</sup> This is based on people reporting “bad” or “very bad” health in the Census 2011. The difference between Camden and England is less clear for people reporting “not good health” (defined as “fair”, “bad”, or “very bad” health).

BAME background compared to 19% of the population aged 65 years and over (Figure 4.5).

Figure 4.5: Percentage breakdown of Camden resident population by age group and ethnicity, 2017



**Source:** GLA, round 2015 (short-term migration)

A further reflection of Camden's cultural diversity is seen in the variety of languages spoken. After English, the three most commonly spoken languages are Bengali (13%), French (8%) and Spanish (6%)<sup>§§§§</sup>.

#### 4.2.6. Deprivation

Camden is significantly more deprived compared to England, and is the fifteenth most deprived borough in London. Deprivation varies considerably between localities in Camden. The North locality has more than half of its population living in affluent areas, while in the South locality more than half live in the most deprived areas in the borough.

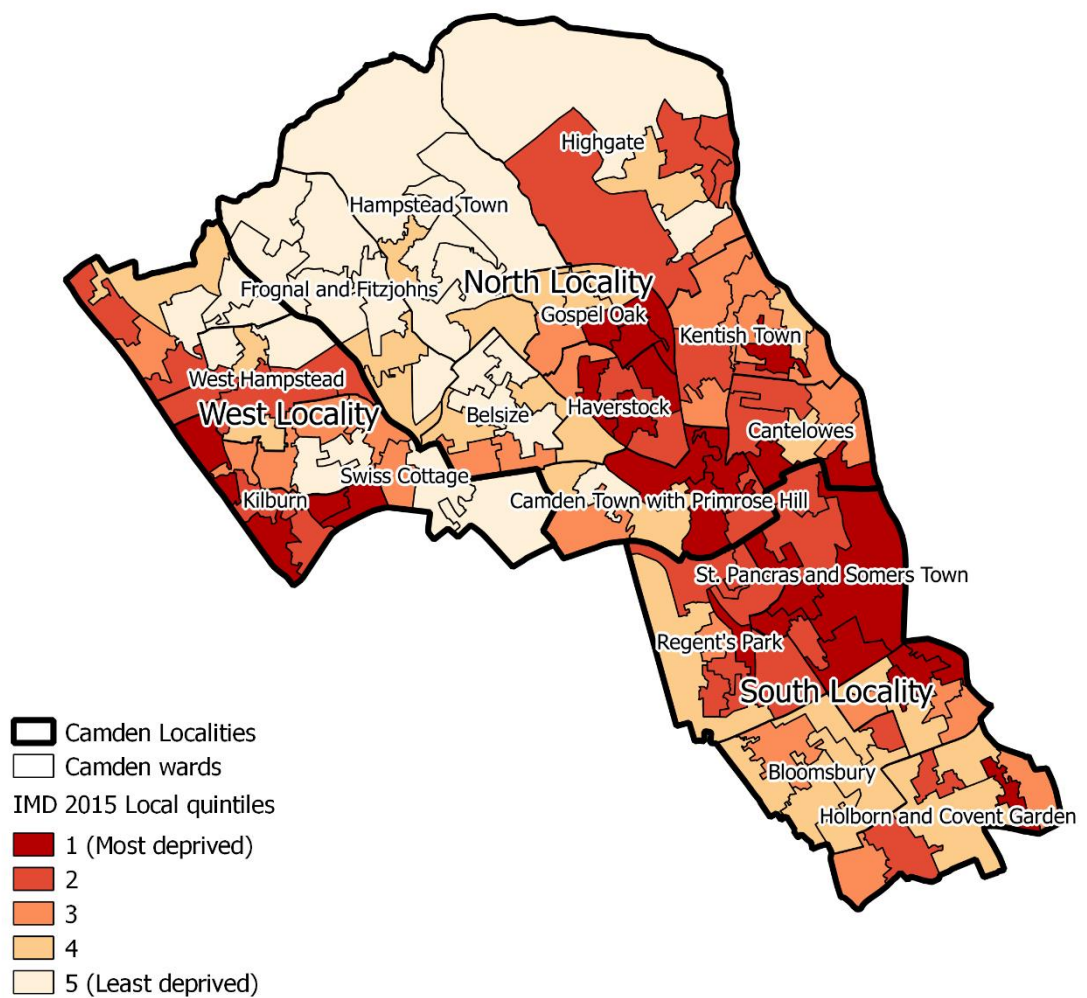
People suffering from poor general health, mental ill health, and low life expectancy are generally concentrated in a few, deprived wards in the borough including St

<sup>§§§§</sup> Office for National statistics. 2011 Census (Online). Available from <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html> (Accessed 22 August 2013)

Pancras and Somers Town, Haverstock, and Kilburn. In contrast, residents in the most affluent parts of the borough have longer life expectancy, better general health, and fewer mental health problems than the England average. There are also stark geographical health inequalities in Camden (Map 4.2), strongly associated with the distribution of deprivation in the borough.

The most deprived people in the borough are not only more likely to suffer from ill health than the more affluent; they also tend to be sicker with multiple long term conditions. The long term conditions most strongly associated with deprivation in Camden (adjusted for age) are diabetes, learning disabilities, chronic lung disease and chronic liver disease. At the level of individual Camden residents, it is not possible to say whether ill health follows deprivation or deprivation follows ill health, but we do know from national studies that there is a complex causal relationship between ill health and deprivation.

Map 4.2: Level of deprivation by small area, Index of multiple deprivation, Camden, 2015



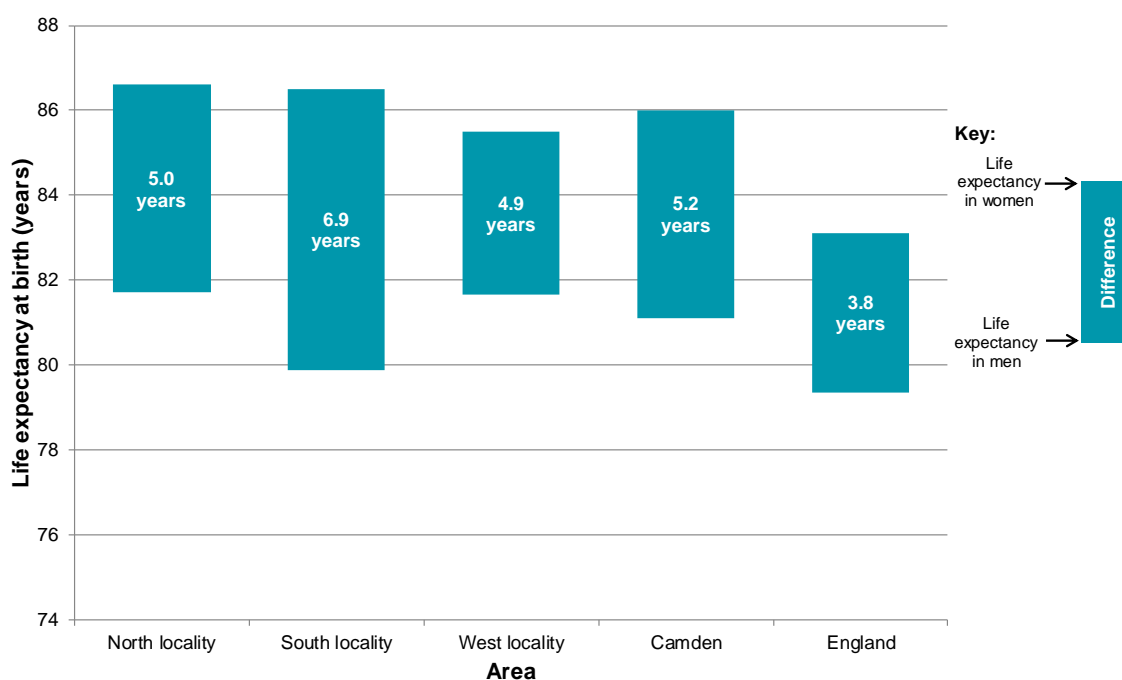
**Source:** Department for Communities and Local Government, 2015

### 4.3. Life expectancy

Overall, Camden's life expectancy is higher than London and England for both men (81.7 years in Camden vs. 80.2 in London and 79.5 in England) and women (86.1 years in Camden vs 84.1 in London and 83.1 in England) and has improved at a faster rate than London and England over the past fifteen years. The absolute improvement in life expectancy since 2000-02 was the largest of any local authority in England. This improvement in life expectancy has been driven by fewer deaths from heart disease, cancer, and chronic lung disease — the three main causes of death. Both the rate of premature mortality from cardiovascular diseases and the rate of under 75 mortality from cancers considered preventable fell significantly between 2002-04 and 2013-15, from 499 to 258 per 100,000 persons and from 342 to 314 per 100,000 persons respectively.

The gap in life expectancy between the best- and worst-off helps us to understand how inequalities affect our population differently. Despite the fact that the gap in life expectancy has not widened in Camden, unlike in the rest of England, there is evidence that the gap still exists, therefore suggesting that the poorest are still being left behind: proportionately, more people in the most deprived areas have reported poor health over the past 10 years. Furthermore, Camden has one of the largest health gaps in England in terms of people living in “not good health” across occupational groups: the third largest health gap for men and the seventh largest for women. This highlights the large health inequalities in the borough, which are masked by good life expectancy overall.

Figure 4.6: Difference in life expectancy by locality and gender, Camden and England, 2010-2014



**Source:** Greater London Authority, 2017; ONS, 2016

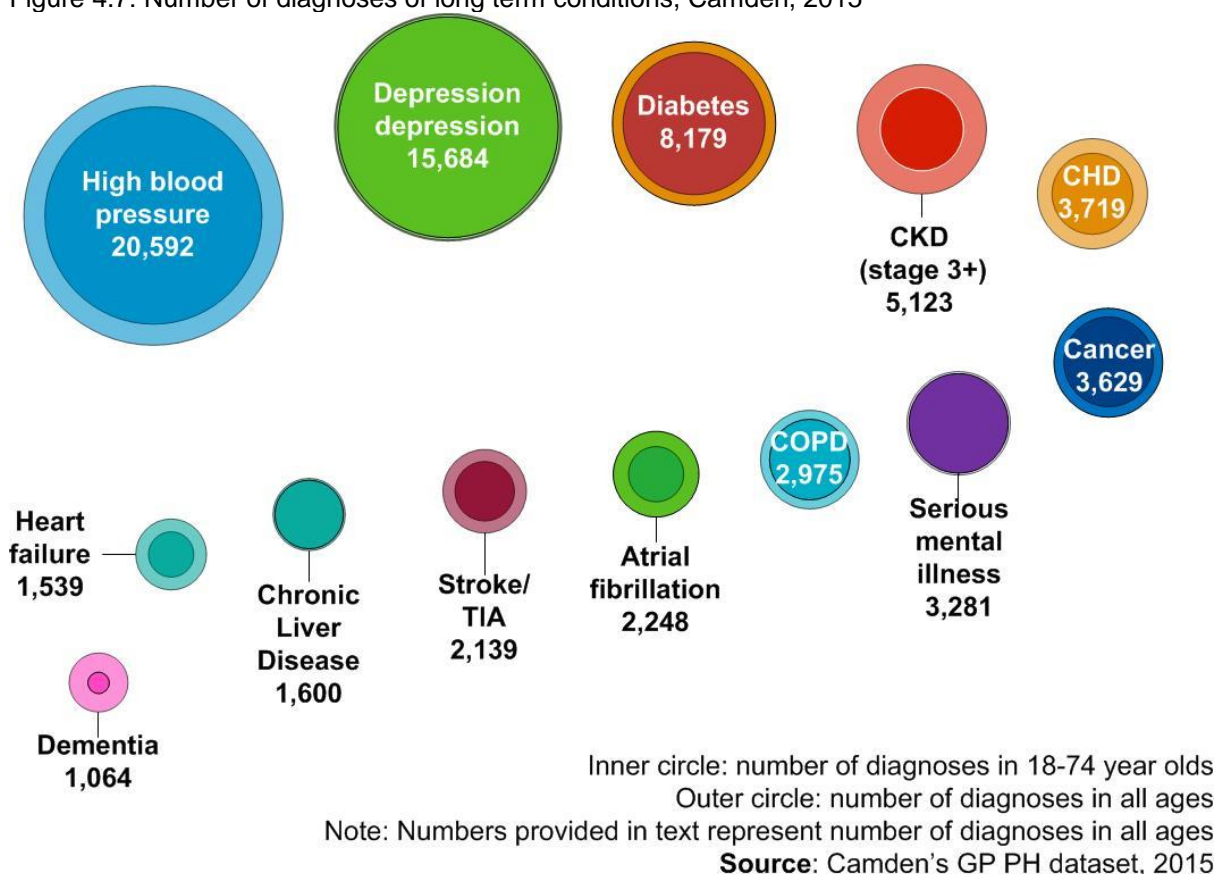
Differences in life expectancy can also be seen at locality level. For men, the North and West have the highest life expectancies (81.7 years), with the shortest in the South (79.9 years). In women, there is smaller variation between localities, with life expectancy above 85 years for all areas (Figure 4.6).

#### 4.4. Prevalence of long term conditions

Overall, 43,700 people in Camden (19%) have at least one diagnosed long term condition, with over 71,700 diagnoses overall (Figure 4.7). The most common conditions in Camden, high blood pressure and depression, make up almost half of all diagnoses.

The prevalence of long term conditions increases with age, with 60% to 65% of people aged over 55 diagnosed with a long term condition in each locality. The prevalence of having at least one diagnosed long term condition is highest among the black population, and is consistently lower for BAME groups in the South locality compared BAME groups in the North and West localities.

Figure 4.7: Number of diagnoses of long term conditions, Camden, 2015



There is a significantly higher percentage of people with at least one long term condition in the North locality (21%) than Camden overall (19%). The lower prevalence of long term conditions in the South locality is consistent with the younger population.

Data from 2012 indicates that overall, the most deprived areas in Camden have the highest prevalence of long term conditions. There is a significant difference in the prevalence of long term conditions between the most and least affluent areas in the North (23%) and West (20%) localities, compared to 15% overall. People in the most deprived areas are also more likely to have two or more long term conditions: about 10% compared to 6%.

Depression is the most prevalent mental health condition in Camden. In 2015/16, 8.2% (15,648) of adults diagnosed with depression in in Camden GP were recorded on the depression register. This was significantly higher than the London average. The borough also has a higher diagnosed prevalence of serious mental illness than both London and England (1.4%; 3,281 persons). The prevalence of dementia is



0.46% (1,064 persons); significantly lower than the London average. Statistical modelling indicates that 69% of the expected number of cases of dementia have been diagnosed (no similar models are available for depression or serious mental illness). A higher percentage of women are diagnosed with depression than men; the opposite is true for serious mental illness. Prevalence of both these conditions is significantly higher in more deprived areas of Camden.

Earlier data from 2012 suggests that the prevalence of individual long term conditions varies by locality, even after the age structure of the population is taken into account. Table 4.2 shows the long term conditions and localities where prevalence is significantly higher or lower than the Camden average. The reasons for these differences will be complex and related to levels of deprivation, individual risk behaviours (e.g. smoking) and personal characteristics such as ethnicity.

Table 4.2: Difference in diagnosed prevalence of long term conditions after adjusting for age, by locality, Camden, 2012

Long term condition	North	West	South
Atrial fibrillation (AF)			
Cancer	↑		↓
Chronic depression	↑		↓
Chronic kidney disease (CKD)	↓	↑	
Chronic liver disease (CLD)	↓	↑	
Chronic obstructive pulmonary disease (COPD)	↓		↑
Coronary heart disease (CHD)			
Dementia		↑	↓
Diabetes	↓		↑
Heart failure	↓		↑
High blood pressure (hypertension)	↓	↑	↑
Serious mental illness			
Stroke / TIA	↓	↑	

**Source:** Camden PH GP dataset, 2012

**Note:** Red arrows indicate where prevalence, adjusted for age is higher than the Camden average. Green arrows indicate where prevalence, adjusted for age, is lower than the Camden average.

#### 4.4.1. Comorbidities

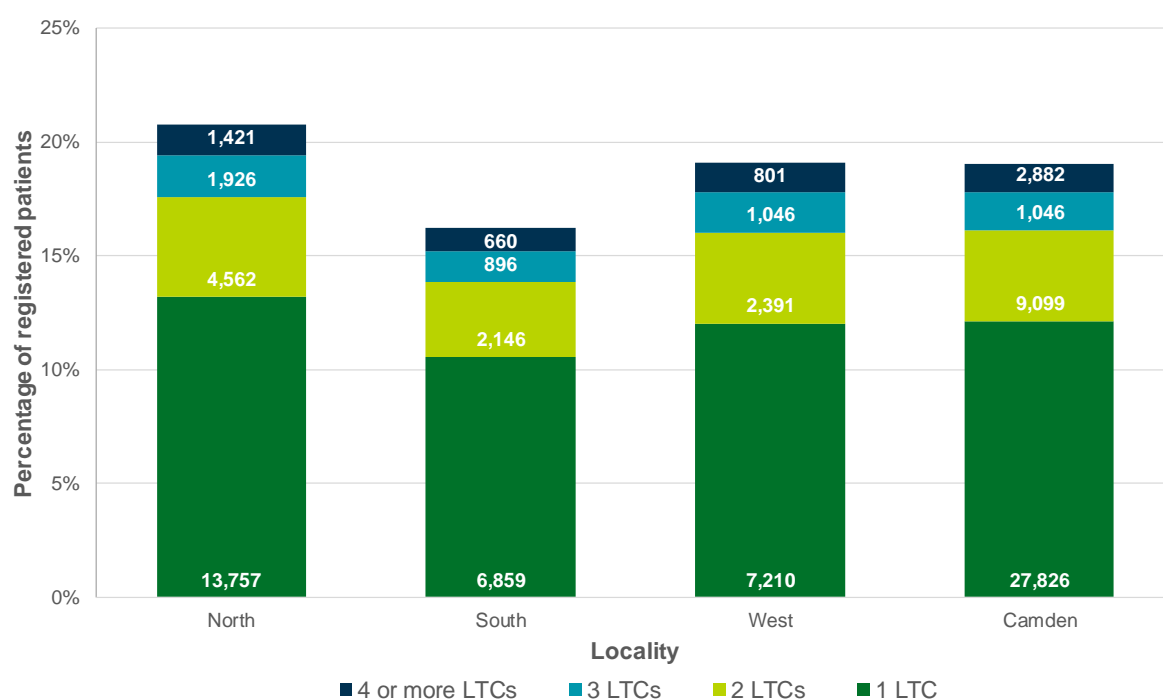
Of people with a diagnosed long term condition, 36% have more than one (15,849), including 2,882 people with 4 or more long term conditions (Figure 4.8). Most people

who have been diagnosed with one or more condition have high blood pressure and diabetes, reflecting the pattern of overall prevalence.

Older people are more likely to suffer from more than one long term condition, with 44% of those aged 65+ years in Camden diagnosed with multiple conditions, rising to 66% for those aged 80+ years.

People with diagnosed serious mental health conditions have a higher prevalence of comorbidities (additional long term conditions) than people with other long term conditions, with almost 50% of patients diagnosed with another long term condition across Camden. This percentage is highest in the South locality (54%) and lowest in the West locality (42%).

Figure 4.8: Percentage of GP registered patients by number of long term conditions, Camden localities, September 2015



Source: Camden's GP PH Dataset, 2015

#### 4.4.2. Expected prevalence of long term conditions

Statistical models are used to estimate the expected prevalence of long term conditions and give an indication of the number of people living with an undiagnosed condition. The models take into account differences in age, gender, deprivation and smoking status between populations when calculating the number of people undiagnosed. There are currently models for high blood pressure, diabetes, coronary

heart disease (CHD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), and stroke/Trans Ischemic Attack (TIA). The latest models show that, for these long term conditions, the estimated prevalence is higher than the diagnosed prevalence, indicating about 42,800 people living with an undiagnosed long term condition in Camden. Some people may also have more than one undiagnosed condition. Modelled prevalence data is not available at locality level.

Table 4.3: The prevalence gap for six major long term conditions, Camden GP registered population, all ages (unless otherwise indicated with \*), 2015/16

Long term condition	Diagnosed prevalence	Estimated prevalence	Number diagnosed	Number not diagnosed
High blood pressure	9.1%	17.4%	23,452	21,163
Diabetes*	4.0%	6.7%	8,782	5,750
CKD*	2.5%	4.1%	5,463	2,173
COPD	1.3%	3.3%	3,301	5,108
CHD	1.0%	3.7%	2,440	6,917
Stroke/TIA	0.9%	1.6%	2,360	1,716

**Sources:** PHE prevalence models (high blood pressure and CKD, 2014; COPD, 2015; diabetes, 2016); APHO prevalence models (CHD and stroke, 2011); QOF, 2015/16

\* Diabetes and CKD prevalence figures are for people aged 17+ and 18+ years, respectively.

## 4.5. Behavioural risk factors

Smoking, obesity, alcohol consumption, physical inactivity, and poor diet are all important modifiable risk factors that can impact on health outcomes. Supporting people to adopt healthier health behaviours can reduce the development of long term conditions, extend life expectancy and improve quality of life. For people with existing diagnoses, offering support to adopt healthier habits can halt the development of comorbidities and aid overall management of long term conditions.

### Box 3: Recording of behavioural risk factors

GPs record health behavioural risk factors for their patients in areas such as smoking, alcohol, and weight. The extent to which these risk factors are recorded by GPs in Camden differs according to risk factor, time, age and whether the risk factor is included within the Quality and Outcomes Framework, (QOF), a national quality framework for GPs.

Smoking status is well recorded, a reflection of its inclusion in the QOF for GP practices. Alcohol recording, on the other hand, is poorly recorded which may be the result of low confidence amongst GPs in asking people their drinking status and the accuracy or honesty with which people reply. It may also reflect confusion over how alcohol units are measured, as this is not straightforward. Body Mass Index (BMI) recording is also poor (Table 4.4). Poor recording could be due to a large student population at Camden GP practices leading to high turnover of registered patients.

Table 4.4: Percentage and number of GP registered patients without risk factor information recorded, by risk factor and locality, Camden GP practices, September 2015

Locality	Smoking (age 16+)		Alcohol (age 18+)		BMI (age 18+)	
	n	%	n	%	n	%
North	4,279	5%	16,831	20%	25,785	25%
South	2,323	4%	6,903	12%	14,454	23%
West	1,960	4%	6,113	12%	13,681	23%
<b>Camden</b>	<b>8,562</b>	<b>5%</b>	<b>29,847</b>	<b>16%</b>	<b>40,037</b>	<b>24%</b>

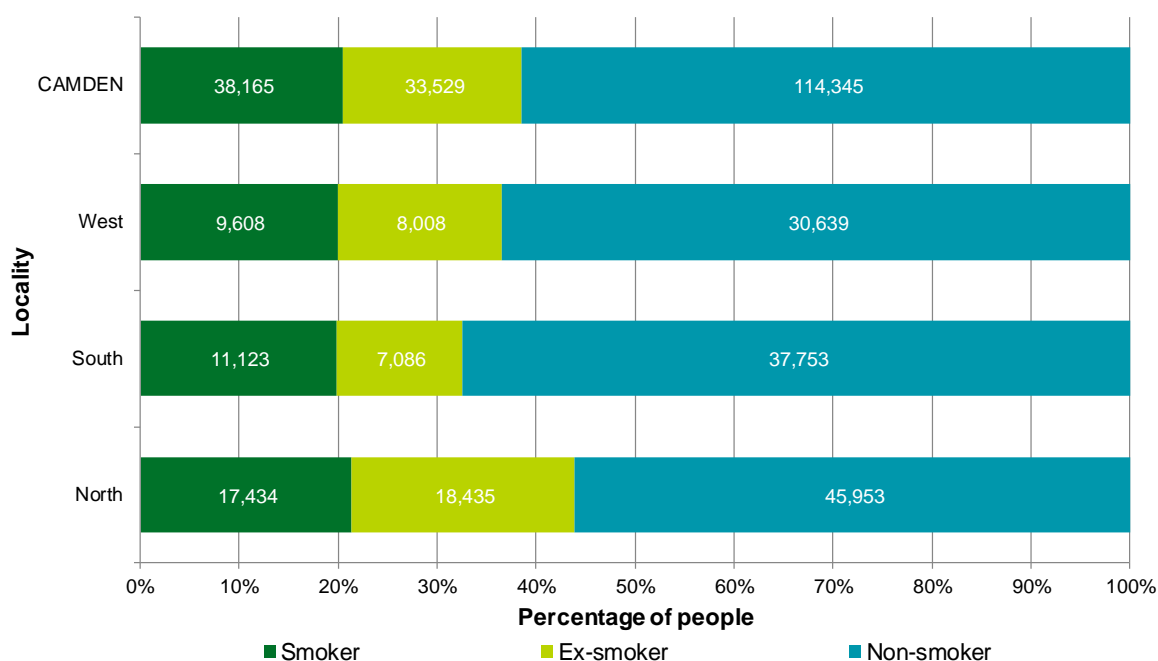
The variation by locality in the recording of alcohol and BMI needs to be considered when interpreting the data shown in the next sections, as low levels of recording can lead to under reporting of the prevalence of these risk factors.

### 4.5.1. Smoking

Tobacco use is the single most important modifiable risk factor for early death and serious illness. It is particularly associated with lung and oral cancers, circulatory disease and respiratory disease. Smoking accounts for over half of the gap in risk of premature death between the least and most deprived in the borough; mortality rates from tobacco are two to three times higher among disadvantaged social groups than among the more affluent.

The number of people who smoke has declined in Camden over the past ten years. Overall, smoking prevalence, based on national survey data, has reduced from 19% in 2010/11 to 17% in 2014, and current estimates are not significantly different to that estimated for London (17%) and England (18%). Data from general practices in Camden indicate a prevalence of 20% (38,000 people), with no statistically significant difference between localities (Figure 4.9).

Figure 4.9: Percentage breakdown of GP registered population aged 16+, by smoking status, where recorded, Camden localities, September 2015



**Source:** Camden's GP PH Dataset, 2015

**Note:** 8,562 people had no recorded smoking status.

The fact that smoking remains more prevalent in key population groups highlights a need for targeted service provision. In Camden, groups with higher prevalence include:

- Men (25% prevalence versus 16% in women)
- People aged 45-59 (28% in men, 19% in women)
- People with long term conditions (particularly those with mental health conditions and Chronic Obstructive Pulmonary Disease (COPD). Despite smoking cessation being the most effective intervention to control and manage COPD, 45% of the population (1,328 people) with this condition in Camden still smoke.
- The highest smoking prevalence is among the White and Black Caribbean ethnic group (33%), followed by Irish (28%). Chinese and Indian ethnic groups are significantly less likely to smoke (9% and 12%, respectively).
- More people living in the most deprived areas in Camden smoke (26%) compared to those in the most affluent areas (14%).

#### 4.5.2. Alcohol

Alcohol misuse is a major cause of illness, injury and death. Although the immediate intoxicating effects of alcohol are often easily identifiable, the longer-term health consequences of drinking may remain undetected for years. Alcohol is linked to more than 60 different conditions, including liver disease, cancer, osteoporosis, stomach ulcers, and raised blood pressure. There is also a strong correlation between alcohol abuse / dependence and mental health problems. Alcohol has also been linked to self-harm, suicide and psychosis. Evidence suggests that chronic dependent alcohol intake is a risk factor for alcohol related dementia, cognitive decline and other adverse brain outcomes.

Alcohol also has a wider impact on society, and this can be caused by all levels of consumption, not just by those who are dependent drinkers. Alcohol-related harm includes crime, family dysfunction, traffic accidents, and problems in the workplace. Often it is the social impact of alcohol where the effects of someone else's drinking is felt most. Alcohol, particularly heavy drinking, increases the risk of unemployment, and for those in work, it may cause absenteeism and performance issues.

There are three levels of risk that alcohol poses to an individual's health, based on their drinking patterns and volume of consumption: – low risk, increasing risk and higher risk.<sup>\*\*\*\*</sup> While the updated Chief Medical Officer's alcohol guidelines were updated in 2016 to only define low risk consumption (14 units or less per week), the risk levels described above can be useful for getting a more detailed understanding of drinking behaviours. In addition, dependent drinking and binge drinking are also terms frequently used to describe patterns of alcohol consumption. According to estimates, 87% of Camden's adult population drink alcohol, and 13% are abstainers. Of the drinking population, the majority (76%) are considered lower risk, with 24% at increased risk<sup>++++</sup>. Around 12% of the drinking population binge drinks regularly.

Data from GP practices<sup>++++</sup> indicate that 10% of patients are drinking at higher or increased risk. However, these estimates exclude the large proportion of people where drinking has not been recorded (16%), so the true pattern may be different. The North locality has the highest proportion of increased and higher risk drinkers at 14% (Figure 4.10).

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<sup>\*\*\*\*</sup> Lower risk drinkers are defined as:

- Both men and women who do not regularly drink more than 14 units of alcohol per week, spread over three or more days with some drink-free days each week.

Increasing risk drinkers are defined as:

- Men who regularly drink between 15 and 50 units of alcohol per week.
- Women who regularly drink 15-35 units of alcohol per week.

Higher risk drinkers are defined as:

- Men who drink more than 50 units of alcohol per week.
- Women who drink more than 35 units of alcohol per week.

<sup>++++</sup> Department of Health. UK Chief Medical Officers' Low Risk Drinking Guidelines (2016): [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/545937/UK\\_CMOS\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOS_report.pdf)

<sup>++++</sup> Definition used for local dataset:

Lower risk drinkers are defined as:

- Men who regularly drink no more than 3 to 4 units a day;
- Women who regularly drink no more than 2 to 3 units a day.

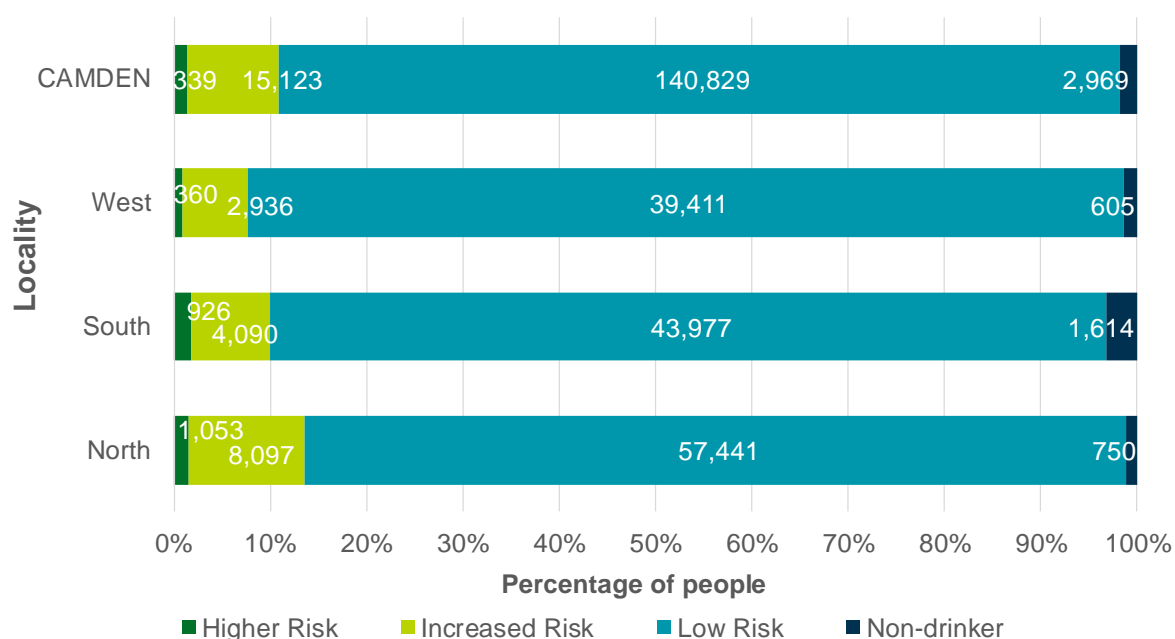
Increasing risk drinkers are defined as:

- Men who drink regularly more than 3-4 units a day (but less than higher risk levels)
- Women who drink regularly more than 2-3 units a day,

Higher risk drinkers are defined as:

- Men who drink regularly more than 8 units a day or more than 50 units of alcohol per week
- Women who drink regularly more than 6 units a day or more than 35 units of alcohol per week.

Figure 4.10: Percentage of GP registered population aged 18+, by alcohol consumption, where recorded, Camden localities, September 2015



**Source:** Camden's GP PH Dataset, 2015

The Camden Health Related Behaviours Questionnaire in 2015 looked at alcohol use among a sample of pupils in the borough. 21% of girls and 15% of boys in Year 10 reported drinking at least one unit of alcohol in the past week. In that age group, White and Mixed ethnic groups were more likely to report that they consumed alcohol in the past week, (33% and 26% respectively), compared to 3% among Asian pupils and 12% among Black pupils.

Alcohol also impacts on hospital admissions in Camden. The rate of alcohol-related admissions in Camden (2,344 per 100,000 population) is significantly higher than the rate for London (2,223 per 100,000) and England (2,179 per 100,000).



#### Box 4: Defining harm related to alcohol

**Alcohol-specific** conditions include those where alcohol is entirely responsible for the admission, development of the disease, or death. For example, alcoholic liver cirrhosis and poisoning from alcohol are wholly related to alcohol.

**Alcohol-related** conditions include all alcohol-specific conditions plus those where alcohol contributes to a greater or lesser degree to the disease. A death or admission that is partly caused by alcohol can include high blood pressure, breast cancer, falls and accidents.

Alcohol-specific admissions are significantly higher amongst Camden men (1,119 per 100,000 population) compared to both London and England (823 and 809 per 100,000, respectively). For women, the alcohol-specific admission rate (506 per 100,000) is also significantly higher than both London and England (283 and 367 per 100,000, respectively).

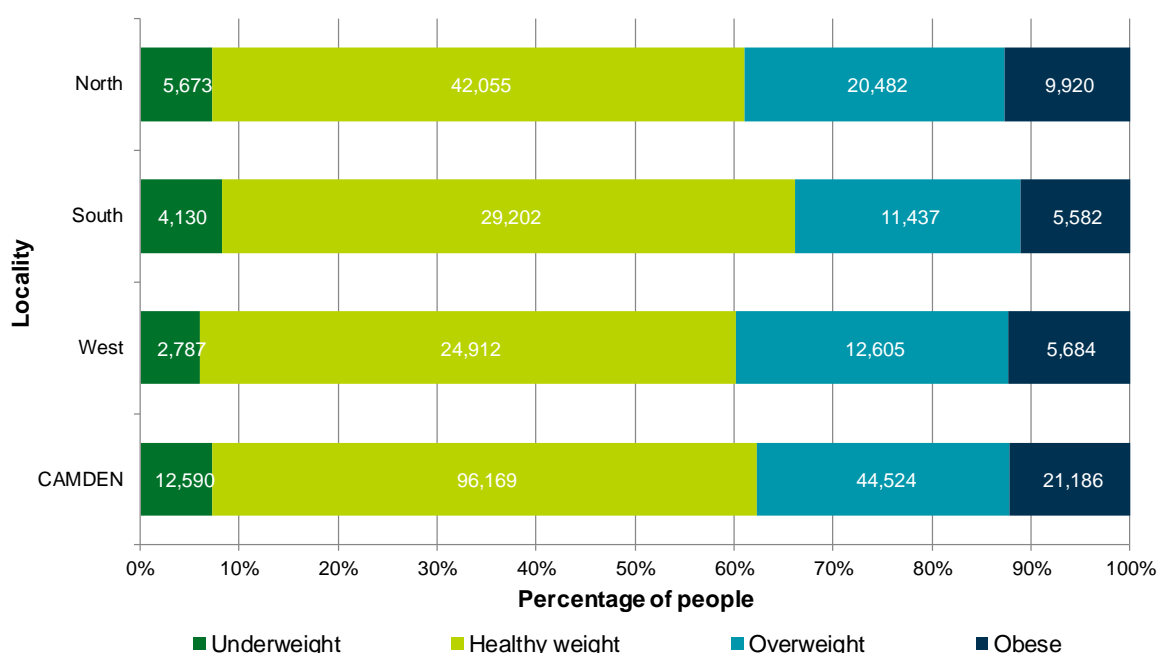
About 30% of people were admitted more than once for alcohol-specific causes. Again, alcoholic liver disease and mental and behavioural disorders due to alcohol make up the bulk of these admissions

#### 4.5.3. Obesity

Based on survey data, the prevalence of overweight and obesity in people aged 16 and over in Camden is 46%, which is significantly lower than both London (59%) and England (65%). Obesity is an important factor contributing to Camden's inequality gap in life expectancy. Local data indicate that just over 65,000 adults registered with a Camden GP are obese or overweight. The West locality has the highest proportion of obese and overweight people (40%) while the South has the highest proportion of healthy weight people (58%). The overall BMI distribution in the North locality is similar to the Camden average (Figure 4.11). These estimates exclude the large proportion of people where BMI has not been recorded (24%), with under recording particularly high among GPs in the North locality, so the true pattern may be different.

Obesity prevalence increases with deprivation, with those living in the fifth most deprived areas in Camden being 52% more likely to be obese compared to the Camden average. The prevalence of obesity among adults from a black ethnic minority group is 22%, significantly higher than the Camden average of 11%.

Figure 4.11: Percentage of GP registered population aged 18+, by BMI status, where recorded, Camden localities, 2015



**Source:** Camden's GP PH Dataset, 2015

**Note:** 53,920 people had no recorded BMI status, and 759 people had a recorded BMI that was not known/unfeasible.

Being obese or overweight increases the risk of developing a range of serious conditions, and having a long term condition can also increase weight. In Camden, obese and overweight people are significantly more likely to have diabetes (type II), hypertension, heart failure, heart disease, serious mental illness and chronic depression. Nearly one quarter of Camden adults with long term conditions are obese, compared to 11% of the total adult population.

#### 4.5.4. Drug misuse

Drug misuse is complex. Not everyone who misuses drugs will develop a serious problem. However, for the small number who do, the impact on their health and wellbeing, on families, partners and friends, and on the health and wellbeing of the local community, can be considerable.

If estimates for London from the Crime Survey for England are representative of the Camden population, over 16,000 (10%) Camden residents aged 16-59 years used

illicit drugs in 2017. This included over 7,500 people who used at least one Class A drug (e.g. heroin, cocaine, ecstasy). Camden has one of the largest opiate or crack-using populations in London, with over 1,300 people in treatment for opiate or crack use in 2016/17. There are an estimated 840 injecting drug users in Camden, although cannabis and powder cocaine are likely to be the most widely used illicit drugs in the borough.

The Camden Health Related Behaviours Questionnaire in 2015 also looked at substance misuse among pupils. 23% of Year 10 pupils have used an illegal drug, and 5% of Year 8 pupils. Within Year 10, drug use was highest among pupils from a Mixed ethnic background (37%) and lowest among Black pupils (14%).

Camden's drug treatment population is amongst those with the highest levels of need in the country, for both opiates and non-opiates. In Camden, the most commonly recorded issue that impacts negatively on people's chances of successful treatment is housing problems or having no fixed abode. Just under a third of clients in treatment for drugs report this issue.

#### 4.6. Sexual health and teenage pregnancy

Sexual health and reproductive health are critical to population wellbeing. Poor sexual health can cause unintended pregnancies, sexually transmitted infections (STIs), cancers and infertility.

##### 4.6.1. Teenage conceptions

In 2015, Camden had the fifth lowest teenage conception rate of all London boroughs (13.5 per 1,000). This is equivalent to approximately 42 teenage conceptions, below both the London and England averages.

Whilst the teenage conceptions are low, the percentage of these leading to abortion is high in Camden. In 2014, 57% of conceptions among 15-17 year olds led to an abortion, compared to 51% in England.

##### 4.6.2. Contraception

The effectiveness of some methods of contraception (contraceptive pill and barrier method) depends on their correct and consistent use. Long acting reversible contraception (LARC) methods, such as intrauterine devices or hormonal implants, provide highly effective, long term contraceptive protection for women. The availability and rate of LARC prescribing is an important measure of choice and

quality in local contraception services, and a key part of the offer to improve contraceptive services to help prevent unwanted pregnancy. National comparative data is available on prescribing in GP practices. In Camden, the rate for LARC prescribing in GP practices in 2015 (28 per 1,000 resident female population, aged 15-44) was the 7<sup>th</sup> lowest out of all London Boroughs, and significantly below England (48 per 1,000 resident female population, aged 15-44). Data on LARC prescribing in general practice should not be seen in isolation of the wider sexual health service provision that there is in the borough, although it does point to the potential to increase prescribing through general practice.

#### 4.6.3. Sexually transmitted infections (STIs) and HIV

The rate of acute sexually transmitted infections (STIs) in Camden is significantly higher than the London and England averages overall. However, there are differences in the ways in which the different infections affect different population groups. Young people and men who have sex with men (MSM) are at particular risk of the transmission of STIs, and good sexual education provision should be considered alongside high quality, open access to sexual health services.

In Camden, the rate of diagnosis of chlamydia for people of all ages (610 diagnoses per 100,000) is significantly higher than both London and England (571 and 364 per 100,000). However, diagnosis rates vary by age group and those in younger age groups (aged 15-24) are particularly at risk of infection; diagnoses in this age group accounts for 40% of all diagnosed chlamydia infections, but with a positivity rate of 5%, lower than England (8%) in 2015.

Overall, the rate of gonorrhoea and syphilis diagnoses are also significantly higher in men, specifically men who have sex with men (MSM), with 70% of gonorrhoea and 84% of syphilis cases diagnosed in England in 2014 being among MSM (numbers of syphilis and gonorrhea cases in Camden were too small to produce a meaningful rate).

There were 1,495 people accessing HIV care in Camden in 2015. The rate of Camden residents accessing HIV care is significantly higher (8.2 per 1,000 population) compared to both London and England (5.7 and 2.3 per 1,000 population, respectively). Camden is considered to be an area of high prevalence, as defined as a rate of higher than 2 per 1,000 population. Since 2002 there has been an increase in HIV patients per 1000, as people are living longer with the virus and more people are diagnosed.

Of people living with HIV and in treatment, 86% are men and about 70% were infected through sex between men (1,060 people), with a further 335 people infected through sex between men and women (22%). Most people in treatment were White (1020, 68%) followed by Black-African (200, 13%).

#### 4.7. Seasonal flu

Flu is an infectious viral illness that is especially common in winter, which is why it is also known as "seasonal 'flu". Flu is more likely to cause complications (e.g. bacterial chest infection) in vulnerable groups including older people, young children, pregnant women, people with certain long term conditions (diabetes, heart disease, lung disease, kidney disease or a neurological disease) and those who are immunosuppressed. During winter, seasonal flu increases service use in both primary and secondary care.

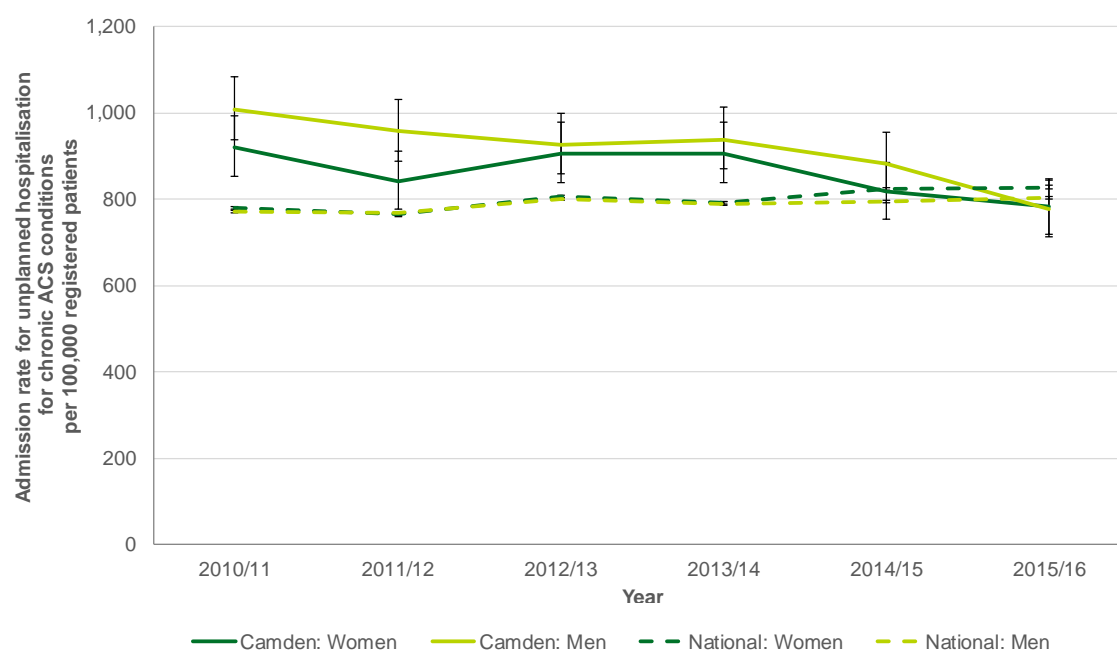
Annual vaccination helps prevent seasonal flu and the complications associated with it. It is recommended for all people aged 65 years and over; children aged two to eight years; primary school-aged children in former primary school pilot areas, pregnant women; people with certain conditions; frontline health and social care workers or carers and those living in a residential or nursing homes. Flu vaccination is available at GP practices and pharmacies. The Department of Health target for flu vaccination is 75% coverage of eligible population.

In Camden during the 2015/16 flu season, 69% of registered patients aged 65 and over were vaccinated; 48% of eligible patients aged 6 months to 65 years old with a specific condition; and 42% of pregnant women. These rates are below the DH target for each group, but similar to the London averages.

#### 4.8. Hospital admissions

Data on unplanned hospital admissions for certain long term conditions give an indication of which conditions are not being managed as well as they could be in the community or primary care. High rates of ambulatory care sensitive (ACS) admissions can be indicative of a lack of good quality preventive and primary care services that, if enhanced, would prevent those admissions.

Figure 4.12: Directly age and sex standardised admission rates for unplanned hospitalisation for chronic ambulatory care sensitive conditions (ACS) per 100,000 registered patients, by sex, 2010/11 to 2015/16



Source: NHS Digital, CCG OIS - Indicator 2.6, June 2017

The Camden 2015/16 unplanned hospital admission rates for chronic ACS were comparable between men and women, and were also in line with the reported national average rates. (men: 777 per 100,000 registered male patients, women:782 per 100,000 female registered patients). \$\$\$\$\$

\$\$\$\$\$ Additional information on public health in Camden, including the latest Joint Strategic Needs Assessment can be found at: <https://opendata.camden.gov.uk/>.

## 5. CURRENT PROVISION AND ASSESSMENT

This section will describe the current picture of pharmacy provision in Camden. Findings from the qualitative research carried out in 2014/2015 are included, from pharmacist and user perspective, drawing on the information presented in the Health Needs chapter (see Chapter 3 for more information). Taken together, an assessment will be made of how well current pharmacy services meet the needs of Camden's population.

As discussed in Section 2.3, the regulations covering the PNA require that pharmaceutical services are assessed in terms of the population's need and any gaps in necessary or relevant services, any improvements and better access, and other NHS services provided in the area. The PNA is also expected to explain where other services have been taken into account to influence the final assessment and recommendations.

Information on pharmacy opening hours and service provision are based on information provided by NHS England.

### 5.1. Pharmacies in Camden

#### 5.1.1. Distribution of pharmacies

There are 67 pharmacies in Camden at the time of writing. For reference, all of the pharmacies are shown in Map 5.1, with the pharmacy names in Table 5.1. Each ward has at least one pharmacy. Holborn and Covent Garden has the most pharmacies, with 11 (Table 5.2). There are no exclusively mail order or internet-based pharmacies based in Camden, but residents do use mail order pharmacies and some local pharmacies do also offer an internet-based service.

A full list of pharmacies in Camden, along with the services they provide, can be found in Appendix A.

As Table 5.2 and Map 5.1 show, there is more than adequate cover of pharmacies in Camden. During the previous qualitative research process, a number of focus group participants identified the location and ease of access of pharmacies as one of the main strengths of community pharmacies in Camden.

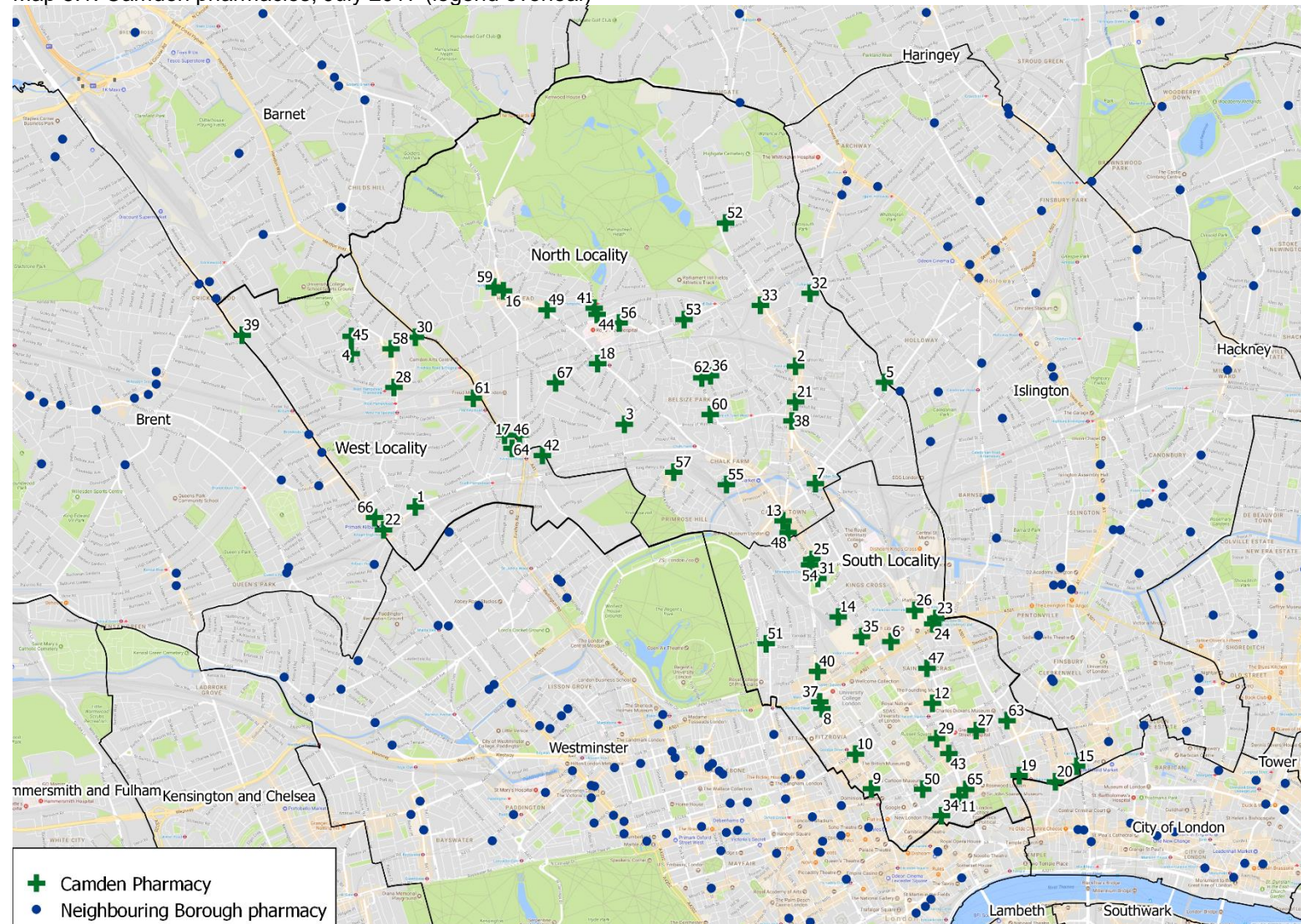
It is unlikely that additional providers in Camden would lead to a significant increase

in the choice of providers. However, additional facilities to support existing services, such as seating or other access facilitation, may improve resident accessibility to pharmacies. However, we do not consider this to be a gap in current provision.

Overall, Camden has 27 pharmacies per 100,000 residents, which is similar to the London and England averages of 22 pharmacies per 100,000 residents.



Map 5.1: Camden pharmacies, July 2017 (legend overleaf)



**Source:** NHS England, 2017

Table 5.1: List of Camden pharmacies, to accompany Map 5.1

Number	Display name	Number	Display name
1	ABC Drugstores	35	Evergreen Pharmacy
2	ABC Pharmacies	36	Fine Chemists
3	Allchins & Co Chemist	37	Grafton Pharmacy
4	Aqua Pharmacy	38	Greenfields Pharmacy
5	Aura Pharmacy	39	Greenlight Pharmacy (Cricklewood Broadway)
6	Baban Pharmacy	40	Greenlight Pharmacy (Hampstead Road)
7	Biotech Pharmacy	41	Hampstead Heath Pharmacy
8	Boots The Chemist (122 Tottenham Court Road)	42	Hill Pharmacy
9	Boots The Chemist (15-17 Tottenham Court Road)	43	Holborn Pharmacy
10	Boots The Chemist (209 Tottenham Court Road)	44	House Of Mistry Ltd
11	Boots The Chemist (Aviation House)	45	HV Thomas
12	Boots The Chemist (Brunswick Shopping Centre)	46	IPSA Pharmacy
13	Boots The Chemist (Camden High Street)	47	John Walker Chemists
14	Boots The Chemist (Euston Station)	48	JP Pharmacy
15	Boots The Chemist (Farringdon Road)	49	Keats Pharmacy
16	Boots The Chemist (Hampstead High St)	50	Kerrs Chemist
17	Boots The Chemist (Harben Parade)	51	Kings Pharmacy
18	Boots The Chemist (Haverstock Hill)	52	M Simmonds
19	Boots The Chemist (High Holborn)	53	Macey Chemists
20	Boots The Chemist (Holborn)	54	Medicine Box
21	Boots The Chemist (Kentish Town)	55	Morrisons Pharmacy
22	Boots The Chemist (Kilburn High Road)	56	Pharmacy Republic
23	Boots The Chemist (Kings Cross Underground)	57	Primrose Chemist
24	Boots The Chemist (Kings Cross)	58	Ramco Dispensing Chemist
25	Boots The Chemist (Mornington Crescent)	59	Ritz Pharmacy
26	Boots The Chemist (St Pancras International Station)	60	Rowlands Pharmacy
27	Niemen's	61	Lloyd's Pharmacy
28	Central Pharmacy	62	Sandylight Pharmacy
29	Clockwork Pharmacy	63	Starr Pharmacy
30	Dales Pharmacy	64	Superdrug (Finchley Road)
31	Day Lewis Pharmacy	65	Superdrug (High Holborn)
32	DH Roberts Chemists	66	Superdrug (Kilburn High Road)
33	EICO Pharmacy	67	Village Pharmacy
34	Essentials Pharmacy		

**Source:** NHS England, 2017

Table 5.2: Number of pharmacies by Camden ward and locality, and the number of pharmacies per 100,000 population.

Ward		Total population	Number of pharmacies	Pharmacies per 100,000 residents
North	Belsize	14,190	3	21
	Camden Town with Primrose Hill	13,640	5	37
	Cantelowes	13,080	2	15
	Frognal and Fitzjohns	13,320	1	8
	Gospel Oak	12,380	3	24
	Hampstead Town	12,300	4	33
	Haverstock	13,870	2	14
	Highgate	11,930	2	17
	Kentish Town	14,770	3	20
	North total	119,470	25	21
South	Bloomsbury	11,910	5	42
	Holborn and Covent Garden	14,510	11	76
	King's Cross	12,660	1	8
	Regent's Park	15,280	6	39
	St Pancras and Somers Town	17,600	5	28
	South total	71,950	28	39
West	Fortune Green	13,210	3	23
	Kilburn	13,520	3	22
	Swiss Cottage	14,580	4	27
	West Hampstead	13,490	4	30
	West total	54,800	14	26
Camden Total		246,220	67	27

Source: GLA, 2017 and NHS England, 2017

### 5.1.2. Opening hours

Each pharmacy is required to open for 40 'core hours' each week, aside from those on a 100-hour contract. The core hours are defined in the pharmacy's terms of service and cannot be changed without the consent of NHS England. Many pharmacies are currently open for additional hours during the week. These are known as supplementary hours. In Camden there are four pharmacies on 100 hour contracts. A full breakdown of pharmacy opening hours can be seen in Appendix F.

Tables 5.3, 5.4 and 5.5 show that there are sufficient pharmacies open during the day and out of hours to meet the needs of the Camden population.

### Bank holiday opening hours

Ensuring pharmacy coverage on a Bank Holiday is the responsibility of NHS England's Area Team. Pharmacies are not required to open on bank holidays, but they are encouraged to notify the Area Team of their intentions to allow for service planning. If the Area Team determines that too few pharmacies are intending to open in a particular area they can direct pharmacies to remain open. As the situation changes from one Bank Holiday to the next, it is not possible to present any specific data on Bank Holiday opening hours.

### Out of hours services

An integrated out of hours and 111 service is provided across North Central London. Any medications that need to be taken immediately are supplied to the patient, when seen face to face. Non-urgent treatments are accessed via the usual prescription route.



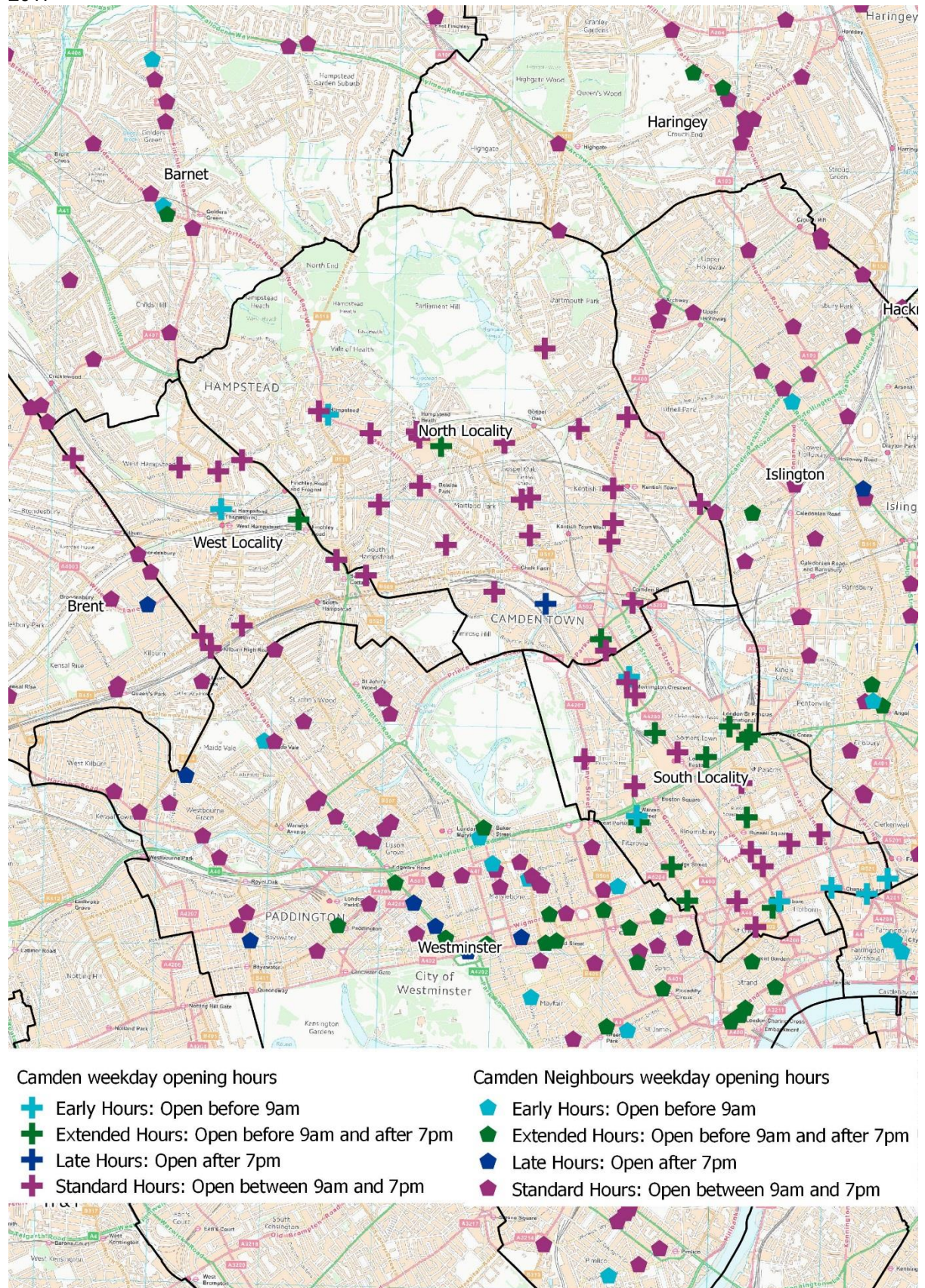
Table 5.3: Summary of pharmacy weekday opening hours, by locality and ward, July 2017

Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm
North	Belsize	3	0	0	0
	Camden Town with Primrose Hill	3	0	1	1
	Cantelowes	2	0	0	0
	Frognal and Fitzjohns	1	0	0	0
	Gospel Oak	2	0	0	1
	Hampstead Town	3	1	0	0
	Haverstock	2	0	0	0
	Highgate	2	0	0	0
	Kentish Town	3	0	0	0
	North total	21	1	1	2
South	Bloomsbury	0	1	0	4
	Holborn and Covent Garden	6	4	0	1
	King's Cross	1	0	0	0
	Regent's Park	4	1	0	1
	St Pancras and Somers Town	1	0	0	4
	South total	12	6	0	10
West	Fortune Green	3	0	0	0
	Kilburn	3	0	0	0
	Swiss Cottage	2	1	0	1
	West Hampstead	2	1	0	1
	West total	10	2	0	2
Camden Total		43	9	1	14

**Source:** NHS England, 2017



Map 5.2: Pharmacy weekday opening hours in Camden and neighbouring boroughs, July 2017



Source: NHS England, 2017



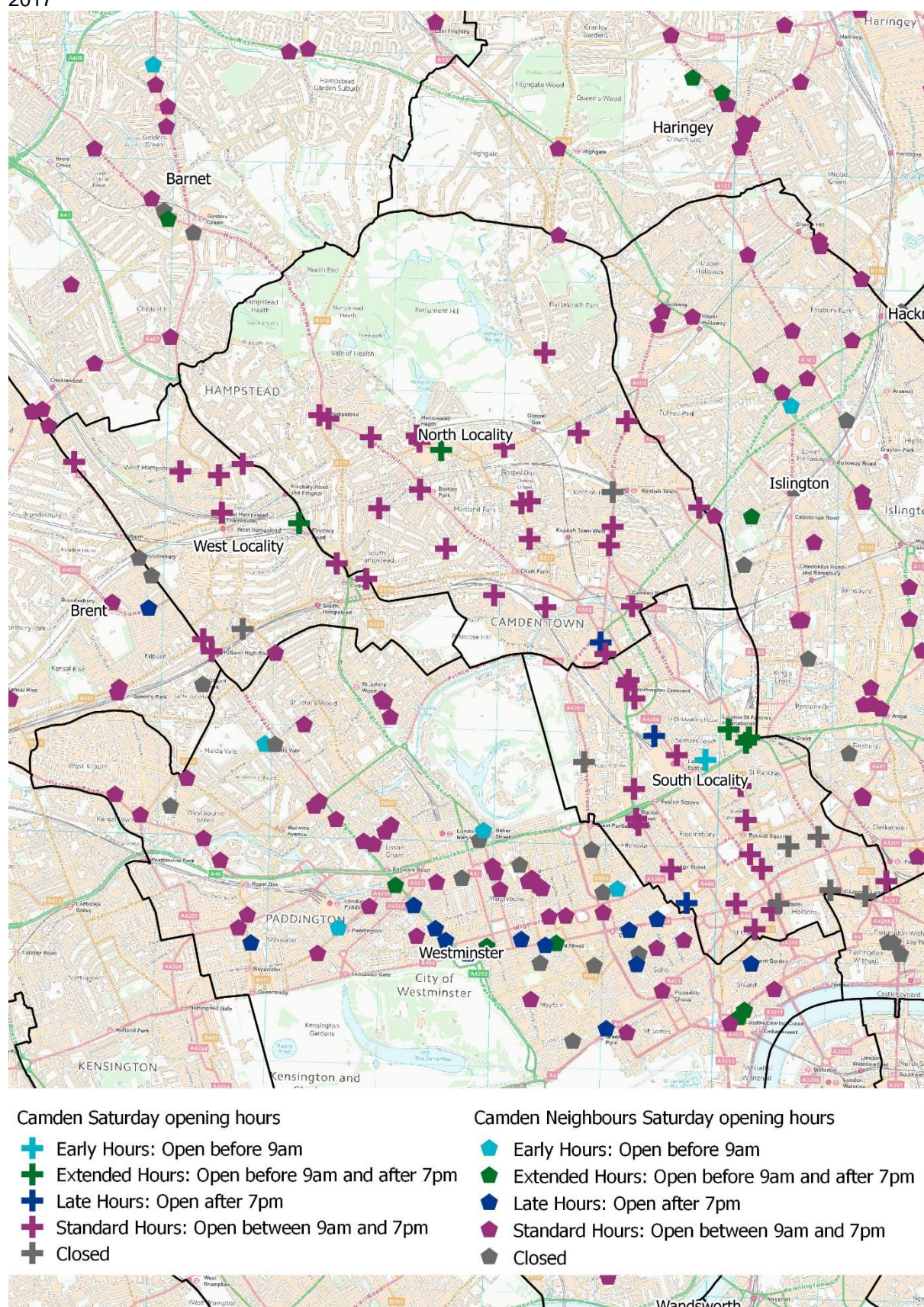
Table 5.4: Summary of pharmacy Saturday opening hours in Camden, by locality and ward, July 2017

Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	3	0	0	0	0
	Camden Town with Primrose Hill	4	0	1	0	0
	Cantelowes	2	0	0	0	0
	Frognal and Fitzjohns	1	0	0	0	0
	Gospel Oak	2	0	0	1	0
	Hampstead Town	4	0	0	0	0
	Haverstock	2	0	0	0	0
	Highgate	2	0	0	0	0
	Kentish Town	2	0	0	0	1
	North total	22	0	1	1	1
South	Bloomsbury	4	0	1	0	0
	Holborn and Covent Garden	6	0	0	0	5
	King's Cross	1	0	0	0	0
	Regent's Park	4	0	1	0	1
	St Pancras and Somers Town	1	1	0	3	0
	South total	16	1	2	3	6
West	Fortune Green	3	0	0	0	0
	Kilburn	2	0	0	0	1
	Swiss Cottage	2	1	0	1	0
	West Hampstead	3	0	0	1	0
	West total	10	1	0	2	1
Camden Total		48	2	3	6	8

**Source:** NHS England, 2017



Map 5.3: Pharmacy Saturday opening hours in Camden and neighbouring boroughs, July 2017



Source: NHS England, 2017



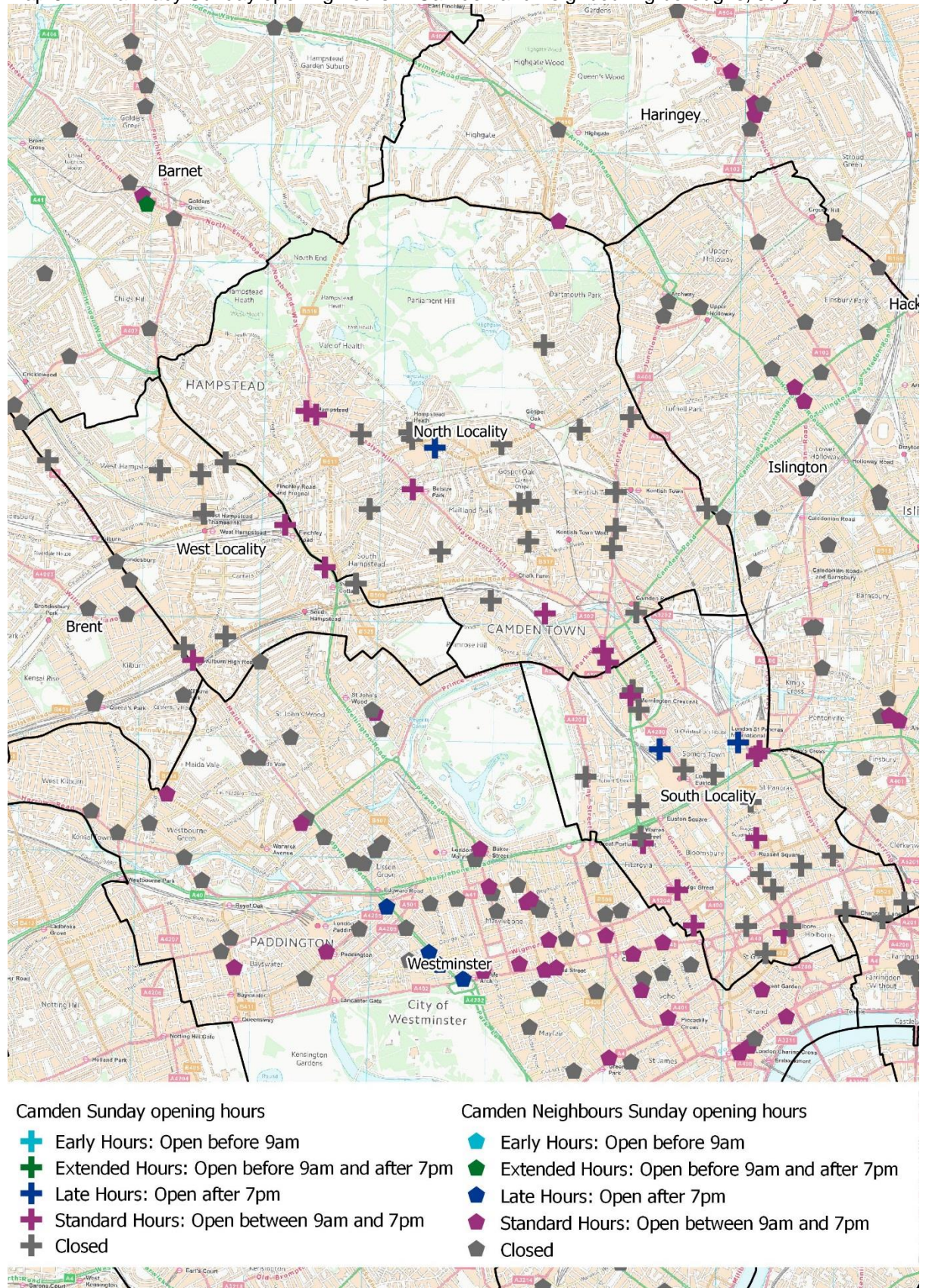
Table 5.5: Summary of pharmacy Sunday opening hours in Camden, by locality and ward, July 2017

Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	1	0	0	0	2
	Camden Town with Primrose Hill	3	0	0	0	2
	Cantelowes	0	0	0	0	2
	Frognal and Fitzjohns	1	0	0	0	0
	Gospel Oak	0	0	1	0	2
	Hampstead Town	1	0	0	0	3
	Haverstock	0	0	0	0	2
	Highgate	0	0	0	0	2
	Kentish Town	0	0	0	0	3
	North total	6	0	1	0	18
South	Bloomsbury	4	0	0	0	1
	Holborn and Covent Garden	1	0	0	0	10
	King's Cross	0	0	0	0	1
	Regent's Park	1	0	1	0	4
	St Pancras and Somers Town	2	0	1	0	2
	South total	8	0	2	0	18
West	Fortune Green	0	0	0	0	3
	Kilburn	1	0	0	0	2
	Swiss Cottage	2	0	1	0	1
	West Hampstead	1	0	0	0	3
	West total	4	0	1	0	9
Camden Total		18	0	4	0	45

Source: NHS England, 2017



Map 5.4: Pharmacy Sunday opening hours in Camden and neighbouring boroughs, July 2017



Source: NHS England, 2017



### 5.1.3. Other NHS services

The range of other NHS services available in Camden have been considered, in order to inform the Health and Wellbeing Board's assessment of the need for pharmaceutical services in the area. These are described in the following sections.

#### GP practices

GP practices are well located across the borough (Map 4.1).

GP practices now provide extended hours at both practice and federation level. These services are currently in development. Camden pharmacies are also open over an extended period and to date, any gap in access to urgent medicines as a result of extended opening hours in general practice has not been identified.

Ongoing changes to GP services may further change the need for pharmacy services. Changes include the development of Care Closer to Home Integrated Networks (CHINS) across the borough (known as "neighbourhoods" in Camden). The GP contract includes a commitment to increase online services for patients, including an increase in access to online appointment bookings. This may change the way in which patients interact with their GP, and therefore the way in which they need or want to access pharmacies for prescriptions.

It is not possible to predict the impact of changes at this point; this will need to be monitored to see if the CHINS/neighbourhoods and online services impact on the demand for evening or weekend access to pharmacies increases, and whether this is naturally met by the existing community pharmacy network. Although there may be changes in the configurations, there are no known changes in the providers of primary medical services, or the appointment of providers of primary medical services in the area, or the level of primary care provision. There are therefore no known firm plans for changes in the number or sources of prescriptions.

Table 5.6: Number of GP practices open early and late on weekdays, August 2017

	Weekday		Saturday		Sunday	
	Open before 9am	Open after 7pm	Open before 9am	Open after 7pm	Open before 9am	Open after 7pm
North	8	3	1	0	0	0
South	10	4	0	0	0	0
West	5	0	0	0	0	0
Total	23	7	1	0	0	0

Source: NHS England, 2017

### Dental practices

There are 39 dental practices in Camden (Map 5.5). These are located evenly across the borough. Dental practices may generate a demand for pharmaceutical services. While the impact on pharmaceutical services is much less than from general practice, we recognise that community pharmacies do dispense a small number of dental prescriptions.

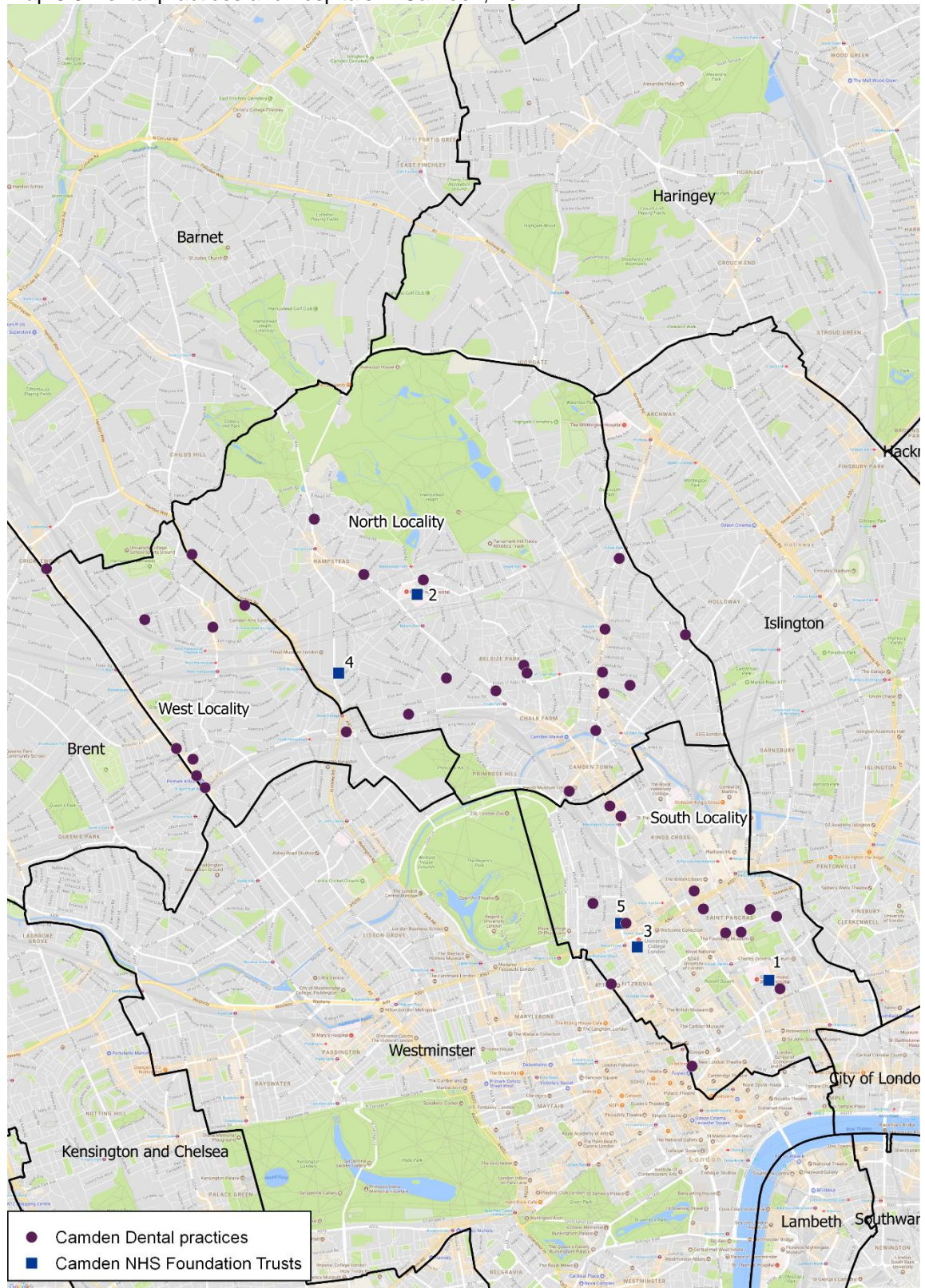
### Hospitals

Three local NHS hospitals provide acute care to the majority of Camden residents: University College London Hospitals NHS Foundation Trust, Royal Free Hampstead NHS Trust, both located in Camden, and the Whittington Hospital NHS Trust, located in neighbouring Islington. Camden & Islington Foundation Trust provides mental health services to Camden patients. Other specialist hospitals, Great Ormond Street Hospital and the Tavistock and Portman, are also located in the borough. Central and North West London NHS Trust provides a range of community health services in the borough.

There are no known planned changes to hospitals that are intended to lead to improvements in pharmaceutical services in the borough.



Map 5.5 Dental practices and hospitals in Camden, 2017



1	Great Ormond Street Hospital
2	The Royal Free Hospital
3	University College Hospital
4	Tavistock and Portman NHS Foundation Trust



## **CONCLUSIONS ON PHARMACY DISTRIBUTION AND OPENING HOURS**

Camden has one of the highest numbers of pharmacies per 100,000 residents in London. Camden has a strong public transport network and good access to pharmacies in neighbouring boroughs. This high level of pharmacy provision suggests that there is considerable choice for patients when choosing which pharmacy to use.

On weekdays and Saturdays, the existing opening hours offer coverage for early hours and late evenings across the borough.

Pharmacy opening hours in the early mornings and evenings are similar to GP practice opening hours, suggesting that patients should have little difficulty in getting their prescriptions filled after an early or late appointment. Out of hours access is available in all localities.

In summary, there are sufficient numbers of pharmacies in Camden and extended opening hours are available in all localities.

### **5.2. Essential services**

In this section, the provision of essential services is assessed using the distribution of pharmacies, their opening hours, and the provision of dispensing services, as these factors are the most important in determining the extent to which the current provision of essential services meets the need of Camden's population.

Essential services are the services provided by all pharmacy contractors: the dispensing of medicines and appliances, promotion of healthy lifestyles, safe disposal of unwanted medicines, repeat dispensing, signposting patients to other sources of support and care, and supporting self-care. All 67 pharmacies in Camden must provide these services as a part of their contract. Pharmacies must also ensure that clinical governance arrangements are met, as set out in the Regulations. Focus group participants identified prescriptions, buying over the counter medication and seeking advice about medication were the pharmacy services used most often.

#### **5.2.1. Dispensing services**

Pharmacies in Camden dispensed an average of 3,426 items per month (Data based on Jan-Apr 2017), compared with an average of 5,295 across London and 6,675 per month in England as a whole. This suggests there is ample capacity among Camden

pharmacies to accommodate any potential increased demand for pharmaceutical services.

### 5.2.2. Repeat dispensing

The repeat dispensing service allows patients to collect their prescription from their pharmacy, without requesting a new prescription from their GP for a defined time period. This service aims to reduce the number of GP visits for repeat prescriptions, facilitate easier planning for pharmacies, reduce waste, and increase the convenience of patients on repeat medications.

Table 5.7: Number and percentage of prescriptions that are Repeat Dispensing from Camden GP practices

Month	Total prescriptions	Repeat dispensing	Percentage that are Repeat Dispensing
Jan-17	219,951	21,768	9.9%
Feb-17	201,635	19,459	9.7%
Mar-17	237,558	22,012	9.3%
Apr-17	192,233	18,077	9.4%
May-17	215,714	19,677	9.1%

Source: ePACT 2017

The latest data indicates that for Camden, between 9-10% of all items are repeat dispensing (Table 5.7).

### 5.2.3. Electronic Prescription Service

The second release of the Electronic Prescriptions Service Release 2 (EPS R2), was rolled out in 2009, and enables prescriptions to be sent electronically from GPs to the pharmacy. All pharmacies in Camden support the EPS R2 release. As of July 2017, 36 of Camden's 37 GP Practices are EPS R2 enabled or in the process of getting the new release set-up.

The latest prescribing data shows that the number of prescriptions issued through the EPS has increased to 58% of prescriptions (April 2017). This is an increase from 20% in April 2014.

### Cross border dispensing services

Patients can choose to have their prescriptions filled by any NHS pharmacy, and a substantial number of people use pharmacies outside of the borough. There are



therefore pharmaceutical services outside of Camden that, although not contributing directly towards meeting the need for pharmaceutical services in the borough, have secured improvements or increased choice and access to pharmaceutical services in the area.

In 2016/17, 19% of items prescribed by Camden GPs were dispensed by pharmacies outside of Camden. The most frequently used out-of-borough pharmacies are listed in Table 5.8 and mostly fall in the immediately neighbouring boroughs. The number of neighbouring pharmacies fulfilling prescriptions for Camden patients serves to highlight the level of choice available to Camden patients and residents who live close to the border, or work outside of the borough.

Table 5.8: The top ten pharmacies most frequently used outside of Camden.

Pharmacy	Address	Post code	Borough
Hodgetts Chemist	79 Abbey Road	NW8 0AE	Westminster
Kings Pharmacy	343 Kilburn High Road	NW6 7QB	Brent
ABC Pharmacy	265 Kilburn High Road	NW6 7JR	Brent
Bliss Chemist	50-56 Willesden Lane	NW6 7SX	Brent
Arkle Pharmacy	39 Junction Road	N19 5QU	Islington
Lloyds Pharmacy	468 High Road	N17 9JD	Haringey
Pitchkins & Currans	Unit 2	W9 3PP	Westminster
York Pharmacy	York House, Unit 4	N7 9LW	Islington
Boots	43 King Street	W6 9HW	Hammersmith & Fulham
Lloyds Pharmacy	400 Oxford Street	W1A 1AB	Westminster

**Source:** ePact, 2017

### Dispensing appliance contractors

Pharmacies can provide surgical appliances, including stoma and urology appliances. 'Dispensing Appliance Contractors' (DACs) specialise in these appliances and do not necessarily provide the broader range of services that community pharmacies offer. There are no pharmacies in Camden on a Dispensing Appliance Contract, instead patients can access this service from a dispensing appliance contractor.

### Health promotion campaigns run by NHS England

Pharmacies also take part in health promotion campaigns, as set by NHS England. Local Authority Public Health departments can also run campaigns based on the local health needs and priorities. These are discussed in section 5.5.6.

## CONCLUSIONS ON ESSENTIAL SERVICES

Community pharmacies play a vital role in providing care to Camden's population, particularly in their role in dispensing prescribed medication.

Based on the information presented, it has been concluded that essential services are **necessary** to meet the pharmaceutical needs of Camden's population. The provision of services is suitable for Camden's current population and for projected demographic changes, and the geographic distribution allows patients a choice of local pharmacies. All pharmacies in Camden offer these essential services.

Data obtained for the 2015 Camden PNA demonstrated that Camden had the second lowest average number of items dispensed per pharmacy. Up to date information is not available to compare, but it is unlikely to have changed significantly. The low average number per pharmacy suggests that current demand for essential services is being met and that there would potentially be capacity to meet any increased demand for essential services that might arise over the next few years. As all pharmacies offer these essential services, there are currently no identified gaps in provision.

Overall, Camden pharmacies and their services were viewed positively by residents in qualitative research carried out in 2014.

### 5.3. Advanced Services

Advanced services form part of the NHS community pharmacy regulations and are clearly defined in regulations. Each pharmacy contractor can decide whether they provide these services, but they can only be offered if a pharmacy meets the criteria set out in the Secretary of State Directions. This section will cover the provision of the advanced services currently included in the pharmacy contract: Medicine Use Review, New Medicine Service, Appliance Usage Review and Stoma Appliance Customisation Service.

#### 5.3.1. Medicine Use Review and Prescription Intervention Service (MUR)

The MUR service assists those on multiple medications (or one medication in the high-risk category), identifying any problems and giving advice on adherence. The pharmacy must have provided pharmaceutical services to the patient for the three

months before an MUR can take place. The specific target groups identified for this service are:

- People taking high-risk medications (non-steroidal anti-inflammatory drugs, anticoagulants, antiplatelets and / or diuretics),
- People that have recently been discharged from hospital, in order to provide a more integrated care pathway for patients,
- People on respiratory medication for asthma or chronic obstructive pulmonary disease (COPD),
- People with, or at risk of, cardiovascular disease and regularly being prescribed four or more medicines.

Since 1 April 2015, community pharmacies must carry out at least 70% of their MURs within any given financial year on patients in one or more of the above target groups.

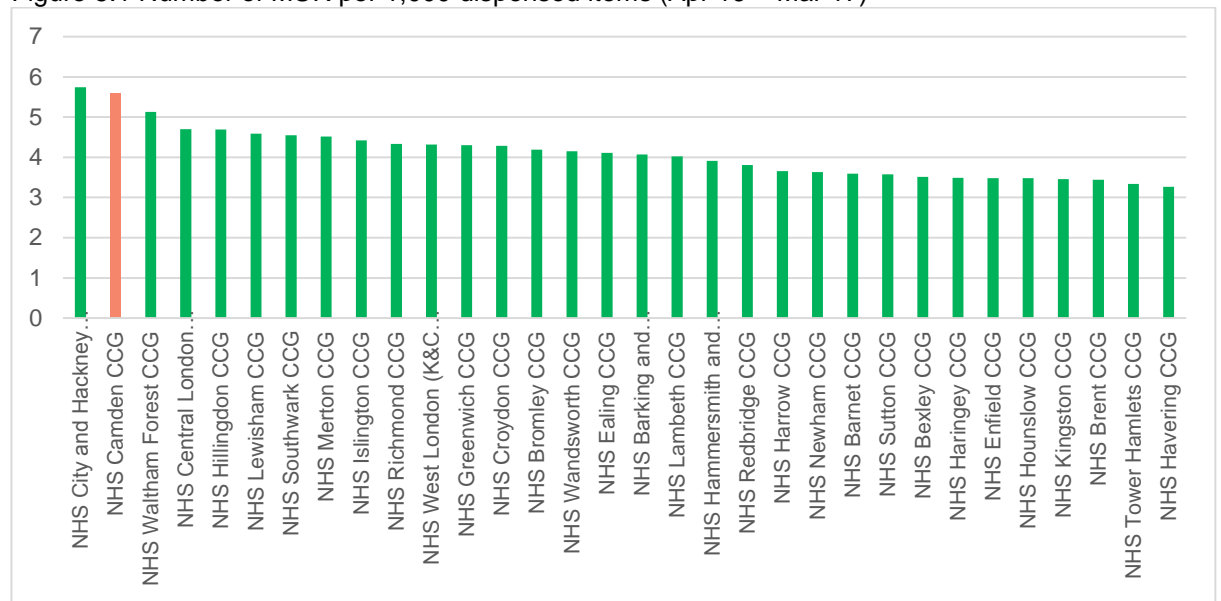
Under the service specification, pharmacies can provide up to 400 MURs each year. NHS England has advised that recorded activity be used as an indicator of which pharmacies are actively offering the MUR service. Table 5.9 shows the number of pharmacies in each locality that have submitted claims for completed MURs in the financial year 2016/17. The table also shows the number of pharmacies in each locality that have undertaken at least one MUR in the financial year 16/17, the total number of MURs provided in the financial year 16/17, and the average number of MURs carried out per pharmacy in that locality.

Table 5.9: Number of MURs provided, Camden pharmacies, 2016/17

Locality	Number of pharmacies	Total number provided	Average per pharmacy
North	19	4,991	263
South	27	77,097	263
West	12	3,464	289
Total	58	15,552	268

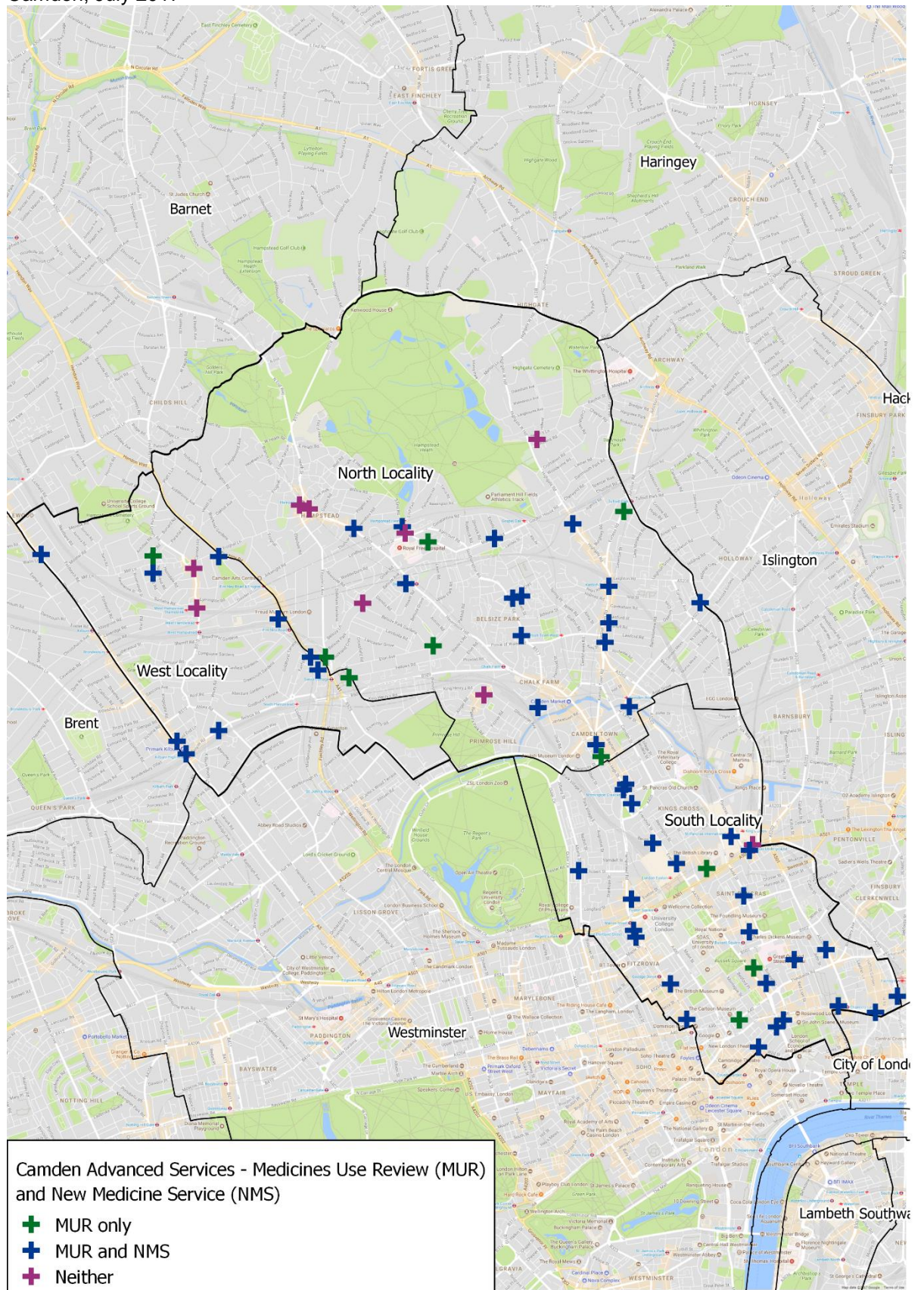
Source: NHS England, 2017

Figure 5.1 Number of MUR per 1,000 dispensed items (Apr 16 – Mar 17)





Map 5.6: Pharmacies providing medicines use review and new medicines services in Camden, July 2017



Source: NHS England, 2017

Table 5.10: Opening hours of Camden pharmacies providing MUR, July 2017

Locality	Ward	Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	2	0	0	0	2	0	0	0	0	1	0	0	0	1
	Camden Town with Primrose Hill	2	0	1	1	3	0	1	0	0	3	0	0	0	1
	Cantelowes	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Frognal and Fitzjohns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gospel Oak	2	0	0	1	2	0	0	1	0	0	0	1	0	2
	Hampstead Town	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Haverstock	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highgate	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Kentish Town	3	0	0	0	2	0	0	0	1	0	0	0	0	3
	North total	16	0	1	2	16	0	1	1	1	4	0	1	0	14
South	Bloomsbury	0	1	0	4	4	0	1	0	0	4	0	0	0	1
	Holborn and Covent Garden	6	4	0	1	6	0	0	0	5	1	0	0	0	10
	King's Cross	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Regent's Park	4	1	0	1	4	0	1	0	1	1	0	1	0	4
	St Pancras and Somers Town	1	0	0	3	1	1	0	2	0	1	0	1	0	2
	South total	12	6	0	9	16	1	2	2	6	7	0	2	0	18
West	Fortune Green	3	0	0	0	3	0	0	0	0	0	0	0	0	3
	Kilburn	3	0	0	0	2	0	0	0	1	1	0	0	0	2
	Swiss Cottage	2	1	0	1	2	1	0	1	0	2	0	1	0	1
	West Hampstead	1	0	0	1	1	0	0	1	0	1	0	0	0	1
	West total	9	1	0	2	8	1	0	2	1	4	0	1	0	7
Camden total		37	7	1	13	40	2	3	5	8	15	0	4	0	39

Source: NHS England 2017

## CONCLUSIONS ON MEDICINES USE REVIEW (MUR)

MUR can help people with long term conditions manage their conditions better and potentially remain healthier for longer, thereby helping to reduce health inequalities.

Based on the information presented regarding the prevalence of long term conditions in the borough, the MUR service is a **necessary service** for Camden's population.

The available data does not suggest a gap in current provision and there is no need for increasing the number of MURs carried out in Camden at present. However, if there is a need to increase the number of MURs, the data suggests there is scope within the existing provision to meet this need.

### 5.3.2. New Medicine Service (NMS)

The NMS was introduced in 2011 and supports patients with long term conditions when a new prescription medicine is introduced. It aims to improve adherence to new medication, focusing on people with specific conditions:

- Asthma and COPD
- Type 2 diabetes
- Antiplatelet or anticoagulation therapy
- Hypertension

A patient may be referred by their primary or secondary care practitioner when they start to use a new medicine, and pharmacists can also identify suitable patients. Patients are eligible regardless of how long they have used the pharmacy (unlike MUR). The amount of NMS a pharmacy can undertake is linked to the total dispensing of the pharmacy overall.

The Department of Health Policy Research has published a national evaluation of the NMS concluding that the NMS significantly increased adherence by about 10% and increased numbers of medicines problems identified and dealt with, compared with current practice<sup>21</sup>.

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<sup>21</sup>Department of Health Policy Research, Understanding and Appraising the New Medicines Service in the NHS in England (2014). Available at:

Data from NHS England shows that 48 pharmacies provided the NMS. This includes 15 (60%) of pharmacies in the North locality, 24 (86%) of the pharmacies in the South locality, and nine in the West (64%).

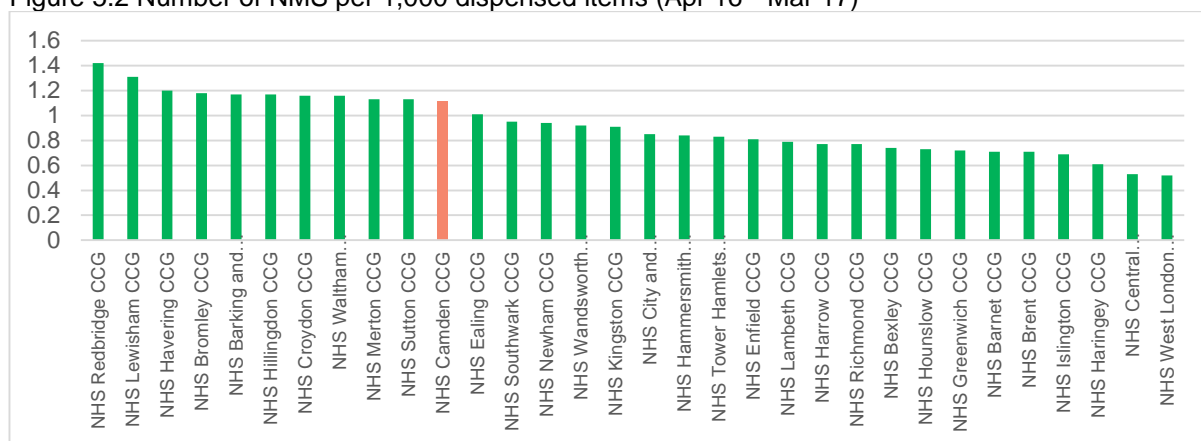
Table 5.11 Number of NMSs provided, Camden pharmacies, 2016/17

Locality	Number of pharmacies	Total number provided	Average per pharmacy
North	15	1,355	90
South	24	1,243	52
West	9	480	53
Total	48	3,078	64

Source: NHS England, 2017

In total, 3081 NMS consultations were carried out by 50 pharmacies in Camden (Table 5.11).

Figure 5.2 Number of NMS per 1,000 dispensed items (Apr 16 - Mar 17)



## CONCLUSIONS ON NEW MEDICINES SERVICE (NMS)

NMS is aimed at people with long term conditions with newly prescribed medications to improve adherence, leading to better health outcomes. NMS is a **necessary service** for the Camden population, as it improves patients' understanding of their condition and new medicine prescribed. This improved understanding has shown to increase compliance with taking their medicines.

With 50 pharmacies out of 68 reporting NMS activity in the 2016/17 financial year, the available data does not suggest a gap in current provision and there is no need for increasing NMS consultations in Camden at present. However, if there is a need to increase the number of NMS consultations, the data suggests there is scope within the existing pharmacy network to meet this need.



### 5.3.3. Appliance Use Review (AUR)

Appliance use reviews aim to improve patients' knowledge and use of their 'specified appliance' (as dispensed by the pharmacy), to improve adherence to medication and minimise waste. There is a limit to the number of AURs a pharmacy can carry out; again, these are linked to the total volume dispensed. There is one pharmacy in Camden that is signed up to offer AURs. The service is usually provided by the appliance contractors rather than community pharmacies. The level of AURs is low across England, and this can be partly explained due to the support patients receive in secondary care, or other clinics, when establishing their ongoing care.

### 5.3.4. Stoma Appliance Customisation (SAC)

The SAC service aims to ensure proper use and comfortable fit of a patient's stoma appliance, thereby extending the duration of use and minimising waste. There are specific appliances listed in the contract which are eligible for this service. There are no limits to the number of SACs that a pharmacy can carry out. Based on data provided by NHS England, in the 16/17 financial year, one pharmacy made two claims for stoma appliance customisation.

## CONCLUSIONS ON APPLIANCE USE REVIEW (AUR) AND STOMA APPLIANCE CUSTOMISATION (SAC)

There are no Camden pharmacies currently providing either AUR or SAC. As both services are designed to improve access, both AUR and SAC are **relevant services** in Camden. There are no identified current gaps, as patients can access care through other services, including the appliance contractors.

### 5.3.5. National NHS England Flu Service

The National NHS England Flu Service is an advanced service. It is described in section 5.4.3, alongside the enhanced London Pharmacy Vaccination Service.

## 5.4. Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies and are defined in the 'Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013'. Each service is defined within a service level agreement, provided by NHS England.

#### 5.4.1. Minor ailments service (MAS)

The minor ailments service provides treatment to people who would otherwise seek advice from their GP or other urgent care services for a relatively minor ailment. By doing this, the service aims to divert patients away from primary and secondary care services to community pharmacies, thereby:

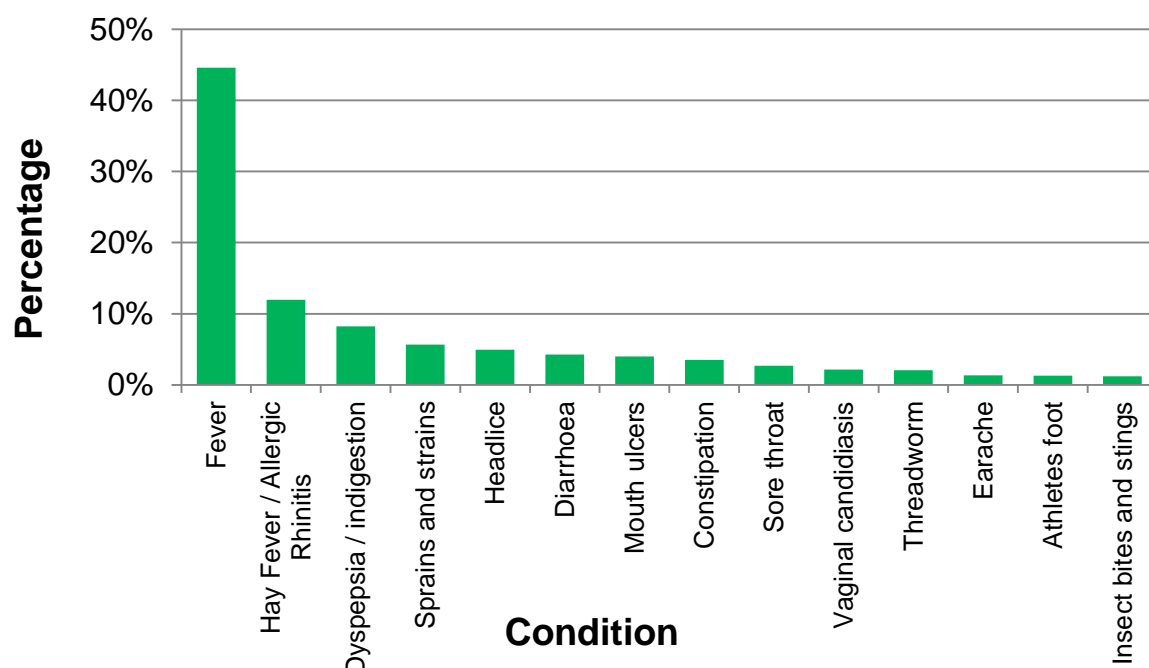
- Decreasing the number of consultations in primary and unscheduled care, including A&E attendance
- Improving access to care and advice
- Improving patient education and increasing awareness of self-care methods
- Better use of pharmacists' skills
- Reducing health inequalities

Patients are able to access the service through self-referral, or by being referred from other healthcare professionals. Pharmacists must be accredited before offering the service and accreditation is quick and simple to obtain. The scope of the service is limited to specific conditions including: colds and flu, dermatology, pain, gastrointestinal, women's health and other common conditions such as hay fever and cold sores.

Table 5.12: Number of Minor Ailments consultations, by locality, 2016/17

Locality	Number of pharmacies	Number of consultations
North	20	13,456
South	20	25,004
West	11	773
2 Border Pharmacies (Not Camden)	2	483
Grand total	53	39,716

Figure 5.3 Breakdown of the conditions diagnosed through the Minor Ailments Scheme, Camden pharmacies, 2016/17



Source: NHS England, September 2017

Note: Conditions that account for fewer than 1% of diagnoses have been excluded.

### CONCLUSION ON MINOR AILMENTS SCHEME (MAS)

MAS is a **necessary service** in Camden, as it allows easy access to treatments across Camden accredited pharmacies and allows better use of GP appointments to treat other conditions; it also diverts patients from attending A&E for self-limiting conditions.

The available data does not suggest a gap in current provision and there is no need for increasing MAS consultations in Camden at present. However, if there is a need to increase the number of MAS consultations, the data suggests there is scope within the existing pharmacy network to meet this need

#### 5.4.2. Medicines Reminder Devices (MRD)

The Medicines Reminder Device (MRD) service aims to support patients who require support to take their medicines. This support may include improving the patient's knowledge of the medicines, providing easier to read labels, or referring them to

other health and social care professionals for support. The service aims to improve medicines adherence and therefore reduce unscheduled care visits.

### CONCLUSION ON MEDICINES REMINDER DEVICES SERVICE

Integrated MRD is a **relevant service** in Camden. MRD may contribute to JHWS goals by supporting patients to manage long term conditions, and may also contribute indirectly by reducing unscheduled service use.

However, integrated pathways, especially those focusing on the frail and elderly would usually include an expectation of pharmacists to consider all the options already available within the national community pharmacy contractual framework. There is no evidence to suggest there is a gap in current provision.

#### 5.4.3. Pharmacy vaccination service

##### National and London Influenza Services

The National Advanced Flu Service is an advanced service, which aims to sustain and maximise uptake of the flu vaccine in at risk groups by building the capacity of community pharmacies as an alternative to general practice. Pharmacies deliver flu vaccinations to individuals most at risk from influenza who are aged 18 years and older. Eligible groups include the following: All people aged 65 years and over; people aged between 18 years and less than 65 years with a range of long term conditions; pregnant women; carers; people living in long-stay residential care homes or other long-stay care facilities; household contacts of immunocompromised individuals.

The London Pharmacy Vaccination Service 2017/18 is an enhanced service and is a top up service to the National NHS England Flu service. It is commissioned by NHS England London Region. The London Pharmacy Vaccination Service can be provided by any pharmacy in London that is also signed up to delivering the National Advanced Flu Service. It covers flu vaccinations when the national service is not operational, during September-January of each year, and it also covers additional patient groups for flu, including eligible patients from two years of age.



Table 5.13 Number of pharmacies providing flu vaccinations in Camden, by service type and locality, 2016/17

Locality	National Advanced Flu Service Only	London Pharmacy Vaccination Service Only	Both services
<b>North</b>	4	1	12
<b>South</b>	3	0	22
<b>West</b>	3	0	7
<b>Total</b>	10	1	41

**Source:** NHS England 2017

Table 5.14 Number of flu vaccinations delivered in Camden, by service type and locality, 2016/17

Locality	National Advanced Flu Service	London Pharmacy Vaccination Service	Total
<b>Total</b>	5,226	321	5,579

**Source:** NHS England 2017

In 2016/17, 52 pharmacies delivered flu vaccinations in Camden. 321 vaccinations were delivered by Camden's community pharmacies via the London Pharmacy Vaccination Service, and 5,226 vaccinations were delivered via the National Advanced Flu Service.

In the 2016/17, 52 pharmacies delivered the flu vaccinations, as shown in Table 5.13. 41 pharmacies provided both the National Advanced Flu Service and the London Pharmacy Vaccination Service: 12 pharmacies in the North locality, 21 pharmacies in the South locality, and 7 in the West locality. This high level of provision ensures that there was good coverage across each of the localities.

Vaccination rates in Camden (for both pharmacy and GP providers) were lower than the national targets for people aged over 65, people with long term conditions, and for pregnant women, but had similar uptake to London overall.

### Pneumococcal polysaccharide vaccine (PPV)

The PPV programme covers adults aged 65 and over, who have a higher risk of developing pneumococcal infections. The vaccine is delivered in a range of health settings, including community pharmacies. In 2016/17, 32 vaccinations were delivered by pharmacies in Camden.

## CONCLUSIONS ON THE PHARMACY VACCINATION SERVICE

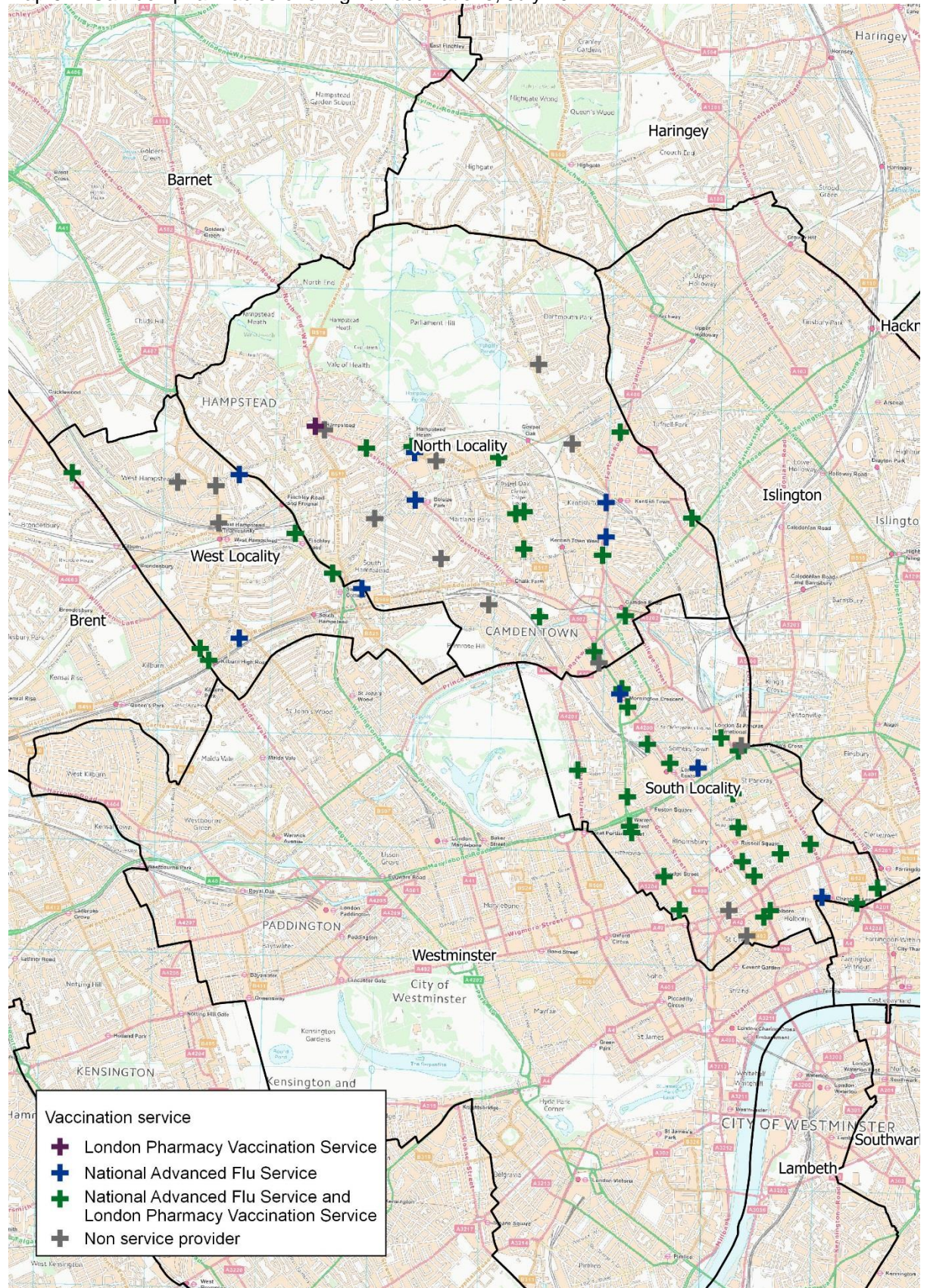
The pharmacy vaccination service provides an additional setting in which patients can receive vaccinations, offering patients greater choice.

Based on the data presented, it has been concluded that the National Advanced Flu Service is a **necessary service** because it sustains vaccine coverage for 'at risk' patients, and that the enhanced London Pharmacy Vaccination Service is a **relevant service** because it improves access to a service for 'at risk' patients. The available data does not suggest a gap in current provision.

With most pharmacies in the borough providing the vaccinations, as well as GP practices, there is good overall coverage.



Map 5.7: Camden pharmacies offering flu vaccinations, July 2017



Source: NHS England, 2017





## 5.5. Locally commissioned services

This section covers services that are commissioned locally, by an NHS organisation other than NHS England, or through the Local Authority. Locally commissioned services (LCS) may affect the need for pharmacy services, or have been commissioned to meet a local need.

It is anticipated that any opportunities for improvement identified in this section will be considered during the Locally Commissioned Services re-procurement process, which is due to end on 1 April 2018.

Each of the locally commissioned services will be reviewed in terms of current need and future need. Data held on each LCS is complemented by findings from the previous qualitative research undertaken with pharmacy users, pharmacist and other health professionals. The services that will be assessed are listed below:

<b>Stop smoking service</b>	This service provides advice and counselling, as well as pharmacotherapy, such as nicotine replacement therapy (NRT), required to support smokers in their attempt to quit.
<b>Screening service (NHS Health Checks)</b>	This service provides a free NHS Health Check in community pharmacies, as another avenue for cardiovascular (CVD) risk assessment and early diagnosis. The programme aims to prevent heart disease, stroke, diabetes and kidney disease by identifying and managing people at high risk of CVD.
<b>Emergency hormonal contraception service</b>	This service provides free emergency contraception for women aged 13-24 years, as well as signposting and referral to other sexual health services.
<b>Needle syringe exchange service</b>	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis.
<b>Supervised self-administration service</b>	This service requires the pharmacist to supervise the consumption of prescribed medicines (methadone or buprenorphine) at the point of dispensing in the pharmacy, ensuring that the dose has been administered to the patient.

<b>Community Equipment Service</b>	Accredited retailers dispense prescriptions for simple aids to support service users to live independently. Retailers can also arrange for collection or delivery and / or fitting of any equipment that is prescribed.
<b>Health promotion campaigns run by Public Health</b>	Local Authority Public Health departments can run health promotion campaigns in addition to those run by NHS England.

#### 5.5.1. Stop Smoking service

Camden's Stop Smoking Services are delivered by smoking cessation advisers who are trained to assess levels of nicotine dependency and advise on the most appropriate programme of treatment. The service supports clients for up to 12 weeks, providing advice and counselling as well as pharmacotherapy, such as nicotine replacement therapy (NRT), to support smokers in their attempt to quit. The eligibility criteria to access the stop smoking services includes that smokers must be 13 years of age or older and live, work or study in the borough. Pharmacies are asked to verify quit status after 4 and 12 weeks as an indicator of the programme's ongoing quality and impact.

In Camden, 1,507 quit attempts and 831 successful quits were made through the stop smoking services in 2016/17 in a variety of settings. For all subsequent analysis in this section, the 214 individuals who did not provide consent to share their data have been excluded. The largest group of service users accessing stop smoking services in Camden do so via GP practices (57%). The remaining quit attempts were at pharmacies (23%), community settings (18%) and workplace settings (2%).

Overall, there were 51 pharmacies (75%) accredited to deliver the stop smoking service in 2016/17 in Camden (Map 5.8). From these pharmacies, 15 are in the North locality, 25 are in the South locality and 11 are in the West locality. There may also be smoking cessation services provided by non-Camden pharmacies (e.g. on Abbey Road), but we do not have access to these data and therefore those pharmacies are not included.

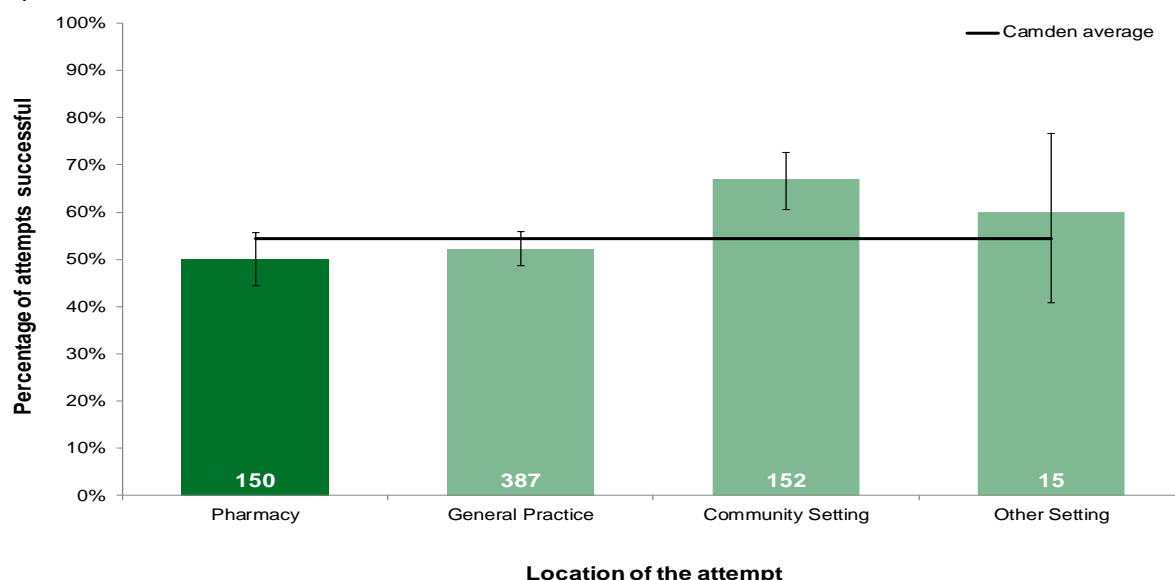
In the North locality, three of the pharmacies are open early on weekdays and three are open after 7pm. Fourteen of the pharmacies are open on Saturdays with one open before 9am and two open after 7pm, and five of the pharmacies are open on Sundays with one open after 7pm.

In the South locality 16 pharmacies are open before 9am and ten are open after 7pm on weekdays, 20 of the pharmacies are open on Saturdays with four open before 9am and five open after 7pm, while ten of the pharmacies are open on Sunday, two of which are open after 7pm.

In the West locality, there are two pharmacies offering smoking cessation open before 9am and one after 7pm during the week. At weekends there are ten pharmacies open on Saturdays with two open before 9am and one after 7pm, and there are four pharmacies open on Sunday with one open after 7pm.

The analysis discussed below is restricted to 38 pharmacies (57%) that have recorded activity under the stop smoking service for 2016/17 and to those aged 16 and over. Successful quit attempts are defined as quitting smoking at four weeks. In pharmacies, 52% of quit attempts were successful; this is not significantly different to the overall Camden average and similar to the quit rate at GP practices (Figure 5.4). In contrast cessation support delivered in community settings had a significantly higher quit rate (67%). This may be because community settings deliver a more intensive intervention to support people to quit smoking compared to pharmacy and GP settings, and because services in the community setting are delivered by dedicated specialist smoking cessation staff.

Figure 5.4: Quit rates and number of quits by setting of quit attempts, Camden's registered population, 2016/17



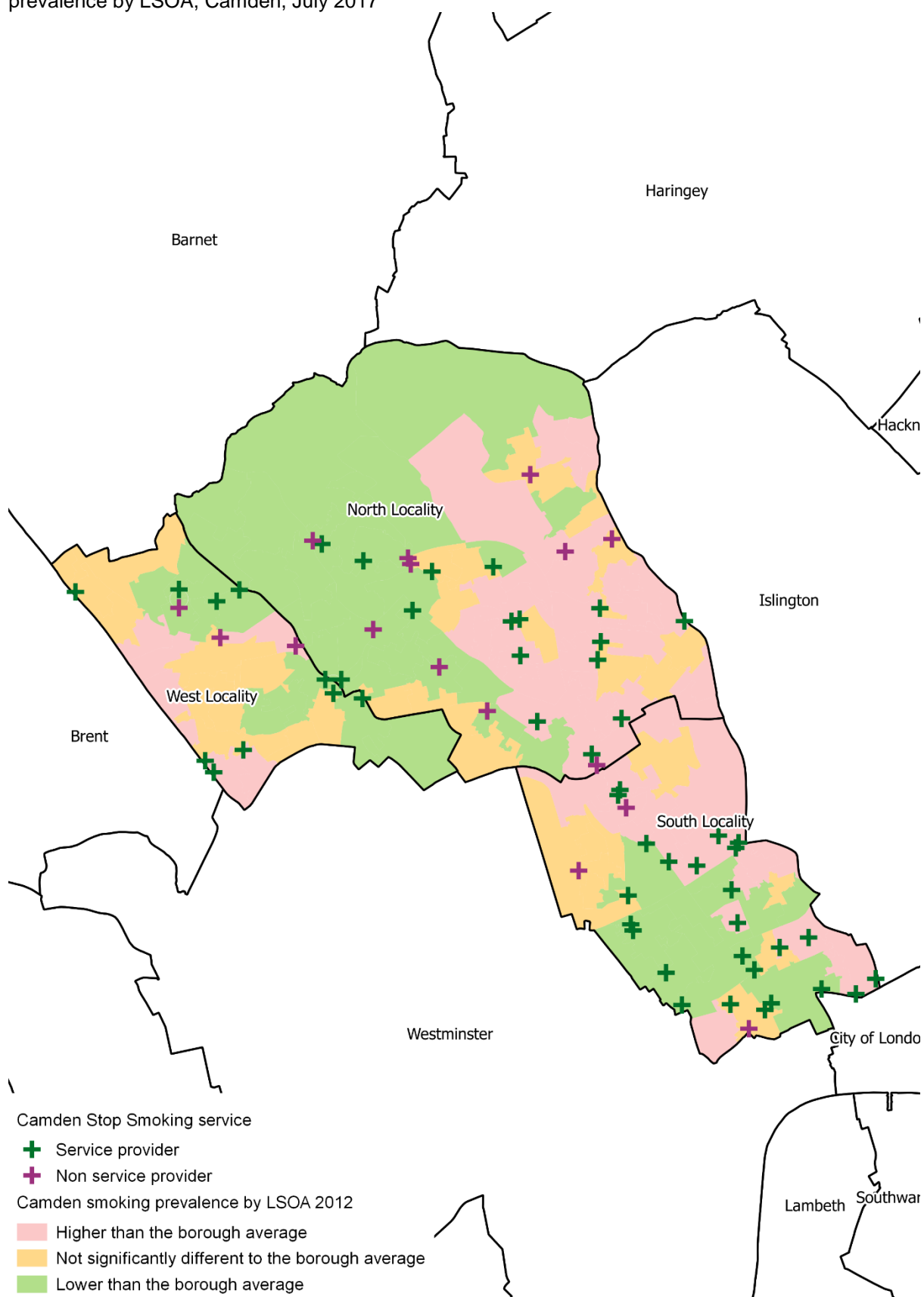
**Source:** Camden Stop Smoking Service, 2017

**Note:** Chart represents attempts. One individual may contribute more than one attempt. "Other setting" includes attempts made at Hospital settings, Mental Health settings and Workplace settings.

The number of quit attempts in pharmacies are higher in the South locality (165) compared to the North (55) and West (73) localities. The smoking prevalence is not significantly different between localities (Section 4.5.1), the South locality is generally more deprived, and smoking is recognised to be more prevalent in low socioeconomic status groups. This suggests the service is reaching the target population of deprived communities. However, although the number of pharmacy quit attempts are highest in the South locality, the proportion of successful pharmacy quits is lower compared to the North and West localities (Figure 5.7). The higher number of quit attempts in the South locality could reflect that the service is being extended to people who are less motivated to quit.



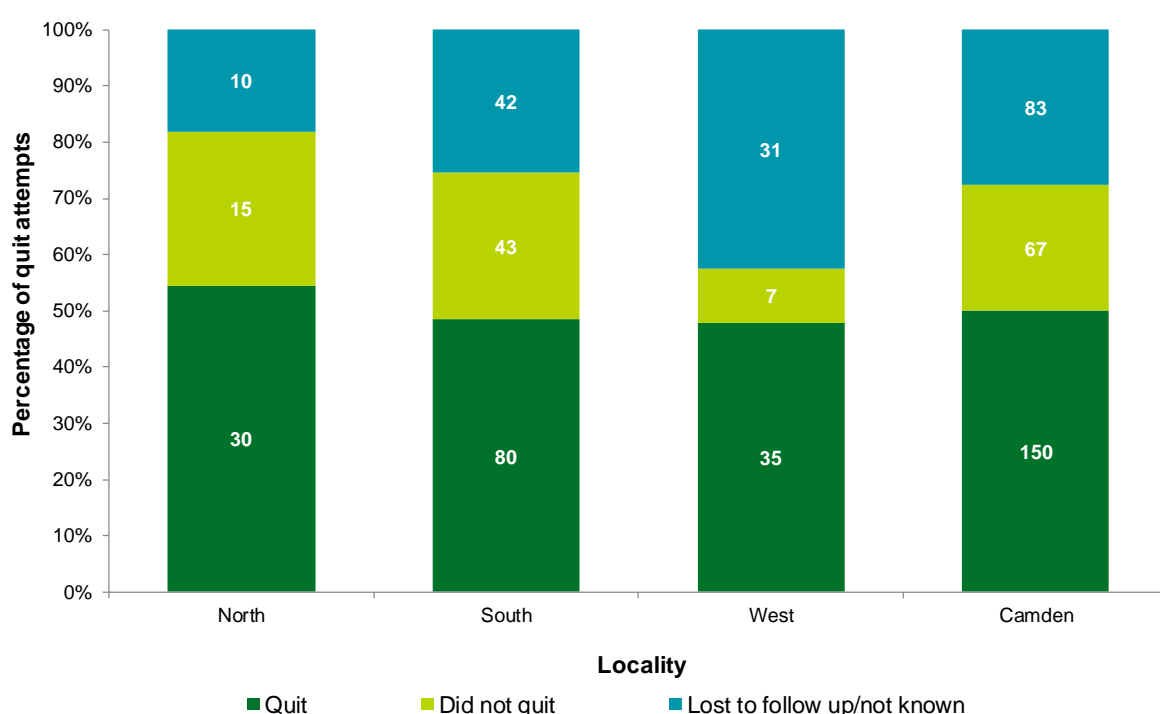
Map 5.8 Pharmacies accredited to provide smoking cessation services, and smoking prevalence by LSOA, Camden, July 2017



**Source:** NHS England, 2017 and Camden GP data set 2012

In Camden, although a higher number of men made quit attempts in pharmacies (154 attempts) than women (146 attempts), the difference was not statistically significant. This may indicate a need to better target pharmacy services toward men, as smoking prevalence in Camden is higher in men compared to women (Section 4.5.1). There are also variations in the prevalence of smoking by age, with a higher prevalence in those aged 45-59 years (Section 4.5.1). The North and West localities had a higher proportion of quit attempts in service users in this age group compared to the South locality (Figure 5.8).

Figure 5.5: Outcome of quit attempts at Camden pharmacies, by locality and outcome, Camden, 2016/17



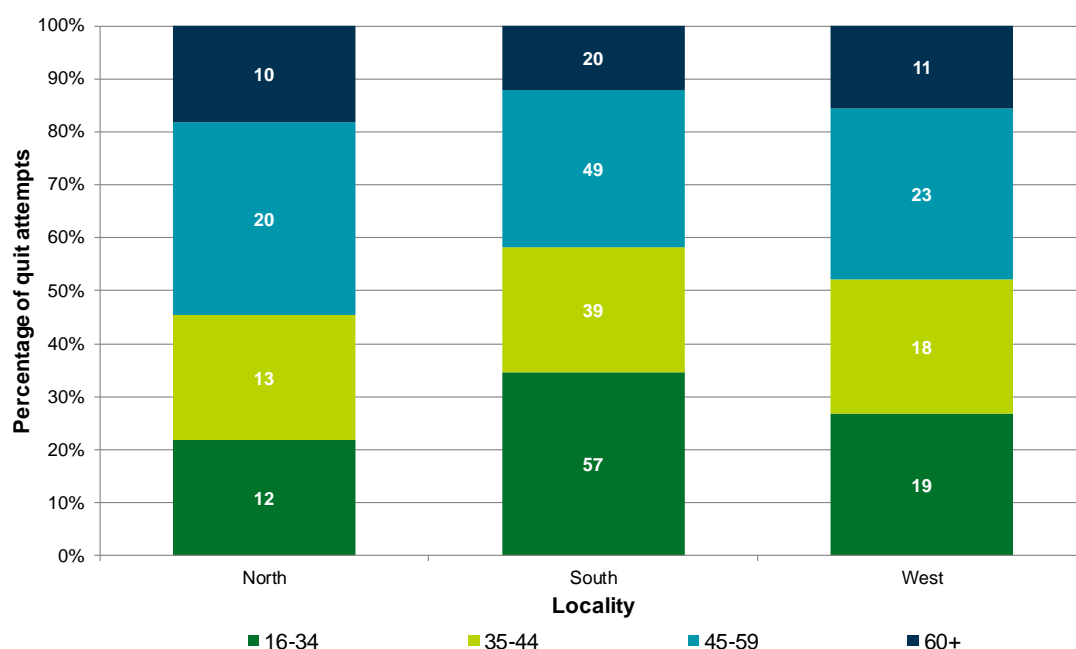
**Source:** Camden Stop Smoking Service, 2017

**Note:** Chart represents attempts, and one individual may contribute more than one attempt. 7 attempts made at unknown localities were excluded.

A majority of quit attempts in Camden were by clients recorded as White (70%), representative of the ethnic make-up of the borough's general population. Among all Black and Asian service users, 32% and 28% accessed services in pharmacies, respectively. This is a higher proportion than the 23% of White service users who accessed services in pharmacies, although the difference was not statistically

significant Figure 5.7). This was the opposite for the community setting and GP practices, where Black and Asian ethnic groups had a lower proportion of quit attempts compared to their White counterparts. People from White and Black Caribbean, and Irish backgrounds are significantly more likely to smoke than the general population in Camden (section 4.5.1). Pharmacies appear to be contributing to reductions in health inequalities by providing a service that is used predominantly by BME groups. Promoting quit attempts in pharmacies could contribute to reducing inequalities in smoking prevalence. There were no significant differences between ethnicities for successful quit rates.

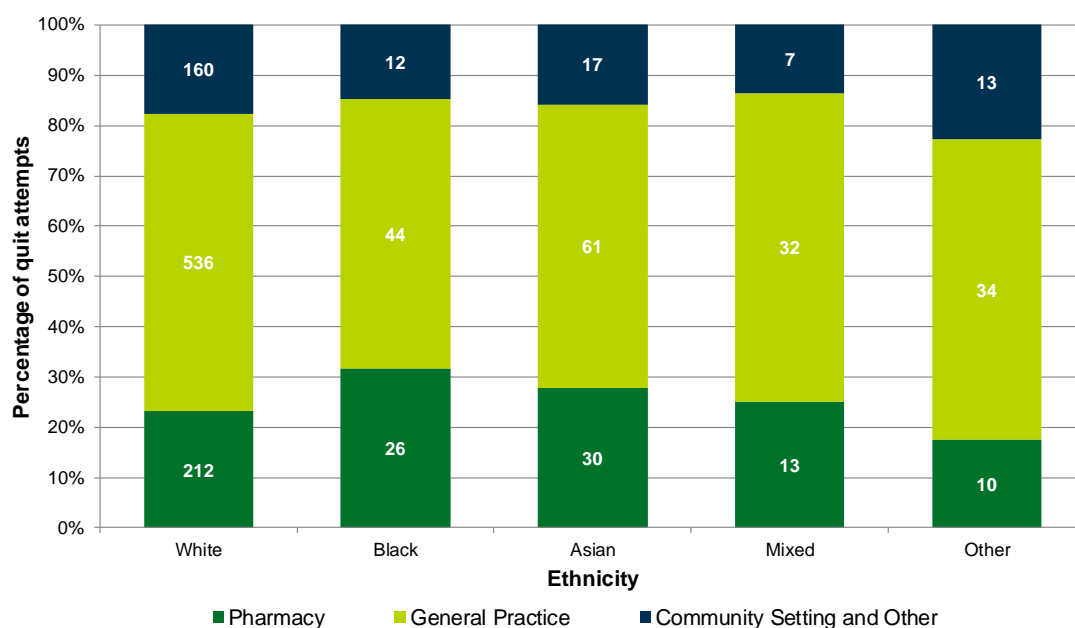
Figure 5.6: Quit attempts, by age and locality of Pharmacy service attended, Camden, 2016/17



**Source:** Camden Stop Smoking Service, 2017

**Note:** Chart represents attempts, and one individual may contribute more than one attempt. 7 attempts made at unknown localities were excluded.

Figure 5.7: Quit attempts, by ethnicity of the user and type of service, 2016/17



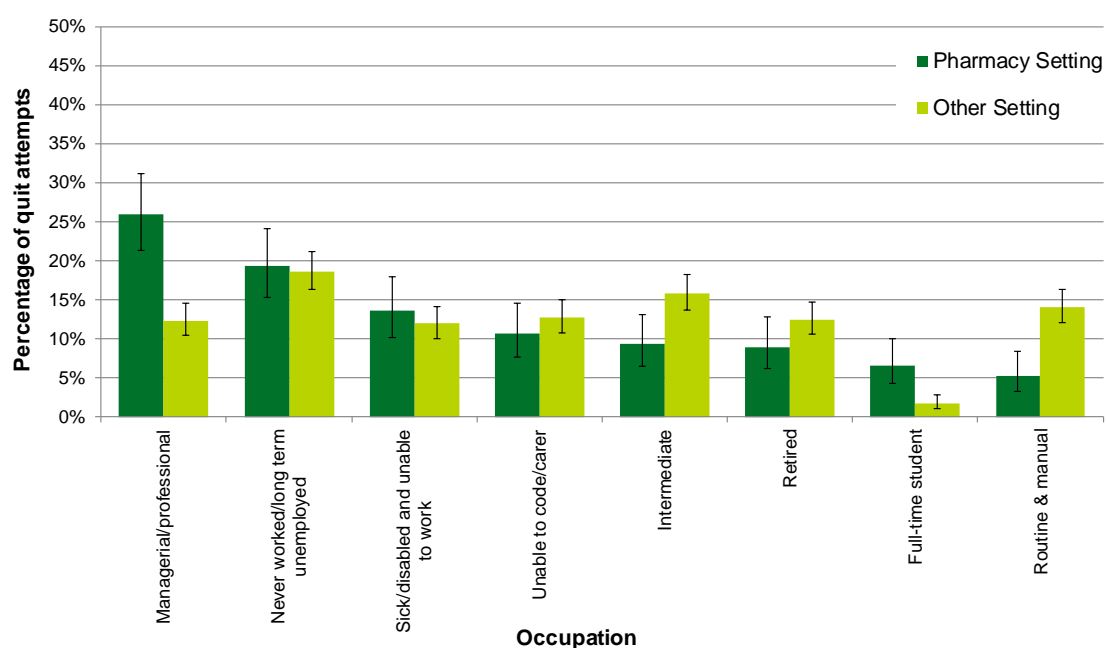
**Source:** Camden Stop Smoking Service, 2017

**Notes:** Chart represents attempts, and one individual may contribute more than one attempt. Community setting and Other were combined due to small numbers. Other settings include hospitals, mental health settings and workplace settings. 86 attempts where users declined to give their ethnicity have been excluded.

There were a higher number of pharmacy quit attempts for people residing in more deprived areas (114 attempts) compared to less deprived areas (40 attempts). This is probably a reflection of the higher prevalence of smoking in more deprived areas.

People recorded as having a managerial/professional occupation comprised a significantly higher proportion of quit attempts through the pharmacy stop smoking services (26%) than in other settings (12%) (Figure 5.9). Service users in a routine/manual occupation comprised a significantly lower proportion of users of the pharmacy stop smoking services compared to other settings. It is known that people from lower socio-economic groups are more likely to smoke. This suggests there is an opportunity for pharmacies to help narrow health inequalities in smoking further, by more targeted promotion of their services to users in routine and manual occupations.

Figure 5.8: Breakdown of Camden Stop Smoking Service quit attempts, by occupation and type of setting attended, Camden, 2016/17



**Source:** Camden Stop Smoking Service, 2017

**Note:** Chart represents attempts, and one individual may contribute more than one attempt. Due to small numbers, quit attempts made by Home carers have been combined with the 'Unable to code' category.

Table 5.15: Opening hours of pharmacies accredited to provide Stop Smoking Services, 2016/17

Locality	Ward	Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	1	0	0	0	1	0	0	0	0	1	0	0	0	0
	Camden Town with Primrose Hill	1	0	1	1	2	0	1	0	0	2	0	0	0	1
	Cantelowes	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Frogna and Fitzjohns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gospel Oak	2	0	0	1	2	0	0	1	0	0	0	1	0	2
	Hampstead Town	1	1	0	0	2	0	0	0	0	1	0	0	0	1
	Haverstock	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highgate	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentish Town	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	North total	11	1	1	2	12	0	1	1	1	4	0	1	0	10
South	Bloomsbury	0	1	0	4	4	0	1	0	0	4	0	0	0	1
	Holborn and Covent Garden	5	4	0	1	5	0	0	0	5	1	0	0	0	9
	King's Cross	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Regent's Park	2	1	0	1	3	0	1	0	0	1	0	1	0	2
	St Pancras and Somers Town	1	0	0	4	1	1	0	3	0	2	0	1	0	2
	South total	9	6	0	10	14	1	2	3	5	8	0	2	0	15
West	Fortune Green	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Kilburn	3	0	0	0	2	0	0	0	1	1	0	0	0	2
	Swiss Cottage	2	1	0	1	2	1	0	1	0	2	0	1	0	1
	West Hampstead	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	West total	9	1	0	1	8	1	0	1	1	3	0	1	0	7
Camden total		29	8	1	13	34	2	3	5	7	15	0	4	0	32

**Source:** NHS England, 2017; Camden and Islington Public Health, 2017



## CONCLUSION ON STOP SMOKING CESSATION SERVICE

The pharmacy Stop Smoking Service is a **relevant service** as it improves access to stop smoking services and can help reduce health inequalities. Pharmacies are a popular setting for people to access stop smoking services, providing a quarter of quit attempts in Camden, and play a key role in offering patients a choice of locations when making their quit attempt.

With such a high number of pharmacies participating in the LCS, there is good coverage throughout the borough for weekdays, weekends, and outside of normal business hours. The available data does not suggest a gap in current provision. Given smoking's particularly high contribution to overall mortality rates and inequalities in health, the stop smoking service has an important role to play in meeting the JHWS goals.

Camden pharmacies have a comparable successful quit rate to GP practices; this is because they have a similar model of service delivery for smoking cessation. In particular, the South locality has the highest number of quit attempts but the lowest successful quit rate. This perhaps reflects the need for more targeting of the service, or that, within the high smoking prevalence population in the south of the borough, fewer smokers are motivated to quit.

Compared to other settings, pharmacies seem to be the most attractive setting in which to receive cessation support for some BAME groups, suggesting they could be key to the reduction of health inequalities. On the other hand, there are opportunities to improve access to pharmacies by smokers from routine and manual occupations, to further improve their role in tackling this dimension of smoking-related health inequalities.

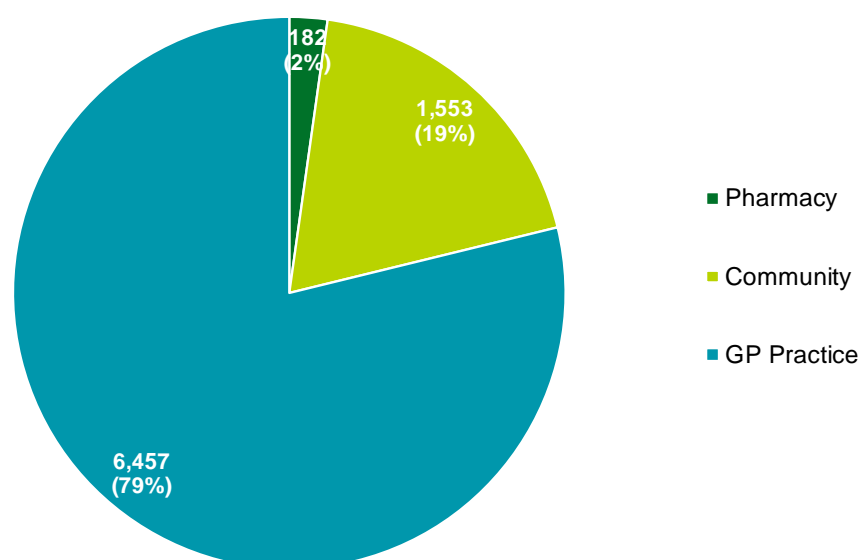
### 5.5.2. NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

In Camden, over 8,200 NHS Health Checks were delivered in 2016/17. The majority of these were delivered at GP practices (79%). Nineteen per cent were delivered in

community locations, including community centres, libraries, faith centres, supermarkets and at community events through a commissioned community outreach programme. Two per cent of NHS Health Checks (182 NHS Health Checks) were delivered by pharmacies (Figure 5.11). The national target for the NHS Health Check programme is to offer checks to 20% of the eligible population every year<sup>22</sup>.

Figure 5.9: Number and proportion of NHS Health Checks provided, by provider type, Camden, 2016/17



**Source:** Camden and Islington Public Health, 2017

Of all NHS Health Checks in Camden in 2016/17, 43% were delivered in the North locality, 29% in the West and 24% in the South. This reflects the distribution of eligible population by locality in Camden (53% in the North, 21% in the South and 26% in the West). 4% were delivered at mobile units or events with unknown locations. At GP practices, the percent of those offered an NHS Health Check who received one was the lowest in the North locality (51%) and higher in both the South (93%) and West (105%) localities. The number of people receiving an NHS Health Check can be higher than the number of people offered an NHS Health Check if they received the NHS Health Check opportunistically, while they were in the surgery for another reason, or had been offered in the previous year.

<sup>22</sup> The eligible population is based on population registered with a GP practice, since there is no defined population for pharmacy or community Health Checks.

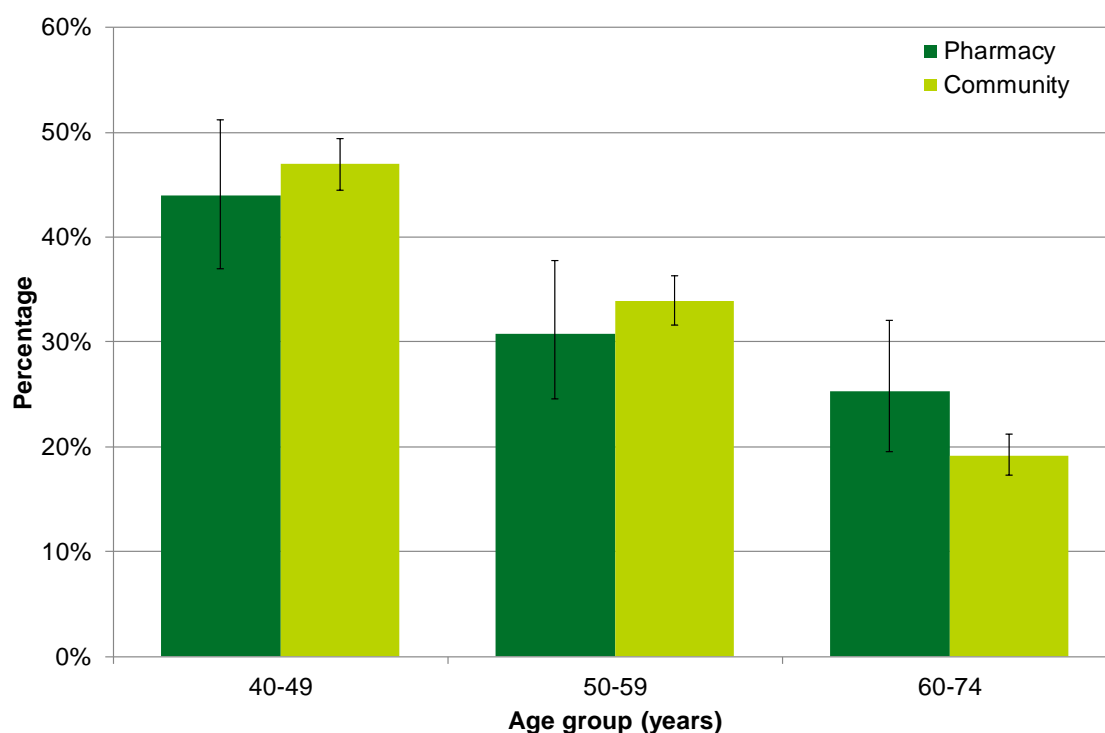
A new model for delivering NHS Health Checks in pharmacies in Camden was introduced at the start of 2016/17. Pharmacies are sub-contracted through the NHS Health Checks Community Outreach provider, with an increased focus on marketing and promotion, an online booking system, and the introduction of software to electronically transfer the results of NHS Health Checks to patients' GP surgeries.

In 2016/17, ten pharmacies in Camden provided NHS Health Checks (15% of pharmacies in Camden) (Map 5.9). Five of these are situated in the North locality, two are located in the South, and three are located in the West. The number of NHS Health Checks delivered in pharmacies was generally evenly distributed across the localities, with the largest number (37%) for the South locality. However, given that the smallest number of pharmacies providing the service were in the South locality, each pharmacy in the South delivered more NHS Health Checks (34 NHS Health Checks on average) than pharmacies elsewhere in the borough.

Eight of the ten pharmacies in Camden providing NHS Health Checks are open standard daytime opening hours during the week. Seven pharmacies are open standard hours on Saturday and two pharmacies on Sunday. Two pharmacies in the North locality are open after 7pm Monday to Friday. One of these has extended weekend opening hours (open after 7 pm) on both Saturdays and Sundays, and the other operates standard daytime opening hours on weekends.

Just under 60% of the NHS Health Checks delivered by pharmacies were taken up by women. Demographic data are not available for NHS Health Checks delivered by GP practices for 2016/17, but the pharmacy figure is similar to the equivalent proportion delivered in community settings (58%). The majority of people receiving an NHS Health Check through pharmacies were aged 40 to 49 years (44%), while a quarter were aged 60 or older (Figure 5.10). This is in line with the Camden population.

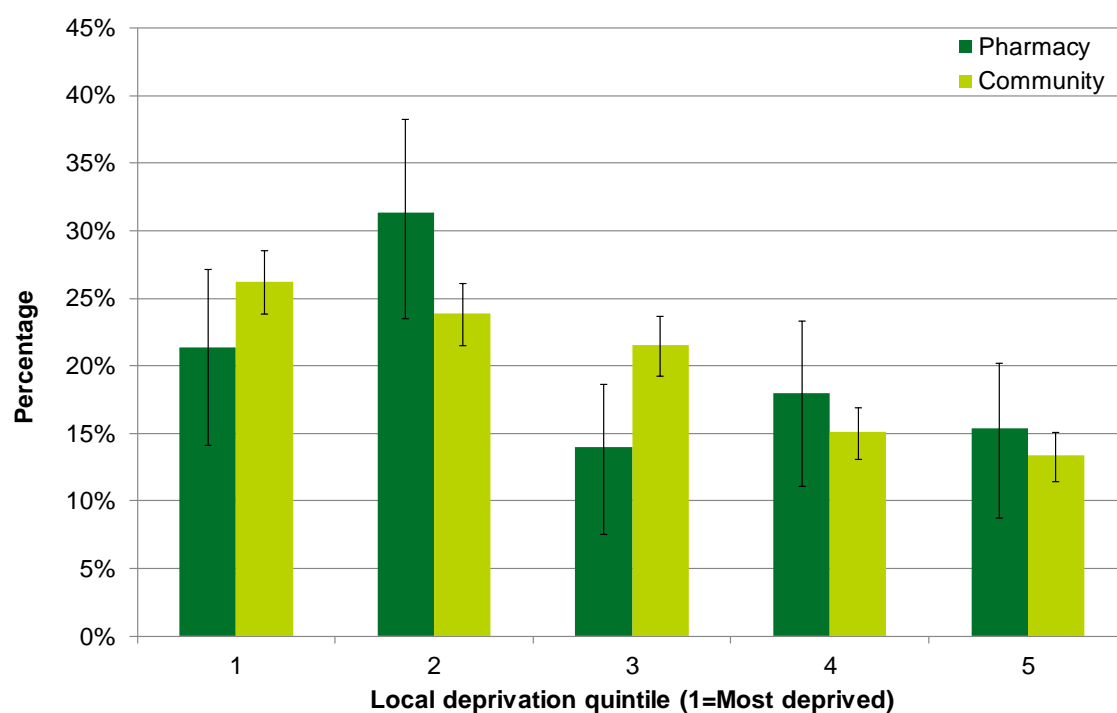
Figure 5.10: Proportion of NHS Health Checks provided, by age group and provider type, Camden, 2016/17



**Source:** Camden and Islington Public Health, 2017

The largest group of people receiving an NHS Health Check at pharmacies were of White ethnicity (57%), followed by Black, Asian and Other ethnic groups accounting for 14% of pharmacy NHS Health Checks respectively. This pattern is similar to that for NHS Health Checks delivered in community settings. People receiving an NHS Health Check at pharmacies were ethnically more diverse than Camden's resident population aged 40 to 74 years, of which 72% are White, 8% are Black and 7% are from Mixed/Other ethnic backgrounds. The proportion of Asian ethnic groups in those receiving an NHS Health Check at pharmacies (14%) was similar to that in the general population (13%). People living in more deprived areas of Camden account for a larger proportion of people receiving NHS Health Checks than people living in more affluent areas of the borough. The NHS Health Checks programme in Camden has a particular focus on increasing uptake among South Asian and Black ethnic groups, who are at increased risk of CVD at younger ages; and people living in the most deprived quintiles in Camden, with those living in the most deprived quintile in Camden 2.8 times more likely to die prematurely from CVD than people living in the least deprived quintile.

Figure 5.11: Proportion of NHS Health Checks delivered by provider type and local deprivation quintile based on patients' residence, Camden, 2016/17

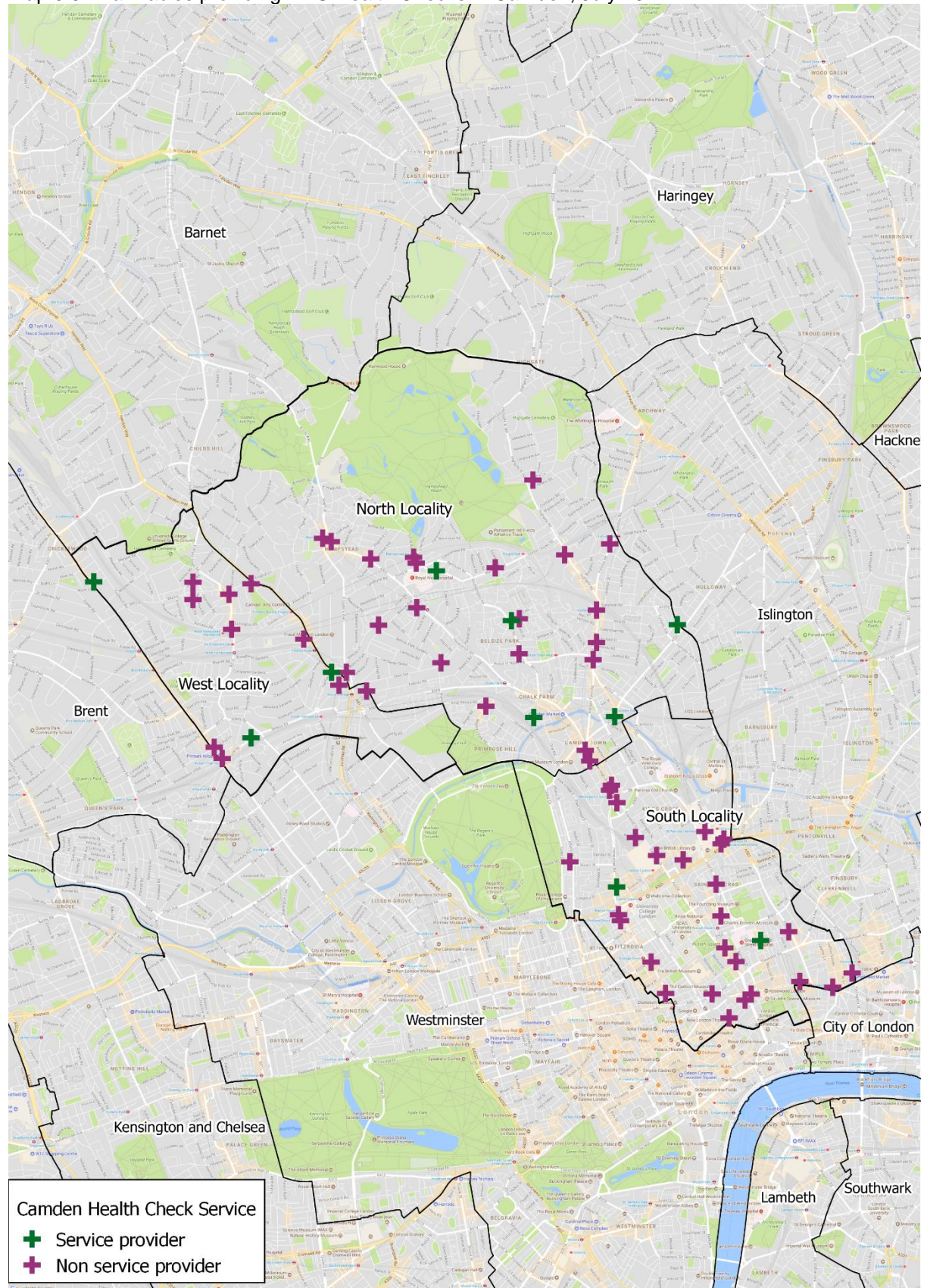


**Source:** Camden and Islington Public Health, 2017

**Note:** 32 NHS Health Checks taken by people who reside out of the borough or without a known postcode were excluded.



Map 5.9 Pharmacies providing NHS Health Checks in Camden, July 2017



Source: NHS England, 2017

## CONCLUSION ON NHS HEALTH CHECKS

NHS Health Checks is a **relevant service** as it improves access to this service. Although the majority of NHS Health Checks are offered and delivered through GP practices and a community outreach provider in Camden, pharmacies have the potential to improve access and uptake particularly among target population groups who are at increased risk of CVD and also less likely to engage with GP practices, including people living in more deprived areas, and people from South Asian and Black ethnic groups. Pharmacies can therefore increase the choice of provider available to patients when making the decision as to where and when to have an NHS Health Check, as well as increasing uptake through opportunistic promotion in everyday contact with residents. As the objectives of NHS Health Checks are prevention and early diagnosis of cardiovascular conditions, which are the second leading cause of premature mortality in Camden after cancer and with a marked social gradient, the service can have an important role in meeting the JHWS goals of improving life expectancy and narrowing inequalities in health in the borough.

The available data does not suggest a gap in current provision. However, the level of NHS Health Check offers and uptake overall in community pharmacies is low, and the current focus of the programme is on increasing delivery of NHS Health Checks delivered in pharmacies through continued review and development of marketing of the programme to eligible residents. This includes targeted promotion and initiatives to increase uptake among men.

### 5.5.3. Emergency Hormonal Contraception service

The Emergency Hormonal Contraception Locally Commissioned Service (EHC LCS) provides free EHC for clients (aged 13 – 24 years) following unprotected sexual intercourse. This is a targeted service, in addition to EHC being available over the counter for all women. The locally commissioned service provides contraception alongside counselling, relevant signposting and referrals to other sexual health services. In order to provide this service, pharmacies must be accredited as set out in the contract; this includes signing a service level agreement (SLA), patient group directions (PGD) and completing a Disclosure and Barring Service (DBS) check. As of 2016/17 there were 19 (28%) accredited EHC pharmacies in Camden. Map 5.10 shows the geographical distribution of pharmacies that were accredited to deliver

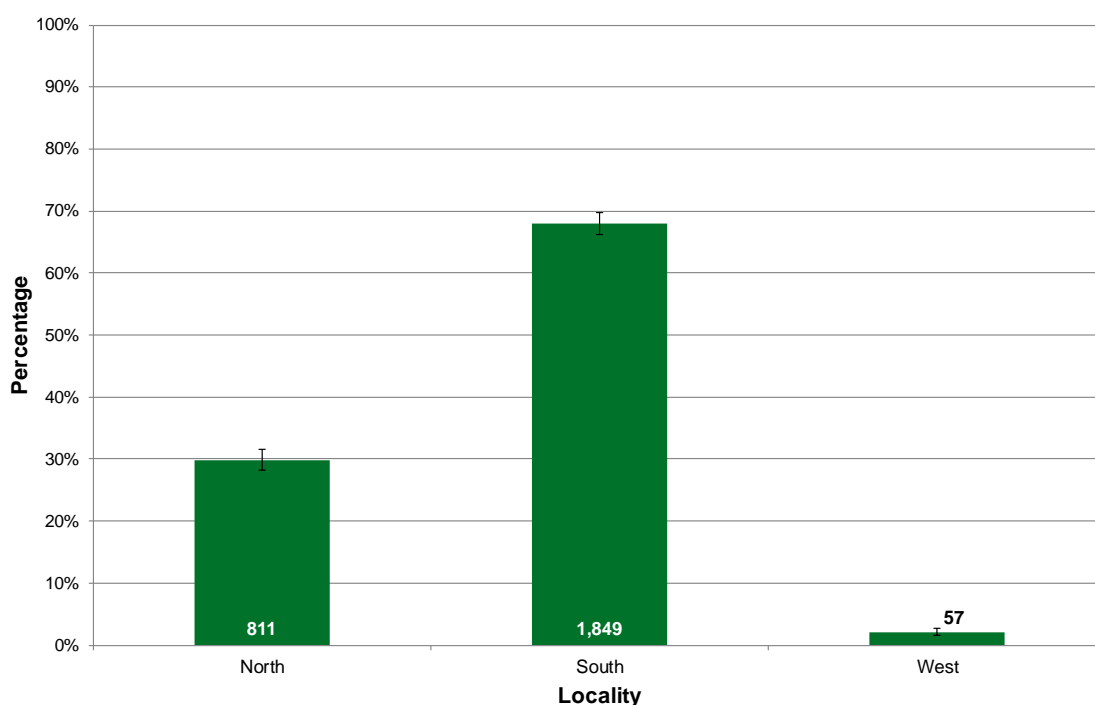


EHC services in 2016/17: eight in the North locality, seven in the South locality and four in the West.

Thirteen of the 19 pharmacies in Camden registered to offer EHC services are open standard opening hours Monday to Saturday. Five pharmacies are open before 9am and five pharmacies are open after 7pm. (Table 5.16). On Saturdays, 16 pharmacies are open standard hours and two pharmacies are open before 9am and two pharmacies open after 7pm. Six pharmacies are open standard hours on Sundays with one pharmacy open late on Sundays. Access to EHC pharmacies is more limited before 9am on weekdays in the North and South localities and limited before 9am and after 7pm on weekends in the South and West localities.

Among the 19 pharmacies accredited to deliver the EHC service, 16 pharmacies (24% of all pharmacies in Camden) had recorded activity under the EHC service. The analysis discussed below is restricted to these 16 pharmacies. Data from 2016/17 show that there were 2,717 uses of EHC across Camden at the 16 pharmacies delivering the service. As the service does not track individual clients, we are only able to provide demographic information for the number of EHC uses.

Figure 5.12: Breakdown of EHC service uses, by locality of pharmacy, 2016/17



**Source:** Camden and Islington Public Health, 2017

In Camden, the South locality has a higher proportion of women aged 13-24 (28%) compared to the North locality (13%) and the West locality (10%). This is most likely

due to the universities and student accommodation available in the South locality. The West locality has a similar proportion of women aged 13-24 compared to the North, however the number of pharmacies offering EHC in the West locality is a half of that in the North locality; this is a potential gap in service provision. It should be noted that however, that there are other places where clients can access EHC services. For example, at Camden's GP practices and sexual health clinics, as well as over the counter at pharmacies outside of the remit of this service.

Of all uses of EHC, 68% were in pharmacies in the South locality (Figure 5.12). 37% of EHC uses were in three pharmacies in one ward, Bloomsbury. This is attributed to the high daytime population in this area, as the ward hosts many businesses, universities and shopping areas.

### **CONCLUSION ON EMERGENCY HORMONAL CONTRACEPTION (EHC)**

The EHC pharmacy service supports increased choice and access to emergency contraception, advice and signposting to wider services among young women in Camden. The EHC pharmacy service is a **relevant service** as it improves access to this service in the borough. In addition to the commissioned EHC service in pharmacies described here, EHC is also available over the counter at a charge across the borough as well as for free of charge in sexual health services and general practice but this additional provision is not considered as part of this assessment.

The available data does not suggest a gap in current provision. Since 2013/14, geographical coverage has improved. There were no pharmacies delivering EHC in the West locality in 2013/14. However, four pharmacies in the West locality have since been commissioned to deliver the service so this is no longer a gap.

Opening hours for EHC pharmacies vary across the borough. Overall access to EHC pharmacies is limited on weekends before 9am and after 7pm; this may result in limited access to the service at a time when young people might want to use the service

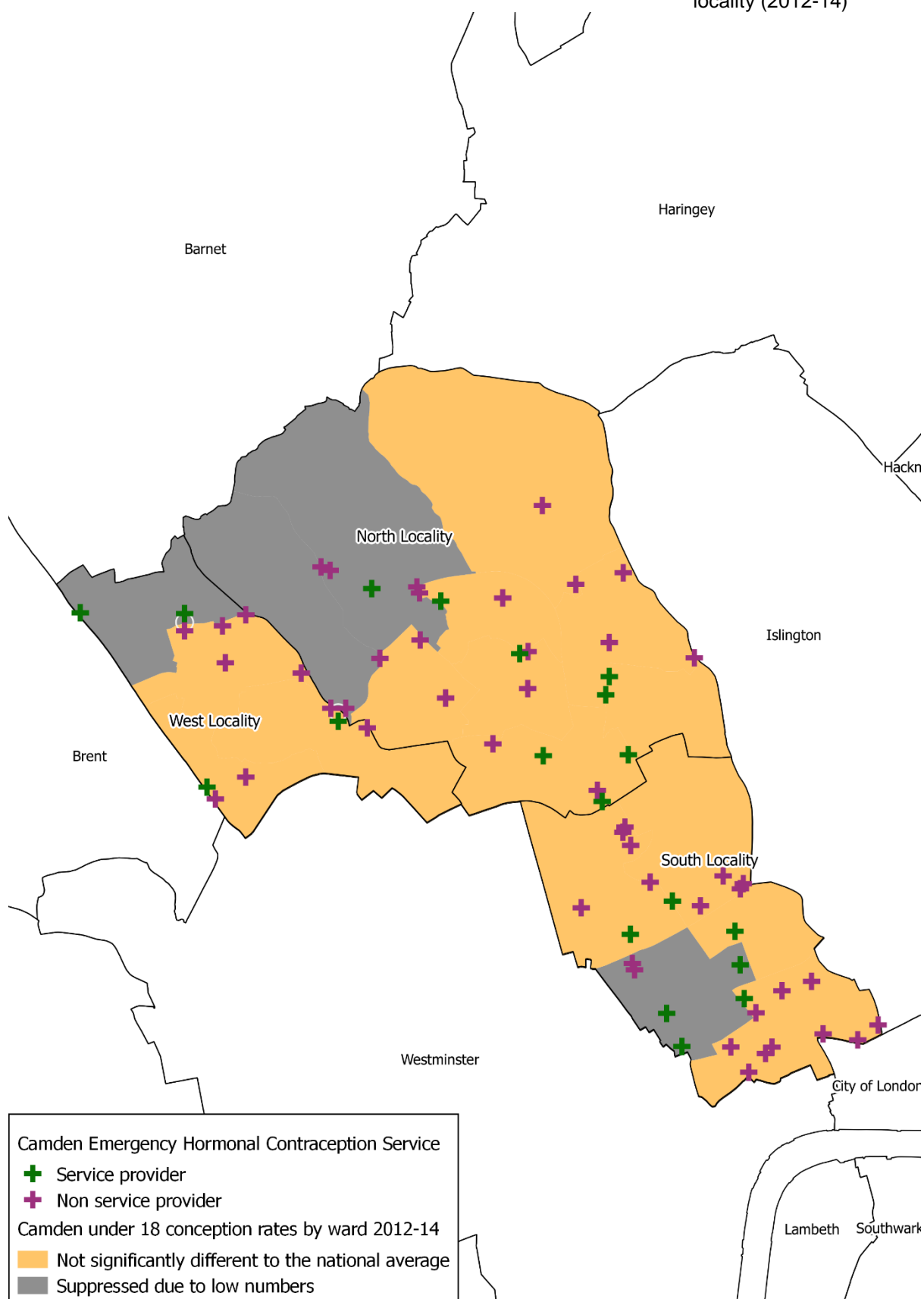
The expansion of access to free condoms for young people through pharmacies offering EHC is being piloted in 2017 as part of the C-Card condom distribution scheme.

Table 5.16: Opening hours of pharmacies providing EHC services, 2016/17

Locality	Ward	Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Camden Town with Primrose Hill	2	0	1	0	3	0	0	0	0	2	0	0	0	1
	Cantelowes	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Frogna and Fitzjohns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gospel Oak	1	0	0	1	1	0	0	1	0	0	0	1	0	1
	Hampstead Town	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Haverstock	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Highgate	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentish Town	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	North total	6	0	1	1	7	0	0	1	0	2	0	1	0	5
South	Bloomsbury	0	0	0	3	2	0	1	0	0	3	0	0	0	0
	Holborn and Covent Garden	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	King's Cross	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Regent's Park	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	St Pancras and Somers Town	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	South total	4	0	0	3	6	0	1	0	0	3	0	0	0	4
	West total	3	1	0	0	3	1	0	0	0	1	0	0	0	3
West	Fortune Green	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Kilburn	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Swiss Cottage	0	1	0	0	0	1	0	0	0	1	0	0	0	0
	West Hampstead	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West total	3	1	0	0	3	1	0	0	0	1	0	0	0	3
Camden total		13	1	1	4	16	1	1	1	0	6	0	1	0	12

**Source:** NHS England, 2017; Camden and Islington Public Health, 2017

Map 5.10 Pharmacies providing EHC in Camden (July 2017), and teenage pregnancy rate by locality (2012-14)



**Source:** NHS England, 2017, and ONS, 2016

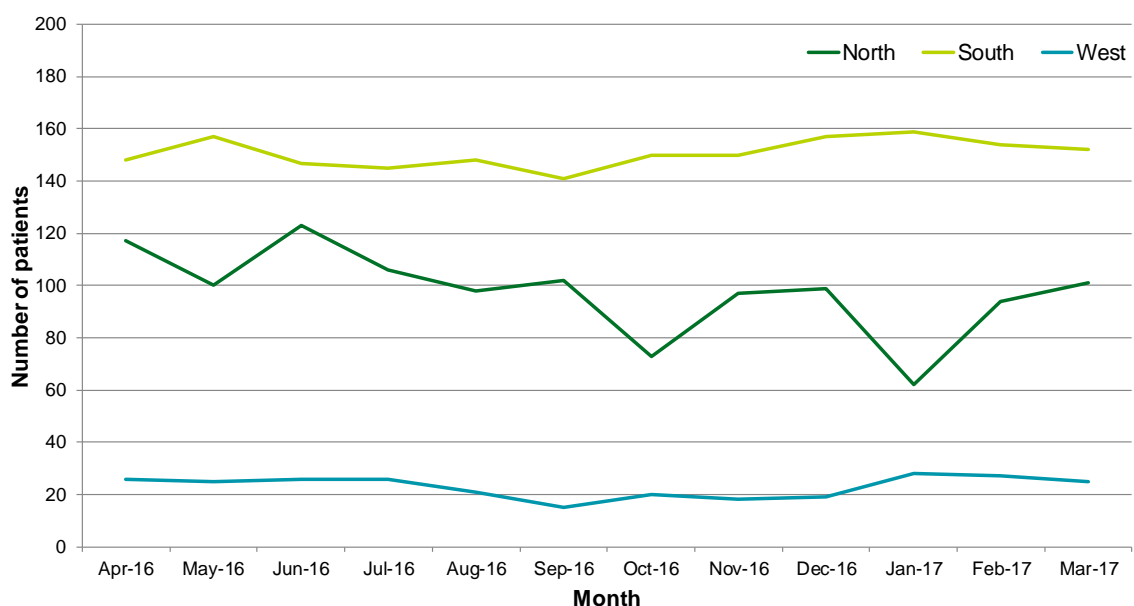
#### 5.5.4. Drug Misuse Services: supervised self-administration and needle exchange services

The impact of drugs misuse on the wider community can be significant if not properly managed, with consequences for blood borne diseases, health and safety and drug related crime. There are two services commissioned from pharmacies to support people in treatment for drug misuse in Camden: a supervised self-administration service and a needle exchange service.

Clients with drug problems who access supervised self-administration and needle exchange services tend to use these services for extended periods of time, so monthly average figures for 2016/17 are presented instead of annual totals.

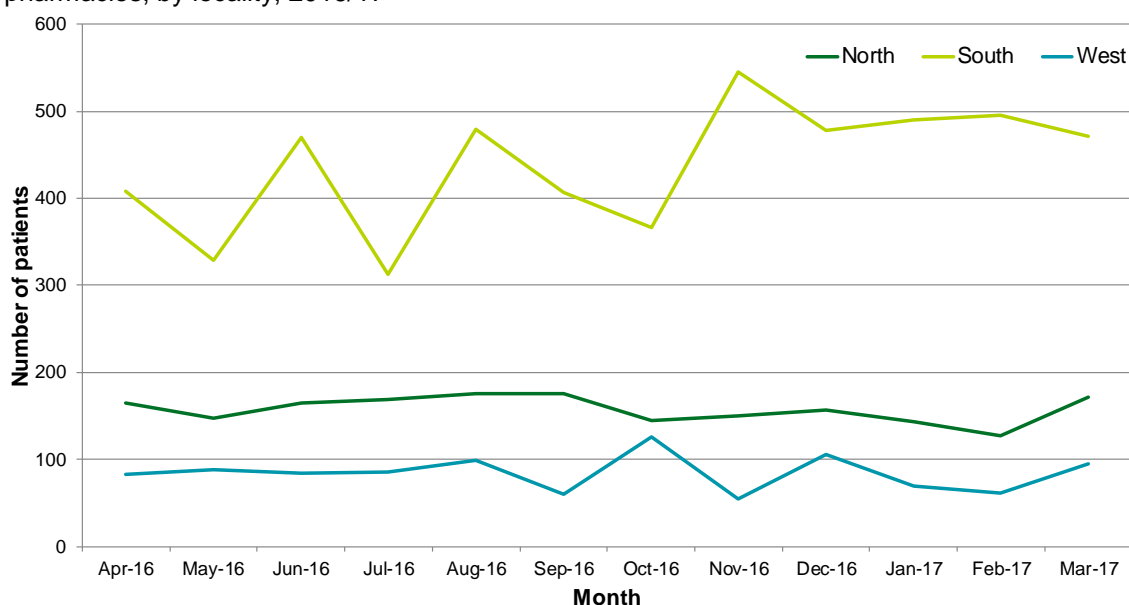
The number of clients accessing these services was higher in the South locality compared to the other localities. The number of clients per month was the lowest and relatively stable over the course of the year in the West locality (Figure 5.13 and Figure 5.14).

Figure 5.13: Monthly trend in the number of supervised self-administration clients registered at Camden pharmacies by locality, 2016/17



**Source:** Camden Substance Misuse Commissioning team, 2017

Figure 5.14: Monthly trend in the number of needle exchange clients registered at Camden pharmacies, by locality, 2016/17



**Source:** Camden Substance Misuse Commissioning team, 2017

### Supervised self-administration service

Supervised self-administration (SSA) services are focused on ensuring that clients in drug treatment programmes take and use their treatment as prescribed, and provide an opportunity for the pharmacist to make relevant interventions. To provide this service, pharmacists must have undertaken specified Centre for Pharmacy Postgraduate Education (CPPE) training and attended a local accreditation event. Pharmacies must ensure controlled drug recording is made promptly; provide privacy for clients (e.g. private area for discreet consumption that is not in the dispensary); be open at least six days a week with the service available during all opening hours; not exceed the patient threshold set for the pharmacy and have a standard operating procedure in place to cover all aspects of the service.

Around 60% of Camden's pharmacies offered supervised self-administration services in 2016/17. Service provision ranged from 64% of pharmacies in the North and South localities to 50% in the West. On average there were 271 people registered for supervised self-administration each month over the course of the year. It is not possible to estimate the prevalence of substance misuse for each locality, but the percentage of the resident population that are registered for this service was significantly higher in the South locality (0.21%) compared to the Camden average (0.11%) (Table 5.17).



Pharmacies offering supervised self-administration are not uniformly distributed across Camden: Frognal and Fitzjohns does not have any pharmacies offering this service (Map 5.11). However, these populations may be served by other pharmacies that are just outside Camden (data on services offered are not available for these pharmacies).

In 2016/17, almost 40% of pharmacies offering SSA were open outside of 9am-7pm during the week: four in the North locality, eleven in the South locality and one in the West locality. On Saturdays 20% of pharmacies offering SSA were open outside of 9am-7pm (two pharmacies in the North locality, five in the South locality and one in the West locality). On Sundays 58% of pharmacies offering SSA were closed and three of those that did open were open outside of 9am-7pm (Table 5.18).

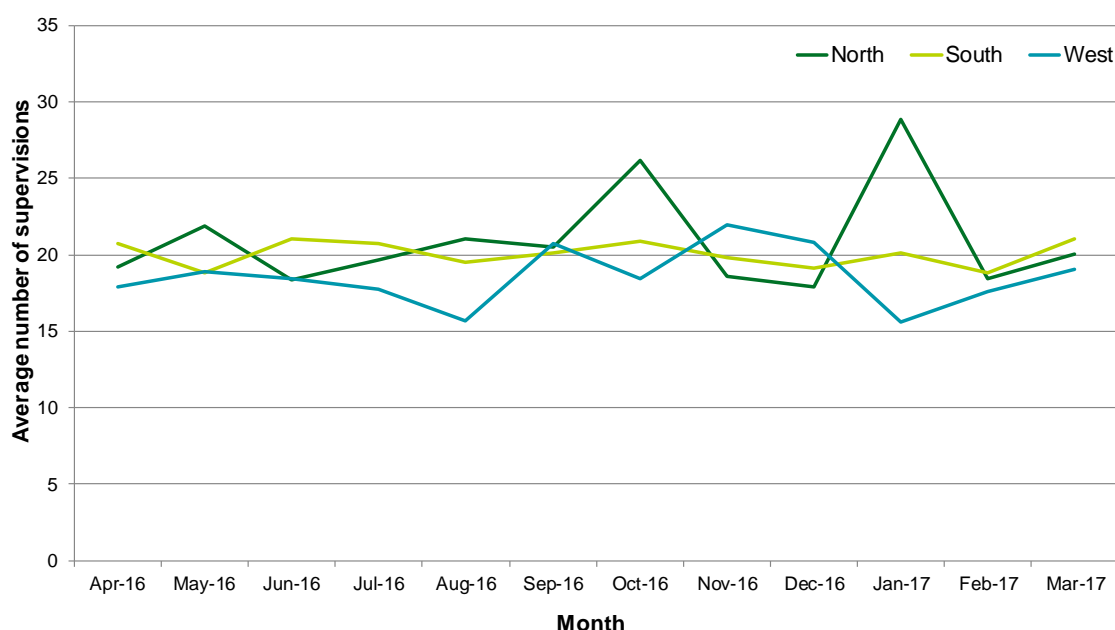
In 2016/17 there were an average of 224 clients (83%) receiving Methadone and 47 (17%) receiving Buprenorphine in Camden each month. There was little variation in the type of drug by locality.

Table 5.17: Percentage of pharmacies offering supervised self-administration service and average registered service users by locality, 2016/17

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients registered with pharmacies
North	16	25	64%	98
South	18	28	64%	151
West	7	14	50%	23
<b>Camden</b>	<b>41</b>	<b>67</b>	<b>61%</b>	<b>271</b>

Average Methadone supervisions fluctuated between 19 and 22 supervisions per patient in Camden over the course of 2016/17, with no discernible trend (Figure 5.15). Similar fluctuations and ranges of values were seen in each of the localities. The pattern for Buprenorphine supervisions was comparable with Methadone.

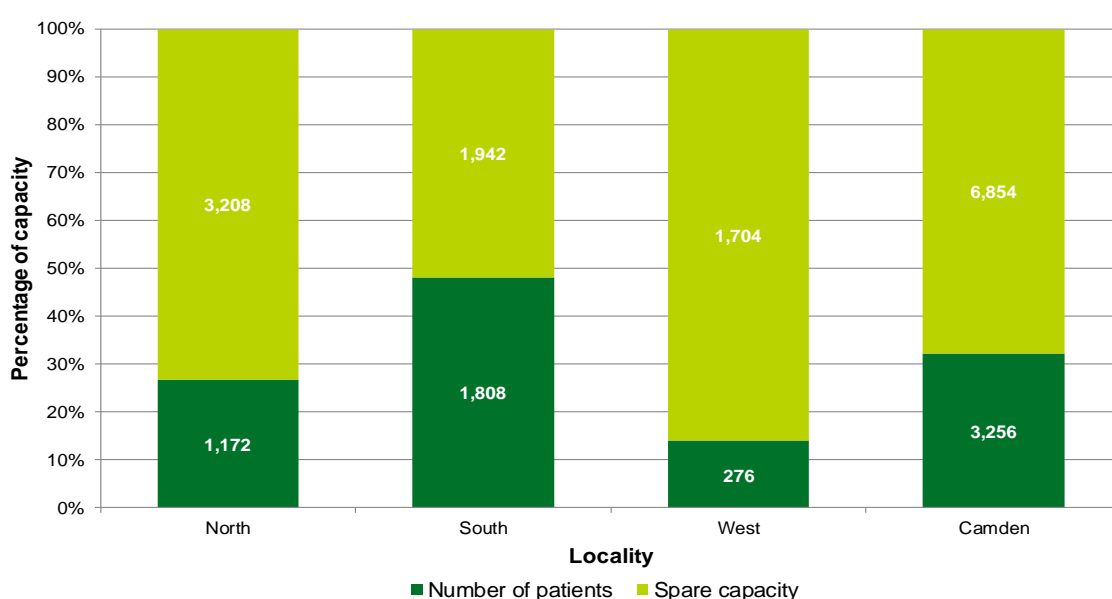
Figure 5.15: Monthly trend in number of supervisions per patient for Methadone, Camden, 2016/17



**Source:** Camden Substance Misuse Commissioning team, 2017

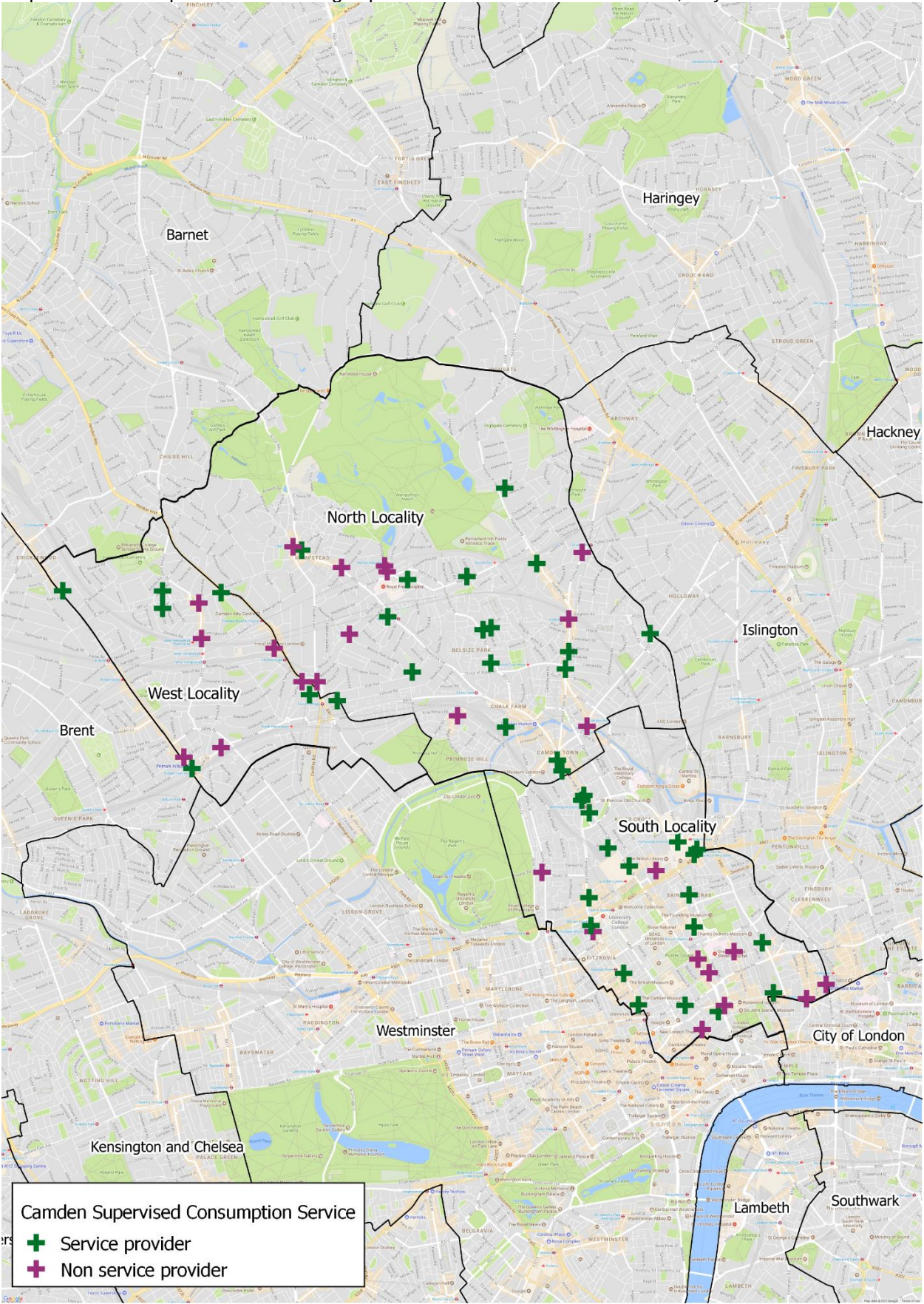
To ensure patient safety and clinical governance each pharmacy can have a maximum of thirty clients at any one time. Over 2016/17, monthly service use fluctuated between 30-35% of capacity in Camden. On average, service use was higher in the South locality (48%) compared to the North and West (27% and 14% respectively) over the course of the year (Figure 5.16).

Figure 5.16: Percentage of supervised self-administration service capacity used by pharmacy and locality, Camden, 2016/17



**Source:** Camden Substance Misuse Commissioning team, 2017

Map 5.11 Camden pharmacies offering supervised self-administration service, July 2017



Source: NHS England, 2017



Table 5.18: Opening hours of Camden pharmacies providing Supervised Consumption Service, 2016/17

Locality	Ward	Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	2	0	0	0	2	0	0	0	0	1	0	0	0	1
	Camden Town with Primrose Hill	1	0	1	1	2	0	1	0	0	3	0	0	0	0
	Cantelowes	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Frogna and Fitzjohns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gospel Oak	2	0	0	1	2	0	0	1	0	0	0	1	0	2
	Hampstead Town	0	1	0	0	1	0	0	0	0	1	0	0	0	0
	Haverstock	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highgate	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Kentish Town	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	North total	12	1	1	2	14	0	1	1	0	5	0	1	0	10
South	Bloomsbury	0	1	0	3	3	0	1	0	0	3	0	0	0	1
	Holborn and Covent Garden	2	1	0	1	2	0	0	0	2	1	0	0	0	3
	King's Cross	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Regent's Park	3	1	0	1	4	0	1	0	0	1	0	1	0	3
	St Pancras and Somers Town	1	0	0	3	1	0	0	3	0	2	0	1	0	1
	South total	7	3	0	8	11	0	2	3	2	7	0	2	0	9
	West total	6	1	0	0	6	1	0	0	0	2	0	0	0	5
West	Fortune Green	3	0	0	0	3	0	0	0	0	0	0	0	0	3
	Kilburn	1	0	0	0	1	0	0	0	0	1	0	0	0	0
	Swiss Cottage	1	1	0	0	1	1	0	0	0	1	0	0	0	1
	West Hampstead	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	West total	6	1	0	0	6	1	0	0	0	2	0	0	0	5
Camden total		25	5	1	10	31	1	3	4	2	14	0	3	0	24

**Source:** NHS England, 2017; Camden and Islington Public Health, 2017

## Needle exchange service

Needle exchange services are focused on ensuring that injecting drug users have access to clean injecting equipment, are able to safely dispose of used equipment and have access to advice from pharmacists.

In order to provide needle exchange, Camden pharmacists must undertake the required CPPE training and will be monitored by the Substance Misuse Commissioners. Pharmacies offering this service must be open 6 days per week with needle exchange services available during all opening hours; display the national or local scheme logo indicating availability of the service; and have a standard operating procedure covering all processes involved.

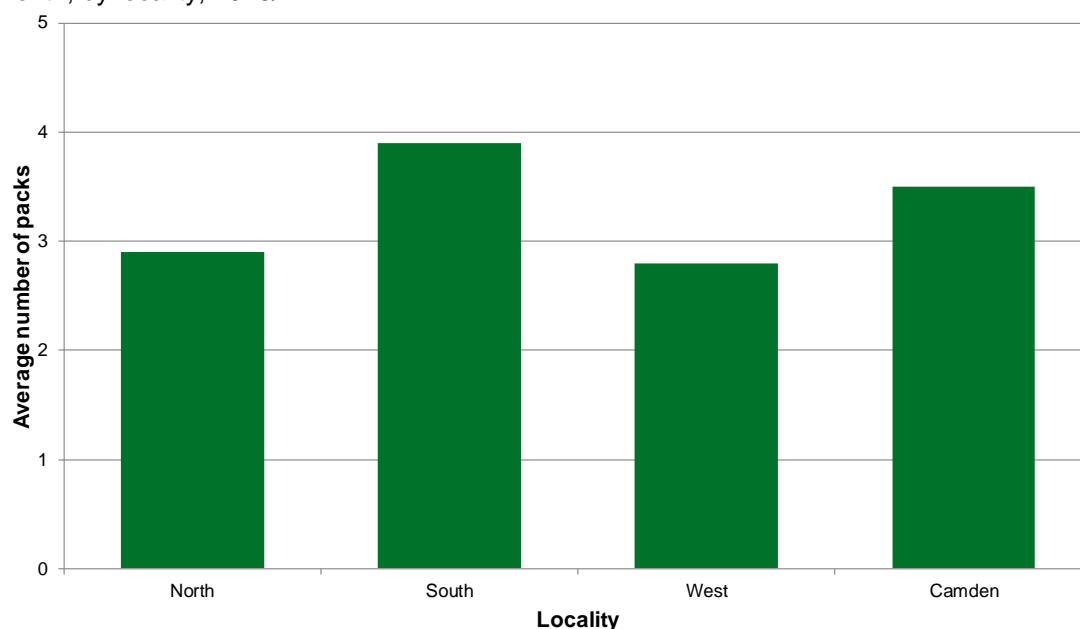
A third of Camden's pharmacies offered needle exchange services in 2016/17. Service provision ranged from 43% of pharmacies in the West locality to 29% in the South (Table 5.19). Most pharmacies providing needle exchange are in the south and east of the borough – there are no Camden pharmacies providing needle exchange in Belsize, Frognal and Fitzjohns, Hampstead Town, and West Hampstead wards (Map 5.12). However, in the North locality, there are a total of nine pharmacies delivering needle exchange services, and in the West locality, there are a total of six pharmacies delivering needle exchange services. In addition, there are open access needle exchange programmes in neighbouring boroughs.

There may also be needle exchange services provided by non-Camden pharmacies (e.g. on Kilburn High Road), but we do not have access to these data. Open access needle exchange is available at three substance misuse treatment centres within Camden. These are based in Royal College Street (St.Pancras and Somers Town ward), Hampstead Road (Regents Park ward), and Daleham Gardens (Frognal and Fitzjohns ward). There is considerable movement of people between boroughs for this service. On average 680 people used the needle exchange service each month over the course of the year (Table 5.19).

In 2016/17, 26% of pharmacies offering needle exchange were open outside of 9am-7pm during the week: three in the South locality, two in the North locality and one in the West locality. On Saturdays 13% of pharmacies offering needle exchange were open outside of 9am-7pm (one in the North locality and one in the South open both early and late, one open early in the West locality). On Sundays just over 60% of

pharmacies offering needle exchange were closed and only one of those that did open was open outside of 9am-7pm (Table 5.20).

Figure 5.17: Average number of needle packs distributed to needle exchange clients per month, by locality, 2016/17



**Source:** Camden Substance Misuse Commissioning team, 2017

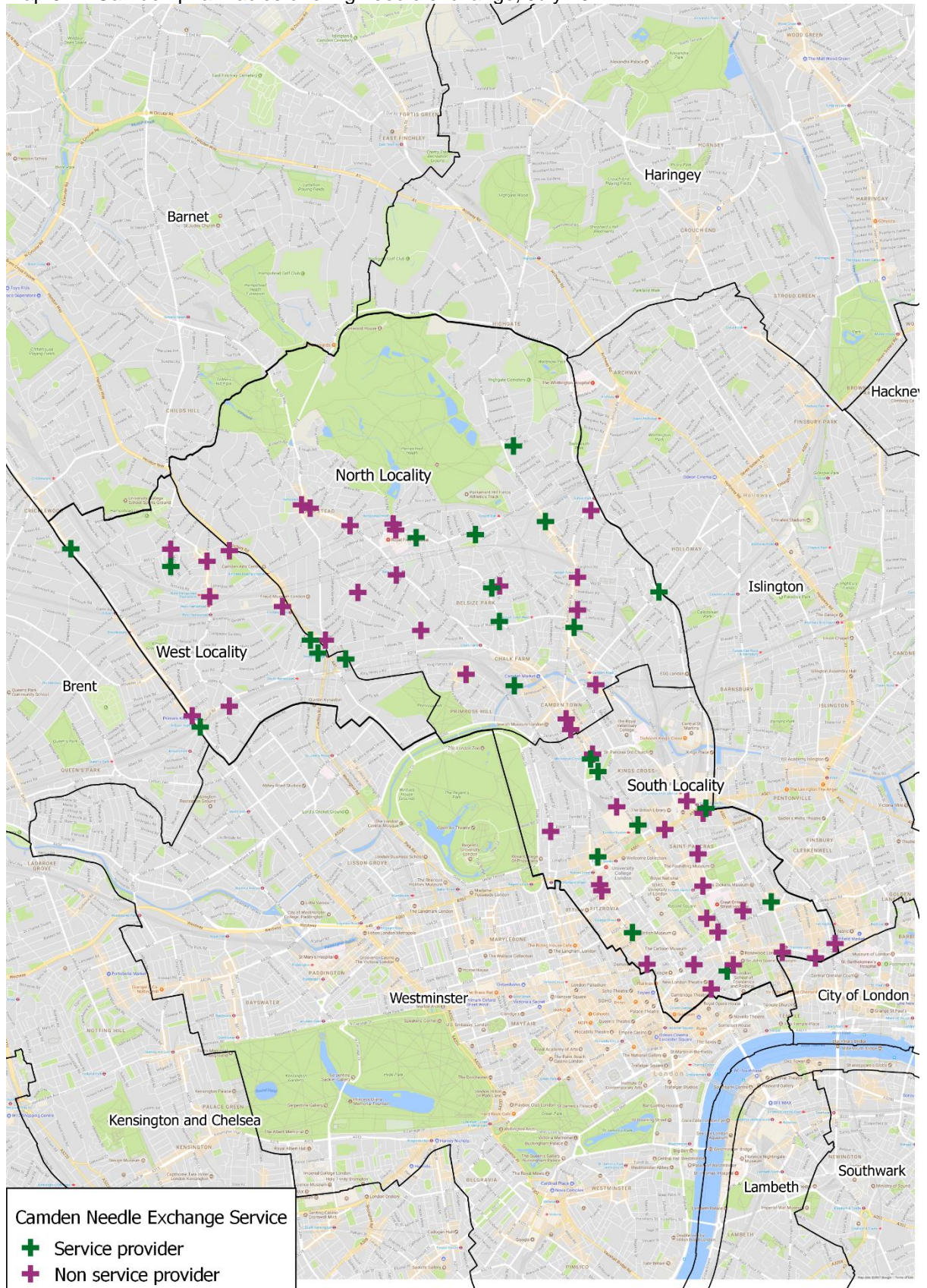
The average number of needle packs distributed to each client varied from 3.9 packs in the South to 2.8 packs in the West (Figure 5.17). Of the 28,800 needle packs distributed in Camden in 2016/17, the most frequently distributed packs were those containing smaller syringes, (blue, 55%; red 36%), which are most commonly used for heroin and crack cocaine.

Table 5.19: Percentage of pharmacies offering needle exchange services and average registered service users by locality, Camden, 2016/17

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients using the service
North	9	25	36%	158
South	8	28	29%	438
West	6	14	43%	84
<b>Camden</b>	<b>23</b>	<b>67</b>	<b>34%</b>	<b>680</b>



Map 5.12 Camden pharmacies offering needle exchange, July 2017



Source: NHS England, 2017

Table 5.20: Camden pharmacies offering needle exchange, 2016/17

Locality	Ward	Weekday				Saturday					Sunday				
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
North	Belsize	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Camden Town with Primrose Hill	0	0	1	0	1	0	0	0	0	1	0	0	0	0
	Cantelowes	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Frogna and Fitzjohns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Gospel Oak	2	0	0	1	2	0	0	1	0	0	0	1	0	2
	Hampstead Town	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Haverstock	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Highgate	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Kentish Town	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	North total	7	0	1	1	8	0	0	1	0	1	0	1	0	7
South	Bloomsbury	0	0	0	1	1	0	0	0	0	1	0	0	0	0
	Holborn and Covent Garden	1	0	0	1	1	0	0	0	1	1	0	0	0	1
	King's Cross	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Regent's Park	3	0	0	0	3	0	0	0	0	1	0	0	0	2
	St Pancras and Somers Town	1	0	0	1	1	0	0	1	0	1	0	0	0	1
	South total	5	0	0	3	6	0	0	1	1	4	0	0	0	4
	West total	5	1	0	0	5	1	0	0	0	3	0	0	0	3
West	Fortune Green	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Kilburn	1	0	0	0	1	0	0	0	0	1	0	0	0	0
	Swiss Cottage	2	1	0	0	2	1	0	0	0	2	0	0	0	1
	West Hampstead	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West total	5	1	0	0	5	1	0	0	0	3	0	0	0	3
Camden total		17	1	1	4	19	1	0	2	1	8	0	1	0	14

**Source:** NHS England, 2017

## CONCLUSIONS ON DRUG MISUSE SERVICES

As set out in our Substance Misuse Needs Assessment, Camden has one of the largest opiate or crack-using populations in London. As such, we conclude that both supervised-self administration and needle exchange services are **necessary services** to meet the pharmaceutical needs of Camden's population. Given the high levels of substance misuse in Camden, and the known impacts of substance misuse on both the user's health and society through wider determinants such as crime, these services have an important role in improving life expectancy in the borough, and in narrowing health inequalities. We have not identified any gaps. Reduced service provision is as follows, but there is no evidence to suggest there is a need for increased provision during these times:

### Supervised self-administration services

- **All localities:** Access to supervised self-administration services outside of standard opening hours on Sundays is limited, with five pharmacies open beyond 7pm and two that open before 9am.
- **Frogna and Fitzjohns** does not have any pharmacies offering this service. However, residents of this ward may be served by other pharmacies in neighbouring wards.

### Needle exchange services

**All localities:** Access to needle exchange services is reduced outside of standard opening hours on weekends. On Saturdays, there are three pharmacies offering this service that open before 9 am and two which open after 7pm; and on Sundays, one opens before 9am and two open after 7pm.

### 5.5.5. Community Equipment Services

Together with the NHS, Camden Council have introduced a scheme developed by the Department of Health called the 'Transforming Community Equipment Scheme'. This scheme allows service users who have been issued with a prescription for equipment via a health or social care profession to redeem this prescription from their local accredited pharmacy or retailer. This service promotes care and safety around the home, particularly supporting people with disabilities to live independently at home. In 2016/17 about 1,570 clients used Camden Community Equipment Services. Two thirds of them were female. Around 1,440 prescriptions were made for Camden



Social Care clients and around 2,170 items were supplied. Most of the prescriptions and item supplies (99%) were dealt with by ten Camden pharmacies (Table 5.21).

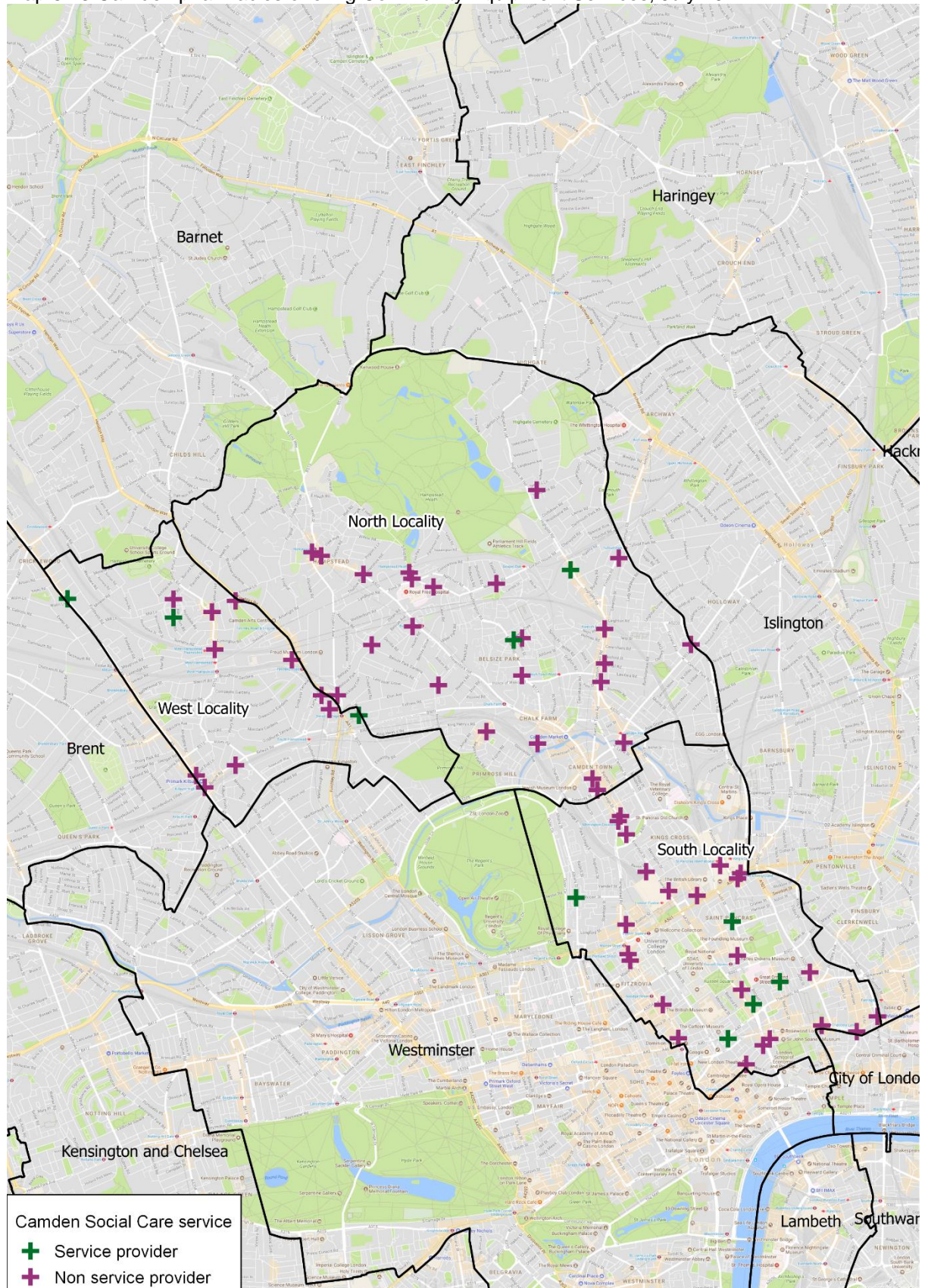
Table 5.21 Percentage of pharmacies dealing with Community Equipment Service prescriptions and number of Community Equipment Service prescriptions and items supplied, by locality, Camden, 2016/17

Locality	Providing service	Total pharmacies	% providing service	Number of prescriptions	Number of items
North	2	25	8%	606	933
South	5	28	18%	545	792
West	3	14	21%	269	419
<b>Camden</b>	<b>10</b>	<b>67</b>	<b>15%</b>	<b>1,420</b>	<b>2,144</b>

**Source:** Camden CCG, 2017

None of the ten pharmacies that provided Community Equipment Service prescriptions were open outside of 9am-7pm during the week. Eight were open on Saturdays, with a similar coverage through the localities (two in the North, three in the South and three in the West locality), and all the pharmacies were closed on Sundays.

Map 5.13 Camden pharmacies offering Community Equipment Services, July 2017



Source: Camden CCG 2017

## CONCLUSIONS ON COMMUNITY EQUIPMENT SERVICES

Community equipment services within Camden are a **necessary service**. They cover a number of different types of equipment, including simple living aids issued under the Retail Model via pharmacies and large items of equipment (e.g. hospital beds, hoists, tailor made equipment etc.) which are provided on a loan basis.

The current Community Equipment service is commissioned via a consortium arrangement with 17 other London Boroughs. Whilst this provides economies of scale, it presents some challenges when trying to monitor service provision across the entire contract. The Retail Model within Camden is yet to be reviewed to assess its value, so conclusions on the effectiveness of the service cannot be drawn. However, the available data does not suggest a gap in current provision.

### 5.5.6. Health promotion campaigns run by Public Health

Camden pharmacies support a number of health promotion campaigns organised by the Public Health department, including:

#### One You Camden

*One You* is a campaign from Public Health England which aims to inform, energise and engage millions of adults, especially those in the 40-60 age group to make changes to improve their own health by eating well, moving more, drinking less and quitting smoking. Camden and Islington Public Health team have developed local One You websites, which signposts residents to local lifestyle services, as well as provide health advice and tips.

Two One You health campaigns were promoted in pharmacies in 2017.

- 1. How Are You? lifestyle quiz:** The first One You campaign aimed to raise awareness of an online 'How Are You?' lifestyle quiz, which launched locally in September 2016. This campaign asked residents to visit the One You Camden website, and take the health quiz. The quiz provides tips on how residents could change their lifestyle behaviours to improve their health. Pharmacies were provided with posters and conversation starters to promote, and support the campaign, which directed residents to the local websites.
- 2. One You Active 10:** The second One You campaign, 'Active 10' was promoted during April and May 2017. This campaign aimed to encourage adults to build



more physical activity into their life by walking briskly for ten continuous minutes or more every day. Pharmacies were provided with posters, walking leaflets (which included walking routes in Camden) and conversation starters. The campaign literature encouraged residents to download the 'Active 10' PHE mobile app, which enabled them to track their brisk walking.

### Be Clear On Cancer

Be Clear on Cancer is a campaign delivered nationally by Public Health England. Pharmacies locally supported two Be Clear On Cancer campaigns in 2016-17.

The respiratory campaign was promoted by pharmacies in May-July 2017. Pharmacies were provided with posters for the campaign by the Public Health team to display in the pharmacy, which raised awareness of the symptoms of respiratory symptoms. The campaign encourages people with relevant symptoms to visit their doctor. The campaign was aimed at men and women aged 50 and over, and the key people who influence them, such as family and friends.

The 'Blood in pee' campaign launched in February 2016, and was promoted in local pharmacies from 15th February until 31st March 2016. The key message promoted was 'If you notice blood in your pee, even if it's 'just the once', tell your doctor.' The campaign was aimed at men and women over the age of 50 from lower socio-economic groups, and their key influencers, such as friends and family. Posters were distributed to pharmacies for this campaign to display in the pharmacy.

### CONCLUSIONS ON PUBLIC HEALTH PROMOTION CAMPAIGNS

We conclude that Health Promotion campaigns are a **relevant service** as they provide additional information about local services targeted to the needs of the local population. There are plans to promote health campaigns through Healthy Living Pharmacies in future months. We have not identified any gaps in current provision.

## 5.6. Local views on pharmacy services

For the 2015 PNA, the needs assessment included a piece of research undertaken to better understand local experiences and views of pharmacy services, including where improvements could be made. The research focused on people who use community pharmacies, pharmacists in Camden, and other health professionals who come into contact with pharmacies as part of their role. A brief synopsis of the research is

described here, with service specific information addressed within this chapter. For more in-depth information, the full report is included as Appendix C.

For this 2018 PNA, the Steering Group discussed the need for refreshed research, and agreed that this previous qualitative research still remained very relevant. Findings from the following, more recent national work into people's views of pharmacy services reinforce this.

### **Pharmacy Services: Findings from the Healthwatch Network:**

- Polling by YouGov and Healthwatch England in 2015 found that the majority of people would visit a pharmacist instead of a GP for medication for a minor illness, to seek advice for a specific minor illness or injury. A third would visit their pharmacist for general medical advice.
- There was some confusion about the level of clinical expertise pharmacists can offer and the range of services available.
- People spoke positively about pharmacies, saying that they trusted their pharmacist.

Although the research involved a relatively small sample of Camden residents, pharmacists and health professionals, the results provide an insight into what is currently working well and not so well in pharmacies in Camden, barriers and gaps in accessing services in pharmacies, the priorities of local residents with different health needs, the relationship between pharmacies and other local health services and specific ideas for how services could be improved.

Pharmacies in Camden were generally viewed positively by focus group participants and survey respondents in 2015, particularly around their convenience, responsiveness and ability to offer a personalised service. Residents are dependent on services and regular pharmacy users were keen to see some improvements, and had pragmatic suggestions in many cases of how this might be achieved.

### **Priorities**

Engagement with pharmacists and health professionals in 2015 identified a number of themes and issues. It found that an increasingly ageing population and people with long term conditions are likely to have the biggest impact on pharmacy services over the next decade. These areas have also been identified within other analysis for the PNA.

The priorities of particular groups of patients when using pharmacies were discussed in the focus groups, to identify what was most important or valued amongst certain population groups. **Error! Reference source not found.**Table 5.22 provides an overview of the factors that participants identified as being relevant and important to them. This helps to improve understandings of the way different users interact with pharmacy services in Camden.

Table 5.22 Summary of key priorities for pharmacy services for each user group in Camden

Population group	Summary of key priorities
<b>General pharmacy users (low income and BAME)</b>	<p>Low level of dependency on specific services, but identified:</p> <ul style="list-style-type: none"> <li>▪ Convenience and speed of access, particularly not needing an appointment</li> <li>▪ Opening hours longer at either end of the day for those who work</li> <li>▪ Instant advice on symptoms/minor ailments</li> </ul>
<b>People with mental health needs</b>	<p>High dependency on pharmacy services.</p> <ul style="list-style-type: none"> <li>▪ Being treated with dignity, respect, consideration</li> <li>▪ Proactive and comprehensive advice</li> <li>▪ Awareness of mental health problem require care and attention in interactions</li> <li>▪ Avoiding unnecessary trips to the pharmacy</li> <li>▪ Privacy and discretion</li> <li>▪ Good relationships between pharmacist and other health services, avoiding the service user</li> </ul>
<b>People with long term conditions</b>	<p>High dependency due to frequency of pharmacy visits and complexities managing multiple conditions:</p> <ul style="list-style-type: none"> <li>▪ Trusting advice about medication</li> <li>▪ Trusting advice about medication</li> <li>▪ Accurate prescriptions</li> <li>▪ Avoiding long waiting times</li> <li>▪ Home service and electronic prescription service potentially very valuable for older people</li> <li>▪ Personalised service</li> <li>▪ Cooperation with GPs to avoid gaps</li> </ul>

### Smoking cessation service users

Key aspects relate to a specific service:

- Professional, non-judgmental, knowledgeable advisers
- Information and choice on health, ways to quit, trying out different aids
- Appointments in the evening for those who work

### Recommendations

There are many aspects of pharmacies and their services that are viewed as working well by both the general public, and health professionals, and to an extent many of the priorities for pharmacy services in Table 5.22 are already being met, or partially met. The core services of dispensing medications, giving advice on over the counter medication and minor ailments or symptoms and providing these in many locations across the borough that are near to people's homes and workplaces can all be judged as a success. It was also apparent that many people trusted the knowledge and advice from pharmacies and particularly valued their accessibility in comparison to the difficulty many could experience in getting an appointment at their GP.

Both strands of the research identified a set of recommendations from the previous research, deemed still relevant, that could potentially be addressed through the wider PNA process in Camden:

- **Location of pharmacies in Camden:** One suggestion from a focus group participant was to map out of hours services to ensure that there is equitable coverage. Clearer information should be provided in pharmacies on out of hours services so pharmacy users know where to go.
- **Prescriptions:** The PNA Steering Group should consider what steps can be taken to build on the high level of trust that residents in Camden have in pharmacies in the future, and to specifically address the frustrations that can emerge when residents have to make repeat visits due to prescriptions not being available. One of the suggestions from a pharmacist responding to the survey was that there could be more meetings between pharmacists and other health professionals – and this could be a forum to address some of the issues around prescribing raised in the focus groups.
- **Promoting different prescription options:** Every pharmacy should make it clear which options are available for collecting prescriptions, particularly targeting those managing multiple conditions so they are fully aware of the range of ways that they can arrange to receive reminders about or pick up their prescriptions.

- **Promotion of pharmacy services:** Residents felt that advertising in pharmacies about the range of services on offer could be improved, but also using different routes to disseminate this – via booklets, local advertising in papers, or door to door leaflets. The availability of different languages spoken in pharmacies should also be promoted more clearly.
- **Accessibility:** Pharmacies should ensure that they have seating and wheelchair access for those who are able to visit in person, and better promotion of the home delivery service for those who are not. This should be mapped across Camden to identify which premises are not currently accessible.
- **Ongoing engagement:** The Steering Group should consider meeting with representative groups in the borough to discuss how to take their ideas forward as the PNA develops and to ensure that when the document is being consulted on these groups can continue to have their say on the shape of future pharmacy services in the borough.
- **Links between pharmacies and other services:** Current patterns of information sharing, signposting and referral needs further interrogation to identify in local areas exactly where the perceived gaps are between these different services. On a wider level, one suggestion was that the CCG could help to foster this cooperation, and that joined up working and commissioning across pharmacies and other health service in Camden could be improved.

In summary, the research highlighted many encouraging responses about pharmacies in Camden, particularly around their convenience, responsiveness and ability to offer a personalised service. Those with high dependency on services who are regular pharmacy users are keen to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved. More recent national research reflects these findings.

## 5.7. Assessing the needs of people with protected characteristics

The PNA regulations require that the needs of people who share a protected characteristic (as defined by the Equality Act 2010) are taken into account when making the assessment. This section details how the needs of these populations have been taken into account in forming the assessment.

### 5.7.1. Age

In assessing the demographic profile of Camden, the projected population, and their health needs, age groups have been identified with specific pharmacy needs. These are listed below.

#### Young people

Though young people tend to visit pharmacies less often for medication dispensing, pharmacies can still play a role in health promotion for this age group. In addition, some locally commissioned services specifically target or are primarily used by people in this group. For example, EHC for women aged 13-24 years, substance misuse services and smoking cessation.

#### Working age population

In people of working age, pharmacies can play a role in supporting people to change their behaviours. For example, pharmacies offering smoking cessation, NHS Health Checks and other health promotion campaigns targeted at this age group widen access, especially around working hours. In addition, screening can also help diagnose people earlier and introduce medication or other management at an earlier stage.

The prevalence of long term conditions in this age group necessitates a coordinated approach by pharmacies to offer pharmacy services at times and locations convenient to the working age population. People with long term conditions may also be eligible for some advanced or enhanced services (such as MUR, NMS or seasonal flu vaccination), in addition to the essential services offered by all pharmacies.

#### Older people aged 65 and over

As shown in Chapter 4, the prevalence of long term conditions increases with age, including an increase in the prevalence of comorbidities. People in this age group are more likely to need support in managing their long term conditions, and any associated medications. This will be reflected in the use of advanced services (such as MUR and NMS), essential services such as repeat dispensing, and enhanced services, such as seasonal flu vaccination. Accurate information and advice, accessible to patients with sensory needs, may help with adherence to medication. In addition, supporting people to adopt healthier behaviours will help prevent the development of other long term conditions, and manage their current conditions. For example, smokers diagnosed with COPD would benefit from smoking cessation



advice. Ensuring equitable access to these services will allow for sustained improvements in outcomes for patients and improved life expectancy overall.

#### 5.7.2. Disability

National legislation means that all pharmacies must comply with the provisions set out in law. However, with 68 different pharmacies in Camden, there are varying degrees of accessibility. For example, the qualitative research highlighted that some pharmacies are more difficult to enter while using a wheelchair. These issues result in disabled people having less choice in which pharmacy to use. Pharmacies are also required to have a confidential consultation room, which in some cases may not be suitable for those in a wheelchair.

Other forms of disability are also included in the scope of this characteristic, such as sensory impairment and disability resulting from a long term physical or mental condition. There are many pharmacy users who will fall into this category, and ensuring equitable access to medicines, advice and support is inherent to good provision of pharmacy services in Camden.

#### 5.7.3. Gender reassignment

Pharmacies have an integral role to play for people undergoing gender reassignment, as most treatments involve medical treatment. Ensuring patients have access to their medications without significant delay is also important. Pharmacies could also offer MURs to ensure adherence to medications, and identify any issues as early as possible.

#### 5.7.4. Marriage and civil partnership

No specific needs have been identified for this characteristic.

#### 5.7.5. Pregnancy and maternity

As some pharmacies offer pregnancy test kits, they are ideally placed to offer antenatal advice and health promotion to newly pregnant women, including helping pregnant women to quit smoking. They are also able to offer MURs to women on other medications, to ensure that the medication is safe to use during pregnancy and while breastfeeding.

#### 5.7.6. Ethnicity

As discussed in Chapters 3 and 4, the population of Camden is very diverse with a high proportion of people from BAME groups, and people from these groups also

have a high proportion of diagnosed long term conditions. For example, the Asian population has a higher prevalence of diabetes.

The NHS Health Check offer in Camden targets South Asians at a younger age, reflecting the increase in prevalence of cardiovascular diseases. In addition to offering health promotion advice, pharmacies can opportunistically offer Health Checks to this group, as well as other public health interventions, such as smoking cessation.

#### 5.7.7. Religion or belief

Apart from the obligation to provide pharmacy services irrespective of a patient's religion, the only specific need for this group would be advising patients on suitable medication due to food restrictions (e.g. medication containing pork products) or during fasting periods (e.g. Ramadan).

#### 5.7.8. Gender

Though pharmacy services target both men and women, there are some services that are gender specific. Women, for example, can use EHC and pregnancy testing at pharmacies. Men are less likely to use health services in general, so opportunistic screening (such as Health Checks), health promotion and public health interventions should be used to their full potential to engage men in these interventions/services.

#### 5.7.9. Sexual orientation

Apart from the obligation to provide pharmacy services irrespective of a patient's sexuality, no specific needs have been identified for this characteristic.

#### 5.7.10. Vulnerable groups

Vulnerable groups may include people with long term conditions, the elderly or other groups described above. Vulnerable groups or specific populations have been considered throughout, including in chapter 4 and chapter 5. A number of pharmaceutical services in the borough provide specialist or other services for such vulnerable groups or specific populations. There is no known need for additional specialist or other services that would improve the provision of, or access to, services such as for specific populations or vulnerable groups.

## 5.8. Conclusion on the provision of services

**The provision of pharmaceutical services in Camden is assessed as being sufficient, and there are no identified gaps. In addition, the current service provision is deemed sufficient to support the changing needs and population growth in Camden.**

**This includes assessment of the proposed retail, commercial and transportation developments and population expansion**

**However, some areas for improvement have been identified, and these are described in chapter**

## 6. FUTURE SERVICES

Chapter 4 has already detailed the anticipated future demographic changes in population in Camden. This section will therefore look at the services that may be provided in the future.

### 6.1. Programmes and initiatives

#### Healthy Living Pharmacies

In September 2014 Camden and Islington Public Health, Camden and Islington CCGs and Camden and Islington LPC invited pharmacies to apply for the Healthy Living Pharmacy (HLP) Quality Mark.

The Department of Health (DH) has introduced a Quality Payments Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. This will involve payments being made to all community pharmacy contractors meeting certain gateway and quality criteria. Pharmacies are now incentivised to achieve HLP status through the pharmacy quality payments scheme.

The HLP programme recognises the significant role community pharmacies play in helping reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. While the programme is delivered by pharmacies, it is not a pharmaceutical service. The Healthy Living Pharmacy concept was developed by NHS Portsmouth (Primary Care Trust), working together with the Hampshire and Isle of Wight LPC. A Healthy Living Pharmacy:

- Consistently delivers a range of health and wellbeing services to a high quality
- Has achieved defined quality criteria requirements and met productivity targets linked to local health needs

- Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, activity, sexual health, healthy eating and alcohol
- Has a Healthy Living Champion
- Is recognisable by the public.

### Summary Care Records

The NHS Summary Care Record (SCR) is an electronic summary of key clinical information (including medicines, allergies and adverse reactions) about a patient, sourced from the GP record. It is used by authorised healthcare professionals, with the patient's consent, to support their care and treatment.

More than 96% of the population in England have an SCR and it is already being successfully used in many settings across the NHS, such as A&E departments, hospital pharmacies, NHS 111 and GP out of hours services and walk in centres.

Since 2015, access to the Summary Care Record has been rolled out to all community pharmacies in England. Where it is in the interest of the patients, community pharmacists have access to the SCR. It is now measured as part of the 2016 Quality Payments framework for community pharmacies.

Across Camden and Islington, the SCR is accessed on average 2.9 times per 4 weeks per live pharmacy in 2016/17. Usage of the SCR is likely to increase as clinical services offered by community pharmacies develop.

## 6.2. Changes in commissioning

There are no firm plans for changes in commissioning that are anticipated to significantly affect demand for pharmaceutical services during the life of the PNA, either through the JSNA or within the CCG. However, the HWB will continue to monitor the demand for services; remaining abreast of any changes to the system that may arise from the North Central London STP, and the health needs of the population, and each of the commissioning organisations may commission new services in response to the changing needs of the population.

There are no known pharmaceutical services that would secure future improvements or increase access to pharmaceutical services in Camden, if they were provided in future.

## 7. WIDER RECOMMENDATIONS

Community pharmacies make an important contribution to tackling local priorities for improving health and wellbeing in Camden, and reducing health inequalities. The essential services meet an immediate medication need and assessment, but the provision of other services allows for a wider reach, responding to specific, local health needs. By providing these services, pharmacies also decrease the burden on GP practices and secondary care services, enabling more cost-effective delivery of some interventions.

There are no identified gaps in the provision of pharmaceutical services in Camden. However, there are some identified areas for improvement.

The PNA process for Camden has highlighted many areas where pharmacies are doing well in their provision of pharmacy services for the population they serve. Though no gaps in provision were identified as part of the PNA, some potential areas of service provision have been highlighted. It has been recognised that it would be beneficial for the relevant commissioner of the service to consider these aspects within the scope of the current contracts to consider where improvements can be made in order to maximise the potential of community pharmacies in helping Camden's population stay healthy. Although these recommendations are not strictly covered by applications for future services, they are considerations for addressing the pharmaceutical needs of the population.

The previous 2014 qualitative findings and the more recent national findings on resident views on local pharmaceutical services have highlighted a need for improving awareness of available pharmacy services and longer opening hours. In addition, wider changes to the Camden health and care system are currently being introduced, aligned to the implementation of the North Central London STP, including the new CHIN (neighbourhood) areas. These changes will need to be regularly reviewed to both ensure sufficient community pharmacy service provision and that residents are aware of these changes and that access is not affected.

The wider recommendations for 2018 are discussed below. These recommendations are in sum:



1. Improving population awareness of available pharmacy services
2. Improving population awareness of longer opening hours
3. Addressing the areas where pharmacies can increase the provision of key public health programmes, such as the Healthy Living Pharmacy

### 7.1. Improving population awareness of available pharmacy services

One of the key findings from the previous qualitative research and more recent national findings was the low level of awareness, from most groups, about the services available to them through their community pharmacy. For example, participants had very different levels of awareness of the options available in terms of repeat prescribing.

The low levels of uptake of advanced services such as medicines use review and new medicines service could also point to low levels of awareness. As these services are targeted at people on medication regimes or new medicines, people with long term conditions (including mental health conditions) would particularly benefit from these services. As well as supporting better adherence, better understanding, and improved outcomes for patients, greater usage of these services would help to reduce the burden on GP practices. The high prevalence of long term conditions in Camden's population and the relatively low uptake of services does clearly highlight that there is some unmet need in this area which the evidence suggests could be met through better public awareness.

The LCSs offered in pharmacy, particularly those focusing on health promotion could have capacity for increased provision. For example, this includes stop smoking service, NHS Health Checks, emergency hormonal contraception, flu vaccination, and some substance misuse services, as well as more general health promotion campaigns. There is a strong evidence base for all of these services, and community pharmacies have a key role to play in raising awareness to motivate people to change their behaviours and then supporting them to change. Maximising the potential of community pharmacies to provide these services will assist in addressing local health needs, reducing health inequalities and increasing life expectancy.

### 7.2. Improving population awareness of opening hours

Our assessment of pharmacy opening hours in Camden shows that, for the most part, pharmacy opening hours are adequate in Camden. Out of hours access is available in all localities, with only more limited opening hours on Sundays, although residents usually have a pharmacy that is open within 2km. However, the previous

findings from the resident focus groups do not mirror this, as longer opening hours were consistently raised as an area for improvement. Some groups were not aware of where late opening pharmacies were, or that they were available within Camden at all. This is especially important for those groups with high levels of need, for example people with long term conditions, mental health needs or those needing drug misuse services. Pharmacies are required to update NHS Choices and the 111 Directory of Services with opening hours, which creates a resource for patients to find and access a pharmacy. Ensuring that residents are aware of their closest late opening pharmacy, as well as those that are open on Sundays, could increase the uptake of all pharmacy services to better address local health needs and to reduce the burden on other health services.

### 7.3. Increasing the provision of key public health programmes

The locally commissioned services currently offered in pharmacies provide a key area for health promotion. However, for some services, there may be opportunities for pharmacies currently contracted to provide these service to do more, or for more pharmacies to offer the services. Maximising the opportunities for the successful implementation of these programmes can contribute to improved health outcomes for the population, including a reduction in health inequalities. Increasing the delivery of these services by pharmacies will give local people more choice and flexibility in how they access support for behaviour change or treatment.

Commissioners of these programmes should ensure that, where contracted, pharmacies are promoted as a point of contact for these services, and pharmacies are supported in their offer. The Healthy Living Pharmacy (HLP) Quality Mark was introduced in 2015, which is helping to develop a more holistic approach to the delivery of a range of public health services in community pharmacies, with plans for further delivery of key public health campaigns throughout the year

## APPENDICES

**Accuracy of the appendices:** Please note that the information in the appendices is accurate at the time of writing.

## Appendix A: Services provided per pharmacy

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	National Advanced Flu Service	London Pharmacy Vaccination Service	Stop smoking service	NHS Health checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Community Equipment Service
North	Greenfields Pharmacy	NW1 9QB	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
	Boots UK Limited	NW3 4QG	Yes	Yes			Yes		Yes			Yes		
	M Simmonds	N6 6QS			Yes	Yes						Yes	Yes	
	Primrose Chemist	NW1 8UR			Yes	Yes								
	DH Roberts Chemists	NW5 2HR	Yes			Yes	Yes	Yes						
	Morrisons Pharmacy	NW1 8AA	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Village Pharmacy	NW3 4AX												
	JP Pharmacy	NW1 7JR	Yes		Yes						Yes	Yes		
	Macey Chemists	NW3 2HU	Yes	Yes			Yes	Yes	Yes			Yes	Yes	
	Rowlands Pharmacy	NW5 3HY	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	
	Fine Chemists	NW5 4EB	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
	EICO Pharmacy	NW5 1TR	Yes	Yes		Yes						Yes	Yes	Yes
	Boots The Chemist (173/175 Camden High St)	NW1 7JY	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
	Ritz Pharmacy	NW3 6UA						Yes						
	Sandylight Pharmacy	NW5 4EG	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Allchins & Co Chemist	NW3 4UE	Yes									Yes		
	Pharmacy Republic	NW3 2QX	Yes		Yes				Yes	Yes	Yes	Yes	Yes	
	Boots The Chemist (40 Hampstead High Street)	NW3 1QE							Yes			Yes		
	ABC Pharmacies	NW5 2TJ	Yes	Yes	Yes		Yes		Yes					
	Biotech Pharmacy	NW1 9EA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
	House Of Mistry Ltd	NW3 2PT					Yes							
	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	Yes	Yes	Yes		Yes		Yes		Yes	Yes		
	Hampstead Heath Pharmacy	NW3 2PY	Yes	Yes	Yes		Yes	Yes						
	Keats Pharmacy	NW3 1NH	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes			
	Aura Pharmacy	N7 0BL	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	National Advanced Flu Service	London Pharmacy Vaccination Service	Stop smoking service	NHS Health checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Community Equipment Service
South	Evergreen Pharmacy	NW1 1DA	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	
	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	Yes	Yes			Yes	Yes	Yes					
	Grafton Pharmacy	W1T 5AZ	Yes	Yes			Yes	Yes	Yes			Yes		
	Medicine Box	NW1 7JE	Yes	Yes	Yes		Yes		Yes			Yes	Yes	
	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		
	Clockwork Pharmacy	WC1B 5AN	Yes		Yes		Yes	Yes	Yes		Yes			
	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
	Kings Pharmacy	NW1 4BU	Yes	Yes	Yes	Yes	Yes	Yes						Yes
	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	Yes	Yes	Yes		Yes	Yes	Yes			Yes		
	Boots The Chemist (122 Holborn)	EC1N 2TD	Yes	Yes	Yes		Yes	Yes	Yes					
	John Walker Chemists	WC1H 9QX	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes		Yes
	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL			Yes				Yes			Yes	Yes	
	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	
	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	Yes	Yes	Yes		Yes		Yes			Yes		
	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	Yes	Yes			Yes	Yes	Yes					
	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	Yes	Yes			Yes	Yes	Yes			Yes		
	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	Yes	Yes			Yes	Yes	Yes			Yes	Yes	
	Holborn Pharmacy	WC1B 4BB	Yes	Yes			Yes	Yes	Yes					Yes
	Starr Pharmacy	WC1X 8TP	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes	Yes	
	Niemans Chemist Ltd	WC1N 3LW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes				Yes
	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes		
	Essentials Pharmacy	WC2B 5QA	Yes	Yes										
	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	Yes	Yes			Yes	Yes	Yes					
	Baban Pharmacy	NW1 1JH	Yes		Yes		Yes		Yes					
	Kerrs Chemist	WC1A 2SA	Yes			Yes			Yes			Yes		Yes
	Day Lewis Pharmacy	NW1 1BA	Yes	Yes	Yes		Yes	Yes				Yes	Yes	

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	National Advanced Flu Service	London Pharmacy Vaccination Service	Stop smoking service	NHS Health checks	Emergency Hormonal Contraception	Supervised Self-Administration	Needle Exchange	Community Equipment Service
West	ABC Drugstores	NW6 4DJ	Yes	Yes	Yes		Yes		Yes	Yes				
	Lloyds Pharmacy	NW3 6LU	Yes	Yes	Yes		Yes	Yes						
	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	Yes	Yes	Yes		Yes	Yes	Yes		Yes			
	HV Thomas	NW6 1NB	Yes			Yes			Yes		Yes	Yes		
	Ramco Dispensing Chemist	NW6 1LJ							Yes					
	Dales Pharmacy	NW3 6HN	Yes	Yes		Yes	Yes		Yes			Yes		
	Boots The Chemist (14 Harben Parade)	NW3 6JP	Yes	Yes	Yes		Yes	Yes	Yes		Yes	Yes	Yes	
	Aqua Pharmacy	NW6 1NB	Yes	Yes	Yes	Yes	Yes	Yes				Yes	Yes	Yes
	IPSA Pharmacy	NW3 6JP	Yes						Yes					
	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	Yes	Yes	Yes		Yes	Yes	Yes			Yes	Yes	
	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Central Pharmacy	NW6 1XJ												
	Hill Pharmacy	NW3 3NR	Yes		Yes		Yes		Yes			Yes	Yes	Yes
	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	Yes	Yes			Yes	Yes	Yes	Yes			Yes	

**Note:** This table is based on data provided by NHS England, and commissioning information from the Camden and Islington Public Health department and CCGs for locally commissioned services.

## Appendix B: The Camden Pharmaceutical Needs Assessment Steering Group

A steering group oversaw the production of this PNA, in accordance with Department of Health regulations and deadlines. The group worked to ensure that the PNA captured the needs of the local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant. The group consists of representatives from:

- Consultant in Public Health for Camden & Islington (Chair)
- Principal Public Health Intelligence Specialist (Camden & Islington Public Health)
- Public Health Intelligence & Information Officer (Camden & Islington Public Health)
- Public Health Strategist (Camden & Islington Public Health)
- Public Health Officer (Communications Liaison), (Camden & Islington Public Health)
- Heads of Medicines Management for Camden and Islington (Camden and Islington Clinical Commissioning Groups)
- Local Pharmaceutical Committee (LPCs) Lead (Chief Executive)

The responsible HWB member is Julie Billett, Director of Public Health. Sarah Addiman (Chair) reports directly to her.

At the Group's second meeting the following Terms of Reference were agreed, to codify the aims and purpose of the PNA, as well as the Group and individual members' responsibilities.

Members of the Steering Group also completed forms to indicate that they had no Conflicts of Interest with the group's responsibilities.



# CAMDEN & ISLINGTON PHARMACEUTICAL NEEDS ASSESSMENT

## STEERING GROUP: TERMS OF REFERENCE

### Background

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From 1st April 2013, Health and Wellbeing Boards (HWBs) assumed responsibility for publishing and keeping up to date a statement of the needs for pharmaceutical services of the population in their area, referred to as a pharmaceutical needs assessment (PNA).

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers, alongside the JSNAs. The Pharmaceutical Needs Assessment is also the document that NHS England uses when deciding if new pharmacies are needed and to make decisions on which NHS funded services need to be provided by local community pharmacies.

The last PNAs were published in 2015 by the respective HWBs.

### The importance to HWBs

- HWBs have a legal duty to check the suitability of existing PNA and publish supplementary statements explaining any changes.
- HWBs will need to ensure that NHS England and its Area Teams have access to their PNAs.
- Each HWB will need to publish its own revised PNA before **1st April 2018**. This will require board-level sign-off and a minimum period (of 60 days) for public consultation beforehand<sup>23</sup>.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

### What should a good PNA cover?

- The PNAs should meet the market entry regulations<sup>24</sup>.
- PNAs should include pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.

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<sup>23</sup> The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: <http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/>

<sup>24</sup> <http://psnc.org.uk/contract-it/market-entry-regulations/>

- It should examine the demographics of its local population, across the area and in different localities, and their needs and also look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
- The PNA should also contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the JSNA and the JHWS.

## **Steering group duties/responsibilities**

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The core purpose of the steering group is to oversee the production of the Camden and Islington PNAs in accordance with DH regulations and deadlines.

- The group will ensure that the PNAs specifically capture the specific needs of the local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant.
- Once published, the group will ensure that the findings of the PNA are disseminated to those who need to know and will work towards implementation of the recommendations with relevant partners.

## **Governance**

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The work of the steering group will be governed by the HWBs for Camden and Islington (for their respective PNAs). The consultation documentation will be approved by the HWB and the final PNAs will be signed-off by the HWBs.

Progress on the PNAs will be reported to the Health and Wellbeing Boards (HWBs) through the quarterly officer groups meetings of respective boroughs, and this group will advise on decisions such as how to structure localities for the PNA for example, on behalf of the HWBs. The HWBs will also approve the draft PNAs to go for consultation along with the consultation questions, and will sign off the final PNAs alongside reviewing the consultation responses.

Julie Billett, Director of Public Health, will act as the responsible member of the HWB to maintain the PNAs going forward. Sarah Addiman, Consultant in Public Health (Chair of the PNA steering group) reports directly to her.

Conflicts of interest will be documented early on in the project process. All members will be asked and sign a conflict of interest declaration. Where members have declared a conflict of interest which would impact on their ability to make an impartial judgement, they will abstain from the decision-making process. Some pharmacy data are commercially confidential and cannot be released into the public domain. As the PNAs are publicly available documents, if and where required, these data will be suppressed in accordance to information governance arrangements surrounding their use.

## Membership

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Membership needs to reflect that pharmacy commissioning involves: Public Health & CCGs. Other members will be co-opted at different times to advice on different areas of work as needed.<sup>25</sup>

The following will be members of the steering group:

- Consultant in Public Health for Camden & Islington (Chair)
- Principal Public Health Intelligence Specialist (Camden & Islington Public Health)
- Public Health Intelligence & Information Officer (Camden & Islington Public Health)
- Public Health Strategist (Camden & Islington Public Health)
- Public Health Officer (Communications Liaison), (Camden & Islington Public Health)
- Heads of Medicines Management for Camden and Islington (Camden and Islington Clinical Commissioning Groups)
- Local Pharmaceutical Committee (LPCs) Lead (Chief Executive)

## Frequency of meetings

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The steering group will meet quarterly and as and when required to report progress on key deadlines.

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<sup>25</sup> NHS England London are not members of the steering group due to capacity issues. They have a designated blog and email hub to obtain advice when required.

## Appendix C: Qualitative research completed for the Camden and Islington Pharmaceutical Needs Assessment Steering Group by OPM Research

This document is published separately on the London Borough of Camden website.

## Appendix D: Plan for the public consultation

### Background and context to the consultation

The Pharmaceutical Needs Assessment (PNA) is a statutory requirement of every Health and Wellbeing Board. PNAs are designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed in the area and to make decisions on which NHS funded services need to be provided by local community pharmacies. The PNA can also be used as part of Camden's JSNA to inform future commissioning strategies.

Previously, PNAs were the responsibility of Primary Care Trusts (PCTs) to produce. The first PNAs were published in 2005, as the basis for deciding market entry of pharmacies to PCTs. The publication of the White Paper *Pharmacy in England: Building on strengths – delivering the future* proposed a review of the requirements of PNAs in order to make the process more robust, and make PNAs more effective in assessing the need for services. The Health and Social Care Act (2012) transferred this responsibility to local authority Health and Wellbeing Boards (HWBs), and further widened the scope of the PNA.

The PNA regulations require that they are published by 1 April 2018, following a mandatory 60-day consultation period where a draft PNA will be made available. The consultation serves as a way to collate feedback about the PNA and its conclusions from a wide range of stakeholders. This document details the process for the formal consultation period.

### Scope of the consultation

The PNA regulations state that the following organisations must be consulted for a minimum of 60 days about the needs assessment:

- Local Pharmaceutical Committee
- Local Medical Committee
- Pharmacists and/or dispensing doctors in the area
- LPS chemists in the area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- Local Healthwatch organisation for its area, and any other group interested in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England
- Local HWB and any neighbouring HWB.

The formal consultation period was used to gather the views of local people, other healthcare providers, residents in the area and other key stakeholders. These comments were synthesised into a consultation report and included in the final PNA document.

## Consultation survey development

The online consultation survey was developed using the WeAreCamden platform, and was tested prior to the consultation period. Questions were sent to the knowledge and information team within the Public Health team to ensure that questions were easy to understand. Healthwatch Camden were also consulted on the consultation plan and questions during development.

## Consultation engagement

The consultation was open for 60 days, from 24 October 2017 to 24 December 2017. Communications were sent out to raise awareness of the consultation. Consultation documents were available for download on the Council website and We Are Camden website. Survey questions were completed using an online survey. For accessibility reasons, a paper copy was also available for people to complete. Table A 1 lists the organisations invited to consult on the PNA.

Table A 1 List of organisations to be consulted on Camden's PNA

	Stakeholder	Channel
Compulsory	Local Medical Committee	Email link to the consultation document and online survey to LMC secretary for distribution.
	Local Pharmaceutical Committee	Email link to the consultation document and online survey to LPC secretary for distribution.
	Pharmacy contractors (including appliance & distance selling pharmacies)	Email link to the consultation document and online survey to group.
	LPS pharmacy contractors	Email link to the consultation document and online survey to group.
	Healthwatch	Email link to the consultation document and online survey to group.
	NHS Acute Trusts	Email link to the consultation document and online survey to Head of Pharmacy.
	NHS Mental Health Trusts	Email link to the consultation document and online survey to Head of Pharmacy.
	NHS Commissioning Board	Email link to the consultation document and online survey to Local Area Team.
	HWB Board	Email link to the consultation document and online survey to Health and Wellbeing Board secretary for distribution.
	Neighbouring HWB boards	Email link to the consultation document and online survey to Health and Wellbeing Board secretaries for distribution.
Wider engagement	General population	Links to survey on relevant (or new) webpages on council's website
		Council social media, e.g. Twitter, Facebook
	Health Scrutiny Committee	Email consultation document
	Public Health Department	Email consultation document

CCG	Patient groups at the local CCG
Local Voluntary, Health and community groups	Email to other relevant groups and organisations to give information about the survey and ask for participation.
Local Councillors	Email link to the online consultation document and survey to Member Support and Cabinet Office for distribution.
Local MPs	Email link to the online consultation document and survey.
Local Dental Committee	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.
Local Optical Committee	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.
Camden Medicines Management Committee	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.
NEL Commissioning Support Unit	Letter and email to Chair and support team on behalf of the HWB with link to the consultation document and online survey, for distribution to members.



## Consultation questions

The following questions will be asked as part of the consultation.

About the PNA

1.	Has the purpose of the PNA been clearly explained in the report?
2.	Has the information included in the report been presented clearly and in a way that is easy to understand?
3.	Are the pharmacy area boundaries clearly defined throughout the report?
4.	Do you think the PNA accurately reflects the health needs of Camden's population, including the needs of the pharmacy area boundaries?
5.	Do you think the PNA accurately reflects the pharmacy facilities throughout Camden, including the pharmacy area boundaries?
6.	Do you think the PNA accurately reflects the pharmacy facilities in neighbouring boroughs which also serve Camden residents?
7.	Do you think there are any unidentified gaps in service provision, i.e. where or when services are provided?
8.	Do you think there are any pharmacy services which could be provided for residents that are not offered at the moment?
9.	Do you think the PNA accurately reflects the future needs of Camden's population?
10.	Do you agree with the conclusions of the PNA? If not, please note which sections you disagree with, and why.
11.	Do you have any other comments on the draft PNA?
12.	Are you responding as: <ul style="list-style-type: none"> <li>a. a member of the public?</li> <li>b. as, or on behalf of, a pharmacy?</li> <li>c. as a member of another health or social care profession?</li> <li>d. as, or on behalf of, a Health and Wellbeing Board?</li> <li>e. as, or on behalf of, NHS England?</li> <li>f. as, or on behalf of, an LMC?</li> <li>g. as, or on behalf of, an LPC?</li> <li>h. as, or on behalf of, an NHS trust?</li> <li>i. as, or on behalf of, a Healthwatch organisation?</li> <li>j. as, or on behalf of, another organisation?</li> <li>k. as, or on behalf of, another business or trader?</li> </ul>

## Appendix E: Consultation report: responses

This chapter provides a summary of the consultation for Camden's PNA and the comments received.

### Consultation process

The Camden HWB approved the draft PNA on 18 October 2017 and published for consultation on 24 October 2017, which closed on 24 December 2017.

The draft PNA and information about the consultation process was available online on a dedicated consultation page: <https://consultations.wearecamden.org/housing-adult-social-care/camdenpna/>. The consultation questions were presented in an online survey. Paper versions of the consultation questions and the report were available on request. The full list of questions is available in Appendix D.

An invitation to reply to the consultation, the draft PNA, and supporting documentation was sent to all organisations stipulated in the requirements, as well as to other key stakeholders. In addition, the consultation was publicised to Camden residents. Of the organisations covered in the requirements, the following were asked to respond:

- Camden and Islington Local Pharmaceutical Committee
- Camden Local Medical Committee
- Camden pharmacy contractors
- Healthwatch Camden
- Royal Free London NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust
- Central and North West London Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Camden and Islington NHS Foundation Trust
- NHS England
- Camden Health and Wellbeing Board
- Neighbouring HWBs

## Advertising the consultation

The PNA consultation was advertised through multiple channels. Where possible, individual emails were sent to consultees and organisations and invited to respond. This included the mandatory organisations listed above, as well as other local health groups such as the Local Dental and Optical Committees, and the Health Scrutiny Committee. The consultation was also advertised on the Camden Council and CCG website, Camden CCG GP website and newsletter, CCG internal newsletters, and Twitter.

## Responses to the consultation

In total, 6 responses were collected from the Camden PNA consultation via the survey. Feedback was received from one member of the public, three pharmacies, NHS England, Whittington Health NHS Trust during the consultation period.

In general, respondents agreed with the conclusions and recommendations described in the draft PNA. The PNA Steering Group reviewed the responses and discussed the changes to be made to the report before its final publication.

The three pharmacies and NHS England provided comments on the consultation draft, highlighting areas of the text that required amendments to ensure that services and pharmacy opening times were defined accurately.

NHS England's response also highlighted that statements in section 5.1.1 that are related to pharmacy improvements, or better access may need rewording. These changes have been incorporated in the final report.

There were a number of suggestions proposed for future services in Camden pharmacies. Specific comments and suggestions on how to improve services have been collated in, and described in Table E1. The Steering Group believes that each of the comments on the draft report have been met by the final draft of the PNA.

Table E1: Analysis of PNA consultation responses

Section of PNA	Response to consultation	Comment from PNA Steering Group	Decision by PNA Steering Group to amend PNA?
Unidentified gaps in service provision			
Section 1	Boots UK pharmacy identified incorrect information regarding the provision of Emergency Hormonal Contraception (EHC) outside of the hours of 9am-7pm. They state that there are four Boots pharmacies that provide this service. Boots also proposed pharmacies that could offer such services across a wider range of hours.	<p>Table 1.1 states in relation to emergency hormone contraception that “Availability is limited on <b>weekends</b> as no pharmacies offering the service are open before 9am and after 7pm” [emphasis added].</p> <p>This is incorrect. Table 5.16 records that on Saturdays, two pharmacies open before 9 am and one is open after 7pm, and on Sundays t there are two pharmacies delivering emergency hormone contraception that open before 9am on Saturdays and one, and one pharmacy that is open after here is one pharmacy open after 7pm. There are no pharmacies delivering EHC that open before 9am on Sundays only.</p> <p>During weekdays, there are five pharmacies delivering the emergency hormone contraception LCS that open before 9am and five pharmacies that open after 7 pm, providing sufficient coverage across the borough.</p>	Yes – Wording in table 1.1 in relation to emergency hormone contraception has been amended to reflect that there is limited availability of EHC within pharmacies outside of standard opening hours on weekends.
Section 1	Boots UK pharmacy identified 12 Camden pharmacies that provide access to supervised self-administered service on Sundays.	There are 18 pharmacies delivering supervised self-administration that are open between 9 am – 7 pm on Sundays. Access outside of these hours on Sundays is more limited with five pharmacies open beyond 7 pm on Sundays two of which open before 9 am on Sundays.	Yes – Wording has been amended to more clearly state that access is limited outside of standard hours (9 am – 7pm) on Sundays as opposed to Sundays in general.
Section 1	Boots UK pharmacy provided information on four additional pharmacies that provide a	There are nine pharmacies delivering needle exchange services that are open between 9 am	Yes- Wording has been amended to more clearly

	needle exchange service on Sundays.	– 7 pm on Sundays. Access outside of these hours on Sundays is more limited with two pharmacies beyond 7 pm, one of which is open before 9 am on Sundays.	state that access is limited outside of standard hours (9 am – 7pm) on Sundays as opposed to Sundays in general.
Section 1	Boots UK pharmacy flagged that the conclusions on the number of pharmacies offering needle exchange and supervised self-administration services may be incorrect.	There are no pharmacies in Frognal and Fitzjohns delivering supervised self-administration services. The draft PNA incorrectly stated that and Hampstead Town has no pharmacies delivering supervised self-administration when in fact there is one pharmacy in this ward delivering this service. Wording should be amended to reflect that there is one pharmacy in Hampstead Town delivering supervised self-administration.	Yes – Wording has been amended to reflect that there is one pharmacy in Hampstead Town delivering supervised self-administration.
Section 1	Boots UK pharmacy identified that Boots on 14 Harben Parade provides a needle exchange service, and this is in the West locality.	There are no pharmacies delivering needle exchange services in four of the 13 wards in the North and West localities (Frognal and Fitzjohns, Hampstead Town, Belsize park and West Hampstead). In the North locality, there are a total of six pharmacies delivering needle exchange services, and in the West locality, there are a total of three pharmacies delivering needle exchange services. In addition, there are open access needle exchange programmes in neighbouring boroughs. In both localities this is sufficient to meet demand, and there are no identified gaps.	Yes – Wording has been amended to more clearly state which wards within the North and West localities have no needle exchange services so that it is not misinterpreted as no pharmacies in the localities as a whole.
<b>Current Provision and Assessment</b>			
Section 5	A member of the public felt that the map identifying pharmacy area boundaries was very overcrowded.	We welcome this comment, but are unable to reduce the crowding as the map reflects the distribution of pharmacies within the borough.	No – The PNA will not be amended.
Section 5 Table 5.1	NHS England have identified that there are pharmacy name discrepancies on Table	With thanks for identifying these.	Yes – Names have been changed.

	5.1, where Boutalls should be changed to Niemen's, Sainsbury's Pharmacy should be listed as Lloyd's Pharmacy.		
Section 5	NHS England have asked for clarification on the wording of section 5.1.1 to detail whether the statements in this section are related to pharmacy improvements, or better access, and for the document to explicitly state if there are plans for the development of NHS services.	We welcome this comment, and agree this statement needs clarification.	Yes – The PNA has been amended.
Section 5	NHS England have highlighted a new pharmacy that has opened (Hasscon Pharmacy) for Camden to add to their PNA, or alternatively for a supplementary statement to be issued providing this information when the PNA is published.	PNA reflects the pharmacies in Camden at the time of writing, prior to the opening of this pharmacy.	No – However, a supplementary statement will be issued with this information when the PNA is published.
Pharmacy services that could be provided for residents			
Section 6	Boots pharmacy noted that a Camden wide emergency hormonal contraception service could be provided.	Commissioning of the emergency hormone contraception LCS is mapped to population need using available demographic data on young women residing in Camden. Analysis in the PNA (section 5.5.3) shows good geographical coverage across the borough.	No – The PNA will not be amended.
Section 6	A member of the public suggested that wider availability of late opening pharmacies could be provided.	<p>The opening hours across the borough and across localities have been mapped and assessed. There are pharmacies and extended opening hours available in all localities. Increasing awareness of opening hours is one of three recommendations of this PNA.</p> <p>Ensuring that residents are aware of their closest late opening pharmacy, as well as those that are open on Sundays, could increase the uptake of all pharmacy services to better address local health needs and to reduce the</p>	No – The PNA will not be amended.

		burden on other health services.	
Section 6	<p>One pharmacy suggested that</p> <ul style="list-style-type: none"> <li>• INR readings could be made available for patients on Warfarin medication.</li> <li>• The c-card condom service could be piloted for those under 25. Free sexual health screening and treatment for chlamydia could be provided in pharmacies.</li> </ul>	<p>With the introduction of the Direct Oral Anticoagulants (DOACs) the number of patients on warfarin will be reducing. At present there are no capacity issues to warrant the introduction of other providers for the INR monitoring in patients on warfarin.</p> <p>The c-card and chlamydia and gonorrhoea testing locally commissioned service is available to providers commissioned to deliver the emergency hormone contraception locally commissioned service. This does not currently include treatment for chlamydia. Please contact <a href="mailto:publichealthlcs@islington.gov.uk">publichealthlcs@islington.gov.uk</a> for further details.</p>	No – The PNA will not be amended.
Section 6	Whittington Health NHS Trust proposed that there is consideration of how pharmaceutical services across settings can be further developed and incentivised, and increase referrals into schemes such as Medicines Use Review and New Medicine Service.	The PNA already acknowledges the important contribution that community pharmacies make to tackling local priorities for improving health and wellbeing in Camden, and decreasing the burden on other parts of the health economy. Opportunities to further develop new services and/or increase use of existing services is for consideration by commissioners outwith the PNA.	No – The PNA will not be amended.
Section 6	One pharmacy who did not provide contact details reflected that NHS Health Checks should be available through all pharmacies in Camden.	Since new arrangements to the commissioning of NHS Health Checks in pharmacies were introduced in 2016, there have been two separate expression of interest exercises in which pharmacies were able to apply to deliver NHS Health Checks. As well as availability through pharmacies and GP practices, NHS Health Checks are also available at a number of community locations, such as community and	No – This is already reflected in the PNA.



		leisure centres, libraries and faith settings in order to increase uptake of the programme across the population.	
Comments on PNA appendices			
Appendix A	Boots pharmacy provided details of 7 pharmacies that provide the minor ailment service in Camden.	We welcome this correction. NHS England has confirmed that these match their records and should be changed in the draft PNA.	Yes – The PNA has been amended.
Appendix A	Boots pharmacy provided details of 1 pharmacy that provide the national advanced flu service and the London Vaccination service	We welcome this correction. NHS England has confirmed that this matches their records.	Yes – The PNA has been amended.
Appendix C	One member of the public reflected that one of the PNA consultation questions (question 6) was badly expressed.  Question 6 wording: “Do you think the PNA accurately reflects the health needs of Camden’s population, including the needs of the pharmacy area boundaries?”	The steering group recognises that this question is not written in lay language, and will consider this when developing the consultation questions of future PNAs.	No – Unfortunately we are unable to make changes since the consultation is now closed. However, the wording will be reviewed in preparation for the next PNA.
Appendix F	Boots pharmacy provided details on 14 pharmacies where discrepancies may exist between Saturday and Sunday opening hours, and opening hours stated in Camden PNA document.	We welcome these edits. NHS England has confirmed that these are supplementary hours changes and should be amended in the PNA.	Yes – The PNA has been amended.
General comments			
	Whittington Health NHS Trust suggested that the PNA document focused on assessing pharmacy provision, rather than detailed pharmaceutical needs.	The purpose of the PNA is to assess pharmacy provision across the borough. In addition, it should examine the demographics of the Camden population and their needs, and look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies; and to take into	Yes – The PNA will not be amended.

		account likely future needs.	
	<p>Whittington Health NHS Trust welcomes Camden HWB's commitment to ensuring that patients moving in and out of hospital have access to integrated pharmaceutical services that ensure continuity of medicines support. However, they believe that further work is needed in this area, and they are willing to work with others in Camden to explore opportunities available.</p>	<p>We welcome this offer, and will formally share this commitment with Camden Health and Wellbeing Board.</p>	<p>No – The PNA will not be amended.</p>
	<p>A member of the public felt that they did not have enough information to answer one of the consultation questions (question 8).</p> <p>Question 8: “Do you think the PNA accurately reflects the pharmacy facilities in neighbouring boroughs which also serve Camden residents?”</p>	<p>Unfortunately, it is not possible to know whether the respondent did not have enough information of their own, or that there was not enough information provided in the PNA.</p>	<p>No– The PNA will not be amended.</p>

## Appendix F: Opening hours of Camden pharmacies, by day

**Key:**  Core opening hours  Supplementary opening hours

Table F 1 Total opening hours on Monday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	08:30	20:00						
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	08:30	18:30						
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	09:00	18:30						
	FA632	Boots UK Limited	NW3 4QG	09:00	19:00						
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FJ395	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FG052	Macey Chemists	NW3 2HU	09:00	18:00						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FLJ85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
South	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	08:00	20:00						
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	08:30	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	08:00	21:00						
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	07:00	24:00						
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	07:00	22:00						
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	07:30	18:30						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	07:00	22:00						
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	08:00	19:30						
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	08:00	19:00						
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	07:00	22:00						
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	08:30	19:30						
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	08:00	18:00						
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	07:30	21:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
	FYX92	Day Lewis Pharmacy	NW1 1BA	09:00	18:00						
	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	09:00	19:00						
	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FX460	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FDC25	Medicine Box	NW1 7JE	09:00	18:30						
	FQ038	Niemans Chemist Ltd	WC1N 3LW	09:00	18:00						
	FNV83	Starr Pharmacy	WC1X 8TP	09:00	18:00						
	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	07:30	19:00						
West	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	08:30	19:00						
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						
	FER95	Lloyds Pharmacy	NW3 6LU	08:00	21:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	09:00	18:30						
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	18:00						

Source: NHS England, 2017

Table F 2 Total opening hours on Tuesday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	08:30	20:00						
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	08:30	18:30						
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	09:00	18:30						
	FA632	Boots UK Limited	NW3 4QG	09:00	19:00						
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FJ395	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FG052	Macey Chemists	NW3 2HU	09:00	18:00						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FLJ85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
South	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	08:00	20:00						
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	08:30	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	08:00	21:00						
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	07:00	24:00						
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	07:00	22:00						
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	07:30	18:30						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	07:00	22:00						
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	08:00	19:30						
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	08:00	19:00						
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	07:00	22:00						
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	08:30	19:30						
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	08:00	18:00						
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	07:30	21:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
	FYX92	Day Lewis Pharmacy	NW1 1BA	09:00	18:00						
	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	09:00	19:00						
	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FX460	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FDC25	Medicine Box	NW1 7JE	09:00	18:30						
	FQ038	Niemans Chemist Ltd	WC1N 3LW	09:00	18:00						
	FNV83	Starr Pharmacy	WC1X 8TP	09:00	18:00						
	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	07:30	19:00						
West	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	08:30	19:00						
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						
	FER95	Lloyds Pharmacy	NW3 6LU	08:00	21:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	09:00	18:30						
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	18:00						

Source: NHS England, 2017

Table F 3 Total opening hours on Wednesday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	08:30	20:00						
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	08:30	18:30						
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	09:00	18:30						
	FA632	Boots UK Limited	NW3 4QG	09:00	19:00						
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FJ395	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FG052	Macey Chemists	NW3 2HU	09:00	18:00						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FLJ85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
South	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	08:00	20:00						
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	08:30	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	08:00	21:00						
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	07:00	24:00						
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	07:00	22:00						
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	07:30	18:30						



Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	07:00	22:00						
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	08:00	19:30						
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	08:00	19:00						
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	07:00	22:00						
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	08:30	19:30						
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	08:00	18:00						
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	07:30	21:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
	FYX92	Day Lewis Pharmacy	NW1 1BA	09:00	18:00						
	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	09:00	19:00						
	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FX460	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FDC25	Medicine Box	NW1 7JE	09:00	18:30						
	FQ038	Niemans Chemist Ltd	WC1N 3LW	09:00	18:00						
	FNV83	Starr Pharmacy	WC1X 8TP	09:00	18:00						
	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	07:30	19:00						
West	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	08:30	19:00						
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						
	FER95	Lloyds Pharmacy	NW3 6LU	08:00	21:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	09:00	18:30						
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	18:00						

Source: NHS England, 2017

Table F 4 Total opening hours on Thursday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	08:30	20:00						
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	08:30	18:30						
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	09:00	18:30						
	FA632	Boots UK Limited	NW3 4QG	09:00	19:00						
	FC161	DH Roberts Chemists	NW5 2HR	09:00	13:00						
	FJ395	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FG052	Macey Chemists	NW3 2HU	09:00	18:00						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FLJ85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
South	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	08:00	20:00						
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	08:30	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	08:00	21:00						
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	07:00	24:00						
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	07:00	22:00						
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	07:30	18:30						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	07:00	22:00						
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	08:00	19:30						
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	08:00	19:00						
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	07:00	22:00						
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	08:30	19:30						
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	08:00	18:00						
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	07:30	21:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
	FYX92	Day Lewis Pharmacy	NW1 1BA	09:00	18:00						
	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
	FA614	Evergreen Pharmacy	NW1 1DA	09:00	13:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	09:00	19:00						
	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FX460	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FDC25	Medicine Box	NW1 7JE	09:00	18:30						
	FQ038	Niemans Chemist Ltd	WC1N 3LW	09:00	18:00						
	FNV83	Starr Pharmacy	WC1X 8TP	09:00	18:00						
	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	07:30	19:00						
West	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	08:30	19:00						
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						
	FER95	Lloyds Pharmacy	NW3 6LU	08:00	21:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	09:00	18:30						
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	18:00						

Source: NHS England, 2017

Table F 5 Total opening hours on Friday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	08:30	20:00						
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	08:30	18:30						
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	09:00	18:30						
	FA632	Boots UK Limited	NW3 4QG	09:00	19:00						
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FJ395	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FG052	Macey Chemists	NW3 2HU	09:00	18:00						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FLJ85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
South	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	08:00	20:00						
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	08:30	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	08:00	21:00						
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	07:00	24:00						
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	07:00	22:00						
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	07:30	18:30						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	07:00	22:00						
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	08:00	19:30						
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	08:00	19:00						
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	07:00	22:00						
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	08:30	19:30						
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	08:00	18:00						
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	07:30	21:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
	FYX92	Day Lewis Pharmacy	NW1 1BA	09:00	18:00						
	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	09:00	19:00						
	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FX460	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FDC25	Medicine Box	NW1 7JE	09:00	18:30						
	FQ038	Niemans Chemist Ltd	WC1N 3LW	09:00	18:00						
	FNV83	Starr Pharmacy	WC1X 8TP	09:00	18:00						
	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	07:30	19:00						
West	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	08:30	19:00						
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						
	FER95	Lloyds Pharmacy	NW3 6LU	08:00	21:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	09:00	18:30						
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	18:00						

Source: NHS England, 2017

Table F 6 Total opening hours on Saturday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	00:00	03:00	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	Closed									
	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00								
	FYN77	Aura Pharmacy	N7 0BL	09:00	13:00								
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	13:00								
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	09:00	20:00								
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	09:00	18:00								
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	09:00	17:30								
	FA632	Boots UK Limited	NW3 4QG	09:00	18:00								
	FC161	DH Roberts Chemists	NW5 2HR	09:00	16:00								
	FJ395	EICO Pharmacy	NW5 1TR	10:00	13:00								
	FGQ34	Fine Chemists	NW5 4EB	09:00	13:00								
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	13:00								
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	17:30								
	FQL22	House Of Mistry Ltd	NW3 2PT	10:00	16:00								
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:00								
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:00								
	FAD04	M Simmonds	N6 6QS	09:00	16:00								
	FG052	Macey Chemists	NW3 2HU	10:00	14:00								
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	18:00								
	FLJ85	Pharmacy Republic	NW3 2QX	08:00	23:00								
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15								
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00								
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	17:30								
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:00								
	FF092	Village Pharmacy	NW3 4AX	09:00	18:00								
South	FWX99	Baban Pharmacy	NW1 1JH	00:00	15:00								
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	09:30	18:00								
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	11:00	16:00								
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	10:00	20:00								
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	08:00	24:00								
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	08:00	20:00								
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	Closed									

Locality	ODS Code	Pharmacy	Post code	Open	Close	00:00	03:00	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	08:00	20:00								
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	09:00	18:00								
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	Closed									
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	09:00	21:00								
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	09:00	18:00								
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	10:00	17:00								
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	10:00	19:00								
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	18:00								
	FYX92	Day Lewis Pharmacy	NW1 1BA	09:00	13:00								
	FV174	Essentials Pharmacy	WC2B 5QA	10:30	17:30								
	FA614	Evergreen Pharmacy	NW1 1DA	09:00	13:00								
	FCQ11	Grafton Pharmacy	W1T 5AZ	10:00	16:00								
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	10:00	15:00								
	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	17:15								
	FHK32	John Walker Chemists	WC1H 9QX	10:00	18:00								
	FX460	Kerrs Chemist	WC1A 2SA	10:00	14:00								
	FEC18	Kings Pharmacy	NW1 4BU	Closed									
	FDC25	Medicine Box	NW1 7JE	09:00	13:00								
	FQ038	Niemans Chemist Ltd	WC1N 3LW	Closed									
	FNV83	Starr Pharmacy	WC1X 8TP	Closed									
West	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	Closed									
	FA485	ABC Drugstores	NW6 4DJ	Closed									
	FK827	Aqua Pharmacy	NW6 1NB	09:00	13:00								
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	08:30	19:00								
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	09:00	17:30								
	FR188	Central Pharmacy	NW6 1XJ	09:30	18:00								
	FH085	Dales Pharmacy	NW3 6HN	09:30	14:00								
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	09:00	13:00								
	FRV52	Hill Pharmacy	NW3 3NR	09:00	17:00								
	FFQ54	HV Thomas	NW6 1NB	09:00	13:00								
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00								
	FER95	Lloyds Pharmacy	NW3 6LU	08:00	22:00								
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	17:10								
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	09:00	17:30								
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	17:30								

Source: NHS England, 2017



Table F 7 Total opening hours on Sunday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
North	FN002	ABC Pharmacies	NW5 2TJ	Closed							
	FL532	Allchins & Co Chemist	NW3 4UE	Closed							
	FYN77	Aura Pharmacy	N7 0BL	Closed							
	FPR95	Biotech Pharmacy	NW1 9EA	Closed							
	FJ482	Boots The Chemist (173/175 Camden High St)	NW1 7JY	12:00	18:00						
	FMV02	Boots The Chemist (40 Hampstead High Street)	NW3 1QE	10:00	18:00						
	FR691	Boots The Chemist (196 Kentish Town Rd)	NW5 2EA	Closed							
	FA632	Boots UK Limited	NW3 4QG	12:00	18:00						
	FC161	DH Roberts Chemists	NW5 2HR	Closed							
	FJ395	EICO Pharmacy	NW5 1TR	Closed							
	FGQ34	Fine Chemists	NW5 4EB	Closed							
	FA151	Greenfields Pharmacy	NW1 9QB	Closed							
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	Closed							
	FQL22	House Of Mistry Ltd	NW3 2PT	Closed							
	FFT74	JP Pharmacy	NW1 7JR	10:00	16:00						
	FTN92	Keats Pharmacy	NW3 1NH	Closed							
	FAD04	M Simmonds	N6 6QS	Closed							
	FG052	Macey Chemists	NW3 2HU	Closed							
	FEN40	Morrisons Pharmacy	NW1 8AA	10:00	16:00						
	FLJ85	Pharmacy Republic	NW3 2QX	10:00	20:00						
	FAG17	Primrose Chemist	NW1 8UR	Closed							
	FK264	Ritz Pharmacy	NW3 6UA	10:00	18:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	Closed							
	FK977	Sandylight Pharmacy	NW5 4EG	Closed							
	FF092	Village Pharmacy	NW3 4AX	Closed							
South	FWX99	Baban Pharmacy	NW1 1JH	Closed							
	FCL17	Boots The Chemist (122 Tottenham Court Rd)	W1T 5AP	11:00	17:00						
	FDX66	Boots The Chemist (8-10 Camden High Rd)	NW1 0JH	Closed							
	FDY54	Boots The Chemist (16-17 Tottenham Court Rd)	W1T 1BE	12:00	18:00						
	FE513	Boots The Chemist (Unit 19, St Pancras Station)	N1C 4QL	09:00	21:00						
	FFE92	Boots The Chemist (Unit 12, Kings Cross Station)	N1C 4AL	09:00	19:00						
	FH432	Boots The Chemist (122 Holborn)	EC1N 2TD	Closed							

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
South	FJ679	Boots The Chemist (Unit 2, Kings Cross Station)	N1 9AL	09:00	19:00						
	FJT00	Boots The Chemist (211-212 Tottenham Court Rd)	W1T 7PP	11:00	17:00						
	FJT53	Boots The Chemist (24-26 High Holborn)	WC1V 6AZ	Closed							
	FM035	Boots The Chemist (Main Concourse, Euston Station)	NW1 2RS	09:00	21:00						
	FQ977	Boots The Chemist (40-42 Brunswick Shopp Ctr)	WC1N 1AE	11:00	17:00						
	FWL66	Boots The Chemist (25-27 Farringdon Rd)	EC1M 3HA	Closed							
	FN299	Boots UK Limited (129-133 Aviation House)	WC2B 6NH	12:00	18:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	Closed							
	FYX92	Day Lewis Pharmacy	NW1 1BA	Closed							
	FV174	Essentials Pharmacy	WC2B 5QA	Closed							
	FA614	Evergreen Pharmacy	NW1 1DA	Closed							
	FCQ11	Grafton Pharmacy	W1T 5AZ	Closed							
	FFD81	Greenlight Pharmacy (62-64 Hampstead Rd)	NW1 2NU	Closed							
	FNK76	Holborn Pharmacy	WC1B 4BB	Closed							
	FHK32	John Walker Chemists	WC1H 9QX	Closed							
	FX460	Kerrs Chemist	WC1A 2SA	Closed							
	FEC18	Kings Pharmacy	NW1 4BU	Closed							
	FDC25	Medicine Box	NW1 7JE	12:00	16:00						
	FQ038	Niemans Chemist Ltd	WC1N 3LW	Closed							
	FNV83	Starr Pharmacy	WC1X 8TP	Closed							
	FKD52	Superdrug Pharmacy (232 High Holborn)	WC1V 7DA	Closed							
West	FA485	ABC Drugstores	NW6 4DJ	Closed							
	FK827	Aqua Pharmacy	NW6 1NB	Closed							
	FJ398	Boots The Chemist (14 Harben Parade)	NW3 6JP	11:00	17:00						
	FQ521	Boots The Chemist (60-62 Kilburn High Rd)	NW6 4HJ	11:00	17:00						
	FR188	Central Pharmacy	NW6 1XJ	Closed							
	FH085	Dales Pharmacy	NW3 6HN	Closed							
	FQ664	Greenlight Pharmacy (6 Cricklewood Broadway)	NW2 3HD	Closed							
	FRV52	Hill Pharmacy	NW3 3NR	Closed							
	FFQ54	HV Thomas	NW6 1NB	Closed							
	FMJ85	IPSA Pharmacy	NW3 6JP	09:00	22:00						
	FER95	Lloyds Pharmacy	NW3 6LU	11:00	17:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	Closed							
	FET01	Superdrug Pharmacy (82-84 High Rd)	NW6 4HS	Closed							
	FT034	Superdrug Pharmacy (3-5 Harben Parade)	NW3 6JP	09:00	18:00						

Source: NHS England, 2017

## Appendix G: Bibliography

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## Appendix H: Abbreviations

<b>ACS</b>	Ambulatory Care Sensitive	<b>LARC</b>	Long Acting Reversible Contraception
<b>AUR</b>	Appliance Use Review	<b>LBC</b>	London Borough of Camden
<b>BAME</b>	Black, Asian and Minority Ethnic	<b>LCS</b>	Locally Commissioned Services
<b>BMI</b>	Body Mass Index	<b>LPC</b>	Local Pharmaceutical Committee
<b>CCG</b>	Clinical Commissioning Group	<b>LPS</b>	Local Pharmaceutical Service
<b>CHD</b>	Coronary Heart Disease	<b>LTC</b>	Long Term Condition
<b>CKD</b>	Chronic Kidney Disease	<b>MAS</b>	Minor Ailments Scheme
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>MSM</b>	Men who have sex with men
<b>CPPE</b>	Centre for Pharmacy Postgraduate Education	<b>MUR</b>	Medicine Use Review
<b>DAC</b>	Dispensing Appliance Contractors	<b>NHS</b>	National Health Service
<b>DBS</b>	Disclosure and Barring Service	<b>NHSCB</b>	National Health Service Commissioning Board
<b>DH</b>	Department of Health	<b>NMS</b>	New Medicine Service
<b>EHC</b>	Emergency Hormonal Contraception	<b>NRT</b>	Nicotine Replacement Therapy
<b>ESPLPS</b>	Essential Small Pharmacies Local Pharmaceutical Services	<b>ONS</b>	Office for National Statistics
<b>GLA</b>	Greater London Authority	<b>PCT</b>	Primary Care Trust
<b>GP</b>	General Practice or General Practitioner	<b>PGD</b>	Patient Group Directions
<b>HLP</b>	Healthy Living Pharmacy	<b>PH</b>	Public Health
<b>HWB</b>	Health and Wellbeing Board	<b>PNA</b>	Pharmaceutical Needs Assessment
<b>HSCIC</b>	Health and Social Care Information Centre	<b>SAC</b>	Stoma Appliance Customisation
<b>JHWS</b>	Joint Health and Wellbeing Strategy	<b>SLA</b>	Service Level Agreement
<b>JSNA</b>	Joint Strategic Needs Assessment	<b>STI</b>	Sexually Transmitted Infections
<b>LA</b>	Local Authority	<b>VCS</b>	Voluntary and Community Sector