

# Pharmaceutical Needs Assessment

**Final for Health & Wellbeing Board Approval**

**May 2015**

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

# Pharmaceutical Needs Assessment

## Contents

### Section 1: Background

1.1 Why a PNA is needed	3
1.2 Methodology	4
1.3 Scope	5

### Section 2: the Local Context

2.1 The Place	6 – 7
2.2 Demography	8 – 10
2.3 Health Needs	11 – 15
2.4 Health Services Strategy	16 – 21
2.5 Implications for the PNA	22 – 23

### Section 3: The Assessment

3.1 Introduction and approach	24
3.2 Pharmaceutical Services	
3.2.1 Essential Services	
• Overview	25
• Distribution of pharmacies (including map of provision)	26 – 30
• Opening Hours & Access	31 – 37
• Dispensing	38 – 41
• Access & Support for those with Disabilities	42 – 43
• Future Capacity	44 – 48
• Meeting the Needs of Specific Populations	49
• Conclusions	50 – 51
3.2.2 Premises	
• Consultation Areas	52
3.2.3 Advanced Services	
• Medicines Use Review & Prescription Intervention Services	53 – 56
• New Medicine Service	57 – 60
• Stoma Appliance Customisation Service	61 – 63
• Appliance Use Review Service	64 – 66
3.2.4 Enhanced Services	
• London Pharmacy Vaccination Service	67 – 70
3.3 Locally Commissioned Services	
3.3.1 Overview and Healthy Living Pharmacies	71
3.3.2 Emergency Hormonal Contraception	72 – 75
3.3.3 Stop Smoking	76 – 79
3.3.4 Supervised Consumption	80 – 83
3.3.5 Needle and Syringe Programme	84 – 87
3.3.6 Identification and Alcohol Brief Advice	88 – 91

### Section 3: The Assessment (cont..)

3.4 Looking to the Future	92 – 95
3.5 Conclusions – Summary of Gaps, Needs & Improvements	96 - 97

### Section 4: Consultation Report - Final PNA only

• Annex A – References	99
• Annex B – Glossary	100

### Appendices

• Appendix A – Steering Group Terms of Reference	Separate Documents
• Appendix B – Community Pharmacy Questionnaire	
• Appendix C – Non-NHS services	
• Appendix D – Pharmaceutical Needs Across the Lifecourse	
• Appendix E – Graphical Overview of Hours	
• Appendix F – Summary of Service Provision	
• Appendix G – Consultation Response Form	
• Appendix H – Consultation Feedback and Outcome	
• Appendix I – PNA Maintenance Process	

# 1. Background

## 1.1 Why a PNA is needed

### Overview

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013<sup>1</sup> (and amendments) set out the system for market entry
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy or to move an existing pharmacy and when commissioning services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. In this respect, the PNA will be used by Barnet Borough Council and NHS Barnet Clinical Commissioning Group in the development of commissioning strategies
- This document has been prepared by Barnet's HWB, in accordance with the Regulations. It replaces the PNA published by the former Barnet Primary Care Trust

### Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years  
The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs
3. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations

### Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population
- Whether or not there is reasonable choice in the area
- Different needs of different localities
- The needs of those who share a protected characteristic<sup>2</sup>
- The extent to which the need for pharmaceutical services are affected by:
  - Pharmaceutical services outside the area
  - Other NHS services

Schedule 1 of the Regulations<sup>1</sup> set out the **information** the PNA must include:

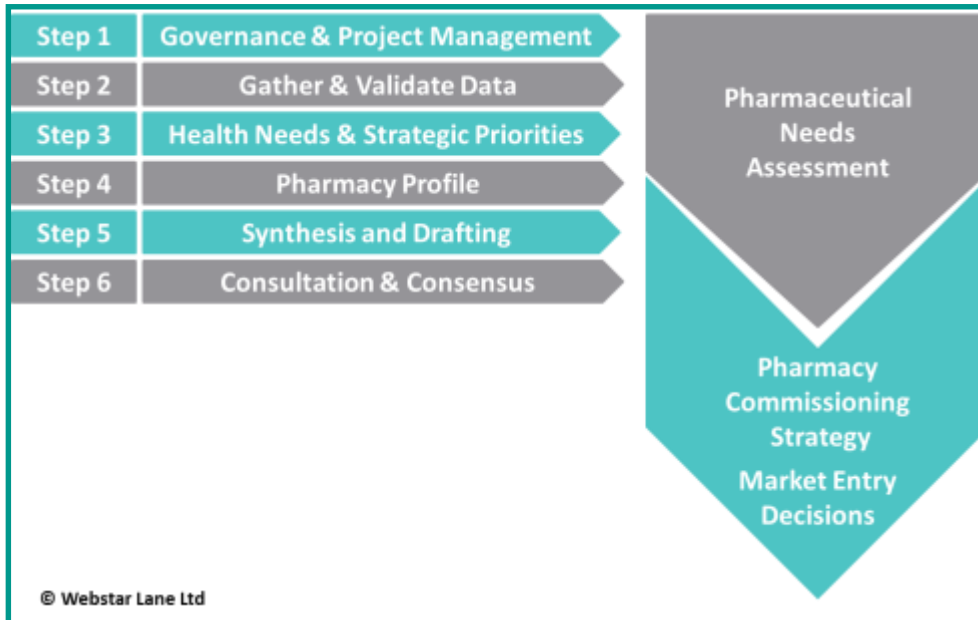
- A statement of the following:
  - Services which are considered to be **necessary** to meet a pharmaceutical need; and other **relevant** services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps
  - How other services may impact upon pharmaceutical services
- A map identifying where pharmaceutical services are provided
- An explanation of how the assessment was carried out including:
  - How the localities were determined
  - How different needs of different localities, and the needs of those with protected characteristics<sup>2</sup>, have been taken into account
  - Whether further provision of pharmaceutical services would secure improvements, or better access (taking into account both pharmaceutical and other NHS services inside and outside of the area)
  - Likely future pharmaceutical needs
  - A report on the consultation

# 1. Background

## 1.2 Methodology

### Overview

- The Barnet PNA has been developed using a structured approach. The scope for the assessment is set out on the next page
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage
- Throughout the process, the views of stakeholders were captured and used to inform the assessment and conclusions set out in our PNA
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication
- The final PNA was approved by the HWB on the [date]



	Activity
<b>Step 1 Governance &amp; Project management</b>	<ul style="list-style-type: none"> <li>• A Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A</li> <li>• Webstar Lane Ltd was appointed to provide subject matter expertise and project management support</li> </ul>
<b>Step 2 Gather and validate data</b>	<ul style="list-style-type: none"> <li>• Information and data was requested from managers and commissioners within Barnet Council, NHS England and Barnet CCG</li> <li>• A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix B</li> <li>• The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset</li> </ul>
<b>Step 3 Health Needs &amp; strategic priorities</b>	<ul style="list-style-type: none"> <li>• A desktop review of the JSNA and key strategies was undertaken</li> <li>• This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services</li> </ul>
<b>Step 4 Pharmacy profile</b>	<ul style="list-style-type: none"> <li>• The current profile of pharmaceutical services, was documented on a service by service basis.</li> <li>• This was supplemented with a benchmarking exercise using our CIPFA comparators (where data was available)</li> </ul>
<b>Step 5 Synthesis &amp; assessment</b>	<ul style="list-style-type: none"> <li>• Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision</li> <li>• Pre-determined principles were used to underpin the decision making process</li> </ul>
<b>Step 6 Formal consultation</b>	<ul style="list-style-type: none"> <li>• A formal consultation was undertaken between 23 January 2015 &amp; midnight on 26 March 2015 in accordance with the Regulations</li> <li>• Comments were collated and presented to the Steering Group for discussion and decision</li> <li>• The consultation report is attached in Section 4</li> </ul>



# 1. Background

## 1.3 Scope

**Contractors included on the Pharmaceutical List for Barnet**  
**78 Pharmacies & 1 Dispensing Appliance Contractor - Refer to Page 26 for further details**

<b>Pharmacy Contractors</b> <i>Community pharmacists; National contract</i> <b>77 pharmacies</b>	<b>Dispensing Appliance Contractors</b> <i>Provide appliances but not medicines</i> <b>1 DAC</b>	<b>Local Pharmaceutical Services Contractors</b> Local contract, commissioned by NHSE <b>1 pharmacy</b>	<b>Dispensing Doctors</b>  <b>None</b>
<b>Pharmaceutical Services</b>		<b>Other services commissioned from Pharmacies</b>	
<b>Community pharmacists provide:</b> <ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Dispensing (includes electronic prescription services) and actions associated with dispensing</li> <li>○ Repeatable dispensing</li> <li>○ Disposal of unwanted medicines</li> <li>○ Promotion of healthy lifestyles:                             <ul style="list-style-type: none"> <li>▪ Prescription linked interventions</li> <li>▪ Public health campaigns</li> </ul> </li> <li>○ Signposting / Support for self-care</li> </ul> </li> <li>• <b>Advanced Services</b> <ul style="list-style-type: none"> <li>○ Medicines use reviews (MURs) and Prescription Intervention Service</li> <li>○ New Medicines Service (NMS)</li> <li>○ Appliance Use Reviews (AURs)</li> <li>○ Stoma Appliance Customisation Services (SACS)</li> </ul> </li> <li>• <b>Enhanced Services</b> <ul style="list-style-type: none"> <li>○ London Pharmacy Vaccination Service</li> <li>○ Bank Holiday Rota Service</li> </ul> </li> </ul>		<b>Services Commissioned by Public Health</b> <ul style="list-style-type: none"> <li>• Emergency hormonal contraception</li> <li>• Stop smoking</li> <li>• Supervised consumption</li> <li>• Needle &amp; syringe programme</li> <li>• Identification and brief advice on alcohol</li> </ul>	
		<b>Services commissioned by NHS Barnet CCG – None</b>	
		<b>Services commissioned by NHS Trusts or Foundation Trusts - None</b>	
		<b>Other services which affect the need for Pharmaceutical Services</b>	
<b>Dispensing Appliance Contractors provide</b> <ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Dispensing and actions associated with dispensing appliances</li> <li>○ Repeatable dispensing</li> <li>○ Electronic prescription services</li> <li>○ Home delivery for specified appliances</li> <li>○ Provision of supplementary items (e.g. disposable wipes)</li> </ul> </li> <li>• <b>Advanced Services</b> <ul style="list-style-type: none"> <li>○ Stoma Appliance Customisation Services (SACS)</li> <li>○ Appliance Use Reviews (AURs)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• Royal Free London NHS FT provides acute services at Barnet General Hospital (A&amp;E), Chase Farm &amp; the Royal Free Hospitals (A&amp;E)</li> <li>• University College London Hospitals provides acute services (includes A&amp;E)</li> <li>• Central London Community Health Care NHS Trust – this Trust provides community services including the Walk in Centres at Finchley Memorial Hospital and Edgware Community Hospital</li> <li>• Barnet, Enfield and Haringey Mental Health Trust provides a range of mental health services for adults &amp; children and drug &amp; alcohol services</li> <li>• Barndoc provides the GP out of hours service</li> <li>• Sexual Health &amp; GUM Services</li> <li>• Care Homes</li> </ul>	
		The following services have been excluded from the scope of this PNA because they do not fall within the Regulations and do not impact market entry decisions: <ul style="list-style-type: none"> <li>• Non-NHS services provided by community pharmacies (Appendix C)</li> <li>• The in-house pharmacy services provided by all of the NHS Trusts providing Acute, Community and Mental Health Service</li> </ul>	

## 2. Local Context

### 2.1 The Place

- The London Borough of Barnet is based in North London
- The resident population is 369,088 (ONS mid year estimate, 2013)
- It is the second largest London Borough by population; the fourth largest by area (33 square miles) and is home to a growing and diverse population
- Barnet has the most town centres in London. There are 20 major, district and local town centres which vary in size and purpose
- About 38% of the borough is undeveloped, 28% is designated green belt and 8% is metropolitan open land. The rest of the borough is made up of suburban areas with a population density of 38.63 people per hectare. This is lower than for London as a whole (48.12) but nearly ten times the figure for England (3.94)
- Barnet borders with several other HWB areas:
  - Hertfordshire (to the North)
  - Harrow and Brent (to the West)
  - Camden & Haringey (to the South East)
  - Enfield (to the East)
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas
- For benchmarking, we have used the Chartered Institute for Public Finance & Accountability (CIPFA) statistically comparable authorities. The comparators (see below) include all but one of our neighbouring HWB areas as well as other London Boroughs



#### CIPFA Statistically Comparable Authorities

Barnet	Brent	Bromley	Bexley
Ealing	Enfield	Havering	Hillingdon
Hounslow	Kingston upon Thames	Merton*	Redbridge
Sutton*	Richmond upon Thames	Wandsworth	

Benchmarking data only available in combined form as Sutton & Merton

## 2. Local Context

### 2.1 The Place (cont...)

#### Localities

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment
- For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into three locality areas (refer to the table on the right)
- The rationale for adopting this structure may be summarised as follows:
  - The locality structure is consistent with that used by Barnet Council for the planning of adult and children services; and for housing
  - The structure reflects the resident population of Barnet (as opposed to the GP registered population) and is co-terminus with wards
  - The localities are characterised by trends towards similar demographics:
    - Hendon Locality includes the major regeneration areas in Barnet and is characterised by higher rates of deprivation and a younger population than they other two localities
    - Chipping Barnet is a more affluent locality with large areas of green space
    - Finchley and Golders Green has the greatest proportion of older people living alone
  - The structure facilitates us to better assess the impact of projected population changes; including those which may arise as a result of significant housing and commercial developments within our Borough
- It should be noted that whilst the localities will form the basis of our PNA, we may also make reference to wards either as a means of pin-pointing specific issues within the localities; or where locality level information is not available. This is particularly the case where we identify extremes with respect to diversity, health needs and/or service provision

Locality	Ward(s)
Chipping Barnet	<ul style="list-style-type: none"> <li>• Brunswick Park</li> <li>• Coppetts</li> <li>• East Barnet</li> <li>• High Barnet</li> <li>• Oakleigh</li> <li>• Totteridge</li> <li>• Underhill</li> </ul>
Finchley & Golders Green	<ul style="list-style-type: none"> <li>• Childs Hill</li> <li>• East Finchley</li> <li>• Finchley Church End</li> <li>• Garden Suburb</li> <li>• Golders Green</li> <li>• West Finchley</li> <li>• Woodhouse</li> </ul>
Hendon	<ul style="list-style-type: none"> <li>• Burnt Oak</li> <li>• Colindale</li> <li>• Edgware</li> <li>• Hale</li> <li>• Hendon</li> <li>• Mill Hill</li> <li>• West Hendon</li> </ul>

## 2. Local Context

### 2.2 Demography

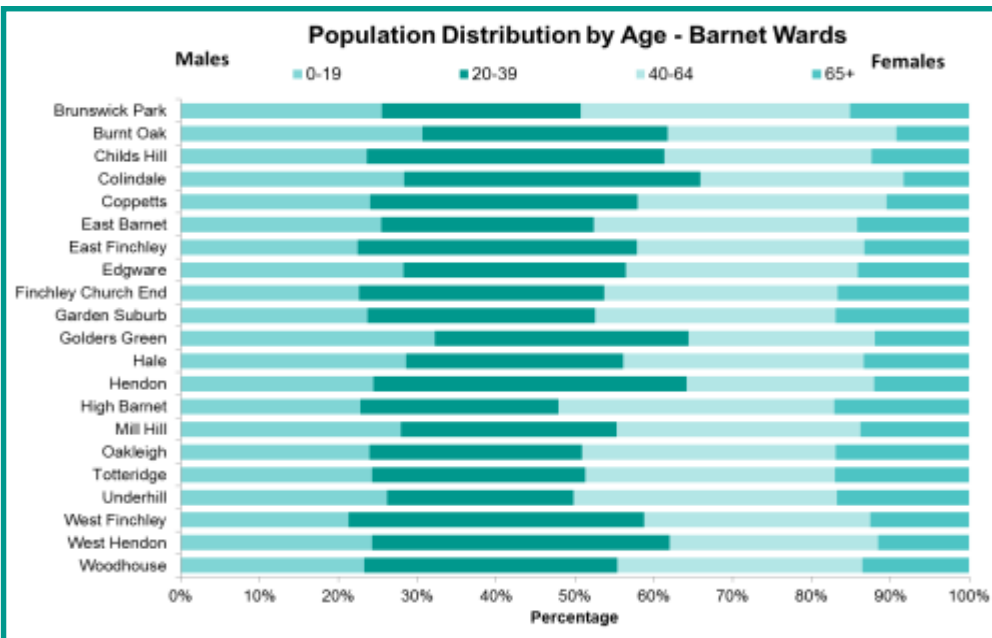
#### Population & Age Distribution

- Barnet has a resident population 369,088 (ONS mid year estimates, 2013)
- The population pyramid (on the right) demonstrates:
  - A gender split of males 48.9% to females 51.1%
  - Approximately 13.7% of the population is aged 65+
- The age distribution graph (below) shows how age varies across wards:
  - Within Chipping Barnet, the wards tend to have a higher proportion of people aged 65+ (particularly High Barnet & Totteridge) compared with those in the Finchley & Golders Green and Hendon localities
  - Hendon tends to have wards with higher proportions of children and young people aged 0-19 (particularly Burnt Oak, Hale and Colindale)
  - Finchley & Golders Green tends to have wards with a higher proportion of people of working age (particularly West Finchley, East Finchley and Childs Hill)



#### What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix D – *“Pharmaceutical Needs Across the Lifecourse”*
- A survey of the population in England<sup>3</sup> showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55+ and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy
- Barnet has a large younger population. It is important that pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions. Similarly, it is important that services are responsive to, and meet the needs of, the over 65s
- The growing population has implications for future demand for all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand



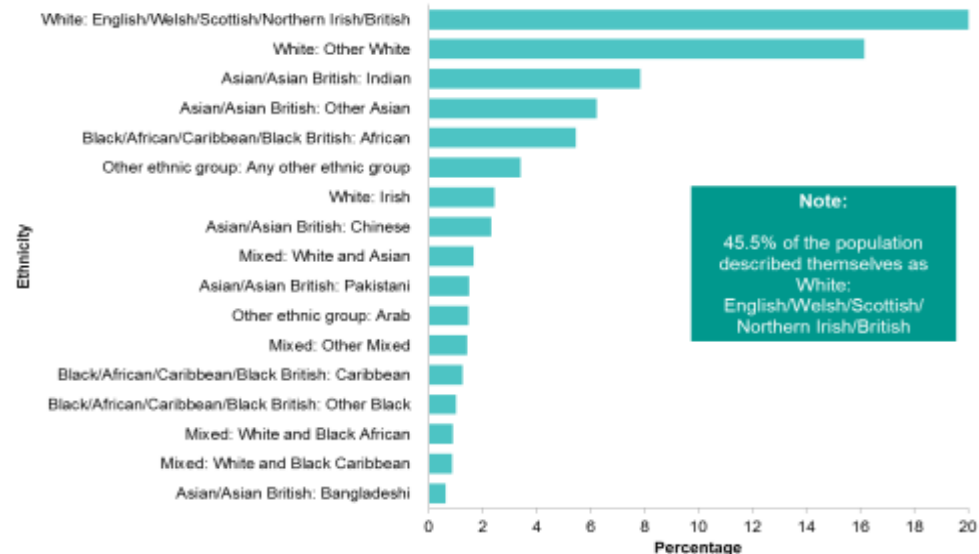
## 2. Local Context

### 2.2 Demography (cont...)

#### Ethnicity

- Barnet's Black, Asian and Minority Ethnic groups (BAME) represents over one third of the population (118,000) and is due to increase to 35% over the next 5 years
- Much of the increase attributable to high birth rates rather than international migration leading to greater levels of diversity in the younger populations. As a result the old age bands are progressively less diverse
- The fastest growing ethnic group is "Other" which includes Iranians, Afghans and Arabs. The Black Other community is experiencing the second fastest an increase of 15% expected by 2016
- The largest ethnic group is the Indian community; and Barnet also has one of the largest Chinese populations in the UK
- Over 38% of the resident population were born abroad and over 23% people aged 3+ have a main language which is not English

Distribution of the population in ethnic minority groups, 2011 ONS



Language	No. Pharmacies	Percentage	Other languages spoken (<6% pharmacies)
Hindi	59	77%	Greek Farsi Portuguese Bengali Iranian Kiswahili Swedish Cantonese Turkish Somali Spanish Polish
Gujarati	53	69%	
Urdu	23	30%	
Punjabi	21	27%	
Swahili	20	26%	
Gujarati	14	18%	
Polish	9	12%	
French	9	12%	
Arabic	8	10%	
Romanian	7	9%	
Italian	5	6%	

#### What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example, BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease
- It is essential that pharmaceutical services meet the specific needs of all communities within Barnet as well as providing a broad and appropriate range of services to the general population
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication related information; and health promotion and lifestyle advice
- A significant number of staff within our pharmacies speak languages other than English, and there is reasonable alignment with the most common languages spoken in Barnet. Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice



## 2. Local Context

### 2.2 Demography (cont...)

#### Deprivation

- Whilst Barnet is a generally prosperous borough there is significant deprivation in certain areas with a wide gap between the richest and the poorest
- Barnet is ranked 165th out of the 326 local authorities in England with respect to deprivation. It is less deprived than it was 3 years ago but there is wide variation across the Borough:
  - There are pockets of relatively high deprivation and these are particularly pronounced to the west on the A5 corridor
  - Deprivation is substantially higher in Burnt Oak and Colindale (Hendon locality) than the rest of the borough
  - No Lower Super Output Areas (LSOAs) in Barnet fall within the ten per cent most deprived nationally; this is six fewer than 2007. However 35 of 210 (17%) rank in the lowest ten per cent on at least one domain

#### Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality
- The Standardised Mortality Rate (SMR) for Barnet is 88, the 8th lowest rate in London. Out of Barnet's neighbouring authorities only Harrow has a lower SMR
- In Barnet average life expectancy (2010-12 data) for:
  - Women is: 84.5 years compared with 83.0 for England
  - Men is: 81.4 years compared with 79.2 for England
- The gap in life expectancy between the best and worst helps to illustrate how inequalities affect the population differently
- The 2014 Health Profile for Barnet identifies that the gap in life expectancy, between those who live in the most deprived 10% of Barnet and the least deprived 10% is 7.8 years for men and 5.6 years for women

#### Religion

- Barnet is a religiously diverse local authority area. The 2011 census provides an overview of religions practiced within the Borough:

○ Christian	41.2%
○ No religion	15.7%
○ Jewish	15.2%
○ Muslim	10.3%
○ Hindu	6.2%
○ Buddhist	1.3%
○ Sikh	0.4%
○ Agnostic	0.1%

#### What this means for the PNA

- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions
- The PNA will need to take into account whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
  - Whether or not a particular medicinal product includes ingredients which are derived from animals
  - Taking medicines during periods of fasting e.g. Ramadan

## 2.3 Health Needs

### 2.3.1 Lifestyle

#### Overview

- Lifestyle has a significant impact upon the health and outcomes of an individual
- Within Barnet, the lifestyle factors and behaviours which are a cause for concern include:

#### Smoking

- 15% of Barnet adults smoke. This is the one of the lowest rates in London and lower than the national average (18.4%) but still represents over 60,000 people
- Smoking is more prevalent in particular ethnic communities (Bangladeshi and Irish); and in people who live in our most deprived wards and who do not normally visit a GP
- Whilst more men than women smoke, it is of note that, in Barnet:
  - 10% of expectant mothers smoke in pregnancy (this is higher than the London average)
  - Deaths from COPD are now higher amongst women than men
  - Deaths from lung cancer in women will soon become more common than deaths from breast cancer

#### Poor diet

- 89.3% of babies are breastfed at initiation. This is significantly better than the England average (73.9%)
- There is a correlation between fast food and obesity. Barnet has a slightly lower proportion of fast food outlets (73 outlets per 100,000) compared to the England average (77.9 per 100,000)

#### Physical inactivity

- Over 90% of adults in Barnet do not take part in the recommended level of physical activity; with Barnet currently ranked 23rd out of 33 London Boroughs for levels of adult physical activity
- 19.1% of children in year 6 are classified as obese and fewer Barnet children spend less than 3 hours / week on school sport

#### Substance misuse

- Excessive and binge drinking poses significant health and social risks. Nationally 1 in 4 adults are binge drinkers and middle class drinkers are more likely to indulge in "heavy" drinking
- In Barnet there were almost 1,580 alcohol related hospital admissions in 2012/13. While alcohol related hospital admissions are increasing, they remain below the regional and national averages.
- Likewise, binge drinking is significantly lower in Barnet than for England and London

#### Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes
- Unprotected sex can lead to poor sexual health and unplanned pregnancy
- There is a strong correlation between alcohol and poor sexual health outcomes

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on pages 22 and 23***



## 2.3 Health Needs

### 2.3.1 Health Consequences of Lifestyle Choices

#### Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the main cause of death in Barnet. The table on the right summarises mortality rates (2011/13).
- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle, and the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc)

#### Diabetes

- The percentage of recorded cases of diabetes is 5.9% (2012) compared with 5.8 & 6% for London & England
- It is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity
- There is also a correlation with:
  - Deprivation: those living in the most deprived areas have a higher risk
  - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than for white people. There is a greater risk of long-term complications in these groups

#### Cancer

- The table on the right summarises cancer mortality rates
- Four lifestyle factors: tobacco, diet, alcohol and obesity account for one third of all cancers

#### Chronic Respiratory Disease

- The table summarises mortality rates associated respiratory disease
- 'Preventable' deaths are lower (better) than the London and England averages; the standardised mortality rate for 'all deaths' is lower (better) higher than the London and England values
- In Barnet, the mortality rate for COPD (2011-13) for which smoking is the main cause, was 33.7 per 100,000. This is statistically lower than the London and England values (50.9 and 51.5 respectively)

#### Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions

#### Under 75 mortality rates from cardiovascular disease per 100,000 population

2011-13 data	Men	Women	Total
<b>All Deaths</b> (Barnet) (London; England)	<b>89.6</b> (113.5; 109.5)	<b>39.4</b> (49.6; 48.6)	<b>62.9</b> (80.1; 78.2)
<b>Preventable</b> – (Barnet) (London; England)	<b>58.3</b> (76.4; 76.7)	<b>23.3</b> (26.3; 26.5)	<b>39.7</b> (50.2; 50.9)

#### Under 75 mortality rates from cancer per 100,000 population

2011-13 data	Men	Women	Total
<b>All Deaths</b> (Barnet) (London; England)	<b>132.5</b> (155.6; 160.9)	<b>105.7</b> (119.6; 129.2)	<b>118.0</b> (136.5; 144.4)
<b>Preventable</b> (Barnet) (London ; England)	<b>71.1</b> (89.1; 91.3)	<b>61.8</b> (71.2; 76.9)	<b>66.0</b> (79.6; 83.8)

#### Under 75 mortality rates from respiratory disease per 100,000 population

2011-13 data	Men	Women	Total
<b>All Deaths</b> (Barnet) (London; England)	<b>30.0</b> (40.1; 39.1)	<b>17.0</b> (24.5; 27.6)	<b>23.0</b> (31.9; 33.2)
<b>Preventable</b> (Barnet) (London; England)	<b>16.9</b> (21.4; 20.1)	<b>7.3</b> (13.2; 15.2)	<b>11.8</b> (17.1; 17.6)
<b>COPD</b> (Barnet) (London; England)	-	-	<b>33.7</b> (50.9; 51.5)

#### Smoking –Related Hospital Admissions –Total (2010-11)

<b>No. of Admissions</b> (Barnet); (London; England)	<b>1,054</b> (1,331; 1,420)
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Source: Public Health Outcomes Framework; Tobacco Control Profiles

\* Preventable deaths are those which could be avoided through public health interventions

## 2.3 Health Needs

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

#### Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “*the use of a substance for a purpose not consistent with legal or medical guidelines*”. It may also be defined as “*a pattern of substance use that increases the risk of harmful consequences for the user*”
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences
- The table (on the right) summarises the number of hospital admissions which are attributable to substance misuse

#### A. Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV, which may cause chronic poor health and can lead to serious disease and premature death
- In Barnet the estimated prevalence of opiate and/or crack cocaine users is 6.2/100,000 which is lower than the London and England average (9.3 and 8.6 respectively)
- The Health Protection Agency (HPA) have estimated that in England (2013) of current or previous drug injectors:
  - 16% are Hepatitis B Positive
  - 53% are Hepatitis C positive
  - 1.2% are HIV positive

#### B. Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (defined as at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
  - **Liver disease:** The under 75 mortality rate in 2011/13 was 11.1/100,000. This is statistically better than the London (15.7/100,000) and England average (15.7/100,000)
  - **Alcohol related deaths (2012):** The Local Alcohol Profile for Barnet identifies that alcohol related mortality in men is 55.6 per 100,000 for males and 18.6 per 100,000 for females. This is lower than the regional average which is 59.1 and 24.5 for males and females respectively

#### Sexual Health

- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death:
  - The rate of new diagnoses of sexually transmitted diseases (excluding chlamydia in those aged under 25 years) was 899 per 100,000 population compared with 1,492 for London and 832 for England (2013)
  - The rate of chlamydia diagnosis in those aged 15-24 years was 1,098 for Barnet compared with 2,179 for London and 2,016 for England (CTAD data; 2013). This rate of diagnosis was significantly below the goal for Barnet
  - The gonorrhoea diagnosis rate (per 100,000) was 60.2; this is lower than the London rate of 155.4 and statistically higher than the England rate of 52.9 (2013)
  - 51.5% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically similar to both the London (40.5%) and England (45%) averages (2011-13 data)
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future:
  - In 2013, the total number of abortions in Barnet was 1,624; a rate of 19.2 per 1,000 females which is high compared to abortion rates for London 21.7 and England 16.1
  - Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2012, the under 18s birth rate (per 1,000) in Barnet was 14.7 and was statistically lower than the London (25.9) and England (27.7) averages

#### Hospital admissions (per 100,000 population)

<b>Alcohol related</b> (Barnet; 2012/13) (London, England)	<b>507</b> (554; 637)
Substance misuse – 15 – 24 year olds (Barnet; 2010/11 – 12/13) (London; England)	45.2 (58.1; 75.2)

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Mental Health

- At least one in four people will experience a mental health problem at some point in their life; and one in six adults has a mental health problem at any one time
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders
- In Barnet:
  - The prevalence of mental health disorders (based on QOF data) in 2012/13 was 0.96% compared with 1.03% for London and 0.84% for England
  - The recorded suicide rate (5.7/100,000) is lower than the national average (8.8/100,000)
- A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc
- Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines

#### Older People

- The frequency of ill health rises with increasing age
- People aged 65+ occupy almost two thirds of general and acute hospital beds and account for 50% of the recent growth in emergency admissions to hospitals
- Older people are particularly vulnerable to:
  - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities
  - **Dementia:** *The prevalence in Barnet is 0.6% of the registered population (QoF). Alzheimer's disease is the most common form of dementia*
  - **Cardiovascular disease and Diabetes**
  - **Falls:** In 2012/13, the rate (per 100,000) of older people, who sustained an injury due to a fall was:
    - 5,686 for those aged 80+; this was similar to the London average (5,528) but higher than the England rate (5,015)
    - 1,086 for those aged 65 – 79; this is similar to London average (1,108) higher than England rate (975)

#### Care Homes

- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals
- In Barnet, the number of people (per 100,000) aged 18+ in residential care in 2012/13 was 386, compared to 311 and 497 for London and England respectively
- As care is provided by generalists supported by specialists, it is recognised that specialism is required to meet the needs of the individual residents and the care homes.
- Recommendations from the NICE “*Managing Medicines in Care Homes (SC1)*” that directly relate to pharmacy involvement include:
  - The ongoing supply and demand of medicines prescribed to patients.
  - Advice/support for patients’ care plans; and to staff with regards to identifying & managing adverse effects due to medicines
  - Support the disposal of medicines from care homes
  - Support delivery of the local anticipatory medicines pathways
  - Advice/support to staff on the medication administration records for patients
  - Provide a key contact for queries, around medicines, for resident/family members when the patient is temporarily away from care home
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital

#### Disability

- In the UK approximately 15% of the population may be defined as disabled; applied to Barnet’s population this translates as around 52,000 people; it is estimated there are approximately 12,600 adults with a serious physical disability, and a further 29,500 with a moderate physical disability. These numbers are set to increase significantly over the next ten years
- More specifically, Barnet has estimated it may have over 9,000 residents with a neurological impairment; over 23,000 residents with a visual or hearing impairment; over 1,600 children with statement of special educational needs; Almost 1,000 adults with learning disabilities; 2,600 residents with autism

## 2.3 Health Needs

### 2.3.3 Other Considerations

#### Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
  - Children aged under 6 months
  - Older people
  - Pregnant women
  - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups
- The Department of Health target for 2013/14 was 75% or higher for both the over 65 years and those aged under 65 who fall into 'risk' groups
- In Barnet, seasonal influenza vaccination uptake in 2013/14 was:
  - For the over 65s, the vaccination rate was 71.8%; this was better than the London rate (70%) and England rate (73.2%)
  - 51.7% of those aged 6 months to 64, in 'at risk' groups were vaccinated. This is lower than the average rates for London and England (52.0% and 52.3%)

#### Pneumococcal immunisation

- People within the following groups, who are at risk of complications arising as a result of a pneumococcal infection, are eligible for pneumococcal vaccination:
  - All children under the age of two
  - Adults aged 65 or over
  - Children and adults with certain long-term health conditions, such as a serious heart or kidney condition
- In 2012/13:
  - 67.4% of the eligible population (aged 65+) received pneumococcal (PPV) vaccination; this was less than the previous year's coverage and below the England rate (69.1%). However, this rate was above the London average of 64.1%
  - Conversely, the % of eligible children who received the complete course of pneumococcal (PCV) vaccine by their 1<sup>st</sup> birthday was 92.3% compared to 90.8% and 94.4% for London & England respectively

#### Childhood immunisation

- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease)
- Barnet is not meeting the national vaccination targets for childhood immunisations; and performs below the regional and/or national levels in the following areas:
  - **Measles, Mumps & Rubella (MMR) uptake**
    - 87.8% of eligible children received one dose on or after their 1<sup>st</sup> birthday and anytime up until their 2<sup>nd</sup> birthday (compared to 87.1% and 92.3% for London & England)
    - 78.1% of eligible children who have received two doses of MMR on or after their 1st birthday and anytime up until their 5th birthday (compared to 80.8% and 87.8% for London & England)
  - **Haemophilus Influenzae Type b (Hib) / Meningococcal C (MenC)**
    - Uptake at 2 years and 5 years was 87.8% & 86.9% respectively. This performance was statistically similar to the London (87.3 & 86.9 respectively) and statically worse than England (92.7% & 91.5% respectively) averages
  - **Human Papillomavirus (HPV)**
    - 62.1% of those aged 12 -13 years had had all 3 doses. This is significantly lower than the London and England averages (78.9% and 86.1%)

In the next section, we show how healthcare strategy (nationally and locally, within Barnet) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages.

***The implications for the PNA are set out on pages 22 and 23***

## 2.4 Health Services Strategy

### 2.4.1 National Strategy

#### Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
  - **Public Health England** (PHE) is the national body responsible for improving and protecting the nation's health. PHE undertake and inform health protection, health improvement and health and social care commissioning. Locally, Directors of Public Health are responsible to the Secretary of State for Health for advising local authorities on the best ways to improve the health of the population
  - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population
  - **Health and Wellbeing Boards** (HWBs) which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch
  - **NHS England** (NHSE) is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services
  - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA
- It should be noted that much of this strategy is evolving. Our assessment reflects emerging themes and priorities at the time the PNA was written

#### NHS England

- NHS England's ambition, to ensure "high quality health care for all, now and in the future", is set out within "*Everyone Counts: Planning for Patients 2014/15 to 2018/19*". The document describes a five-year transformation programme. A nationwide consultation exercise, "*A Call to Action*", has been undertaken in order to secure commitment to the above transformation programme
- Some of the key changes relevant to pharmaceutical services include:
  - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition
  - A more integrated system of community-based care focused on improving health outcomes which include:
    - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs
    - A greater focus on preventing ill health
    - Involving patients and carers more fully in managing their health
    - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting
    - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care with pilots to improve access to GP services in the evenings and at weekends

#### Five Year Forward View 2014

- There is an emerging consensus on what needs to be done within the NHS and with partner organisations:
  - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol and other major health risks
  - Patients and their carers need to be given far more control in managing their own care
  - Barriers preventing effective service integration need to be broken down
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways



## 2.4 Health Services Strategy

### 2.4.2 Local Strategies

#### Joint Health & Wellbeing Strategy (JHWS) for Barnet 2012 - 2015

- Barnet's Health & Well Being Strategy (BHWS) identified deaths attributable to cancer, circulatory disease, suicides and infant deaths as key mortality indicators whilst in all 4 categories rates are lower than London and England comparators they have been identified for special attention.
- Six key principles have been identified and agreed within the Health and Well Bring Strategy that underpin the approach to implementation:
  1. Putting the emphasis on prevention
  2. Making health and well being a personal agenda
  3. Making health and well being a local agenda
  4. Joining up services to ensure timely and effective solutions to individual problems
  5. Developing greater local community capacity to achieve change
  6. Strengthening partnerships for change and improvement

#### Theme 1: Preparation for a healthy life

Children in Barnet have above average health, educational attainment and life chances but the experience is not uniform across the Borough and inequalities need to be addressed

#### Theme 2: Well being in the community

Major developments in Barnet will see significant population growth in new and improved neighbourhoods

#### Theme 3: How we live

Every day people make decisions that affect their health and well-being

#### Theme 4: Care when needed

Barnet wishes to facilitate people aging well, minimising the need for care and support by actively planning for retirement, living in 'lifetime' homes, staying active, maintaining friendships & being valued


#### Priority Areas that may be supported by Pharmacy

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Improved access to effective and culturally sensitive Maternity Services and post-natal support to families facing the greatest risks</li> </ul> | <ul style="list-style-type: none"> <li>• Encourage and enable smokers to quit</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Improved take up of pre-school vaccination levels – particularly MMR</li> </ul>  | <ul style="list-style-type: none"> <li>• Support people who are overweight and obese to lose weight</li> </ul>                                     |
| <ul style="list-style-type: none"> <li>• Early identification and actions to reduce the impact of disease and disability</li> </ul>   | <ul style="list-style-type: none"> <li>• Provision of information &amp; support on range of leisure, health, housing and support issues</li> </ul> |
| <ul style="list-style-type: none"> <li>• Support a comprehensive frail elderly pathway that spans Health and Social Care</li> </ul>   | <ul style="list-style-type: none"> <li>• Community pharmacists can signpost and potentially act as a more generic resource centre</li> </ul>       |

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

Taken from: Barnet CCG Integrated Strategic and Operating Plan 2013 - 2015

NHS BARNET CCG		Local clinicians working with local people for a healthier future				NHS BARNET CCG			
 <p>We will work in partnership with local people to strive to: Improve the health and wellbeing of the population of Barnet , find solutions to challenges and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.</p>									
<b>Context</b>									
Health Inequalities in Cancer, CVD, Stroke and Respiratory conditions There were 294 early deaths from cancer, 158 from CVD and Stroke and 153 deaths related to winter in Barnet. in 2011/12		Barnet has the second largest cohort of Children in London with a 6.8% increase in the next 5 years.		Elderly population set to rise by 21% over next 10 years. Over 90 population to increase by 55% (1600)		Economic pressures and historic debt in the local health economy (7 years of over investment in Acute NHS Services)	The London Borough with the largest number of nursing home beds (999.)	Projected 26% increase in people with Dementia by 2020 (4743)	Challenged Local NHS Providers
Objectives	Clinical Commissioning Programmes	Initiatives			Outcomes				
To meet National Outcome Indicator Targets, and NHS Constitution standards, local, Health and Wellbeing and QIPP Outcome Measures – For example									
Improve Inequalities in Health	Health and Well Being	Review of Cardiology Care Pathway, Prevention CQUIN Supporting Public Health colleagues to develop and implement preparing for a healthy life programme Lead with the London Borough of Barnet on the "Care when needed" programme, Identifying potential stroke patients			Improve Potential Years of Life Lost (PYLL) from causes considered amenable to health care for adults and children and young people by 3.2% (59 deaths) Diagnosing unrecognised atrial fibrillation patients Reduce the Under 75 mortality rate for Cardiovascular disease				
Prepare Children and Young People for a Healthy Life	Children, Young People and Maternity	Maternity Care Pathways and Tariff Acute Paediatric Care Pathways Strategic Commissioning of CAMHS Barnet Children and Young Person's Plan Joint Procurement of Speech and Language Therapy			90% of pregnant women in Barnet to access NICE compliant maternity care by 12 weeks Gestation by March 2014. Reduce the smoking in pregnancy rate from 10% to below the London average of 7.5% by 2015. Maintain Immunisation rates at above national and regional target rates with preschool immunisations covering at least 90% of all children of Barnet				
Provide the Right Care at the Right Time, in the Right Place	Elective Care	Care Closer to Home – ENT, Ophthalmology, MSK, Pain Management, Gastroenterology Glaucoma screening, Cancer early diagnosis Acute Medicines Management Diabetes and Respiratory care pathways			90% of Admitted patients will have started treatment within 18 weeks from referral Increased percentage of patients using community health services All patients who have cancelled operations on or after the day of admission for non clinical reasons will be offered another date within 28 days, or provided at the time and hospital of the patients choice.				
	Emergency and Urgent Care	NHS 111; Urgent Care Centre; Ambulatory Care; GP Out of Hours Primary Care front Door at Barnet Hospital Elderly Assessment Service			Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) Reduce emergency admissions for acute conditions that should not usually require hospital admission. The OOH Service meets all the national OOHs Quality Standards				
Develop an Integrated Care System across health and social care	Mental Health and Learning Disabilities	Improving Access to Psychological Therapies RAID, Primary Care Mental Health Team Development Alcohol Standards, Complex and Secure Care pathways London Model of Care – Long Term Conditions			Year on year increase based on the 2009/10 baseline of people with a learning disability and those with a mental illness who have received an annual health check.  Increase the number of patients receiving psychological therapies to 10% of those assessed as having depression or anxiety disorders.				
	Frail Older People	Primary Care Risk Stratification, Care Navigators, Multidisciplinary Team and Case Management, Rapid Response and Enablement Plus, Palliative Care Services, Telehealth and Telecare, Admission Avoidance, Fracture Liaison Services, Enhanced Falls Service, Stroke Care Pathway, Dementia Care pathway.			Increase the percentage of people aged 65+ who are still at home 91 days after discharge into rehabilitation services to 87% in 2013 with a stretch target to reach 90% by 2015.  Increase in the number of people who are receiving end of life care that are supported to die outside of hospital.				
<b>Enablers</b>									
Quality, Safety and Patient Experience		Primary Care Strategy		Medicines Management		BEH Clinical Strategy	Demand Management , and Productivity	Health Promotion and Well Being	

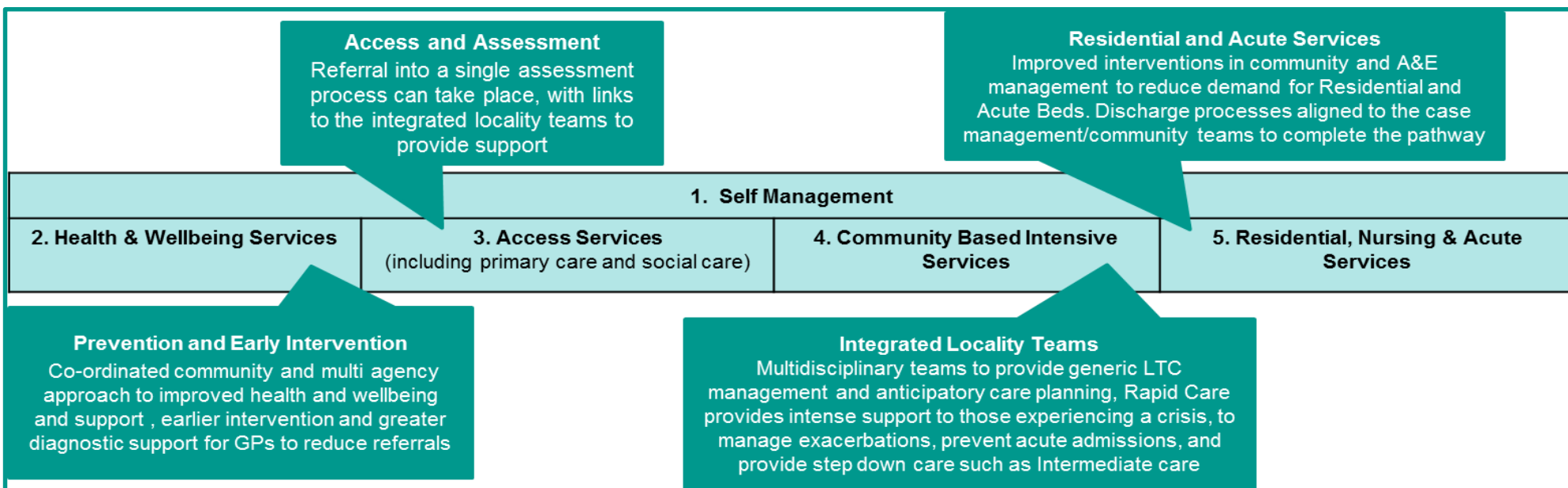


## 2.4 Health Services Strategy

### 2.4.2 Local Strategies

#### Integrated Care Strategy for Older People

- London Borough of Barnet and NHS Barnet CCG have developed an Outline Business Case for integrated provision of services for:
  - Frail and Elderly (aged 65+)
  - Long Term Conditions (people aged 55 – 65)
  - People living with Dementia
  - End of Life Care
- The model proposed focuses on:
  - Better coordination (across the wider health and social care community)
  - Investment in prevention and self-management as the key to maximising wellbeing and independence.
  - Improving quality of life and outcomes
  - Reducing the demand for services particularly in residential and acute care.
  - Integrating the approach to access, assessment and delivery responses through a single system
- A five tier model (diagram below) has been developed and aims to make the best use of the assets of communities and individuals to maximise quality of life and maintain independence; Integrated Locality Teams are at the heart of the model with risk stratification, improved anticipatory care, rapid care and effective care navigation as central components



## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

#### North Central London Strategic Planning Group

- This 5 year plan has been developed to align plans across the 5 NCL CCGs, Public Health & NHS England
- It acknowledges fundamental change is needed in the delivery of healthcare to reflect patient need, expectation and to use medical and technology advances to maximise the “value”
- The vision is to develop an integrated care network between organisations focused on outcomes with patients taking greater responsibility for their own health and accessing care appropriately in order to tackle the NCL- wide challenges (see box below)

#### Challenges for CCGs in NCL

- **Population Level**
  - Predictably poor health outcomes and inequalities in health outcome
  - Lack of focus on prevention
  - Lack of personal responsibility for health
  - Too little supported self-management
  - An increasing demand on services from an ageing population
- **Organisational**
  - Reactive, poorly co-ordinated services, with little integration
  - Focused on organisations needs not patients’
  - Fragmented, duplicative and inefficient
  - Reliance on unplanned care
  - Payments and incentives that do not support integration

#### Transformation Approach

##### A. Clinically-led service re-design

- Change emphasis to systematic prevention of disease, earlier diagnosis, reduction in inequalities & support for self-management
- Clinical pathways that are high quality, safe, effective & efficient
- Integrate health and social care within and between organisations focused on outcomes and facilitated by shared digital records
- Provide easy access to services delivered in ways and settings most convenient to them; and which enhances choice
- Reduce costs by focusing on the delivery of effective (evidence-based) and efficient (right first time) care, elimination of unnecessary duplication and fragmentation of care

##### Provider Landscape

- GP practices forming federations to improve access, chronic disease management and improve efficiencies; with primary care, community services & social services wrapped around federations of GP practices
- Further development of Community-based ‘Hubs’, where professional support, training and multi-disciplinary working will be based, enabling the majority of patients to receive care in the community
- Reducing capacity in hospitals and reliance on hospital care

#### Network Development and Service Provision

- North, South & West Localities align with the PNA localities of Chipping Barnet, Finchley & Golders Green & Hendon respectively (noting that 5 networks are being developed within the 3 localities)
- Key priorities for network service provision have been defined (table)
- The implications for NHS pharmaceutical services are not yet known

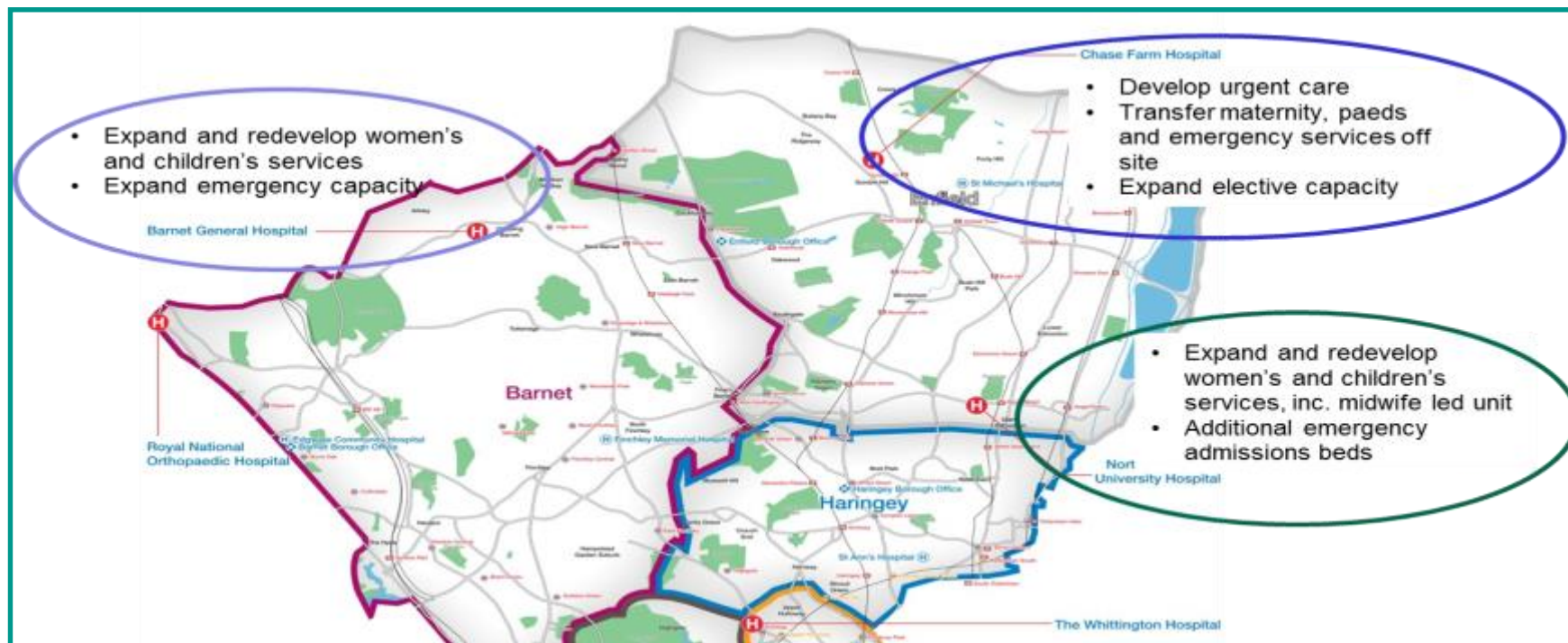
Key priorities	Pilots	Network
<b>Coordinated care</b> Patient-centred, coordinated care and GP-patient continuity	<ul style="list-style-type: none"> <li>• Primary Care Mental Health Model</li> <li>• Elderly Care Service</li> <li>• Diagnostic services – 24hr BP monitoring, Spirometry, ECG</li> </ul>	South network West network North network
<b>Accessible care</b> responsive, timely and accessible service that responds to different patient preferences and access needs	<ul style="list-style-type: none"> <li>• Minor Illness and dressings service; AND GP / Nurse triage</li> <li>• Primary Care Mental Health Model</li> <li>• Diagnostic services</li> </ul>	West network South network North network
<b>Proactive care</b> Supporting the health and wellness of the population and keeping people healthy	<ul style="list-style-type: none"> <li>• Wellness service</li> <li>• Primary Care Mental Health Model</li> </ul>	West network South network

## 2.4 Health Services Strategy

### 2.4.2 Local Strategy

#### Acute Reconfiguration

- Barnet, Enfield & Haringey have developed a clinical strategy for the acute services across the three boroughs to improve the provision of hospital services to the local population
- The strategy is based on delivering safer, higher quality care from a sustainable medical workforce and hospital base
- The A&E department at Chase Farm closed in December 2013 and was replaced with a 12 hour urgent care centre and expanded elective capacity. In addition, maternity, paediatric and emergency services were transferred to other hospital sites
- Women, children and emergency services capacity was expanded at Barnet General and North Middlesex Hospitals
- In addition, Barnet CCG has secured step up/step down capacity with additional rehabilitation beds Finchley and Edgware and a renewed focus on admission avoidance
- The management of Barnet General Hospital has recently been acquired by the Royal Free NHS Foundation Trust
- The strategy also envisages improvements to primary and community services across the 3 boroughs



## 2.5 Implications for the PNA

### 2.5.1 Overview

#### The Local Context - What this means for the PNA

##### Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport<sup>4</sup>
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons<sup>5</sup>. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population
- The strengths of community pharmacy may be summarised as:
  - **Medicines Expertise**
    - Medicines are the most common medical intervention. Non-adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended<sup>6</sup>. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole.
    - Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber<sup>7</sup>. As such, they have a central role to play in the management of long term conditions
  - **Provider of public health services**
    - Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public

#### *On the next page, we:*

- Explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section of the PNA
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services
- Appendix D – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services

## 2.5 Implications for the PNA

### 2.5.2 Systematic review

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

##### Dispensing Services

- The provision of dispensing services ensure that people can obtain the medicines they need
- Our PNA explores both the accessibility and future capacity of dispensing services

##### Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to *"Make every Contact Count"*<sup>8</sup>.
- Future campaigns should focus on modifying lifestyle behaviours with a view to supporting prevention of CVD, diabetes and respiratory disease; and improving health in those with mental illness

##### Signposting

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

##### Medicines Use Reviews (MURs) & New Medicines Service (NMS)

- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs
- MURs and/or NMS reviews play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital.
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste
- Integrating community pharmacy more closely into new GP networks and new models of care would facilitate delivery of seamless care

##### Pharmacy-based immunisation

- The pan-London commissioning of the Influenza and pneumococcal vaccination improves access for Barnet residents and contributes towards achieving 'vaccination targets' and 'herd immunity'

##### Stop Smoking

- Pharmacy based stop smoking services have been shown to be effective and cost effective, and NRT to support a quit may be supplied to clients at the point of consultation.
- Smoking prevalence varies across Barnet; and it is important that services are tailored accordingly.

##### Substance Misuse

- Supervised consumption and needle & syringe services help to address the consequences of substance misuse including blood borne infections, & reducing drug related crime
- Alcohol Identification and Brief Advice plays a role in reducing the consequences of alcohol misuse.
- It is important that pharmacy based services reflect the different needs of the populations in relation to substance misuse.

##### Emergency Hormonal Contraception (EHC)

- In Barnet, community pharmacy improves access to EHC
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more 'local' pharmacies. This will be taken into account when considering accessibility and provision of the service
- In some areas, community pharmacy provides integrated sexual health services including chlamydia screening and treatment, pregnancy testing, free condoms and oral contraception

##### Pharmacy-First Minor Ailments Schemes

- In many areas, pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider
- A minor ailments scheme has been piloted in Barnet and a 'pharmacy-led' service is currently in development

##### Monitoring

- Pharmacy potentially has a role in monitoring medication e.g. anti-coagulants, blood pressure checks etc

##### Self and Personalised care

- The accessibility of community pharmacy, coupled with the role it plays in dispensing and medicines optimisation, places it in an ideal position to support the self care agenda for people with LTCs
- There is a need to consider how community pharmacy support may be built into personalised care plans

##### Screening, Diagnostics and Case Finding

- Pharmacies potentially have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension)
- In some areas pharmacies successfully support delivery of the NHS Health Check programme; a pharmacy based service is under consideration in Barnet
- Some pharmacies offer screening as a non-NHS service



## 3. The Assessment

### 3.1 Introduction and approach

#### Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Barnet
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
  - Determining whether or not a service is **necessary** (i.e. required) to meet a pharmaceutical need or **relevant** because it has **secured improvements or better access to pharmaceutical services**. Refer to table on the right hand side
  - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box below (on the right).
- We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:
  - Services provided outside of the HWB area
  - NHS Services provided by other NHS Trusts
  - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans

#### Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2012/13)
- Data and information collected or held by NHS England and Barnet Council in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services
- The findings from the community pharmacy questionnaire which was issued to pharmacies (and a modified version was issued to, and completed by the DAC) in June 2014. A 98.7% response rate was achieved
- The views of stakeholders within our partner organisations.
- The Joint Strategic Needs Assessment (JSNA), National and local healthcare strategy; and other relevant strategies

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

#### Choice

- For patients, choice is a mechanism to drive up the quality of services and improve satisfaction. For the overall health system, choice encourages appropriate and cost effective use of available services
- The factors which have been taken into account, for each service, when considering whether or not there is sufficient choice in Barnet are the:
  - Current level of access to NHS pharmaceutical services in the area
  - Extent to which existing services already offer a choice
  - Extent to which choice may be improved through the availability of additional providers or additional facilities
  - Extent to which current service provision adequately responds to the changing needs of the community it serves
  - Need for specialist or other services which would improve the provision of, or access to services for vulnerable people or specific populations

## 3.2 Pharmaceutical Services

### 3.2.1 Essential Services

#### Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different
- The table, on the right, provides a brief overview of the full range of essential services provided by community pharmacies. In addition, pharmacies must comply with clinical governance requirements. These are summarised in the table below.=
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA
- As dispensing is a core requirement for all contractors it will be used to explore key service fundamentals including: the distribution of pharmacies, access and future capacity

#### Clinical Governance

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

#### Essential Services provided by Community Pharmacies

##### Dispensing and actions associated with dispensing

- Supply of medicines or appliances
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR)
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors

##### Repeat dispensing

- Allows patients, who have been issued with a repeatable prescription to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP
- The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate.

##### Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines.

##### Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues
- NHS England sets the health promotion campaigns although HWBs may have the discretion to run alternative campaigns in the future

##### Support for self-care

- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families
- This may include self-limiting conditions as well as long term conditions



## 3.2.1 Essential Services

### 3.2.1.1 Distribution

#### Overview

- Barnet has 78 community pharmacies, which hold a range of contracts:
  - 77 of the pharmacies provide pharmaceutical services under the national contract
  - With respect to Local Pharmaceutical Services:
    - 1 pharmacy currently holds an LPS contract
    - Up until 31 March 2015, 1 pharmacy held an Essential Small Pharmacy Local Pharmaceutical Services (ESPLPS) contract but this has now been terminated and the pharmacy has returned to the pharmaceutical list
    - The table, below, provides further details on the LPS contracts
  - No pharmacies in Barnet have been granted a contract under the four exemptions to the NHS (Pharmaceutical Services) Regulations 2005\*
- There is one dispensing appliance contractor (DAC)
- There are no GP dispensing practices

#### Local Pharmaceutical Services in Barnet

##### **Fairview Pharmacy** (Finchley & Golders Green Locality; Woodhouse ward)

- The pharmacy is based within the Finchley Memorial Hospital, the base for a Walk-in Centre
- It opens from 8am – 8pm every day and provides a range of advanced, enhanced and locally commissioned services
- The contract was awarded in 2013 and runs for 10 years
- At the time of publication, NHS England no plans to terminate this contract and has no reasons to expect the contract not to run for the full 10 years

##### **Cullimore Chemist** (Hendon Locality; Hale Ward)

- The ESPLPS was a national scheme, which had been in place since 2006, that provided pharmacy contractors, located more than 1km from the nearest pharmacy with a guaranteed income if their dispensing volume falls below 26,400 items per annum. The aim was to secure provision of pharmacy services in areas where a pharmacy may not be viable
- NHS England has advised that all pharmacies in London that held an ESPLPS contract on the 31st March 2015 have returned to the relevant pharmaceutical lists
- All former ESPLPS pharmacies have the right to apply for a new LPS contract; and it is for the pharmacy owners to decide if they wish to submit a proposal to NHS England, taking into account the criteria and factors which NHS England London Region will use to assess any such applications
- Cullimore Pharmacy, historically held an ESPLPS contract, but has now returned to the pharmaceutical list in Barnet HWB area. The potential implications of this are explored on page 48 of the PNA

- The four exemptions were: Pharmacies in large out of town retail developments; Pharmacies undertaking to open for a minimum of 100 hours a week; Pharmacies in new one stop primary care centres; Mail order or internet pharmacies

## 3.2.1 Essential Services

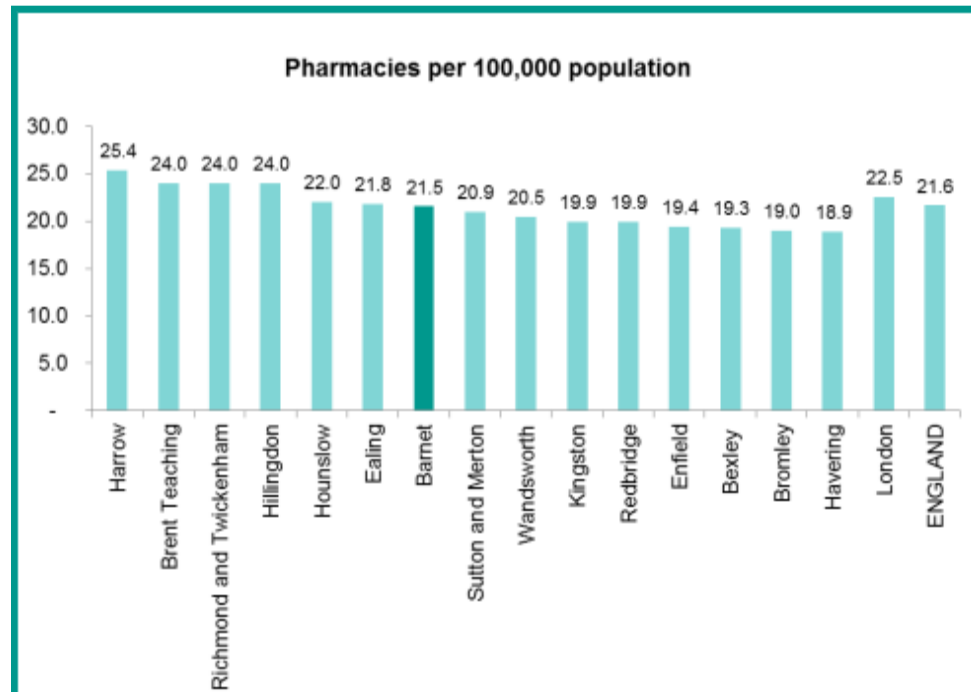
### 3.2.1.1 Distribution (cont...)

#### Number and Distribution of pharmacies

- The graph (on the right) sets the provision of pharmacy services within Barnet into context using our CIPFA comparators, together with the London and England average
- The data demonstrate that Barnet has a similar number of pharmacies per 100,000 to the England average but is slightly below the London average. With respect to our other comparators, Barnet sits within the middle of the group
- The table (next page) and **Maps 1 & 2** (subsequent pages) provide an overview of the distribution of pharmacies:
  - There is a choice of pharmacy in all localities and also in most wards (all wards apart from Underhill and Burnt Oak have two or more pharmacies)
  - There are several pharmacies, outside of our area, which are accessible to our residents who live close to the borders (those within a 1 mile radius of the Barnet boundary have been shown on the maps).
  - The majority of GP surgeries are within 0.5 miles of a pharmacy and all GPs are within 1 mile of a pharmacy, demonstrating good alignment between the services

#### Deprivation

- There is not necessarily a good correlation between the number of pharmacies (per 100,000 population) and deprivation:
  - The Hendon Locality, which has three wards ranked within the top 5 on the IMD, is slightly below average in terms of the number of pharmacies it has. At ward level, Colindale (ranked 1 on the IMD) and Burnt Oak (ranked 2 on the IMD) are significantly below the London and England averages (12.7 and 5.3 respectively)
  - Whilst the Chipping Barnet Locality has a below average number of pharmacies it is generally more affluent than the other localities. However, there is a deprived area (Underhill ward; ranked 5 on the IMD), within the locality, which is significantly below average in terms of the number of pharmacies; furthermore, residents within the ward may have to travel more than a mile to access this pharmacy or one in a neighbouring ward
  - West Hendon (Hendon locality) and East Finchley (Finchley & Golders Green locality) are ranked 3 and 5 on the IMD but have an above average number of pharmacies



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

#### Population Density

- Map 2 demonstrates that there is generally a reasonable correlation between the number of pharmacies and population density:
  - Finchley and Golders Green has the highest population density and a higher than average number of pharmacies per 100,000
  - Similarly, there tends to be good access to pharmacies (either within the localities or in neighbouring areas), in the areas with higher population density within the other two localities
  - There are some areas of Barnet where residents may have to travel more than a mile to access a pharmacy. These areas tend to have lower population densities and include Totteridge & parts of High Barnet (Chipping Barnet) and small parts of Edgware (Hendon Locality). However, parts of Underhill (Chipping Barnet), Burnt Oak, Hale (Hendon Locality) and Garden Suburb (Finchley & Golders Green) have higher population densities but are less well served by pharmacies

## 3.2.1 Essential Services

### 3.2.1.1 Distribution of Contractors (cont...)

Locality	Ward	IMD Rank*	Pharmacies	Population (2014)	Pharmacies / 100,000 population	Pharmacies by locality	Locality Pharmacies / 100,000 population
Chipping Barnet	Brunswick Park	15	3	16919	17.7	19	16.4
	Coppetts	8	3	17471	17.2		
	East Barnet	17	3	16531	18.1		
	High Barnet	19	4	15748	25.4		
	Oakleigh	16	2	16093	12.4		
	Totteridge	20	3	16129	18.6		
	Underhill	5	1	16616	6.0		
Finchley & Golders Green	Childs Hill	6	8	20379	39.3	32	25.2
	East Finchley	4	4	16304	24.5		
	Finchley Church End	18	2	16188	12.4		
	Garden Suburb	21	6	16367	36.7		
	Golders Green	9	2	22879	8.7		
	West Finchley	14	6	16869	35.6		
	Woodhouse	10	4	18041	22.2		
Hendon	Burnt Oak	2	1	18859	5.3	27	20.2
	Colindale	1	3	23655	12.7		
	Edgware	11	6	17037	35.2		
	Hale	12	3	17671	17.0		
	Hendon	7	4	18669	21.4		
	Mill Hill	13	6	19201	31.2		
	West Hendon	3	4	18364	21.8		
<b>Total</b>			<b>78</b>	<b>375,990</b>		<b>78</b>	<b>20.7</b>

\* IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 21 is the lowest within Barnet; the 5 wards ranked highest in terms of deprivation are highlighted

The DAC is located in Colindale ward in the Hendon Locality



### Pharmaceutical Needs Assessment Map 1: Map of Provision

#### Legend

- + Pharmacies
  - + 100 Hour Pharmacies
  - + Dispensing Appliance Contractors (DAC)
  - + LPS Pharmacies
  - GP Surgeries
  - ▲ Non-Pharmacy Providers:
    - A Barnet General Hospital - EN5 3DJ  
- Acute Hospital, A&E
    - B Edgware Community Hospital - HA8 0AD  
- Mental Health Triage Service & Walk In Centre
    - C Finchley Memorial Hospital - N12 0JE\*  
- Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)
- Barnet
  - Barnet Localities
  - Wards

**Percentile rank of IMD score 2010 by LSOA**

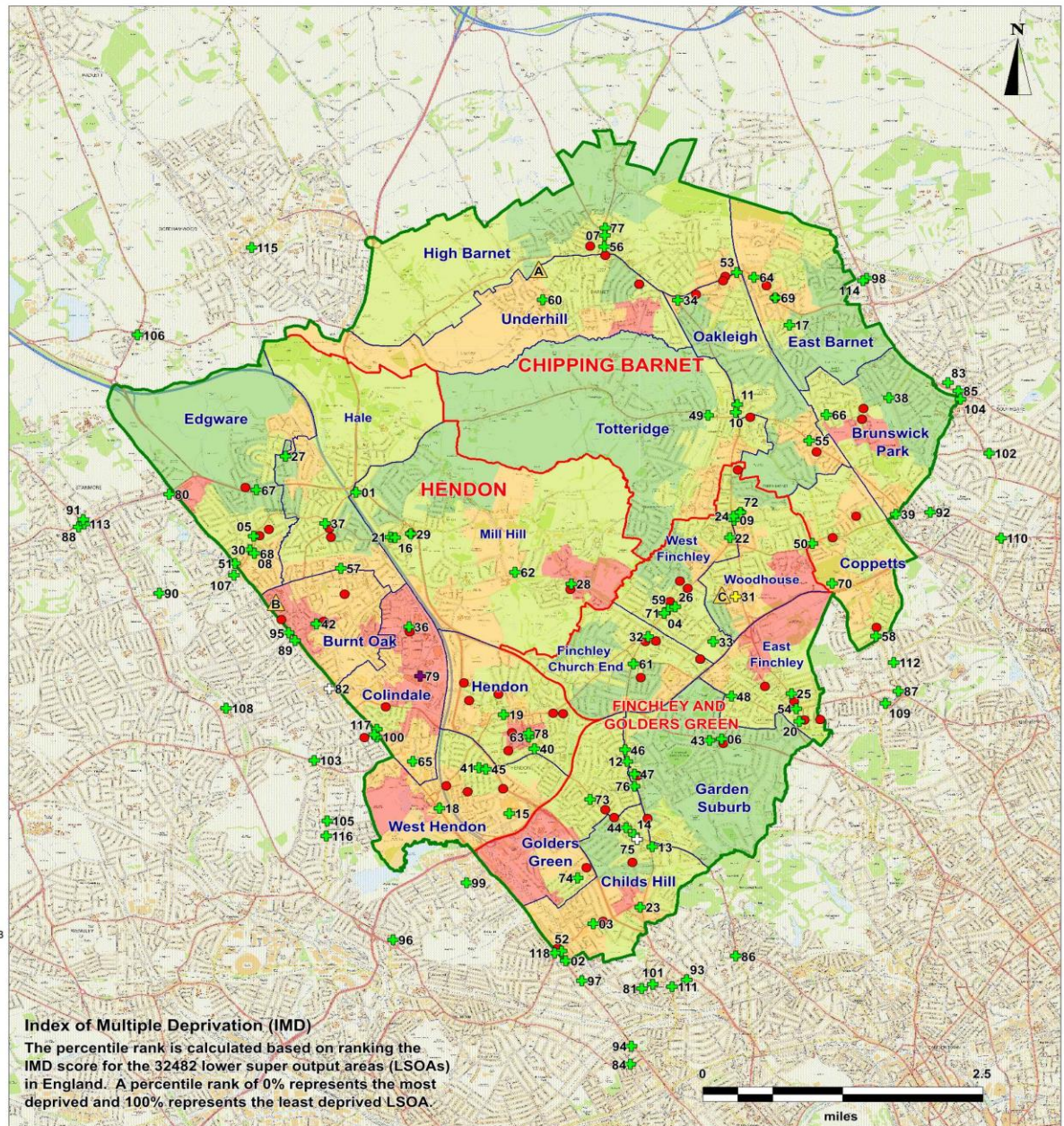
  - < 25 %
  - 25 to 49.9 %
  - 50 to 74.9 %
  - 75 to 100 %

#### Barnet Pharmacies

- |  |   |  |
|--|---|--|
| 01 Acorn Pharmacy - NW7 3JR<br>02 Acktar Chemists - NW2 3EE<br>03 Akshar Pharmacies - NW2 1HR<br>04 Auklands Pharmacy - N3 1XP<br>05 Avenue Pharmacy - HA8 7JK<br>06 Bishops Pharmacy - N2 0DW<br>07 Boots - EN5 5XP<br>08 Boots - HA8 7BD<br>09 Boots - N12 9QR<br>10 Boots - N20 9HS<br>11 Boots - N20 9HJ<br>12 Boots - NW11 0QS<br>13 Boots - NW11 7RR<br>14 Boots - NW11 3RN<br>15 Boots - NW4 3FB<br>16 Boots - NW7 3LH<br>17 Brand-Russell Chemist - EN4 8TD<br>18 Broadway Chemist - NW9 7EE<br>19 C.J. Pharmacy - NW4 4EB<br>20 C.W. Andrew Pharmacy - N2 9PJ<br>21 Care Chemist - NW7 3DA<br>22 Carter's Pharmacy - N12 8LT<br>23 Castle Chemist - NW2 2QJ<br>24 Charles Sampson Pharmacy - N12 9QU<br>25 Cootes Pharmacy - N2 9AS<br>26 Cootes Pharmacy - N3 2DN<br>27 Coulmore Chemist - HA8 8SX | 28 Day Lewis Pharmacy - NW7 1AF<br>29 Day Lewis Pharmacy - NW7 2HX<br>30 Derek Clarke Pharmacy - HA8 7JH<br>31 Fairview Pharmacy - N12 0JE<br>32 Gateway Chemist - N3 2LN<br>33 Gordon Smith Pharmacy - N3 2RA<br>34 Greenfield Pharmacy - EN5 1ES<br>35 H Shah Dispensing Chemist - NW9 6RS<br>36 H.A. McParland Chemist - NW9 5XB<br>37 Hale Pharmacy - HA8 9QW<br>38 Hampden Square Pharmacy - N14 5JR<br>39 Haria Chemists - N11 1NE<br>40 HC Heard Chemists - NW4 2ES<br>41 Hendon Pharmacy - NW4 3XH<br>42 Heron Pharmacy - HA8 0EJ<br>43 Hugh Lloyd Dispensing Chemist - NW11 6JJ<br>44 Jethro's Ltd - NW11 9HB<br>45 John Wilson Chemists - NW4 3UX<br>46 Landy's Chemist - NW11 0AA<br>47 Landy's Express - NW11 7TH<br>48 Links Pharmacy - N2 0SZ<br>49 Lipkin Chemist - N20 8QG<br>50 Lloydspharmacy - N12 9AY<br>51 Mango Pharmacy - HA8 7HF<br>52 Maxwell Gordon Pharmacy - NW2 1EX<br>53 Mountford Chemists - EN4 8RR<br>54 Oakdale Pharmacy - N2 8AQ | 55 Oakleigh Pharmacy - N20 0TX<br>56 Parry Jones & Co - EN5 5UR<br>57 Pharmco Chemist - HA8 9BU<br>58 Pharmocare - N10 1LR<br>59 Pickles Chemist - N3 1XT<br>60 Prima Pharmacy - EN5 2TB<br>61 Reena Pharmacy - N3 3HP<br>62 Regent Pharmacy - NW7 2NU<br>63 Sabel Chemist - NW4 2DT<br>64 Sainsbury's Pharmacy - EN4 8RQ<br>65 Sainsbury's Pharmacy - NW9 6JX<br>66 Shore Pharmacy - N20 0BA<br>67 Singer Pharmacy - HA8 8JS<br>68 Superdrug Pharmacy - HA8 7BD<br>69 SVR Chemist Ltd - EN4 8QZ<br>70 Tesco Instore Pharmacy - N12 0SH<br>71 Tesco Instore Pharmacy - N3 1XP<br>72 Torrington Park H.C.C. Ltd - N12 9SS<br>73 Victoria Pharmacy - NW11 9ES<br>74 W Price Chemist - NW2 1NT<br>75 Warman-Freed Pharmacy - NW11 8EL<br>76 Westlake Pharmacy - NW11 7ES<br>77 Wilkinson Chemist - EN5 5SZ<br>78 Zaxgate Ltd - NW4 2EL<br>79 Pelican Healthcare - NW9 5XY (DAC) |
|--|---|--|

#### Out of area Pharmacies within 1 mile of Barnet

- |   |   |  |
|---|---|--|
| 80 Andrews Pharmacy - HA8 8AE<br>81 Aqua Pharmacy - NW6 1NF<br>82 Asda Pharmacy - NW9 0AS<br>83 Asda Pharmacy - N14 5PW<br>84 Bliss Chemist - NW6 7SX<br>85 Boots - N14 5BN<br>86 Boots - NW3 0TE<br>87 Boots - N10 1DN<br>88 Boots - HA7 4AL<br>89 Burnt Oak Pharmacy - HA8 5EP<br>90 Canons Pharmacy - HA8 8RW<br>91 Care Chemist - HA7 4EB<br>92 Cooper Chemist Pharmacy - N11 1AH | 93 Dales Pharmacy - NW3 6HN<br>94 Day Lewis Pharmacy - NW6 7JR<br>95 Doshi Pharmacy - HA8 5EN<br>96 Frank Wreford Chemist - NW10 0AA<br>97 Green Light Pharmacy - NW2 3HD<br>98 Greenacre Pharmacy - EN4 0DL<br>99 Grossman Pharmacy - NW2 7ET<br>100 Heron Pharmacy - NW9 6LP<br>101 HV Thomas Dispensing Chemist - NW6 1ND<br>102 Jhoots Pharmacy - N14 6LH<br>103 Judds Chemist - NW9 0BT<br>104 K. Waterhouse - N14 5EN<br>105 Leigh Pharmacy - NW9 8LG | 106 Manor Pharmacy - WD6 3BZ<br>107 Medicare Dispensing Chemist - HA8 6LB<br>108 Morrisons Pharmacy - NW9 9RL<br>109 Muswell Hill Pharmacy - N10 3HN<br>110 NR Patel Chemists - N13 4SE<br>111 Ramco Pharmacy - NW6 1LJ<br>112 Redwood Pharmacy - N10 2AA<br>113 Sainsbury's Pharmacy - HA7 4DA<br>114 Simmons Pharmacy - EN4 0DA<br>115 Tesco Instore Pharmacy - WD6 1EH<br>116 The Co-Operative Pharmacy - NW9 8JS<br>117 The Hyde Pharmacy - NW9 6LR<br>118 W N Gimmack Chemist - NW2 3HT |
|---|---|--|



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### Pharmaceutical Needs Assessment Map 2: Map of Provision

#### Legend

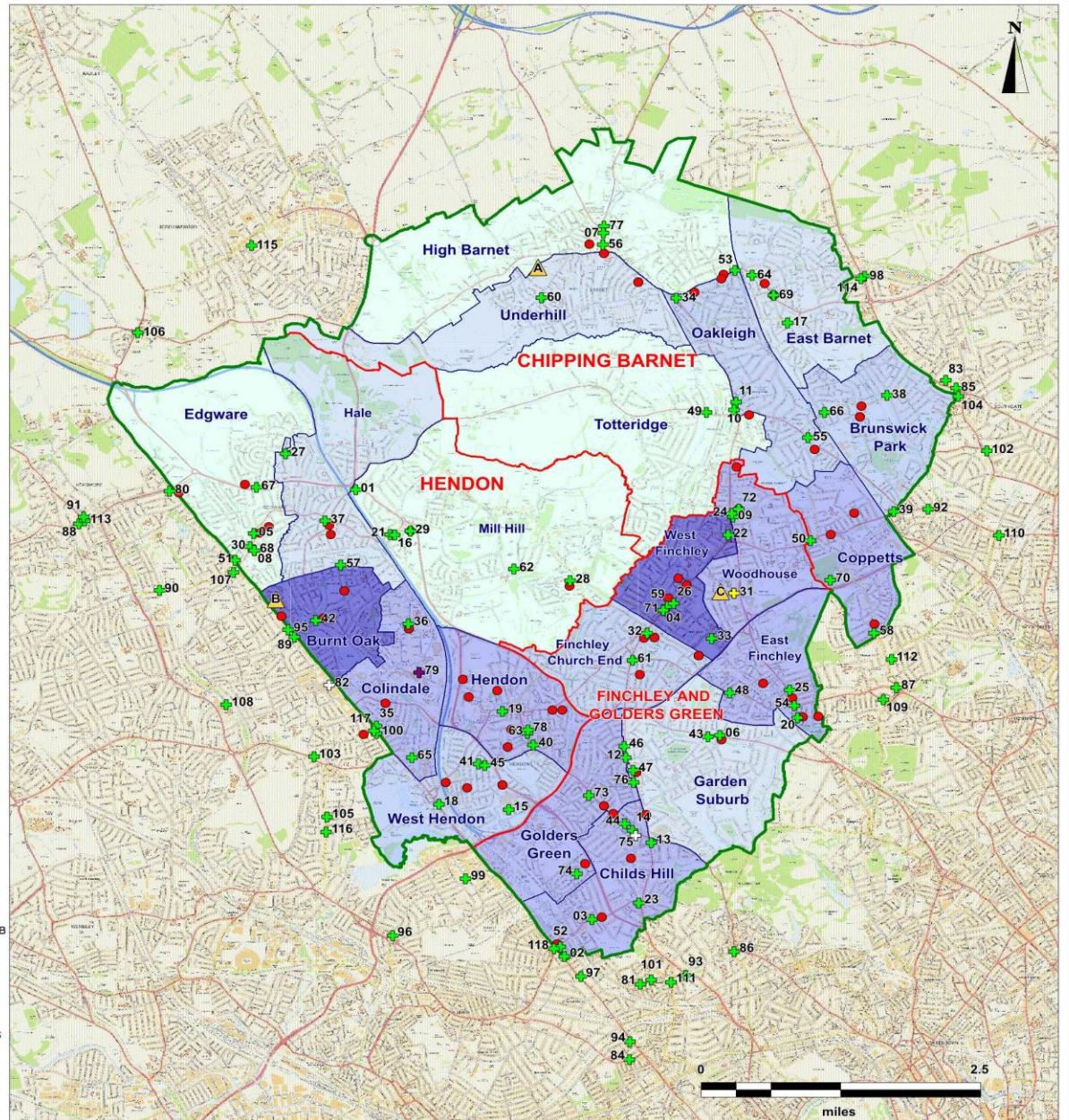
- + Pharmacies
  - + 100 Hour Pharmacies
  - + LPS Pharmacies
  - + Dispensing Appliance Contractors (DAC)
  - GP Surgeries
  - ▲ Non-Pharmacy Providers:
    - A Barnet General Hospital - EN5 3DJ  
- Acute Hospital, A&E
    - B Edgware Community Hospital - HA8 0AD  
- Mental Health Triage Service & Walk In Centre
    - C Finchley Memorial Hospital - N12 0JE\*  
- Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)
- 
- Barnet
  - Barnet Localities
  - Wards
- 
- Population Density  
Persons per Hectare**
- 73 to 89
  - 59 to 72
  - 45 to 58
  - 31 to 44
  - 17 to 30

#### Barnet Pharmacies

- |   |  |  |
|---|--|--|
| 01 Acorn Pharmacy - NW7 3JR<br>02 Acktar Chemists - NW2 3EE<br>03 Akshar Pharmacies - NW2 1HR<br>04 Auckland Pharmacy - N3 1XP<br>05 Avenue Pharmacy - HA8 7JX<br>06 Bishops Pharmacy - N2 0DW<br>07 Boots - EN5 5XP<br>08 Boots - HA8 7BD<br>09 Boots - N12 9QR<br>10 Boots - N20 9HS<br>11 Boots - N20 9JH<br>12 Boots - NW11 0QS<br>13 Boots - NW11 7RR<br>14 Boots - NW11 8LN<br>15 Boots - NW4 3FB<br>16 Boots - NW7 3LH<br>17 Brand-Russell Chemist - EN4 8TD<br>18 Broadway Chemist - NW9 7EE<br>19 C. J. Pharmacy - NW4 4EB<br>20 C.W. Andrew Pharmacy - N2 9PJ<br>21 Care Chemists - NW7 3DA<br>22 Carter's Pharmacy - N12 8LT<br>23 Castle Chemist - NW2 2QJ<br>24 Charles Sampson Pharmacy - N12 9QU<br>25 Cootes Pharmacy - N2 9AS<br>26 Cootes Pharmacy - N3 2DN<br>27 Cullimore Chemist - HA8 8SX<br>28 Day Lewis Pharmacy - NW7 1AF<br>29 Day Lewis Pharmacy - NW7 2HX<br>30 Derek Clarke Pharmacy - HA8 7JH<br>31 Fairview Pharmacy - N12 0JE<br>32 Gateway Chemist - N3 2LN<br>33 Gordon Smith Pharmacy - N3 2RA<br>34 Greenfield Pharmacy - EN5 1ES<br>35 H Shah Dispensing Chemist - NW9 6RS<br>36 H.A. McParland Chemist - NW9 5XB<br>37 Hale Pharmacy - HA8 9QW<br>38 Hampden Square Pharmacy - N14 5JR<br>39 Haria Chemists - N11 1NE<br>40 HC Heard Chemists - NW4 2ES<br>41 Hendon Pharmacy - NW4 3XH<br>42 Heron Pharmacy - HA8 0EJ<br>43 Hugh Lloyd Dispensing Chemist - NW11 6JJ<br>44 Jethro's Ltd - NW11 8HB<br>45 John Wilson Chemists - NW4 3UX<br>46 Landy's Chemist - NW11 0AA<br>47 Landy's Express - NW11 7TH<br>48 Links Pharmacy - N2 0SZ<br>49 Lipkin Chemist - N20 8QG<br>50 Lloyd's Pharmacy - N12 9AY<br>51 Mango Pharmacy - HA8 7HF<br>52 Maxwell Gordon Pharmacy - NW2 1EX<br>53 Mounford Chemists - EN4 8RR<br>54 Oakdale Pharmacy - N2 8AQ | 55 Oakleigh Pharmacy - N20 0TX<br>56 Parry Jones & Co - EN5 5UR<br>57 Pharmco Chemist - HA8 9BU<br>58 Pharmocare - N10 1LR<br>59 Pickles Chemist - N3 1XT<br>60 Prima Pharmacy - EN5 2TB<br>61 Reena Pharmacy - N3 3HP<br>62 Regent Pharmacy - NW7 2NU<br>63 Sabel Chemist - NW4 2DT<br>64 Sainsbury's Pharmacy - EN4 8RQ<br>65 Sainsbury's Pharmacy - NW9 6JX<br>66 Shore Pharmacy - N20 0BA<br>67 Singer Pharmacy - HA8 8J5<br>68 Superdrug Pharmacy - HA8 7BD<br>69 SVR Chemist Ltd - EN4 8QZ<br>70 Tesco Instore Pharmacy - N12 0SH<br>71 Tesco Instore Pharmacy - N3 1XP<br>72 Torrington Park H.C. Ltd - N12 9SS<br>73 Victoria Pharmacy - NW11 9ES<br>74 W Price Chemist - NW2 1NT<br>75 Warman-Freed Pharmacy - NW11 8EL<br>76 Westlake Pharmacy - NW11 7ES<br>77 Wilkinson Chemist - EN5 5SZ<br>78 Zaxgate Ltd - NW4 2EL<br>79 Pelican Healthcare - NW9 5XY (DAC) | 106 Manor Pharmacy - WD6 3BZ<br>107 Medicare Dispensing Chemist - HA8 6LB<br>108 Morrisons Pharmacy - NW9 9RL<br>109 Muswell Hill Pharmacy - N10 3HN<br>110 NR Patel Chemists - N13 4SE<br>111 Ramco Pharmacy - NW6 1LJ<br>112 Redwood Pharmacy - N10 2AA<br>113 Sainsbury's Pharmacy - HA7 4DA<br>114 Simmons Pharmacy - EN4 0DA<br>115 Tesco Instore Pharmacy - WD6 1EH<br>116 The Co-Operative Pharmacy - NW9 8JS<br>117 The Hyde Pharmacy - NW9 6LR<br>118 W N Gimmack Chemist - NW2 3HT |
|---|--|--|

#### Out of area Pharmacies within 1 mile of Barnet

- |  |  |  |
|--|--|--|
| 80 Andrews Pharmacy - HA8 8AE<br>81 Aqua Pharmacy - NW6 1NF<br>82 Asda Pharmacy - NW9 0AS<br>83 Asda Pharmacy - N14 5PW<br>84 Bliss Chemist - NW6 7SX<br>85 Boots - N14 5BN<br>86 Boots - NW3 6TE<br>87 Boots - N10 1DN<br>88 Boots - HA7 4AL<br>89 Burnt Oak Pharmacy - HA8 5EP<br>90 Canons Pharmacy - HA8 6RW<br>91 Care Chemist - HA7 4EB<br>92 Cooper Chemist Pharmacy - N11 1AH<br>93 Dales Pharmacy - NW3 6HN<br>94 Day Lewis Pharmacy - NW6 7JR<br>95 Doshi Pharmacy - HA8 5EN<br>96 Frank Wreford Chemist - NW10 0AA<br>97 Green Light Pharmacy - NW2 3HD<br>98 Greenacre Pharmacy - EN4 0DL<br>99 Grossman Pharmacy - NW2 7ET<br>100 Heron Pharmacy - NW9 6LP<br>101 HV Thomas Dispensing Chemist - NW6 1ND<br>102 Jhoots Pharmacy - N14 6LH<br>103 Judds Chemist - NW9 0BT<br>104 K. Waterhouse - N14 5EN<br>105 Leigh Pharmacy - NW9 8LG | 106 Manor Pharmacy - WD6 3BZ<br>107 Medicare Dispensing Chemist - HA8 6LB<br>108 Morrisons Pharmacy - NW9 9RL<br>109 Muswell Hill Pharmacy - N10 3HN<br>110 NR Patel Chemists - N13 4SE<br>111 Ramco Pharmacy - NW6 1LJ<br>112 Redwood Pharmacy - N10 2AA<br>113 Sainsbury's Pharmacy - HA7 4DA<br>114 Simmons Pharmacy - EN4 0DA<br>115 Tesco Instore Pharmacy - WD6 1EH<br>116 The Co-Operative Pharmacy - NW9 8JS<br>117 The Hyde Pharmacy - NW9 6LR<br>118 W N Gimmack Chemist - NW2 3HT | 106 Manor Pharmacy - WD6 3BZ<br>107 Medicare Dispensing Chemist - HA8 6LB<br>108 Morrisons Pharmacy - NW9 9RL<br>109 Muswell Hill Pharmacy - N10 3HN<br>110 NR Patel Chemists - N13 4SE<br>111 Ramco Pharmacy - NW6 1LJ<br>112 Redwood Pharmacy - N10 2AA<br>113 Sainsbury's Pharmacy - HA7 4DA<br>114 Simmons Pharmacy - EN4 0DA<br>115 Tesco Instore Pharmacy - WD6 1EH<br>116 The Co-Operative Pharmacy - NW9 8JS<br>117 The Hyde Pharmacy - NW9 6LR<br>118 W N Gimmack Chemist - NW2 3HT |
|--|--|--|



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## 3.2.1 Essential Services

### 3.2.1.2 Opening Hours & Access

#### Overview

- A community pharmacy must open for a minimum of 40 core hours unless it was been granted a contract under the “100 hour exemption”<sup>\*</sup> or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”. DACs are required to open for a minimum of 30 core hours
- If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed by the contractor, providing that NHS England are given 90 days’ notice
- In this section, we explore the impact of opening hours on access & choice

#### Current Picture

- The table (next page), Maps (3-7) and Appendix E provide an overview of opening hours and geographical coverage throughout the week
- In terms of overall opening hours, 1 pharmacy is open for more than 100 hours (this is not a 100 hour contract granted under the exemption); and a further 5 are open for more than 80 hours; there is potential for all these pharmacies to change their hours in the future
- Opening hours for some pharmacies are complicated and there is a need to publicise these to the public

#### Weekdays

- All 78 pharmacies are open between the hours of 9:30am to 5:30pm
- 3 (4%) pharmacies close for lunch and 8 pharmacies close early (i.e. before 5:30pm on either a Thursday or Friday); whilst this reduces choice during this period, there is still reasonable access in all localities
- With respect to extended hours:
  - 4 (5%) pharmacies are open by 8:00am
  - 30 (38%) remain open until 7:00pm or later; almost all areas have a pharmacy within 1 mile which is open. Exceptions are High Barnet, Underhill, Totteridge (Chipping Barnet locality) and Hale and Mill Hill (Hendon locality)
  - Two pharmacies remains open until midnight (one in the Chipping Barnet Locality and the other in the Finchley & Golders Green localities); and one pharmacy remains open until 10pm in the Chipping Barnet locality
  - There is a 100 hour pharmacy (Asda, NW9 0AS), located on the Brent/Barnet Border which opens at 7am (7:30am on Monday) until 11pm

#### Saturdays

- 66 (85%) pharmacies open at some point during the day:
  - All of these pharmacies are open between 10am – 1pm
  - 58 (74%) are open by 9am and the earliest a pharmacy opens is 8am (one in each of the Chipping Barnet and Hendon Localities; and two in the Finchley and Golders Green Locality)
  - 44 (56%) remain open until 5pm; and a further 10 (13%) are open at 7pm or later; of these 3 remain open until 10pm or after
  - Asda, NW9 0AS in Brent opens from 7am – 10pm
- This pattern of opening means that there is relatively good access, and choice of pharmacy in all localities up until 5pm in the evening
- After this time, access and choice become more limited, particularly in the Hendon and Chipping Barnet localities, where residents may have to travel more than 2 miles to access a pharmacy

#### Sundays

- 19 (24%) pharmacies open for between 4 and 15.5 hours; with 14 of these opening for 6 or more hours
- In terms of access:
  - Each locality has four or more pharmacies open; and there is an option to access additional pharmacies in neighbouring HWB areas
  - Within the Chipping Barnet locality (High Barnet, Underhill and Totteridge) and the Hendon Locality (Hale & Mill Hill), some residents may have to travel more than 2 miles to access a pharmacy

#### Overnight

- There is no access to pharmacy services, within Barnet, from midnight until 8am on any day of the week

#### Bank Holiday Rota – Enhanced Service

Currently, NHS England commissions an enhanced service on Christmas Day and Easter Sunday. On these days, a small number of pharmacies open between the hours of 10.00am - 6.00pm. The service is reviewed annually. This service provides valuable access to pharmacy services and we have determined that it is **necessary** to meet the pharmaceutical needs of our population

Whilst Fairview Pharmacy is open from 8am – 8pm on 365 days a year, there is a gap on the other Bank Holidays because NHS England does not commission a rota (as described above) on these days

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

## 3.2.1 Essential Services

### 3.2.1.2 Opening Hours & Access (cont...)

Locality	Ward	Number of Pharmacies Offering Essential Services								
		Weekdays					Saturdays			Sunday
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0
	Coppetts	0	3	3	0	0	3	3	1	1
	East Barnet	1	3	1	0	0	2	2	1	1
	High Barnet	0	4	1	1	0	4	3	0	1
	Oakleigh	0	3	2	0	0	3	2	0	0
	Totteridge	0	2	1	0	0	2	1	1	1
	Underhill	0	1	0	1	1	1	0	0	0
Finchley & Golders Green	Childs Hill	0	8	4	1	0	7	6	3	2
	East Finchley	0	4	1	0	0	4	3	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0
	Garden Suburb	0	6	1	1	0	3	3	0	2
	Golders Green	0	2	1	1	0	1	0	0	1
	West Finchley	1	6	2	0	0	6	4	1	1
	Woodhouse	1	4	1	0	1	3	3	1	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0
	Colindale	1	3	1	1	0	3	2	1	1
	Edgware	0	6	4	0	0	5	4	0	2
	Hale	0	3	0	2	1	3	0	0	1
	Hendon	0	4	2	0	0	3	1	0	0
	Mill Hill	0	6	1	0	0	5	3	0	2
	West Hendon	0	4	2	0	0	2	2	1	1
<b>Grand Total</b>		<b>4</b>	<b>78</b>	<b>30</b>	<b>8</b>	<b>3</b>	<b>66</b>	<b>44</b>	<b>10</b>	<b>19</b>
<b>Percentage of Total</b>		<b>5%</b>	<b>100%</b>	<b>38%</b>	<b>10%</b>	<b>4%</b>	<b>85%</b>	<b>56%</b>	<b>13%</b>	<b>24%</b>

#### Notes

6 pharmacies close early on a Thursday (two at 13:00; one at 13:30; one at 14:00; and two at 17:00)

2 pharmacies close early on a Friday (one at 16:00; and one at 17:00)

The DAC (Colindale ward, Hendon locality) opens from 08:00 – 17:00 on weekdays only



### Pharmaceutical Needs Assessment Map 3: Weekday Extended Hours

#### Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + LPS Pharmacies
- GP Surgeries

- Barnet
- Barnet Localities
- Wards

- #### Distance Buffers
- 0.5 Mile
  - 1 Mile

#### Non-Pharmacy Providers:

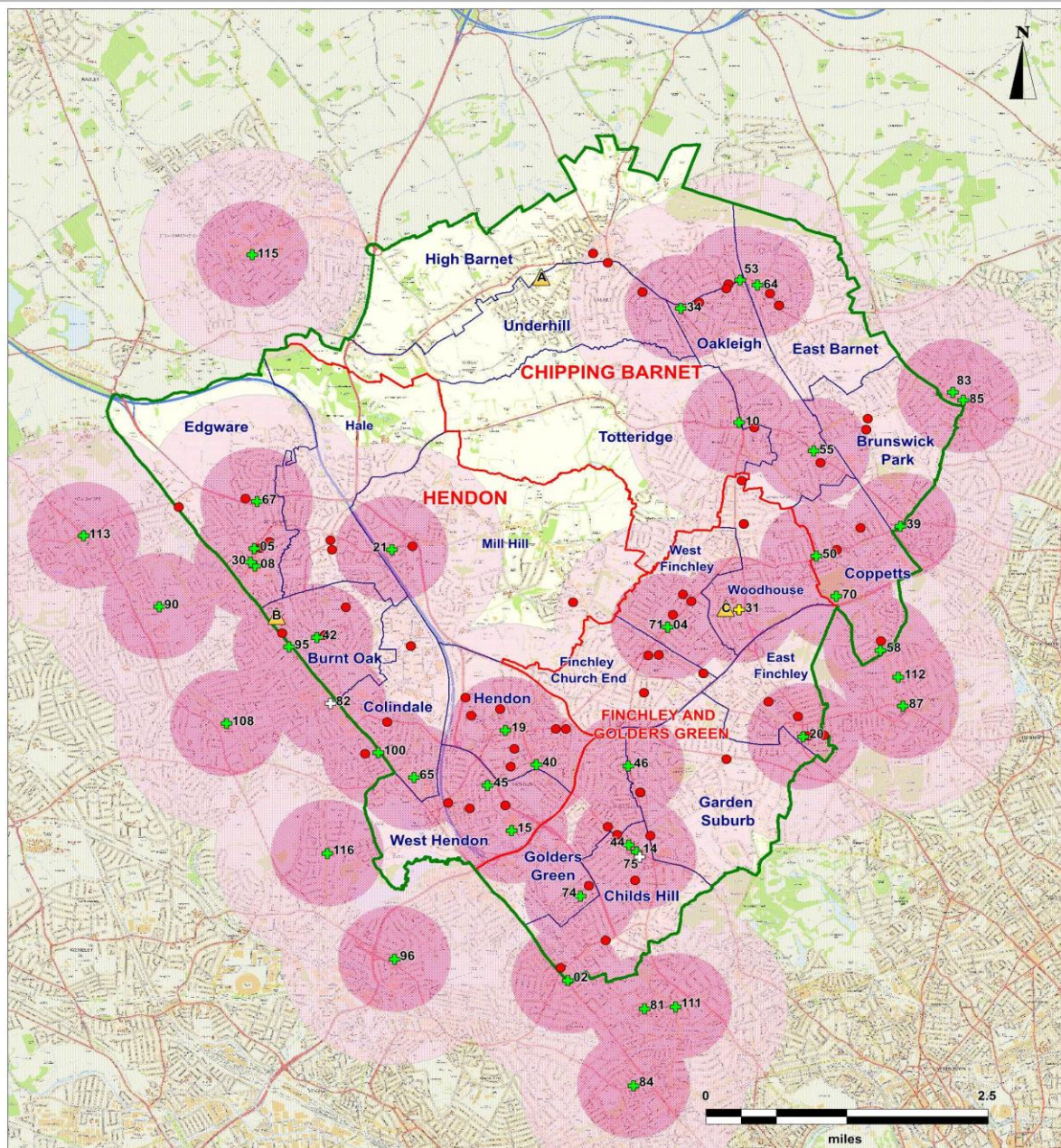
- ▲ A Barnet General Hospital - EN5 3DJ  
- Acute Hospital, A&E
- ▲ B Edgware Community Hospital - HA8 0AD  
- Mental Health Triage Service & Walk In Centre
- ▲ C Finchley Memorial Hospital - N12 0JE\*  
- Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

#### Barnet Pharmacies

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 02 Acktar Chemists - NW2 3EE       | 42 Heron Pharmacy - HA8 0EJ         |
| 04 Aucklands Pharmacy - N3 1XP     | 44 Jethro's Ltd - NW11 8HB          |
| 05 Avenue Pharmacy - HA8 7JX       | 45 John Wilson Chemists - NW4 3UX   |
| 08 Boots - HA8 7BD                 | 46 Landy's Chemist - NW11 0AA       |
| 10 Boots - N20 9HS                 | 50 Lloydspharmacy - N12 9AY         |
| 14 Boots - NW11 8LN                | 53 Mountford Chemists - EN4 8RR     |
| 15 Boots - NW4 3FB                 | 55 Oakleigh Pharmacy - N20 0TX      |
| 19 C. J. Pharmacy - NW4 4EB        | 58 Pharmocare - N10 1LR             |
| 20 C.W. Andrew Pharmacy - N2 9PJ   | 64 Sainsbury's Pharmacy - EN4 8RQ   |
| 21 Care Chemists - NW7 3DA         | 65 Sainsbury's Pharmacy - NW9 6JX   |
| 30 Derek Clarke Pharmacy - HA8 7JH | 67 Singer Pharmacy - HA8 8JS        |
| 31 Fairview Pharmacy - N12 0JE     | 70 Tesco Instore Pharmacy - N12 0SH |
| 34 Greenfield Pharmacy - EN5 1ES   | 71 Tesco Instore Pharmacy - N3 1XP  |
| 39 Haria Chemists - N11 1NE        | 74 W Price Chemist - NW2 1NT        |
| 40 HC Heard Chemists - NW4 2ES     | 75 Warman-Freed Pharmacy - NW11 8EL |

#### Out of area Pharmacies within 1 mile of Barnet

- |                              |   |
|------------------------------|---|
| 81 Aqua Pharmacy - NW6 1NF   | 96 Frank Wreford Chemist - NW10 0AA     |
| 82 Asda Pharmacy - NW9 0AS   | 100 Heron Pharmacy - NW9 6LP            |
| 83 Asda Pharmacy - N14 5PW   | 108 Morrisons Pharmacy - NW9 9RL        |
| 84 Bliss Chemist - NW6 7SX   | 111 Ramco Pharmacy - NW6 1LJ            |
| 85 Boots - N14 5BN           | 112 Redwood Pharmacy - N10 2AA          |
| 87 Boots - N10 1DN           | 113 Sainsbury's Pharmacy - HA7 4DA      |
| 90 Canons Pharmacy - HA8 6RW | 115 Tesco Instore Pharmacy - WD6 1EH    |
| 95 Doshi Pharmacy - HA8 5EN  | 116 The Co-Operative Pharmacy - NW9 8JS |





### Pharmaceutical Needs Assessment Map 4: Open on Saturday

#### Legend

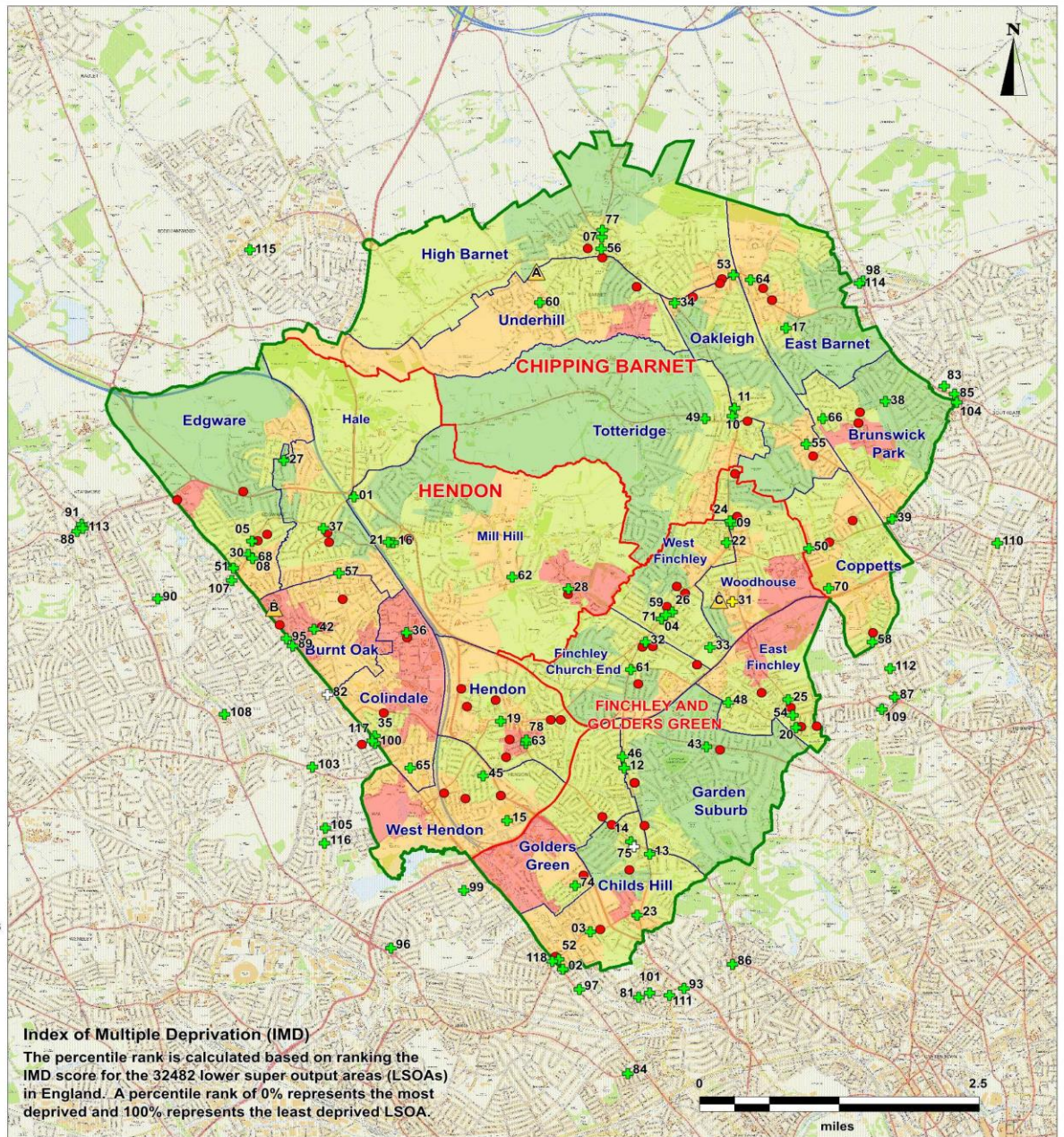
- + Pharmacies
  - + 100 Hour Pharmacies
  - + LPS Pharmacies
  - GP Surgeries
  - ▲ Non-Pharmacy Providers:
    - A Barnet General Hospital - EN5 3DJ  
- Acute Hospital, A&E
    - B Edgware Community Hospital - HA8 0AD  
- Mental Health Triage Service & Walk In Centre
    - C Finchley Memorial Hospital - N12 0JE\*  
- Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)
- 
- Barnet
  - Barnet Localities
  - Wards
- 
- Percentile rank of IMD score 2010 by LSOA**
- < 25 %
  - 25 to 49.9 %
  - 50 to 74.9 %
  - 75 to 100 %

#### Barnet Pharmacies

- |   |  |   |
|---|--|---|
| 01 Acorn Pharmacy - NW7 3JR<br>02 Aktar Chemists - NW2 3EE<br>03 Akshar Pharmacies - NW2 1HR<br>04 Auckland Pharmacy - N3 1XP<br>05 Avenue Pharmacy - HA8 7JX<br>07 Boots - EN5 5XP<br>08 Boots - HA8 7BD<br>09 Boots - N12 9QR<br>10 Boots - N20 9HS<br>11 Boots - N20 9HJ<br>12 Boots - NW11 0QS<br>13 Boots - NW11 7RR<br>14 Boots - NW11 8LN<br>15 Boots - NW4 3FB<br>16 Boots - NW7 3LH<br>17 Brand-Russell Chemist - EN4 8TD<br>19 C.J. Pharmacy - NW4 4EB<br>20 C.W. Andrews Pharmacy - N2 9PJ<br>21 Care Chemists - NW7 3DA<br>22 Carter's Pharmacy - N12 8LT<br>23 Castle Chemist - NW2 2QJ<br>24 Charles Sampson Pharmacy - N12 9QU | 25 Cootes Pharmacy - N2 9AS<br>26 Cootes Pharmacy - N3 2DN<br>27 Cullimore Chemist - HA8 8SX<br>28 Day Lewis Pharmacy - NW7 1AF<br>30 Derek Clarke Pharmacy - HA8 7JH<br>31 Fairview Pharmacy - N12 0JE<br>32 Gateway Chemist - N3 2LN<br>33 Gordon Smith Pharmacy - N3 2RA<br>34 Greenfield Pharmacy - EN5 1ES<br>35 H. Shah Dispensing Chemist - NW9 6RS<br>36 H.A. McParland Chemist - NW9 5XB<br>37 Hale Pharmacy - HA8 9QW<br>38 Hampden Square Pharmacy - N14 5JR<br>39 Haria Chemists - N11 1NE<br>42 Heron Pharmacy - HA8 0EJ<br>43 Hugh Lloyd Dispensing Chemist - NW11 6JD<br>45 John Wilson Chemists - NW4 3UX<br>46 Landy's Chemist - NW11 0AA<br>48 Links Pharmacy - N2 6SZ<br>49 Lipkin Chemist - N20 9QG<br>50 Lloyds Pharmacy - N12 9AY<br>51 Mango Pharmacy - HA8 7HF | 52 Maxwell Gordon Pharmacy - NW2 1EX<br>53 Mountford Chemists - EN4 8RR<br>54 Oakdale Pharmacy - N2 8AQ<br>55 Oakleigh Pharmacy - N20 0TX<br>56 Parry Jones & Co - EN5 5UR<br>57 Pharmco Chemist - HA8 9BU<br>58 Pharmocare - N10 1LR<br>59 Pickles Chemist - N3 1XT<br>60 Prima Pharmacy - EN5 2TB<br>61 Reena Pharmacy - N3 3HP<br>62 Regent Pharmacy - NW7 2NU<br>63 Sabel Chemist - NW4 2DT<br>64 Sainsbury's Pharmacy - EN4 8RQ<br>65 Sainsbury's Pharmacy - NW9 6JX<br>66 Shore Pharmacy - N20 0BA<br>68 Superdrug Pharmacy - HA8 7BD<br>70 Tesco Instore Pharmacy - N12 0SH<br>71 Tesco Instore Pharmacy - N3 1XP<br>74 W Price Chemist - NW2 1NT<br>75 Warman-Freed Pharmacy - NW11 8EL<br>77 Wilkinson Chemist - EN5 5SZ<br>78 Zaxgate Ltd - NW4 2EL |
|---|--|---|

#### Out of area Pharmacies within 1 mile of Barnet

- |   |   |   |
|---|---|---|
| 81 Aqua Pharmacy - NW6 1NF<br>82 Asda Pharmacy - NW9 0AS<br>83 Asda Pharmacy - N14 5PW<br>84 Bliss Chemist - NW6 7SX<br>85 Boots - N14 5BN<br>86 Boots - NW3 8TE<br>87 Boots - N10 1DN<br>88 Boots - HA7 4AL<br>89 Burnt Oak Pharmacy - HA8 5EP<br>90 Canons Pharmacy - HA8 6RW<br>91 Care Chemist - HA7 4EB<br>93 Dales Pharmacy - NW3 6HN | 95 Doshi Pharmacy - HA8 5EN<br>96 Frank Wreford Chemist - NW10 0AA<br>97 Green Light Pharmacy - NW2 3HD<br>98 Greenacre Pharmacy - EN4 0DL<br>99 Grossman Pharmacy - NW2 7ET<br>100 Heron Pharmacy - NW9 6LP<br>101 HV Thomas Dispensing Chemist - NW6 1ND<br>103 Judds Chemist - NW9 0BT<br>104 K. Waterhouse - N14 5EN<br>105 Leigh Pharmacy - NW9 8LG<br>107 Medicare Dispensing Chemist - HA8 6LB<br>108 Morrisons Pharmacy - NW9 9RL | 109 Muswell Hill Pharmacy - N10 3HN<br>110 NR Patel Chemists - N13 4SE<br>111 Ramco Pharmacy - NW6 1LJ<br>112 Redwood Pharmacy - N10 2AA<br>113 Sainsbury's Pharmacy - HA7 4DA<br>114 Simmons Pharmacy - EN4 0DA<br>115 Tesco Instore Pharmacy - WD6 1EH<br>116 The Co-Operative Pharmacy - NW9 8JS<br>117 The Hyde Pharmacy - NW9 6LR<br>118 W N Gimmack Chemist - NW2 3HT |
|---|---|---|



#### Index of Multiple Deprivation (IMD)

The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.



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### Pharmaceutical Needs Assessment Map 5: Open on Saturday up until 5pm or later

#### Legend

- + Pharmacies
- Barnet
- Barnet Localities
- Wards
- Distance Buffers
- 0.5 mile
- 1 mile
- + 100 Hour Pharmacies
- + LPS Pharmacies
- GP Surgeries
- ▲ Non-Pharmacy Providers:
  - A Barnet General Hospital - EN5 3DJ  
- Acute Hospital, A&E
  - B Edgware Community Hospital - HA8 0AD  
- Mental Health Triage Service & Walk In Centre
  - C Finchley Memorial Hospital - N12 0JE\*  
- Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

#### Barnet Pharmacies

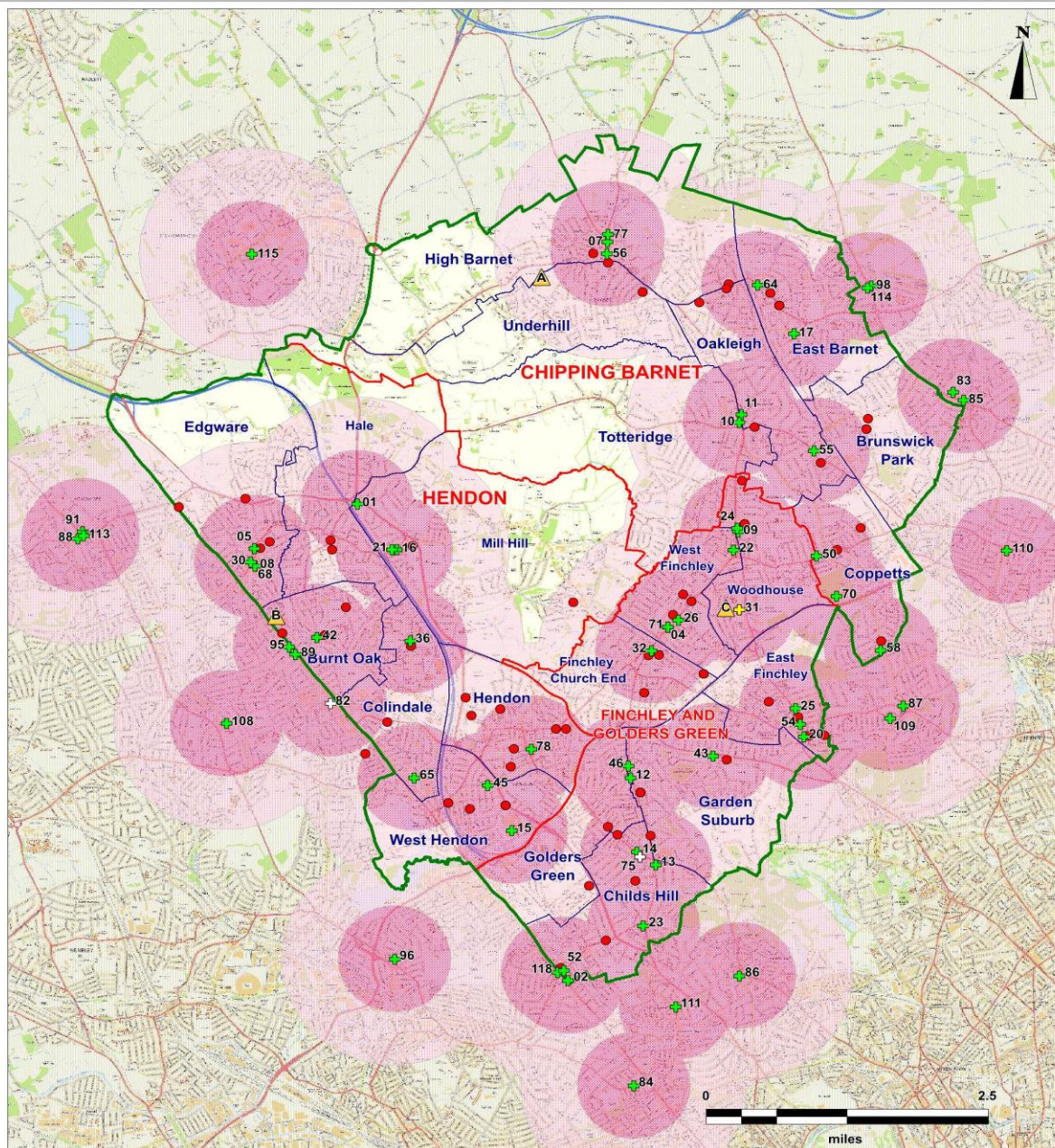
- 01 Acorn Pharmacy - NW7 3JR
- 02 Acktar Chemists - NW2 3EE
- 04 Auckland's Pharmacy - N3 1XP
- 05 Avenue Pharmacy - HA8 7JX
- 07 Boots - EN5 5XP
- 08 Boots - HA8 7BD
- 09 Boots - N12 9QR
- 10 Boots - N20 9HS
- 11 Boots - N20 9HJ
- 12 Boots - NW11 0QS
- 13 Boots - NW11 7RR
- 14 Boots - NW11 8LN
- 15 Boots - NW4 3FB
- 16 Boots - NW7 3LH
- 17 Brand-Russell Chemist - EN4 8TD
- 20 C. W. Andrew Pharmacy - N2 9PJ
- 21 Care Chemists - NW7 3DA
- 22 Carter's Pharmacy - N12 8LT
- 23 Castle Chemist - NW2 2QJ
- 24 Charles Sampson Pharmacy - N12 9QU
- 25 Cootes Pharmacy - N2 9AS
- 26 Cootes Pharmacy - N3 2DN

- 30 Derek Clarke Pharmacy - HA8 7JH
- 31 Fairview Pharmacy - N12 0JE
- 32 Gateway Chemist - N3 2LN
- 36 H.A. McParland Chemist - NW9 5XB
- 42 Heron Pharmacy - HA8 0EJ
- 43 Hugh Lloyd Dispensing Chemist - NW11 6JJ
- 45 John Wilson Chemists - NW4 3UX
- 46 Landy's Chemist - NW11 0AA
- 50 Lloyd's Pharmacy - N12 9AY
- 52 Maxwell Gordon Pharmacy - NW2 1EX
- 54 Oakdale Pharmacy - N2 8AQ
- 55 Oakleigh Pharmacy - N20 0TX
- 56 Parry Jones & Co - EN5 5UR
- 58 Pharmocare - N10 1LR
- 64 Sainsbury's Pharmacy - EN4 8RQ
- 65 Sainsbury's Pharmacy - NW9 6JX
- 68 Superdrug Pharmacy - HA8 7BD
- 70 Tesco Instore Pharmacy - N12 0SH
- 71 Tesco Instore Pharmacy - N3 1XP
- 75 Warman-Freed Pharmacy - NW11 8EL
- 77 Wilkinson Chemist - EN5 5SZ
- 78 Zaxgate Ltd - NW4 2EL

#### Out of area Pharmacies within 1 mile of Barnet

- 85 Boots - N14 5BN
- 86 Boots - NW3 6TE
- 87 Boots - N10 1DN
- 88 Boots - HA7 4AL
- 89 Burnt Oak Pharmacy - HA8 5EP
- 91 Care Chemist - HA7 4EB
- 95 Doshi Pharmacy - HA8 5EN
- 96 Frank Wreford Chemist - NW10 0AA
- 98 Greenacre Pharmacy - EN4 0DL
- 108 Morrisons Pharmacy - NW9 9RL

- 109 Muswell Hill Pharmacy - N10 3HN
- 110 NR Patel Chemists - N13 4SE
- 111 Ramco Pharmacy - NW6 1LJ
- 113 Sainsbury's Pharmacy - HA7 4DA
- 114 Simmons Pharmacy - EN4 0DA
- 115 Tesco Instore Pharmacy - WD6 1EH
- 118 W N Gimmac Chemist - NW2 3HT
- 82 Asda Pharmacy - NW9 0AS
- 83 Asda Pharmacy - N14 5PW
- 84 Bliss Chemist - NW6 7SX





**Pharmaceutical Needs Assessment**  
**Map 6: Open on Saturday up until 7pm or later**

**Legend**

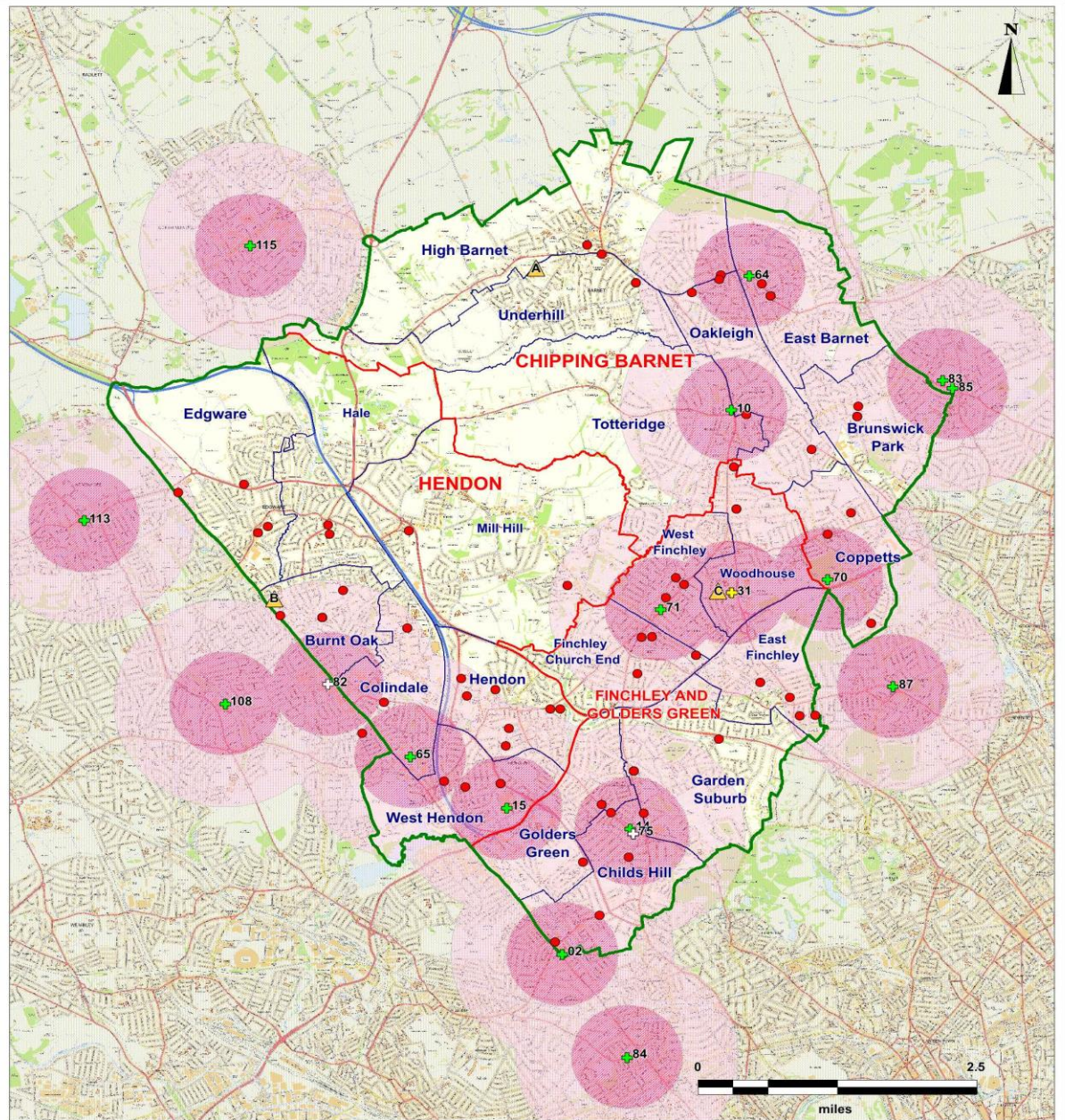
- + Pharmacies
- + 100 Hour Pharmacies
- + LPS Pharmacies
- GP Surgeries
- Barnet
- Barnet Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile
- ▲ Non-Pharmacy Providers:
- A Barnet General Hospital - EN5 3DJ  
 - Acute Hospital, A&E
- B Edgware Community Hospital - HA8 0AD  
 - Mental Health Triage Service & Walk In Centre
- C Finchley Memorial Hospital - N12 0JE\*  
 - Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

**Barnet Pharmacies**

- 02 Acktar Chemists - NW2 3EE
- 10 Boots - N20 9HS
- 14 Boots - NW11 8LN
- 15 Boots - NW4 3FB
- 31 Fairview Pharmacy - N12 0JE
- 64 Sainsbury's Pharmacy - EN4 8RQ
- 65 Sainsbury's Pharmacy - NW9 6JX
- 70 Tesco Instore Pharmacy - N12 0SH
- 71 Tesco Instore Pharmacy - N3 1XP
- 75 Warman-Freed Pharmacy - NW11 8EL

**Out of area Pharmacies within 1 mile of Barnet**

- 82 Asda Pharmacy - NW9 0AS
- 83 Asda Pharmacy - N14 5PW
- 84 Bliss Chemist - NW6 7SX
- 85 Boots - N14 5BN
- 87 Boots - N10 1DN
- 108 Morrisons Pharmacy - NW9 9RL
- 113 Sainsbury's Pharmacy - HA7 4DA
- 115 Tesco Instore Pharmacy - WD6 1EH





### Pharmaceutical Needs Assessment Map 7: Open on Sunday

#### Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + LPS Pharmacies
- GP Surgeries
- Barnet
- Barnet Localities
- Wards

#### Percentile rank of IMD score 2010 by LSOA

- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

#### Distance Buffers

- 0.5 mile
- 1 mile

#### Non-Pharmacy Providers:

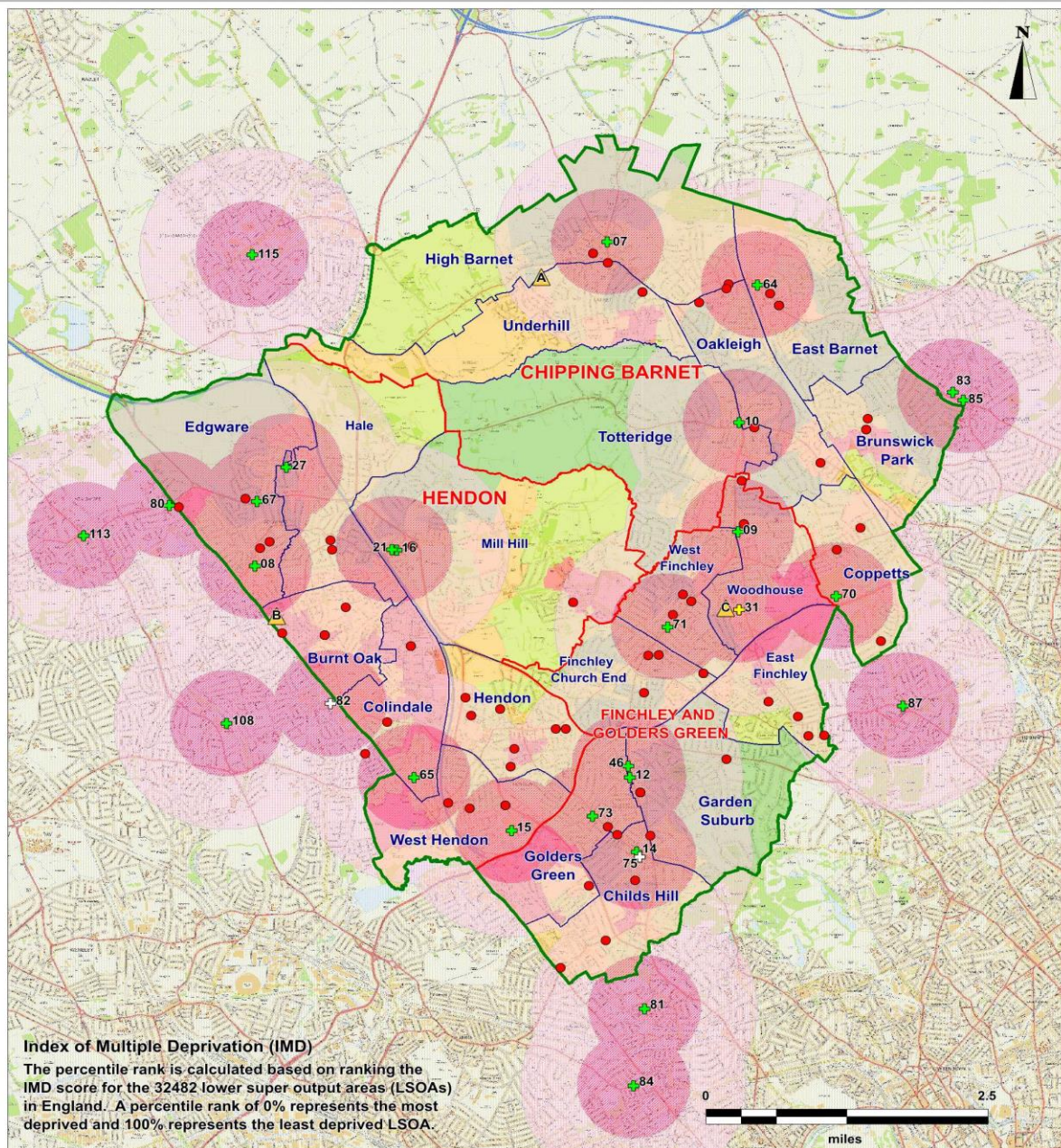
- A** Barnet General Hospital - EN5 3DJ  
- Acute Hospital, A&E
- B** Edgware Community Hospital - HA8 0AD  
- Mental Health Triage Service & Walk In Centre
- C** Finchley Memorial Hospital - N12 0JE\*  
- Walk In Centre (\*The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.)

#### Barnet Pharmacies

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>07 Boots - EN5 5XP</li> <li>08 Boots - HA8 7BD</li> <li>09 Boots - N12 9QR</li> <li>10 Boots - N20 9HS</li> <li>12 Boots - NW11 0QS</li> <li>14 Boots - NW11 8LN</li> <li>15 Boots - NW4 3FB</li> <li>16 Boots - NW7 3LH</li> <li>21 Care Chemists - NW7 3DA</li> <li>27 Cullimore Chemist - HA8 8SX</li> </ul> | <ul style="list-style-type: none"> <li>31 Fairview Pharmacy - N12 0JE</li> <li>46 Landy's Chemist - NW11 0AA</li> <li>64 Sainsbury's Pharmacy - EN4 8RQ</li> <li>65 Sainsbury's Pharmacy - NW9 6JX</li> <li>67 Singer Pharmacy - HA8 8JS</li> <li>70 Tesco Instore Pharmacy - N12 0SH</li> <li>71 Tesco Instore Pharmacy - N3 1XP</li> <li>73 Victoria Pharmacy - NW11 9ES</li> <li>75 Warman-Freed Pharmacy - NW11 8EL</li> </ul> |
|--|--|

#### Out of area Pharmacies within 1 mile of Barnet

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>80 Andrews Pharmacy - HA8 8AE</li> <li>81 Aqua Pharmacy - NW6 1NF</li> <li>82 Asda Pharmacy - NW9 0AS</li> <li>83 Asda Pharmacy - N14 5PW</li> <li>84 Bliss Chemist - NW6 7SX</li> </ul> | <ul style="list-style-type: none"> <li>85 Boots - N14 5BN</li> <li>87 Boots - N10 1DN</li> <li>108 Morrisons Pharmacy - NW9 9RL</li> <li>113 Sainsburys Pharmacy - HA7 4DA</li> <li>115 Tesco Instore Pharmacy - WD6 1EH</li> </ul> |
|---|---|



#### Index of Multiple Deprivation (IMD)

The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.



## 3.2.1 Essential Services

### 3.2.1.3 Dispensing

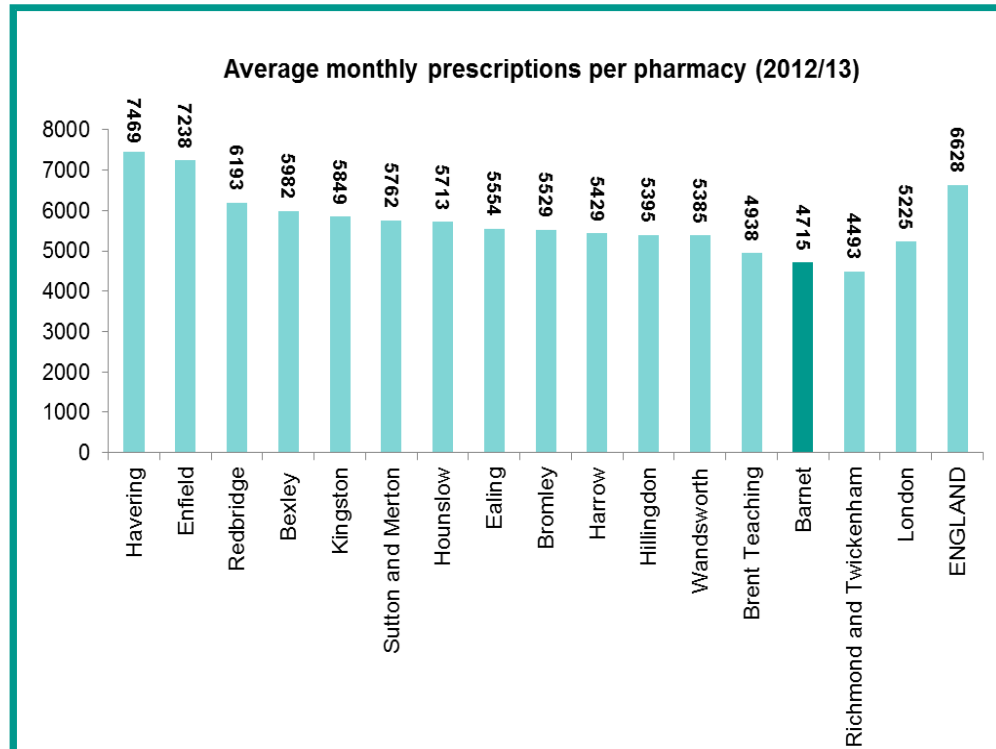
#### Overview

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

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

#### Current Picture

- The graph, on the right, compares the **average** pharmacy dispensing rate in Barnet with our CIPFA comparators and the London and England average. The data demonstrates that the dispensing rate for Barnet pharmacies is lower than all but one of our comparators and the London and England averages
- A detailed review of the total number of items dispensed against prescriptions written by Barnet prescribers has been undertaken in order to identify where these were either dispensed or personally administered by a GP surgery (e.g. injections):
  - The total number of items dispensed was 5,044,119 (Jun 13 – May 14).
  - In total 3,788 organisations either dispensed, or personally administered, one more items
  - 79.3% of these items were dispensed by Barnet pharmacies
  - 20.7% were either dispensed by pharmacies outside of the area or were personally administered by GP surgeries
- The table on the right, demonstrates:
  - Dispensing rates in all localities are below the London and England averages; and are lower than many of our comparator areas
  - The dispensing rate in the Finchley & Golders Green locality is particularly low; this may be a data anomaly or could be attributable to a number of factors including variation in local prescribing practice, a reflection of patient choice with respect to the pharmacy they use and/or service provision to neighbouring areas



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Locality	No. of Pharmacies	Items Dispensed	% Total Items	Annual Items / Pharmacy	Items / Pharmacy / Month
Chipping Barnet	19	1,115,817	27.9%	58,727	4,894
Finchley & Golders Green	32	1,421,450	35.5%	44,420	3,702
Hendon	27	1,462,821	36.6%	54,179	4,515
<b>Total</b>	<b>78</b>	<b>4,000,088</b>	<b>100%</b>	<b>51,283</b>	<b>4,274</b>



## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

#### Cross Border Dispensing

- The table on the right provides an overview of cross-border dispensing and includes the 'top 25' pharmacies and DACs which have dispensed the most items against prescriptions written by Barnet Prescribers
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy

#### Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from their pharmacy, or DAC, without having to request a new prescription from their GP
- Benefits of repeat dispensing include:
  - Reduced GP practice workload, freeing up time for clinical activities.
  - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services
  - Reduced waste as pharmacies only dispense medicines which are needed
  - Greater convenience for patients
- The repeat dispensing rate is 8% of total items dispensed against prescriptions issued by Barnet GPs. The rate, is relatively low compared with some areas but is continuing to increase year on year

#### Electronic Prescription Services (EPS)

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy or DAC. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy
- NHS England lead on EPS with support from the CCG
- All GP practices in Barnet have gone live with EPS

HWB Area	Trading Name	Postcode	% Total Items Dispensed
Brent	Asda Pharmacy	NW9 0AS	2.04%
	Heron Pharmacy	NW9 6LP	
	The Hyde Pharmacy	NW9 6LR	
	Day Lewis Pharmacy	NW6 7JR	
Camden	Dales Pharmacy	NW3 6HN	0.26%
Enfield	Asda Pharmacy	N14 5PW	1.45%
	Boots	N14 5BN	
	Boots	N9 0HW	
	Cooper Chemist Pharmacy	N11 1AH	
	Chemist Online	EN3 7PJ	
Haringey	Pharmacia Naturale	N8 9TN	0.16%
Harrow	Andrews Pharmacy	HA8 8AE	7.29%
	Boots	HA1 1HS	
	Boots	HA7 4AL	
	Doshi Pharmacy	HA8 5EN	
	Burnt Oak Pharmacy	HA8 5EP	
	Fairview Pharmacy	HA8 0GA	
	Canons Pharmacy	HA8 6RW	
	Care Chemist	HA7 4EB	
	Sainsburys Pharmacy	HA7 4DA	
Hertfordshire	Boots	AL1 3DH	0.31%
	Tesco Instore Pharmacy	EN6 2PB	
	Tesco Instore Pharmacy	WD6 1EH	
Other	COLOPLAST LTD	PE2 6BJ	0.64%
	FAMEVALLEY LIMITED	PR1 6AS	

#### Notes on table above

- A total of 3,788 organisations either dispensed or personally administered one or more items written on prescriptions issued by Barnet prescribers
- Barnet pharmacies dispensed 79.3% of the items
- The remaining 20.7% were either dispensed out of the area or were personally administered by a GP surgery

## 3.2.1 Essential Services

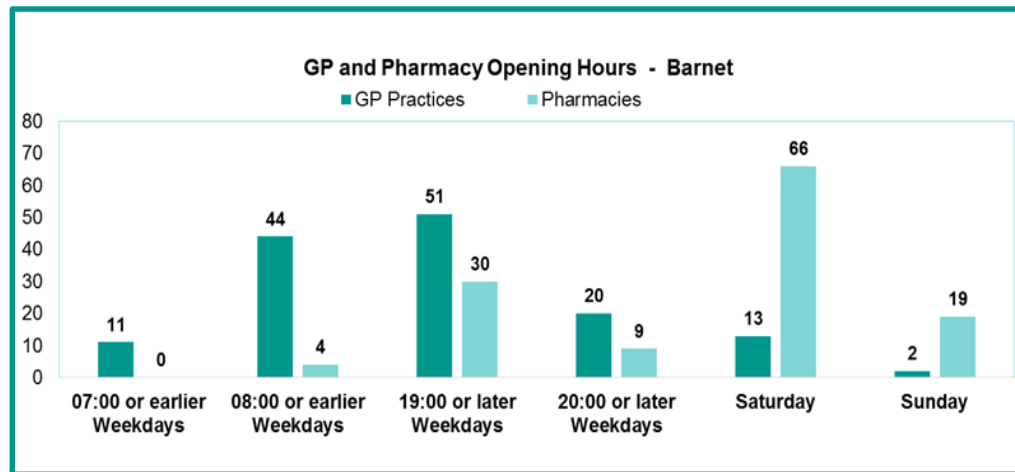
### 3.2.1.3 Dispensing (cont...)

#### Alignment with Other NHS services

- An important pharmaceutical need is for residents to get timely access to dispensing. This is critical for medicines which need to be started urgently e.g. palliative care medicines
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services

#### General Practice

- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours
- The graph (right) compares GP and pharmacy opening during extended hours *on one or more days each week*; and the next page summarises this at locality level. The graphs demonstrate that:
- On weekday mornings:
  - Up to 11 GP surgeries open by 7am across all localities; however, no Barnet pharmacies open before 8am. There is a 100 hour pharmacy located in Brent which borders Barnet via the Hendon locality; this pharmacy opens at 7:30am on Monday; and 7am on Tuesday – Friday
  - By 8am, up to 44 GP practices have opened, but only 4 Barnet pharmacies are open. There are 5 out of area pharmacies open by 8am, but only two of these (Asda, NW9 0AS in Brent; and Boots, N14 5BN in Enfield) are located close to the Barnet border
- On weekday evenings:
  - Up to 51 GP surgeries remain open until 7pm or later; this compares with 30 pharmacies within Barnet. Whilst this provides reasonable access to dispensing services, choice is more limited
  - Up to 20 GP surgeries are open until 8pm or later; a small number of pharmacies are open in each locality; and access and choice are very limited. Two out of area pharmacies, located adjacent to the border of Barnet (one in Brent; and one in Enfield) are open at this time
- On Saturdays and Sundays a small number of GP surgeries are open and there is a good choice of pharmacy
- The implication of the above is that, during extended hours on weekdays, residents may have to travel a considerable distance to get their prescription dispensed or wait until their regular or closest pharmacy is open



#### Pharmacy Urgent Repeat Medication (PURM) Service

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

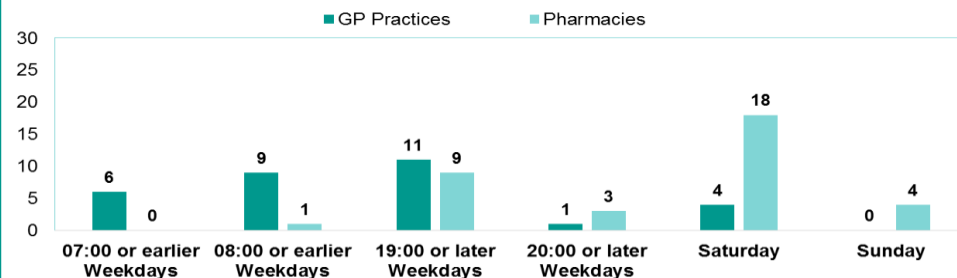
#### The Future

- If Barnet GPs move towards a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed. This will be to ensure that the pharmaceutical needs of our population are met in terms of residents securing timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known
- It is our understanding, that NHS England plans to evaluate the PURM service and, if deemed to be successful, consideration will be given to commissioning this in the future. *We believe that this service potentially plays a valuable role in improving access to medicines. We would be supportive of a further roll out, providing the evaluation demonstrates both value for money and reduced pressure on GP and unscheduled care services*

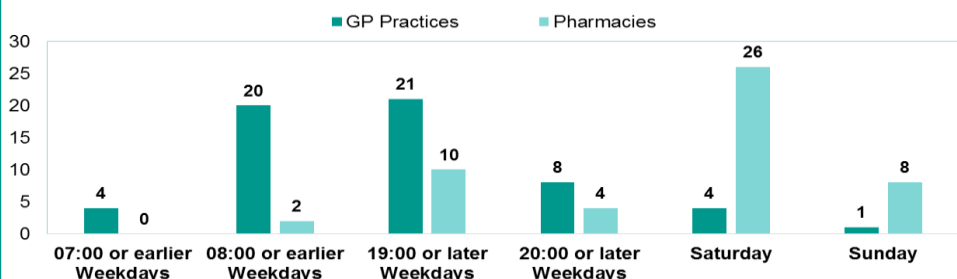
## 3.2.1 Essential Services

### 3.2.1.3 Dispensing (cont...)

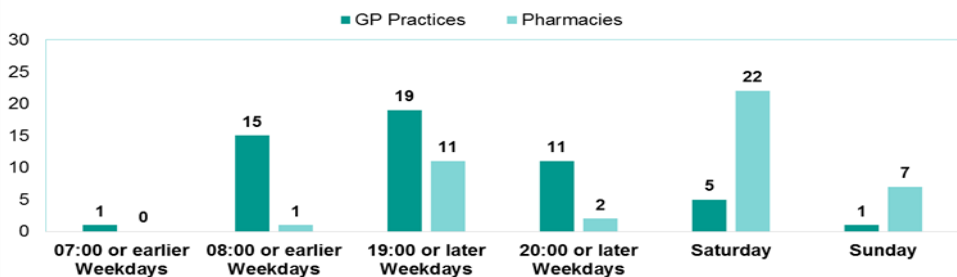
GP & Pharmacy Opening Hours - Chipping Barnet Locality



GP & Pharmacy Opening Hours - Finchley & Golders Green Locality



GP and Pharmacy Opening Hours - Hendon Locality



### Unscheduled Care Providers

- Patients may access services from the following providers, within Barnet, during extended hours (all available 365 days a year):
  - Walk-in Centre (WIC) at Edgware Community Hospital (ECH; Burnt Oak, Hendon Locality) which opens from 7am – 9pm
  - Walk-in Centre at Finchley Memorial Hospital (FMH; Woodhouse, Finchley & Golders Green) which opens from 8am – 9pm
  - Barndoc, the GP out of hours service, which operates overnight between 6:30pm and 8am; face to face consultations may be undertaken at either ECH or FMH
  - The A&E Department based at Barnet General Hospital (Underhill, Chipping Barnet Locality) open 24 hours a day
- All of these providers stock medicines for supply to patients, although FP10 prescriptions may sometimes be used if a non-stock medicine is required (in a 12 month period, 536 and 15,460 FP10s were issued from ECH and FMH respectively)
- We have identified that pharmacy opening hours do not align with unscheduled care providers at the following times:
  - In the mornings, the ECH WIC opens at 7am, however:
    - The earliest time a pharmacy in Barnet opens is 8am
    - There is an out of area pharmacy (Asda, NW9 0AS) located on the border with Brent which is convenient for ECH. Whilst it opens from 7am on Tuesday – Saturday it doesn't open until 7:30am on a Monday
    - On Sundays, the majority of pharmacies in Barnet and neighbouring areas open at either 10am or 11am. Only three pharmacies open before 10am (one at 8:00, another at 8:30 and the third at 9am). All of these are located in the Finchley and Golders Green locality and are some distance away from ECH
    - In the evenings, both WICs remain open until 9pm. However, on Sunday evening only one Barnet pharmacy remains open after 8pm; this is located in Childs Hill (Finchley & Golders Green locality) and is approximately 3 miles away from FMH and 5 miles away from ECH
    - There is a period overnight, when no pharmacies are open
- Whilst the above pattern of opening may require residents to travel further, or could rarely lead to a delay in accessing dispensing for an urgent FP10 prescription, we do not believe that there is gap in provision. This is because very few FP10 prescriptions are issued during the hours when there is limited access to a pharmacy; and we are not aware of any complaints in this respect

## 3.2.1 Essential Services

### 3.2.1.4 Access & Support for those with Disabilities

#### Overview

- A key consideration in relation to access, is the extent to which a pharmacy has taken action to meet the needs of those with a disability
- The Equality Act 2010 requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics. They receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act, who require support with taking their medicines
- This was explored in our community pharmacy questionnaire

#### Current Picture

- The table (on the next page) summarise the findings from our community pharmacy questionnaire at locality level and ward level
- 69 (88%) pharmacies are fully accessible to wheel chairs (and pushchairs), demonstrating that wheel chair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice
- 63% of pharmacies told us they are willing to undertake consultations in patients' homes. This would improve access for people who are housebound; or those who are less able to get a pharmacy without assistance
- The range of support which is available to aid communication with those who are hearing impaired is relatively limited:
  - 22% of pharmacies have hearing loops
  - 19% have a member of staff who is able to use sign language
  - This potentially reduces access and choice, for those people who are dependent upon such support
- 81% of pharmacies have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment
- 10% pharmacies offer labels with Braille (although it should be noted that many original packs are embossed with braille by the manufacturer)

#### Current Picture (cont...)

- Aside from large print labels, a range of support is offered for people with cognitive impairment / learning disabilities:
  - 15% supply "Aide memoires" (e.g. reminder charts) if needed
  - 87% have easy to read information available
  - 36% provide monitored dosage systems; whilst there is no published evidence to demonstrate the benefits of these systems, they may be beneficial for individual people who have complex medicine regimens and for those who are easily confused
- We also asked pharmacies if they provided a dementia friendly environment (refer to our community pharmacy questionnaire in Appendix B for further details):
  - 86% pharmacies confirmed that this was the case
  - 9% said they were working towards this

#### Opportunities to Secure Improvements

- Our community pharmacy questionnaire demonstrates that some pharmacies have taken steps to support people with disabilities particularly with respect to:
  - Offering consultations in patients' homes improves access to pharmacy services to those who are less able to get to a pharmacy or housebound
  - Ensuring all public areas of the pharmacy are wheelchair & buggy friendly
  - Providing appropriate facilities and support for people with hearing impairment
  - Providing large print labels to support people with learning disabilities / cognitive impairment; the visually impaired
  - Introducing simple measures e.g. reminder charts to help people take their medicines as prescribed
  - Making sure the pharmacy environment is welcoming and suitable for people with dementia
- However, we would like to see more pharmacies following this lead; and anticipate that all pharmacies take reasonable steps to meet the minimum requirements of the Equality Act 2010



## 3.2.1 Essential Services

### 3.2.1.4 Access & Support for those with Disabilities

Supporting People with Disabilities											
Locality	Ward	Wheel chair Access	Hearing Impairment		Visual Impairment / Blindness		Cognitive Impairment				Dementia Friendly Environment
			Hearing Loop	Signing	Large print labels	Braille on labels	'Aide Memoire' for medicines	Easy to read Information	Monitored Dosage Systems	Large Print Labels	
Chipping Barnet	Brunswick Park	3	0	2	3	2	0	3	2	3	3
	Coppetts	2	2	0	1	0	0	3	0	1	3
	East Barnet	1	2	1	3	0	1	3	1	3	2
	High Barnet	3	1	2	4	2	0	3	0	4	4
	Oakleigh	3	0	1	3	1	0	3	2	3	3
	Totteridge	2	1	0	1	0	0	2	0	1	2
	Underhill	0	0	0	1	0	1	0	1	1	1
Finchley & Golders Green	Childs Hill	7	2	1	1	1	0	1	0	1	1
	East Finchley	3	1	1	1	0	0	2	1	1	2
	Finchley Church End	2	0	0	6	0	1	5	4	6	5
	Garden Suburb	6	1	1	2	0	0	2	0	2	2
	Golders Green	2	0	2	3	0	2	3	3	3	3
	West Finchley	5	1	1	6	0	0	6	2	6	5
	Woodhouse	4	1	0	3	0	0	3	1	3	3
Hendon	Burnt Oak	1	0	0	7	0	0	7	2	7	7
	Colindale	3	1	0	3	1	1	4	1	3	4
	Edgware	6	3	2	1	0	1	1	1	1	2
	Hale	2	0	0	5	0	0	6	4	5	6
	Hendon	4	0	0	2	0	1	2	2	2	2
	Mill Hill	5	1	1	4	1	2	5	1	4	4
	West Hendon	4	0	0	3	0	2	4	0	3	3
DAC	DAC	1	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>69</b>	<b>17</b>	<b>15</b>	<b>63</b>	<b>8</b>	<b>12</b>	<b>68</b>	<b>28</b>	<b>63</b>	<b>67</b>
<b>% Total</b>		<b>88%</b>	<b>22%</b>	<b>19%</b>	<b>81%</b>	<b>10%</b>	<b>15%</b>	<b>87%</b>	<b>36%</b>	<b>81%</b>	<b>86%</b>

#### Notes

\* Results exclude the pharmacy which did not respond to the questionnaire (Askshar Pharmacies)

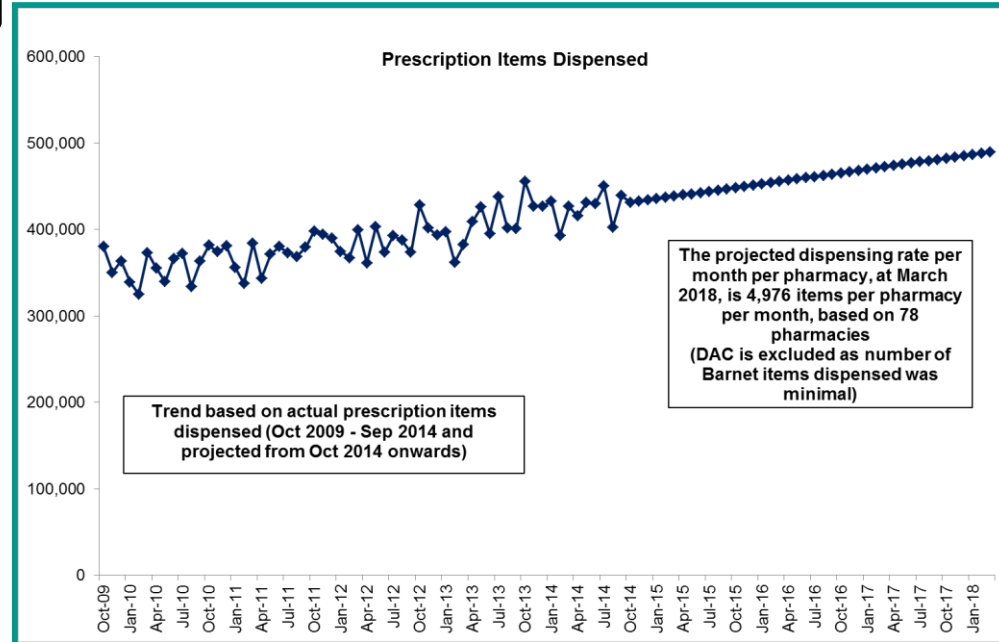
The questionnaire results were inconsistent with respect to the provision of large print labels (more pharmacies said they provide these for the visually sighted than for cognitive impairment). Because the question was intended to understand if this facility was available, the results for visual impairment have been used

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity

#### Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Barnet pharmacies. The graph on the right plots the number of items dispensed per month, between October 09 and September 2014 and projected through to March 2018
- The graph illustrates that the trend is for the volume of items to continue to increase. Assuming that the number of pharmacies remain constant, the average number of items per month has been estimated to be 4,976 per pharmacy per month. This dispensing rate is higher than the current rate in any locality within Barnet but continues to remain below the averages for London, England and most of our CIPFA comparators
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
  - The items data doesn't include prescriptions issued by out of area prescribers and other prescribers e.g. dentists, hospital FP10s etc
  - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain at 20.7%
  - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc



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

#### Other NHS Services within Barnet

- **The Royal Free London NHS Foundation Trust**
  - This Trust provides acute services at Barnet General Hospital and Chase Farm and medicines are supplied to out-patients by the in-house pharmacies. Dispensing has been outsourced to Lloydspharmacy (under a private arrangement) at the Royal Free Hospital. We are not aware of plans to change the arrangement
- **Central London Community Health Care NHS Trust**
  - Community services include the Walk in Centres at Finchley Memorial Hospital and Edgware Community Hospital, COPD and family planning.
  - FP10s are used (this includes nurse prescribing) and are linked to the CCG primary care drugs budget. There are no plans to change this arrangement whilst the CCG retains budgetary responsibility
  - In 2016/17, the budget may be devolved to CLCH. The Trust may review arrangements for the supply and prescribing of medicines. It is not known what the implications for NHS Pharmaceutical services will be (if any)

#### Other NHS Services (cont...)

- **Barnet, Enfield and Haringey Mental Health Trust**
  - This Trust provides a range of mental health services. FP10s are used by some of the services and we are not aware of plans to change this
- **Barndoc**
  - Provides GP out of hours services. FP10 prescriptions are sometimes used where a medicine is not stocked. The contract runs until 2015; future arrangements beyond this are not known

#### Housing and Commercial Developments

*Barnet is currently undergoing a programme of significant economic, housing & commercial development which will impact upon the population size and demographic profile of the area. These developments will impact upon future NHS Pharmaceutical Services.*

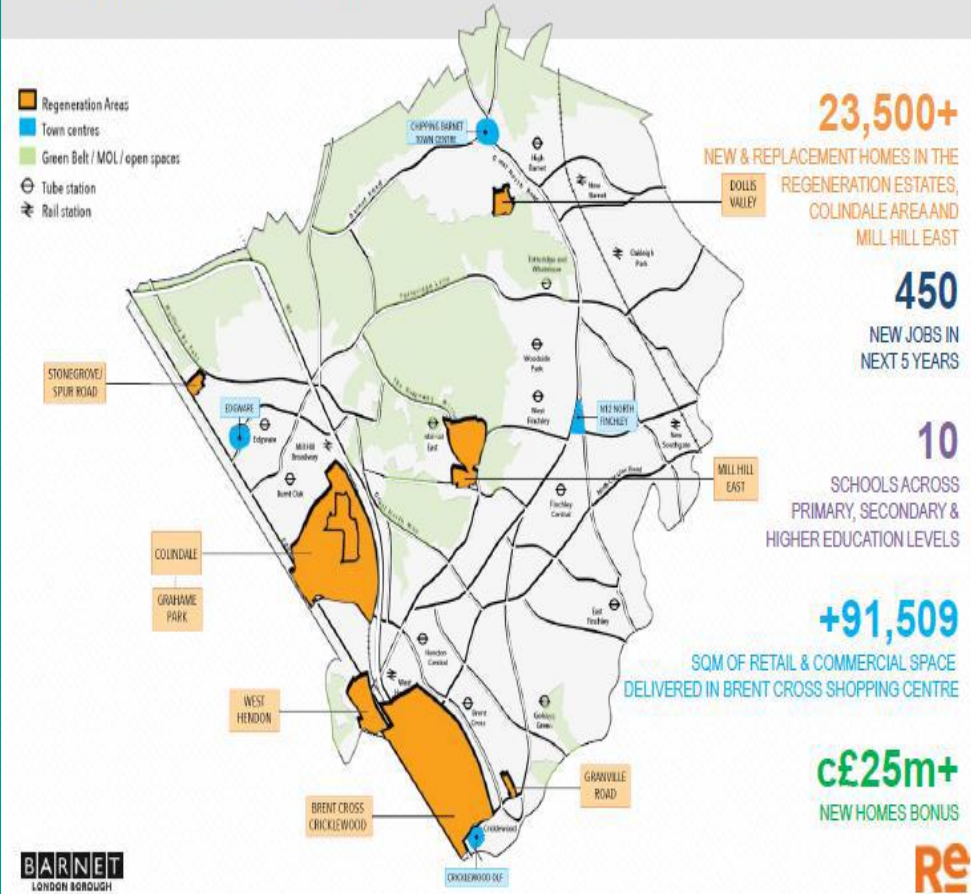
*This is explored in more detail on pages 45 - 48*

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

- Barnet is undergoing a significant regeneration programme and we summarise the key developments, which are of relevance to NHS Pharmaceutical Services, in this section
- The housing target is 23,490 new homes which equates to 2,350 new homes per annum from 2015/16 to 2025/26
- There are three major strategic developments, where there is capacity to deliver 20,000 new homes by 2025:
  - Mill Hill (Hendon Locality)**
    - 2,000+ new homes with a target of 15% being affordable housing
    - As part of this development a new local healthcare facility accommodating 2 to 3 GPs has been proposed. At the time of writing, development of this facility has not been initiated
  - Colindale (Hendon Locality)**
    - 10,000 new homes (30% have been designated as affordable over the next 10 years; noting that 50% of these already have planning permission & significant numbers are already under construction)
    - A new healthcare centre, possibly on the British Library (Fairview site), is planned; and re-provision of health care at Grahame Park
    - There is also extensive development of the surrounding area
  - Brent Cross (West Hendon, Hendon Locality) & Cricklewood (Golders Green; Finchley & Golders Green Locality) Regeneration Area**
    - A new primary care centre
    - 91,500m<sup>2</sup> retail space at Brent Cross
    - Up to 27,000 new jobs over the next 20 – 30 years
    - Creation of a new town centre spanning the North Circular
    - 7,500 new homes
    - Pedestrian bridge to join up the Brent Cross & Cricklewood communities
- Improvements to the road network, new strategic road linkages, local roads, pedestrian and cycle routes and improved public transport links are planned as part of the regeneration strategy. This will assist with improving accessibility of pharmacy services across the Borough
- At the time of publication, we are not aware of any other plans with respect to changes in primary medical care provision other than those described here

## Regeneration Programme



## References

- Local Development Plan (Barnet Core Strategy for 2012)
- Barnet Growth & Regeneration Plan; Appendix 1 – Annual Regeneration Report
- Nov 12 – March 2014; Forward Plan April 2014 – March 2015
- Barnet Draft Housing Strategy 2015 - 25 [note: the information within the PNA is provision and may be subject to change following publication of the final strategy in the summer of 2015]



## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

Locality	Ward	IMD Rank*	No. of Pharmacies	Pharmacies by locality	Population (2014)	Pharmacies per 100,000 population (2014)	Locality Pharmacies per 100,000 Population (2014)	Projected Population (2018)	Pharmacies per 100,000 population (projected)	Locality Pharmacies per 100,000 Projected Population 2018)	Difference by Locality	Difference by ward
Chipping Barnet	Brunswick Park	15	3	19.0	16919	17.7	16.4	17554	17.1	15.9	-0.5	-0.6
	Coppetts	8	3		17471	17.2		17721	16.9			-0.2
	East Barnet	17	3		16531	18.1		17113	17.5			-0.6
	High Barnet	19	4		15748	25.4		16336	24.5			-0.9
	Oakleigh	16	3		16093	18.6		16420	18.3			-0.4
	Totteridge	20	2		16129	12.4		17206	11.6			-0.8
	Underhill	5	1		16616	6.0		17443	5.7			-0.3
Finchley & Golders Green	Childs Hill	6	8	32.0	20379	39.3	25.2	21180	37.8	24.1	-1.1	-1.5
	East Finchley	4	4		16304	24.5		16582	24.1			-0.4
	Finchley Church End	18	2		16188	12.4		16685	12.0			-0.4
	Garden Suburb	21	6		16367	36.7		16723	35.9			-0.8
	Golders Green	9	2		22879	8.7		25783	7.8			-1.0
	West Finchley	14	6		16869	35.6		17255	34.8			-0.8
	Woodhouse	10	4		18041	22.2		18545	21.6			-0.6
Hendon	Burnt Oak	2	1	27.0	18859	5.3	20.2	19442	5.1	18.6	-1.6	-0.2
	Colindale	1	3		23655	12.7		29717	10.1			-2.6
	Edgware	11	6		17037	35.2		17759	33.8			-1.4
	Hale	12	3		17671	17.0		18017	16.7			-0.3
	Hendon	7	4		18669	21.4		18936	21.1			-0.3
	Mill Hill	13	6		19201	31.2		21651	27.7			-3.5
	West Hendon	3	4		18364	21.8		19865	20.1			-1.6
<b>Barnet - Total</b>			<b>78</b>	<b>78</b>	<b>375,990</b>	<b>20.7</b>	<b>20.7</b>	<b>397,933</b>	<b>19.6</b>	<b>19.6</b>		<b>-1.1</b>

#### Notes

- IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 21 is the lowest within Barnet
- Greater London Authority (GLA) SHLAA populations projections are linked to housing development trajectories. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5 years, 10 years and 15 years i.e. trajectories are constructed based on these 3 time periods
- London and England averages for the number of pharmacies per 100,000 (2012/13) are 22.5 and 21.6 respectively; it is not possible to project these forward to 2018

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
Chipping Barnet	<ul style="list-style-type: none"> <li>By 2018, it is estimated that the locality population will increase by almost 4,300 people. This would effectively reduce the number of pharmacies per 100,000 by 0.5; and move the locality slightly further away from the current London and England averages</li> <li>The average no. of items dispensed per pharmacy per month is above the Barnet average but lower than the London and England averages, demonstrating there is 'capacity' in the existing pharmacy network</li> <li>Access to pharmacies, on weekdays and Saturdays is reasonable. However, only one pharmacy opens on weekday mornings by 8am and choice is more limited on weekday &amp; Saturday evenings and on Sundays</li> <li>There is poor alignment with GP extended opening hours, particularly on weekday mornings</li> </ul>	<ul style="list-style-type: none"> <li><b>No future gaps in pharmaceutical need but there are opportunities for improvements in access and choice</b> <ul style="list-style-type: none"> <li>The overall increase in population is small (3.7%). Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, we have not identified any issues with respect to capacity within the existing network of pharmacies to meet the future pharmaceutical needs of the resident population. This is because the locality is more affluent than other parts of Barnet; the areas with higher population density are generally well served by pharmacies; and dispensing rates are below the London and England averages</li> <li><b>Improvements could be achieved, now and in the future</b>, through the provision of additional opening hours particularly on weekday mornings, weekday &amp; Saturday evenings and on Sundays. This would improve alignment with GP opening hours; improve access and choice to pharmacy services; and enhance capacity within the existing network of pharmacies</li> <li>Pharmacies also have the option increasing the number of pharmacists and staff to help meet increases in dispensing volume</li> </ul> </li> </ul>
Finchley & Golders Green	<ul style="list-style-type: none"> <li>By 2018, it is estimated that the locality population will increase by just over 5,700 people. This would effectively reduce the number of pharmacies per 100,00 by 1.1. However, the locality has an above average number of pharmacies and is well resourced</li> <li>The Brent Cross &amp; Cricklewood regeneration impacts upon this locality although the timescale of housing developments are not confirmed</li> <li>The average no. of items dispensed is significantly below the Barnet and London and England average</li> <li>Access to pharmacies on weekdays and Saturdays is reasonable. However, only two pharmacies open on weekday mornings by 8am and choice is more limited on weekday &amp; Saturday evenings and on Sundays. The locality does benefit from a pharmacy which is open for 100 hours per week</li> <li>There is poor alignment with GP extended opening hours, particularly on weekday mornings</li> <li>There is a period on Sunday mornings &amp; evenings when the FMH WIC is open but no pharmacies are open; we have determined that this is not a gap in provision</li> </ul>	<ul style="list-style-type: none"> <li><b>No future gaps in pharmaceutical need but there are opportunities for improvements in access and choice</b> <ul style="list-style-type: none"> <li>The overall increase in population is relatively small (4.5%). Whilst a small decrease in the number of pharmacies per 100,000 is anticipated, the locality remains above the current Barnet, London and England averages. Taking this into account, alongside the below average dispensing rate, we have concluded that there is sufficient capacity within the existing network of pharmacies to meet the future pharmaceutical needs of the locality's population, including those arising as a result of the regeneration programme</li> <li><b>Improvements could be achieved, now and in the future</b>, through the provision of additional opening hours particularly on weekday mornings, weekday &amp; Saturday evenings and on Sundays. This would improve alignment with GP opening hours; improve access and choice to pharmacy services; and enhance capacity within the existing network of pharmacies</li> <li>Pharmacies also have the option increasing the number of pharmacists and staff to help meet increases in dispensing volume</li> </ul> </li> </ul>

## 3.2.1 Essential Services

### 3.2.1.5 Future capacity (cont...)

Locality	Considerations for Future Pharmaceutical Services	Implications for Pharmaceutical Needs of the Locality
Hendon	<ul style="list-style-type: none"> <li>• By 2018, it is estimated that the locality population will increase by almost 12,000. This would effectively reduce the number of pharmacies per 100,000 by 1.6; moving the locality away from the current London and England averages. It is of note that, within the locality, Colindale (ranked 1 on the IMD) and West Hendon (ranked 3 on the IMD) show a decrease of 2.6 and 1.6 pharmacies per 100,000 respectively</li> <li>• The former ESPLPS is based in Hendon and has returned to the pharmaceutical list (refer to page 26)</li> <li>• The locality is undergoing a significant programme of regeneration (as described on page 46) including several thousand new homes, the creation of new jobs, improved road infrastructure and public transport, a significant expansion of retail space and up to 3 new healthcare centres. In addition, a new town centre will be created. This programme is likely to result in further increases in population (not necessarily accounted for by the SHLAA projections), changes in population demographics and will generate a flux of people entering and leaving the locality on a daily basis</li> <li>• The average no. of items dispensed per pharmacy is below the London and England averages but above the Barnet average</li> <li>• Access to pharmacies, on weekdays and Saturdays is reasonable. However, only one pharmacy opens on weekday mornings by 8am and choice is more limited on weekday &amp; Saturday evenings and on Sundays</li> <li>• There is poor alignment with GP extended opening hours, particularly on weekday mornings (although residents may access the services of a 100 hour pharmacy, in the early morning, just over the border in Brent)</li> <li>• There are periods during the day when the ECH WIC is open but there are no pharmacies open (refer to page 41 for details); we have determined that this is not a gap in provision</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Opportunities for improvement in access and choice; and there may be future gaps in pharmaceutical need</b> <ul style="list-style-type: none"> <li>○ The estimated 8.9% increase in population, the local regeneration programme, plans for new healthcare centres and high levels of deprivation (particularly in the wards which are being developed), are significant enough to impact upon capacity to meet future pharmaceutical needs. This is in terms of dispensing, delivery of health promotion &amp; other pharmacy-based services</li> <li>○ If the former ESPLPS pharmacy ceases to be viable, capacity will be further reduced. This would also leave a specific gap within this area of Hale ward as this pharmacy is located adjacent to areas with higher levels of deprivation; and is particularly accessible for those who live to the rear of Glengall Road</li> <li>○ <b><i>In the short term, improvements could be achieved through</i></b> additional pharmacy hours, particularly in the mornings (weekdays, Saturdays and Sundays) and on Sunday evening. This would improve alignment with GP opening hours; improve access and choice to pharmacy-based services; and enhance capacity within the existing network of pharmacies to meet the increasing pharmaceutical needs of the locality</li> <li>○ <b><i>In the long term, there may be a future need to increase pharmaceutical provision.</i></b> There is not a national formula to inform an appropriate number and distribution of pharmacies for a given area. We have estimated that two additional pharmacies, <b><i>may</i></b> be required, to maintain the locality at around the Barnet average. This would facilitate ensuring that the future pharmaceutical needs of this locality are met</li> <li>○ It is anticipated that any new pharmacies will meet our aspirations for premises and pharmacy services as set out on page 95, particularly in relation to extended hour opening and willingness to provide the full range of pharmaceutical and locally commissioned services</li> <li>○ We also see advantages for our population, in terms of integrating care and services, through the co-location of pharmacy services with the new healthcare facilities, once open. Similarly, there would be benefits in terms of access to the local community if a pharmacy is located within the new town centre</li> <li>○ The gaps, and associated impact upon future pharmaceutical needs, are based on the assumption that the population grows as described and that the housing, commercial and transport developments come to fruition</li> <li>○ Finally, it should be noted that the developments described will continue beyond 2018 and this assessment will need to be revisited in future PNAs</li> </ul> </li> </ul>



## 3.2.1 Essential Services

### 3.2.1.6 Meeting the Needs of Specific Populations

#### Meeting the needs of those with a protected characteristic

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

## 3.2.1 Essential Services

### 3.2.1.7 Conclusions

#### Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population
- We have determined that essential services are **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services
  - Through supporting health promotion campaigns; and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs, and tackling the health inequalities, of Barnet's population

#### Distribution of Pharmacies

- Barnet has a below average number of pharmacies and the distribution of these is not uniform
- There is not necessarily a correlation between deprivation and the number of pharmacies per 100,000, particularly in the Hendon locality
- The number of pharmacies per 100,000 generally correlates well with population density; although there are some more densely population areas where residents may have to travel more than a mile to access a pharmacy
- There is a choice of pharmacy in all localities and residents also have the option of accessing a pharmacy within a neighbouring HWB area. Our maps demonstrate that almost all areas of the Borough are within 1 mile of a pharmacy (either within the area or in a neighbouring area). We have estimated (using mapping tools) that all residents may access a pharmacy within 20 minutes by car, when all 78 pharmacies are open

#### Opening Hours

- In considering opening hours, we have taken into account that Barnet has a relatively high proportion of people who are of working age who may wish to access pharmacy services outside of working hours; and we have looked at the alignment of pharmacy opening hours with other services
- On weekdays (9:30am - 5:30pm) and Saturdays up until 5pm residents have good access to, and a choice of pharmacy. Outside of these hours, we have identified the following gaps, where extending opening hours may result in improvements in access and/or choice. Specifically:
  - Residents in the Chipping Barnet and Hendon localities may have to travel in excess of two miles to access pharmacy services on weekday mornings (before and including 8am) and evenings (7pm onwards); Saturday evenings (after 5pm)
  - On Sundays, some residents in all localities may have to travel 2 miles or further to access pharmacy services
- Barnet GP and pharmacy opening hours do not align well on weekday mornings. There is a gap in terms of timely access to medicines following a GP consultation because a number of GP surgeries (in all localities) open at 7am but no Barnet pharmacies are open before 8am; and there is limited access and a reduced choice of pharmacy services from 8am until 9am which is when the majority of pharmacies open
- Pharmacy opening hours do not necessarily align with the unscheduled care providers at the following times, however, this does not represent a gap because the number of FP10 prescriptions issued at these times is low and we are not aware of any complaints in this respect:
  - **Weekday & Saturday mornings:** the ECH WIC open at 7am but no Barnet pharmacies are open before 8am
  - **Sundays:** Only 3 pharmacies open before 10am and only one remains open after 8pm. All these pharmacies are located in Finchley & Golders Green
  - **Overnight:** There is no access to pharmacy services overnight
- There is a gap on bank holidays, other than Christmas Day and Easter Sunday, in that NHS England do not commission the enhanced service rota
- The availability of pharmacy, and DAC, opening times and services is not well publicised; some residents do not have access to the internet to review NHS choices (which may be out of date)

## 3.2.1 Essential Services

### 3.2.1.7 Conclusions (cont...)

#### Conclusions on Essential Services

##### Dispensing

- The dispensing rate for Barnet pharmacies is lower than the majority of our CIPFA comparators and the London & England averages
- 79.3% of prescription items written by GPs in Barnet are dispensed by Barnet pharmacies. Out of area pharmacies, DACs and personally administered items by GPs account for the other 20.7%
- There is scope to increase repeat dispensing services because of the benefits for patients and the health economy in general

##### Access & Support for People with Disabilities

- Some pharmacies within Barnet have taken steps to provide support for people with physical, sensory and cognitive impairment and disabilities

##### Future Capacity

- In considering future capacity we have taken into account the trend for growth in prescription items, the local housing & regeneration programme; and have looked at these in the context of opening hours, deprivation and population density. We have identified that there may be insufficient future capacity, to meet the pharmaceutical needs of the Hendon locality which has high levels of deprivation and is set to see significant population growth as a result of a programme of commercial and housing developments

##### Overall Conclusions for Essential Services

###### Current Need

- Additional pharmacy opening hours are needed between 7-9 am on weekdays, in all localities, to ensure alignment with GP opening hours and to promote timely access to dispensing
- Additional pharmacy provision is required on all bank holidays (not just Christmas Day and Easter Sunday)
- Up to date information on pharmacy and DAC opening hours and services, is needed in a variety of forms, rather than relying on NHS Choices

###### Future Need

- Additional pharmacies may be required, in the Hendon locality, to meet the future pharmaceutical needs of the population arising as a result of population growth and the local regeneration programme; we have estimated that two additional pharmacies would be sufficient to maintain the locality at around the current Barnet average. Ideally there will be co-location with new healthcare centres; and a pharmacy based in the new town centre
- If Barnet GPs move to a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed, to ensure that residents can secure timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known

###### Current and Future Improvements or Better Access

- In all localities, additional opening hours on weekday mornings (before 9am), weekday and Saturday evenings and on Sundays, would improve access, convenience and choice to dispensing and other essential services, both now and in the future. This would be beneficial for residents who work full time and who prefer to use a pharmacy outside of working hours; and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population
- More pharmacies could provide support for people with disabilities, particularly those with hearing impairment
- Community pharmacy is not optimally utilised particularly in the context of a primary care led NHS and improving the health of the population



## 3.2.2 Premises

### 3.2.2.1 Consultation Areas

#### Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter
- For advanced services, the characteristics of a pharmacy consultation area have been defined<sup>9</sup>:
  - There must be a sign designating the private consultation area.
  - The area or room must be:
    - Clean and not used for the storage of any stock
    - Laid out and organised so that any materials or equipment which are on display are healthcare related
    - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected
- In recognition of the interdependency between the commissioning of a broad range of services and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results.

#### Conclusions on Consultation Areas

- Almost all pharmacies (91%) have at least one consultation area which in the majority of cases is a confidential closed room (85%); 6 pharmacies have two consultation areas
- Most consultation areas are well equipped, but there opportunities to:
  - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service
  - Improve security through the use of CCTV and panic buttons
  - Make adaptations to support those with disabilities, particularly meeting the needs of wheelchair users and those with a hearing impairment
- 51% pharmacies said they are willing to provide consultations in a patient's home; this would support improving access for the housebound and/or those who find it difficult to access pharmacy services without support from a carer

Consultation Areas & Facilities			
Feature	Rationale	No. (n=78)	%
On-site	Facilitates 'walk in' approach to service delivery	71	91%
Closed room	For confidentiality	66	85%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	51	65%
Wheel chair access	Improves access to a confidential area for those with a physical disability	48	62%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	15	19%
Computer	For contemporaneous patient records	49	63%
Internet access	Access to on-line resources	53	68%
Medication records	Access to patients' medication history during the consultation	40	51%
Telephone	Allows confidential calls to be made	31	40%
Sink with hot water	Required for services which include examination or taking samples	46	59%
Examination couch	Allows for a broader range of services to be provided	8	10%
CCTV	Affords protection and security	8	10%
Panic button	Affords protection and security	18	23%
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	35	45%

\* Results include the DAC but exclude the pharmacy which did not respond to the questionnaire (Akshar Pharmacies)

## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Review & Prescription Interventions

#### Overview

- The Medicines Use Review (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines
- The service aims to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste
- MURs tend to be proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following the identification of a serious adherence issue
- The pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the service must be accredited to do so. A pharmacy may also seek permission, from NHS England, to provide MURs in the domiciliary setting
- A pharmacy may:
  - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule'). The 3 month rule does not apply to prescription interventions
  - Undertake up to 400 MURs per annum
  - From 2014/15, 70% of MURs must be directed to target groups i.e.
    - People on high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics)
    - Those who have been recently discharged from hospital
    - People who have been prescribed certain respiratory medicines
    - Those taking 4 or more medicines and who either have cardiovascular disease or whom are at risk of cardiovascular disease

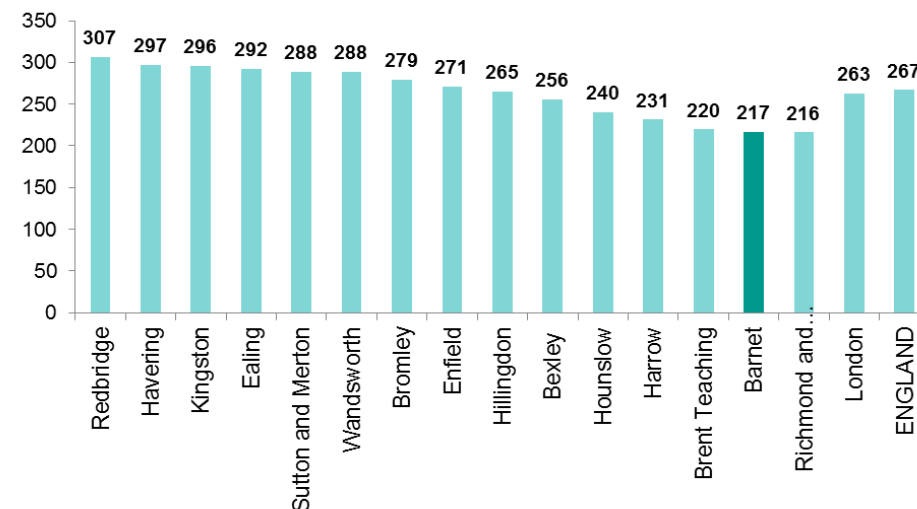
#### The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies<sup>10</sup>:
  - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
  - 77% had their medicines knowledge improved by the MUR
  - 97% of patients thought the place where the MUR was conducted was sufficiently confidential
  - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful

#### The Current Picture

- 70 (90%) pharmacies offer Medicine Use Reviews
- The graph below compares Barnet with our CIPFA comparators:
  - In Barnet, the average number of MURs per pharmacy was 217
  - This performance is significantly below most of our comparators areas; and the London & England averages
  - All areas are below the maximum threshold of 400 MURs per annum.
- The table (next page) demonstrates:
  - Good access on weekdays (9:30am–5:30pm) & Saturdays (10am–1pm).
  - Limited access on weekday mornings (up until, and including 8am), Saturday evenings, weekday evenings and Sundays
- **Map 8** shows a good distribution of pharmacies offering the service.
- With respect to activity (see lower table on next page):
  - All pharmacies which offer the service are active
  - There is variation between pharmacies in terms of the number of MURs undertaken with pharmacies in Chipping Barnet being the most active
  - Overall, 14,357 MURs were undertaken (against a possible maximum of 28,000)

Average MURs per pharmacy (2012/13)



## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Review & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering Medicines Use Review & Prescription Interventions									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	3	3	0	0	3	3	1	1	0
	East Barnet	1	3	1	0	0	2	2	1	1	0
	High Barnet	0	4	1	1	0	4	3	0	1	0
	Oakleigh	0	3	2	0	0	3	2	0	0	0
	Totteridge	0	2	1	0	0	2	1	1	1	0
	Underhill	0	1	0	1	1	1	0	0	0	0
Finchley & Golders Green	Childs Hill	0	7	4	0	0	6	6	3	2	1
	East Finchley	0	4	1	0	0	4	3	0	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	6	1	1	0	3	3	0	2	0
	Golders Green	0	1	0	1	0	0	0	0	1	1
	West Finchley	1	5	2	0	0	5	3	1	1	1
	Woodhouse	1	3	1	0	0	3	3	1	2	1
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	3	0	2	1	3	0	0	1	0
	Hendon	0	4	2	0	0	3	1	0	0	0
	Mill Hill	0	5	1	0	0	4	2	0	2	1
	West Hendon	0	3	2	0	0	2	2	1	1	1
<b>Grand Total</b>		<b>4</b>	<b>70</b>	<b>28</b>	<b>6</b>	<b>2</b>	<b>60</b>	<b>41</b>	<b>10</b>	<b>19</b>	<b>8</b>
<b>Percentage of Total</b>		<b>5%</b>	<b>90%</b>	<b>36%</b>	<b>8%</b>	<b>3%</b>	<b>77%</b>	<b>53%</b>	<b>13%</b>	<b>24%</b>	<b>10%</b>

	MUR Activity 2013/14			
	Chipping Barnet	Finchley & Golders Green	Hendon	Barnet
No. of active pharmacies (2013/14)	19	28	23	70
No. MURs undertaken (range)	9 - 405	1- 400	3 - 404	1 - 405
Total Activity	5,350	4,178	4,829	14,357
MURs per 1,000 people	46.3	32.9	36.2	38.2



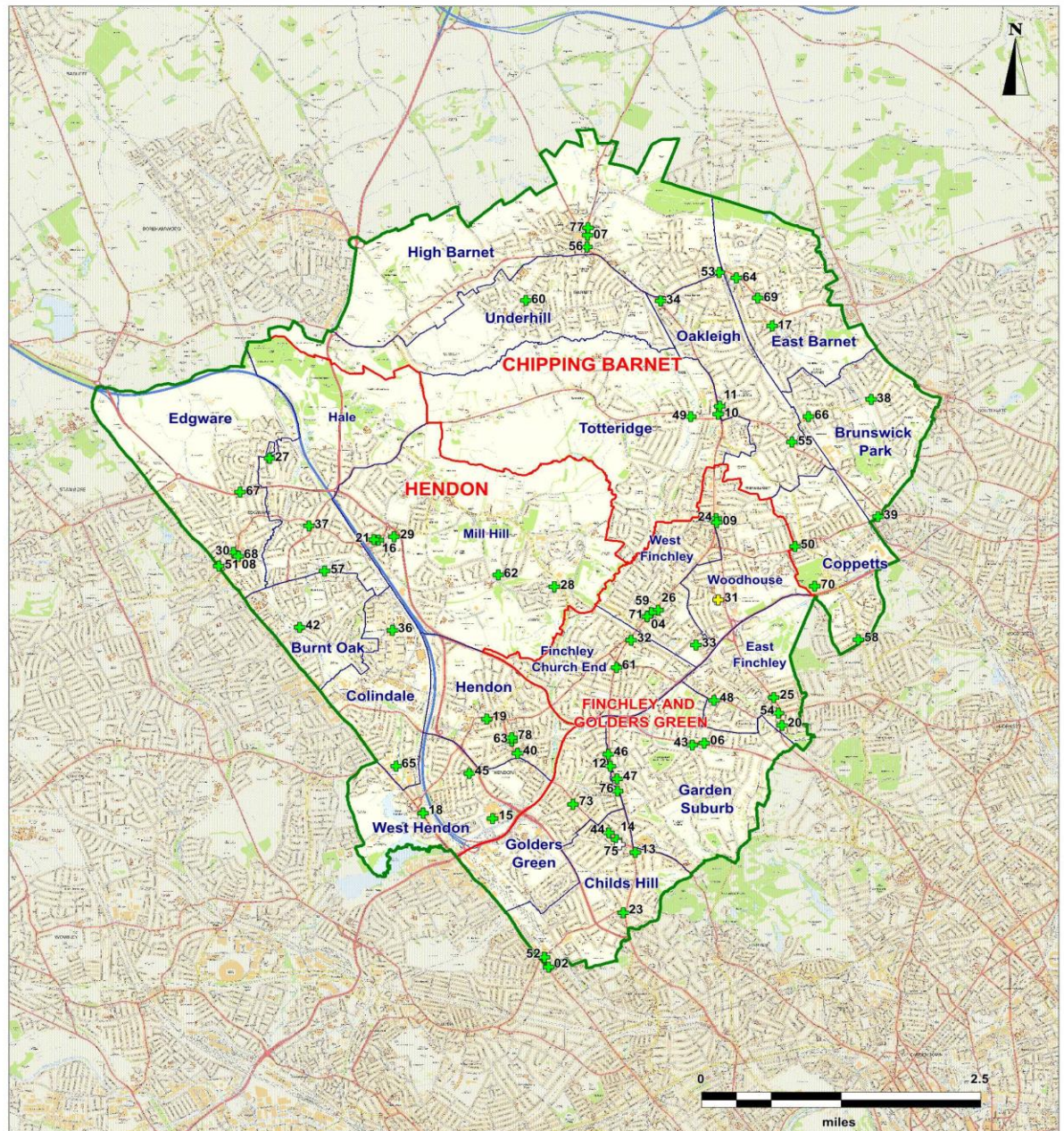
### Pharmaceutical Needs Assessment Map 8: Medicine Use Reviews & Prescription Interventions

#### Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

#### Barnet Pharmacies

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>02 Actar Chemists - NW2 3EE</li> <li>04 Aucklands Pharmacy - N3 1XP</li> <li>06 Bishops Pharmacy - N2 0DW</li> <li>07 Boots - EN5 5XP</li> <li>08 Boots - HA8 7BD</li> <li>09 Boots - N12 9QR</li> <li>10 Boots - N20 9HS</li> <li>11 Boots - N20 9HJ</li> <li>12 Boots - NW11 0QS</li> <li>13 Boots - NW11 7RR</li> <li>14 Boots - NW11 8LN</li> <li>15 Boots - NW4 3FB</li> <li>16 Boots - NW7 3LH</li> <li>17 Brand-Russell Chemist - EN4 8TD</li> <li>18 Broadway Chemist - NW9 7EE</li> <li>19 C. J. Pharmacy - NW4 4EB</li> <li>20 C.W. Andrew Pharmacy - N2 9PJ</li> <li>21 Care Chemists - NW7 3DA</li> <li>23 Castle Chemist - NW2 2QJ</li> <li>24 Charles Sampson Pharmacy - N12 9QU</li> <li>25 Cootes Pharmacy - N2 9AS</li> <li>26 Cootes Pharmacy - N3 2DN</li> <li>27 Cullimore Chemist - HA8 8SX</li> <li>28 Day Lewis Pharmacy - NW7 1AF</li> <li>29 Day Lewis Pharmacy - NW7 2HX</li> <li>30 Derek Clarke Pharmacy - HA8 7JH</li> <li>31 Fairview Pharmacy - N12 0JE</li> <li>32 Gateway Chemist - N3 2LN</li> <li>33 Gordon Smith Pharmacy - N3 2RA</li> <li>34 Greenfield Pharmacy - EN5 1ES</li> <li>36 H.A. McParland Chemist - NW9 5XB</li> <li>37 Hale Pharmacy - HA8 9QW</li> <li>38 Hampden Square Pharmacy - N14 5JR</li> <li>39 Haria Chemists - N11 1NE</li> <li>40 HC Heard Chemists - NW4 2ES</li> </ul> | <ul style="list-style-type: none"> <li>42 Heron Pharmacy - HA8 0EJ</li> <li>43 Hugh Lloyd Dispensing Chemist - NW11 6JJ</li> <li>44 Jethro's Ltd - NW11 8HB</li> <li>45 John Wilson Chemists - NW4 3UX</li> <li>46 Landy's Chemist - NW11 0AA</li> <li>47 Landy's Express - NW11 7TH</li> <li>48 Links Pharmacy - N2 0SZ</li> <li>49 Lipkin Chemist - N20 8QG</li> <li>50 Lloydspharmacy - N12 9AY</li> <li>51 Mango Pharmacy - HA8 7HF</li> <li>52 Maxwell Gordon Pharmacy - NW2 1EX</li> <li>53 Mountford Chemists - EN4 8RR</li> <li>54 Oakdale Pharmacy - N2 8AQ</li> <li>55 Oakleigh Pharmacy - N20 0TX</li> <li>56 Parry Jones &amp; Co - EN5 5UR</li> <li>57 Pharmco Chemist - HA8 9BU</li> <li>58 Pharmocare - N10 1LR</li> <li>59 Pickles Chemist - N3 1XT</li> <li>60 Prima Pharmacy - EN5 2TB</li> <li>61 Reena Pharmacy - N3 3HP</li> <li>62 Regent Pharmacy - NW7 2NU</li> <li>63 Sabel Chemist - NW4 2DT</li> <li>64 Sainsbury's Pharmacy - EN4 8RQ</li> <li>65 Sainsbury's Pharmacy - NW9 6JX</li> <li>66 Shore Pharmacy - N20 0BA</li> <li>67 Singer Pharmacy - HA8 8JS</li> <li>68 Superdrug Pharmacy - HA8 7BD</li> <li>69 SVR Chemist Ltd - EN4 8QZ</li> <li>70 Tesco Instore Pharmacy - N12 0SH</li> <li>71 Tesco Instore Pharmacy - N3 1XP</li> <li>73 Victoria Pharmacy - NW11 9ES</li> <li>75 Warman-Freed Pharmacy - NW11 8EL</li> <li>76 Westlake Pharmacy - NW11 7ES</li> <li>77 Wilkinson Chemist - EN5 5SZ</li> <li>78 Zaxgate Ltd - NW4 2EL</li> </ul> |
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## 3.2.3 Advanced Services

### 3.2.3.1 Medicines Use Review & Prescription Interventions

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people, on multiple medications for long term conditions may require MURs. People of working age may wish to access this service during extended hours
Disability	✓	MURs help to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering MURs
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines
Sexual orientation	✗	No specific needs identified
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- We would like to see all Barnet pharmacies offering MURs to address the gap, whereby some residents cannot access the service because it is not offered by their regular pharmacy
- We wish to see all pharmacies targeting the service at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times
- Providing MURs in the domiciliary setting would allow pharmacies without a consultation area to deliver the service; & may improve access for people who are less able to visit a pharmacy

#### The Future

We anticipate there will be an increase in the number of people requiring MURs as our population ages, as a result of population growth & local housing developments and because of local strategy to provide more care outside of hospital. Our benchmarking analysis demonstrates that there is sufficient capacity, within the current pharmacy network, to meet this future need.

#### Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
  - People with long term conditions with multiple medicines benefit from regular reviews
  - It is estimated that up to 20% of all hospital admissions are medicines related<sup>11</sup> and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose).
- We have determined that MURs are not necessary to meet a pharmaceutical need, but are **relevant** in that they **improve access** to medicines reviews and clinical support. The following factors have influenced this decision:
  - Whilst MURs may only be provided by community pharmacists there are other comparable services that can be provided by other healthcare professionals (e.g. practice nurses, hospital pharmacists)
  - There is published evidence to demonstrate the benefits of MURs
  - There is good alignment with local strategic priorities in that MURs contribute towards the effective management of long term conditions
- 70 pharmacies offer the service; 5 are willing to do so in the future
- We have identified the following gaps:
  - 8 pharmacies don't offer the service at all
  - Limited access on weekday & Saturday mornings up until including 8:00am; Saturday afternoons; and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is scope for pharmacies to increase the number of MURs which are undertaken; this applies to all localities
  - The 3 month rule means that the service may not be accessed from a pharmacy other than the regular pharmacy. This has implications in that residents using pharmacies which don't offer the service and those who wish to use the service during extended hours cannot choose to go to alternative pharmacy

## 3.2.3 Advanced Services

### 3.2.3.2 New Medicine Service (NMS)

#### Overview

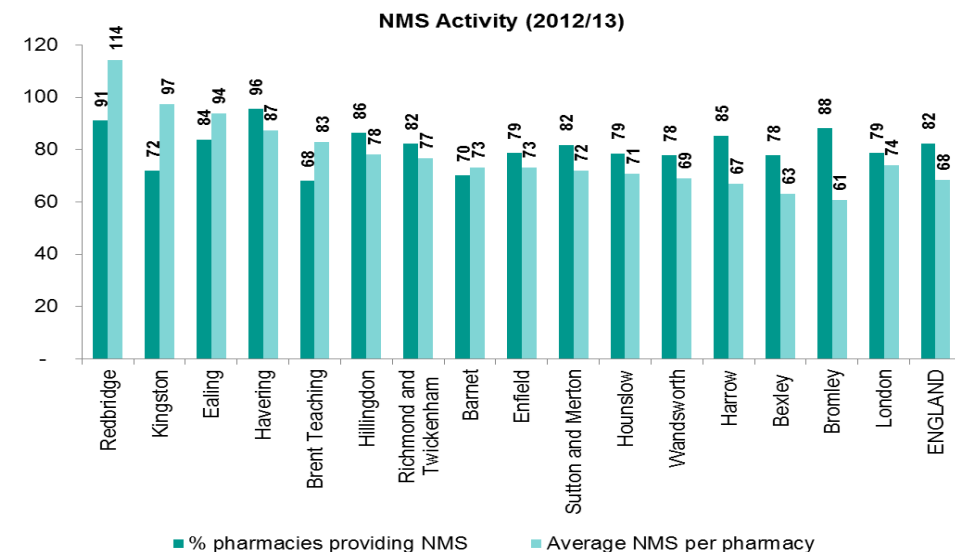
- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence
- The service is focused on the following patient groups and conditions:
  - Asthma and COPD
  - Diabetes (Type 2)
  - Hypertension
  - Antiplatelet / anticoagulant therapy
- Patients are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month

#### The Evidence Base

- A recent randomised controlled trial<sup>11</sup> demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective:
  - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions
  - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than the those in the comparator group
  - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent
- In a study evaluating a telephone based pharmacy advisory service<sup>12</sup>, pharmacists met patients' needs for information and advice on medicines, when starting treatment

#### The Current Picture

- 60 (77%) pharmacies offer the NMS
- Benchmarking data (graph below) summarises Barnet's provision and performance against our CIPFA comparators:
  - The proportion of pharmacies offering the service is lower than the London and England average and many of our comparator areas
  - The average number of NMS reviews undertaken is on par with the London average but higher than the England average
- The table (next page) shows:
  - Good access on weekdays (9:30am–5:30pm) & Saturdays (10am– 1 pm)
  - More limited access on weekday mornings (up until, and including 8am), Saturday evenings, weekday evenings and Sundays
- Map 9** shows a good distribution of pharmacies offering the service
- With respect to activity (see lower table on next page):
  - All pharmacies which offer the service are active
  - There is variation between pharmacies in terms of the number of NMS reviews undertaken. Pharmacies in Chipping Barnet are most active; the number of reviews undertaken in Finchley and Golders Green is very low





### 3.2.3 Advanced Services

#### 3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicine Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	2	2	0	0	2	2	1	1	1
	East Barnet	1	3	1	0	0	2	2	1	1	0
	High Barnet	0	4	1	1	0	4	3	0	1	0
	Oakleigh	0	3	2	0	0	3	2	0	0	0
	Totteridge	0	2	1	0	0	2	1	1	1	0
	Underhill	0	1	0	1	1	1	0	0	0	0
Finchley & Golders Green	Childs Hill	0	5	2	0	0	5	5	2	1	3
	East Finchley	0	4	1	0	0	4	3	0	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	5	1	1	0	3	3	0	2	1
	Golders Green	0	1	0	1	0	0	0	0	1	1
	West Finchley	1	3	1	0	0	3	1	1	1	3
	Woodhouse	1	2	1	0	0	2	2	1	2	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	2	0	2	1	2	0	0	0	1
	Hendon	0	2	0	0	0	2	1	0	0	2
	Mill Hill	0	5	1	0	0	4	2	0	2	1
	West Hendon	0	3	2	0	0	2	2	1	1	1
<b>Grand Total</b>		<b>4</b>	<b>60</b>	<b>22</b>	<b>6</b>	<b>2</b>	<b>53</b>	<b>36</b>	<b>9</b>	<b>17</b>	<b>18</b>
<b>Percentage of Total</b>		<b>5%</b>	<b>77%</b>	<b>28%</b>	<b>8%</b>	<b>3%</b>	<b>68%</b>	<b>46%</b>	<b>12%</b>	<b>22%</b>	<b>23%</b>

	NMS Activity 2013/14			
	Chipping Barnet	Finchley & Golders Green	Hendon	Barnet
No. of active pharmacies (2013/14)	18	22	20	60
No. NMS Reviews undertaken (range)	1 - 430	1- 110	3 - 404	2 - 261
Total Activity	1,575	599	1,374	3,548
NMS reviews per 1,000 people	13.6	4.7	10.3	9.4

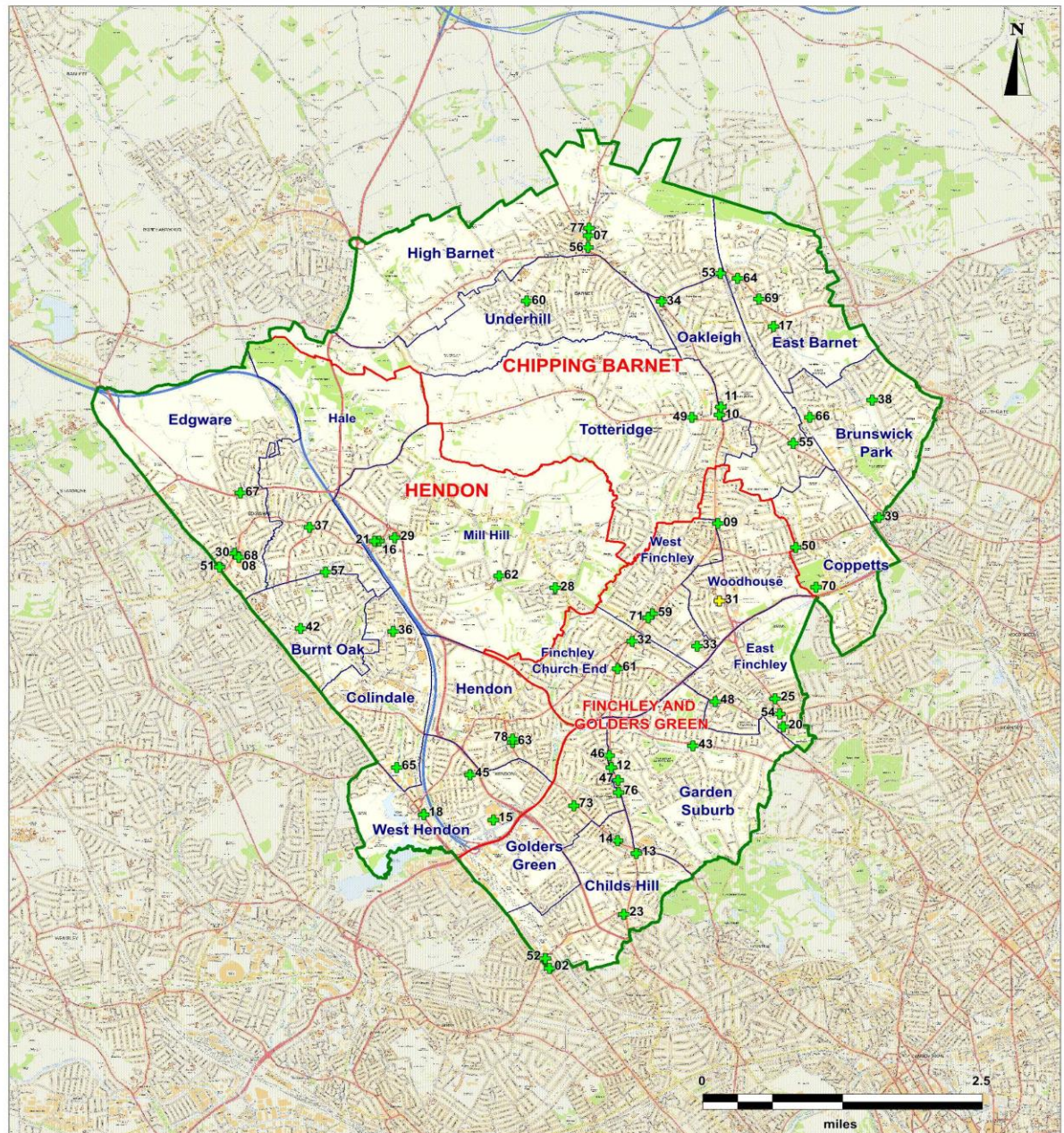
### Pharmaceutical Needs Assessment Map 9: New Medicine Service

#### Legend

- + Pharmacies
- + LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

#### Barnet Pharmacies

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>02 Acktar Chemists - NW2 3EE</li> <li>07 Boots - EN5 5XP</li> <li>08 Boots - HA8 7BD</li> <li>09 Boots - N12 9QR</li> <li>10 Boots - N20 9HS</li> <li>11 Boots - N20 9HU</li> <li>12 Boots - NW11 0QS</li> <li>13 Boots - NW11 7RR</li> <li>14 Boots - NW11 8LN</li> <li>15 Boots - NW4 3FB</li> <li>16 Boots - NW7 3LH</li> <li>17 Brand-Russell Chemist - EN4 8TD</li> <li>18 Broadway Chemist - NW9 7EE</li> <li>20 C.W. Andrew Pharmacy - N2 9PJ</li> <li>21 Care Chemists - NW7 3DA</li> <li>23 Castle Chemist - NW2 2QJ</li> <li>25 Cootes Pharmacy - N2 9AS</li> <li>28 Day Lewis Pharmacy - NW7 1AF</li> <li>29 Day Lewis Pharmacy - NW7 2HX</li> <li>30 Derek Clarke Pharmacy - HA8 7JH</li> <li>31 Fairview Pharmacy - N12 0JE</li> <li>32 Gateway Chemist - N3 2LN</li> <li>33 Gordon Smith Pharmacy - N3 2RA</li> <li>34 Greenfield Pharmacy - EN5 1ES</li> <li>36 H.A. McParland Chemist - NW9 5XB</li> <li>37 Hale Pharmacy - HA8 9QW</li> <li>38 Hampden Square Pharmacy - N14 5JR</li> <li>39 Haria Chemists - N11 1NE</li> <li>42 Heron Pharmacy - HA8 0EJ</li> <li>43 Hugh Lloyd Dispensing Chemist - NW11 6JJ</li> </ul> | <ul style="list-style-type: none"> <li>45 John Wilson Chemists - NW4 3UX</li> <li>46 Landy's Chemist - NW11 0AA</li> <li>47 Landy's Express - NW11 7TH</li> <li>48 Links Pharmacy - N2 0SZ</li> <li>49 Lipkin Chemist - N20 8QG</li> <li>50 Lloyd's Pharmacy - N12 9AY</li> <li>51 Mango Pharmacy - HA8 7HF</li> <li>52 Maxwell Gordon Pharmacy - NW2 1EX</li> <li>53 Mountford Chemists - EN4 8RR</li> <li>54 Oakdale Pharmacy - N2 8AQ</li> <li>55 Oakleigh Pharmacy - N20 0TX</li> <li>56 Parry Jones &amp; Co - EN5 5UR</li> <li>57 Pharmco Chemist - HA8 9BU</li> <li>59 Pickles Chemist - N3 1XT</li> <li>60 Prima Pharmacy - EN5 2TB</li> <li>61 Reena Pharmacy - N3 3HP</li> <li>62 Regent Pharmacy - NW7 2NU</li> <li>63 Sabel Chemist - NW4 2DT</li> <li>64 Sainsbury's Pharmacy - EN4 8RQ</li> <li>65 Sainsbury's Pharmacy - NW9 6JX</li> <li>66 Shore Pharmacy - N20 0BA</li> <li>67 Singer Pharmacy - HA8 8JS</li> <li>68 Superdrug Pharmacy - HA8 7BD</li> <li>69 SVR Chemist Ltd - EN4 8QZ</li> <li>70 Tesco Instore Pharmacy - N12 0SH</li> <li>71 Tesco Instore Pharmacy - N3 1XP</li> <li>73 Victoria Pharmacy - NW11 9ES</li> <li>76 Westlake Pharmacy - NW11 7ES</li> <li>77 Wilkinson Chemist - EN5 5SZ</li> <li>78 Zaxgate Ltd - NW4 2EL</li> </ul> |
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## 3.2.3 Advanced Services

### 3.2.3.2 New Medicine Service (NMS)

#### Meeting the needs of those with a protected characteristic

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

#### Further Provision

- We would like to see all pharmacies offer the NMS; where a pharmacy does not offer the service, they should be encouraged to signpost to an alternative pharmacy
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times
- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for patients

#### The Future

- The NMS was originally implemented as a time-limited intervention. NHS England has stated it will continue to commission the service in 2014/15. *We wish to see all pharmacies in Barnet offering, and proactively delivering the service, for as long as this is commissioned.*
- Our benchmarking analysis demonstrates there is sufficient capacity in the system, to meet any increased future demand

#### Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems<sup>11</sup>:
  - Only 16% people take a new medicine as prescribed
  - 10 days after starting a new medicine, almost one third of patients are non-adherent
  - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or unintended consequence of the prescribed medicine
- On balance, we have determined that the service is not necessary to meet a pharmaceutical need, but is **relevant in that it improves access to medicines reviews and clinical support**. The following factors have influenced this decision:
  - The service may only be provided by community pharmacists but other healthcare professionals may offer comparable services
  - There is published evidence to demonstrate the benefits of the NMS
  - There is good alignment with local strategic priorities in that the service contributes towards the effective management of long term conditions and admission avoidance
  - The number of reviews undertaken in Barnet is on par with London and higher than England averages
  - The long term future of the service is not known at this point in time.
- 60 pharmacies offer the service; a further 11 are willing to do so
- We have identified the following gaps:
  - 18 pharmacies don't offer the service at all
  - Limited access on weekday & Saturday mornings up until including 8:00am; Saturday afternoons; and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend
  - There is variation between localities with respect to the number of reviews undertaken but the reasons for this are not clear



## 3.2.3 Advanced Services

### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

#### Overview

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

#### The Current Picture

- 6 (8%) pharmacies and the DAC advised us, in the community pharmacy questionnaire, that they offer the SAC service:
  - No pharmacies in Chipping Barnet offer the service
  - There is one or more pharmacies offering the service, on weekdays and Saturdays and Sundays in the other two localities
  - On Sundays, only one pharmacy in the Golders Green & Finchley locality offers the service
- 51 of the 72 pharmacies which don't offer the service, told that they would be willing to provide the service in the future
- Benchmarking data (table on the right) for 2012/13 shows the number of SACS undertaken by Barnet pharmacies compared with our CIPFA comparators and demonstrates:
  - The areas which have a dispensing appliance contractors, which includes Barnet (all highlighted in the table) have much higher activity
  - The areas which only have community pharmacies have significantly lower activity
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their on-going care

#### The Evidence Base

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

CIPFA Comparator Area	SAC Service 2012/13	
	Total	Average No. per Pharmacy / DAC
Wandsworth	7,598	7,598
Brent Teaching	6,708	6,708
Kingston	6,253	3,127
Sutton and Merton	5,983	1,197
<b>Barnet</b>	<b>834</b>	<b>278</b>
Redbridge	107	27
Havering	70	18
Enfield	65	9
Bromley	63	9
Ealing	43	14
Bexley	29	6
Richmond and Twickenham	15	8
Hillingdon	12	6
Hounslow	8	4
Harrow	5	5
<b>London</b>	<b>70,883</b>	<b>921</b>
<b>England</b>	<b>1,117,971</b>	<b>635</b>

### 3.2.3 Advanced Services

#### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies Offering the Stoma Appliance Customisation Service			Not offered at all
		Weekdays	Saturdays	Sunday	
Chipping Barnet	Brunswick Park	0	0	0	3
	Coppetts	0	0	0	3
	East Barnet	0	0	0	3
	High Barnet	0	0	0	4
	Oakleigh	0	0	0	3
	Totteridge	0	0	0	2
	Underhill	0	0	0	1
Finchley & Golders Green	Childs Hill	0	0	0	8
	East Finchley	0	0	0	4
	Finchley Church End	0	0	0	2
	Garden Suburb	0	0	0	6
	Golders Green	1	0	1	1
	West Finchley	2	2	0	4
	Woodhouse	0	0	0	4
Hendon	Burnt Oak	1	1	0	0
	Colindale	0	0	0	3
	Edgware	0	0	0	6
	Hale	0	0	0	3
	Hendon	0	0	0	4
	Mill Hill	1	1	1	5
	West Hendon	1	1	1	3
<b>Grand Total</b>		<b>6</b>	<b>5</b>	<b>3</b>	<b>72</b>
<b>Percentage of Total</b>		<b>8%</b>	<b>6%</b>	<b>4%</b>	<b>92%</b>

The DAC, located in Colindale ward in the Hendon Locality, provides the Stoma Appliance Customisation Service

## 3.2.3 Advanced Services

### 3.2.3.3 Stoma Appliance Customisation Service (SACS)

#### SACS – Out of Area Provision

- In order to effectively review out of area provision of SACS, it is necessary to review the dispensing of stoma appliances
- The total number of stoma appliances, dispensed against prescriptions issued by Barnet GPs was 22,628 (Jun 13 – May 14)
- The table on the right summarises how this breaks down between Barnet and out of area pharmacies and DACs:
  - 29.3% of items were dispensed within Barnet. Barnet pharmacies dispensed anywhere between 1 and 658 items.
  - 70.7% of items were dispensed outside of the area.
- Taking the above into account, it follows that a significant proportion of Barnet residents will access the SACS outside of the area

Stoma Appliance Dispensing			
		Items	% Total
Barnet Pharmacies & DAC	Chipping Barnet	1711	7.6%
	Finchley & Golders Green	2476	10.9%
	Hendon	2449	10.8%
	<b>Total Barnet</b>	<b>6,636</b>	<b>29.3%</b>
Out of Area Pharmacies	>100 items per pharmacy / DAC	1,448	6.4%
	<100 items per pharmacy / DAC	14,544	64.3%
	<b>Total - Out of Area</b>	<b>15,992</b>	<b>70.7%</b>

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to have stomas and therefore may require access to the SACS
Disability	✓	SACS help to assess need & provide support to help people with disabilities manage their stoma
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering successful SACS
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	SACS may be required during pregnancy to help accommodate changing body shape
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Conclusions

- The service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste
- Within Barnet, 5 pharmacies and 1 DAC provide the SAC service. Whilst access and choice are limited the benchmarking data shows that activity rates are average
- We have concluded that the pharmacy & DACs based SAC service, within Barnet, is not necessary to meet a pharmaceutical need but it is a **relevant service** for the following reasons:
  - Our analysis of dispensing indicates that Barnet residents may choose to access pharmacy or DAC based stoma customisation both within and outside of the area. They may also opt to receive stoma customisation support from the hospital or clinic providing their ongoing care i.e. the pharmacy or DAC based service offers improvements in relation to choice and accessibility
  - The SAC service provides theoretical benefits for patients, however, there is insufficient published evidence to demonstrate improved patient outcomes or value for money
- 51 pharmacies stated in our pharmacy survey, that they would be willing to provide the service in the future
- We have not identified any current or future gaps with the service



## 3.2.3 Advanced Services

### 3.2.3.4 Appliance Use Reviews (AURs)

#### Overview

- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances (see box on the right)

#### The Current Picture

- 7 (9%) pharmacies and the DAC advised us, in the community pharmacy questionnaire, that they offer the AUR service:
  - No pharmacies in Chipping Barnet offer the service
  - There are one or more pharmacies offering the service on weekdays in Hendon and Finchley and Golders Green
  - On Saturdays and Sundays only one pharmacy offers the service in the Finchley & Golders Green locality
  - On Sundays, only 3 pharmacies offering the service are open across the whole of Barnet
- 54 of the 71 pharmacies which don't offer the service, told us that they would be willing to provide the service in the future
- Benchmarking data (table on the right) for 2012/13 shows that Barnet pharmacies only provided 22 AURs and these were all provided at home. NHS England has advised us that there has been no pharmacy-related activity since 2013
- CIPFA comparator areas, with the exception of those which have a DAC, do not provide this service
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care

#### Specified Appliances

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

#### The Evidence Base

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

ONS Comparator Area	No. of AURs provided (2012/13)			
	Home	Premises	Total	% at Home
Brent Teaching	311	10	321	97%
Wandsworth	173	147	320	54%
<b>Barnet</b>	<b>22</b>	<b>0</b>	<b>22</b>	<b>100%</b>
Sutton and Merton	7	0	7	100%
Bexley	0	0	0	0%
Bromley	0	0	0	0%
Ealing	0	0	0	0%
Enfield	0	0	0	0%
Harrow	0	0	0	0%
Havering	0	0	0	0%
Hillingdon	0	0	0	0%
Hounslow	0	0	0	0%
Kingston	0	0	0	0%
Redbridge	0	0	0	0%
Richmond and Twickenham	0	0	0	0%
<b>London</b>	<b>1820</b>	<b>354</b>	<b>2174</b>	<b>84%</b>
<b>England</b>	<b>23,554</b>	<b>4593</b>	<b>28147</b>	<b>84%</b>

### 3.2.3 Advanced Services

#### 3.2.3.4 Appliance Use Reviews (AURs)

Locality	Ward	Number of Pharmacies Offering Appliance Use Reviews			Not offered at all
		Weekdays	Saturdays	Sunday	
Chipping Barnet	Brunswick Park	0	0	0	3
	Coppetts	0	0	0	3
	East Barnet	0	0	0	3
	High Barnet	0	0	0	4
	Oakleigh	0	0	0	3
	Totteridge	0	0	0	2
	Underhill	0	0	0	1
Finchley & Golders Green	Childs Hill	0	0	0	8
	East Finchley	0	0	0	4
	Finchley Church End	0	0	0	2
	Garden Suburb	0	0	0	6
	Golders Green	1	0	1	1
	West Finchley	1	1	0	4
	Woodhouse	0	0	0	4
Hendon	Burnt Oak	1	1	0	0
	Colindale	0	0	0	3
	Edgware	1	1	0	6
	Hale	1	1	0	3
	Hendon	0	0	0	4
	Mill Hill	1	1	1	5
	West Hendon	1	1	1	3
<b>Grand Total</b>		<b>7</b>	<b>6</b>	<b>3</b>	<b>72</b>
<b>Percentage of Total</b>		<b>9%</b>	<b>8%</b>	<b>4%</b>	<b>92%</b>

The DAC, located in Colindale ward in the Hendon Locality, provides the Appliance Use Review Service

## 3.2.3 Advanced Services

### 3.2.3.4 Appliance Use Reviews (AURs)

#### AURs – Analysis of Provision

- We have used dispensing of incontinence appliances as a means of exploring provision of AURs
- The total number of incontinence appliances, dispensed against prescriptions issued by Barnet GPs was 7,982 (Jun 13 – May 14)
- The table (on the right) summarises how this breaks down between Barnet and out of area pharmacies and DACs:
  - 29.7% of items were dispensed within Barnet
  - 70.3% of items were dispensed outside of the area
  - The maximum number of AURs which could be provided to people using incontinence appliances was 228; 68 within Barnet; & 160 outside of the area
  - Similarly, for stoma appliances (see page 63), the maximum number would be 190 and 457 for Barnet and outside of the area respectively

Appliance Use Review Dispensing				
		Items	% Total	Max No. AURs
Barnet Pharmacies & DAC	Chipping Barnet	653	8.2%	19
	Finchley & Golders Green	775	9.7%	22
	Hendon	940	11.8%	27
	<b>Total Barnet</b>	<b>2,368</b>	<b>29.7%</b>	<b>68</b>
Out of Area Pharmacies	>100 items per pharmacy / DAC	1331	16.7%	38
	<100 items per pharmacy / DAC	4283	53.7%	122
	<b>Total - Out of Area</b>	<b>5,614</b>	<b>70.3%</b>	<b>160</b>

#### Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste
- In Barnet, 7 pharmacies offer the AURs service; and 54 have said they are willing to do so in the future
- The number of AURs undertaken in Barnet is low. The following reasons explain this:
  - The AURs limit impacts upon the number of people eligible for the service
  - Over 70% appliances are dispensed outside of the area; and it follows that AURS will be undertaken outside the area
  - The reviews are specialist in nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care
  - Hospitals may refer directly to appliance manufacturers who supply directly; such patients may not be aware that pharmacies offer AURs
- We have determined that AURs are not necessary to meet a pharmaceutical need **but are relevant** for the following reasons:
  - The service potentially provide a choice of provider for people who prefer to use a pharmacy or DAC based service rather than the hospital or clinic providing their ongoing care; as such the service may improve accessibility
  - There is insufficient published evidence to demonstrate improved patient outcomes or value for money
- We are not aware of any complaints or dissatisfaction with the current service level and have not identified any current or future gaps

#### Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and as such require AURs
Disability	✓	Disabled people are more likely to use appliances and as such may require AURs
Gender	✓	Appliance advice can be specific to gender
Race	✓	Language may be a barrier to delivering successful AURs
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified



## 3.2.4 Enhanced Services

### 3.2.4.1 London Pharmacy Vaccination Service

#### Overview

- The aim of the immunisation programme is to minimise the health impact of disease through effective prevention
- The London Pharmacy Vaccination service has been established to deliver population-wide evidence based immunisation programmes with a view to:
  - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population
  - Promote a choice of provider for patients and facilitate the “*Every Contact Counts*” approach by offering co-administration opportunities where an individual is eligible for two or more vaccinations under different immunisation programmes
  - Improving access to vaccination services
  - Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an ‘at risk’ group and those aged 65+
- The scope of service current includes the following portfolio from September 2014 - March 2015:
  - Pneumococcal polysaccharide vaccination
  - Seasonal Influenza vaccinations

#### The Current Picture

- 46 (59%) pharmacies are commissioned to provide the service
- The table on the next page summarises availability of services:
  - There is reasonable access, and a choice of pharmacy, on weekdays (9:30am-5:30pm) and on Saturday (10am – 1pm) in all localities
  - Service availability is more limited in all localities during extended hours, which is when people of working may wish to access the service:
    - Only two pharmacies offering the service (in the Finchley & Golders Green locality) are open on weekday mornings at 8am
    - Only one pharmacy is open on Saturday evening within the Hendon Locality
- **Map 10** provides an overview of the distribution of pharmacies against a background of the older people (65+) population and shows that all localities have a choice of provider
- **Non Pharmacy providers:** include GPs and community nurses

#### Provider Criteria

- The following criteria in order to provide the service:
  - There must be a designated consultation area or alternative premises that meets specific criteria including workspace & infection control requirements
  - The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2014/15 Vaccinations, as well as individual PGDs for the pneumococcal and seasonal influenza vaccinations
  - A Declaration of Competences for Vaccination Services (the London Service); including Centre of Pharmacy Postgraduate Education (CPPE) on immunisations and basic life support training must be completed
  - Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature
  - Pharmacist must be aware of the need to have hepatitis B vaccination.
  - Standard operating procedures must be available
  - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists
  - Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments

#### The Evidence Base

- In 2011/12, pharmacies in one area used ‘PharmOutcomes’ to record vaccinations and notify GP colleagues<sup>13</sup>:
  - 4,192 people were vaccinated (approximately 15% of total vaccinated).
  - 35% were under 65 and in ‘at risk’ groups (other providers vaccinated 17% in this category)
  - 19% patients stated vaccination was unlikely without pharmacy access.
  - 97% rated the service as ‘excellent’
  - 13% of patients cited difficulties in obtaining the vaccine from other providers
- A literature review<sup>14</sup> of community pharmacy delivered immunisation services demonstrates:
  - Immunisation can be safely delivered through community pharmacy
  - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine
  - User satisfaction with pharmacy based services is high
  - Support for non-physician delivered immunisation is greater for adults than children

## 3.2.4 Enhanced Services

### 3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies Offering London Pharmacy Vaccination Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	2	0	0	0	2	0	0	0	1
	Coppetts	0	3	3	0	0	3	3	1	1	0
	East Barnet	0	2	0	0	0	1	1	0	0	1
	High Barnet	0	3	1	1	0	3	2	0	1	1
	Oakleigh	0	2	2	0	0	2	1	0	0	1
	Totteridge	0	2	1	0	0	2	1	1	1	0
	Underhill	0	1	0	1	1	1	0	0	0	0
Finchley & Golders Green	Childs Hill	0	2	1	0	0	2	2	1	1	6
	East Finchley	0	4	1	0	0	4	3	0	0	0
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	2	1	0	0	1	1	0	1	4
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	1	4	1	0	0	4	2	1	1	2
	Woodhouse	1	2	1	0	0	2	2	1	2	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	0	1	0	0	0	1	1	0	0	2
	Edgware	0	4	2	0	0	4	3	0	1	2
	Hale	0	1	0	1	0	1	0	0	0	2
	Hendon	0	2	0	0	0	2	1	0	0	2
	Mill Hill	0	4	1	0	0	3	1	0	1	2
	West Hendon	0	2	2	0	0	2	2	1	1	2
<b>Grand Total</b>		<b>2</b>	<b>46</b>	<b>18</b>	<b>3</b>	<b>1</b>	<b>43</b>	<b>28</b>	<b>6</b>	<b>11</b>	<b>32</b>
<b>Percentage of Total</b>		<b>3%</b>	<b>59%</b>	<b>23%</b>	<b>4%</b>	<b>1%</b>	<b>55%</b>	<b>36%</b>	<b>8%</b>	<b>14%</b>	<b>41%</b>



### Pharmaceutical Needs Assessment Map 10: London Pharmacy Vaccination Service

#### Legend

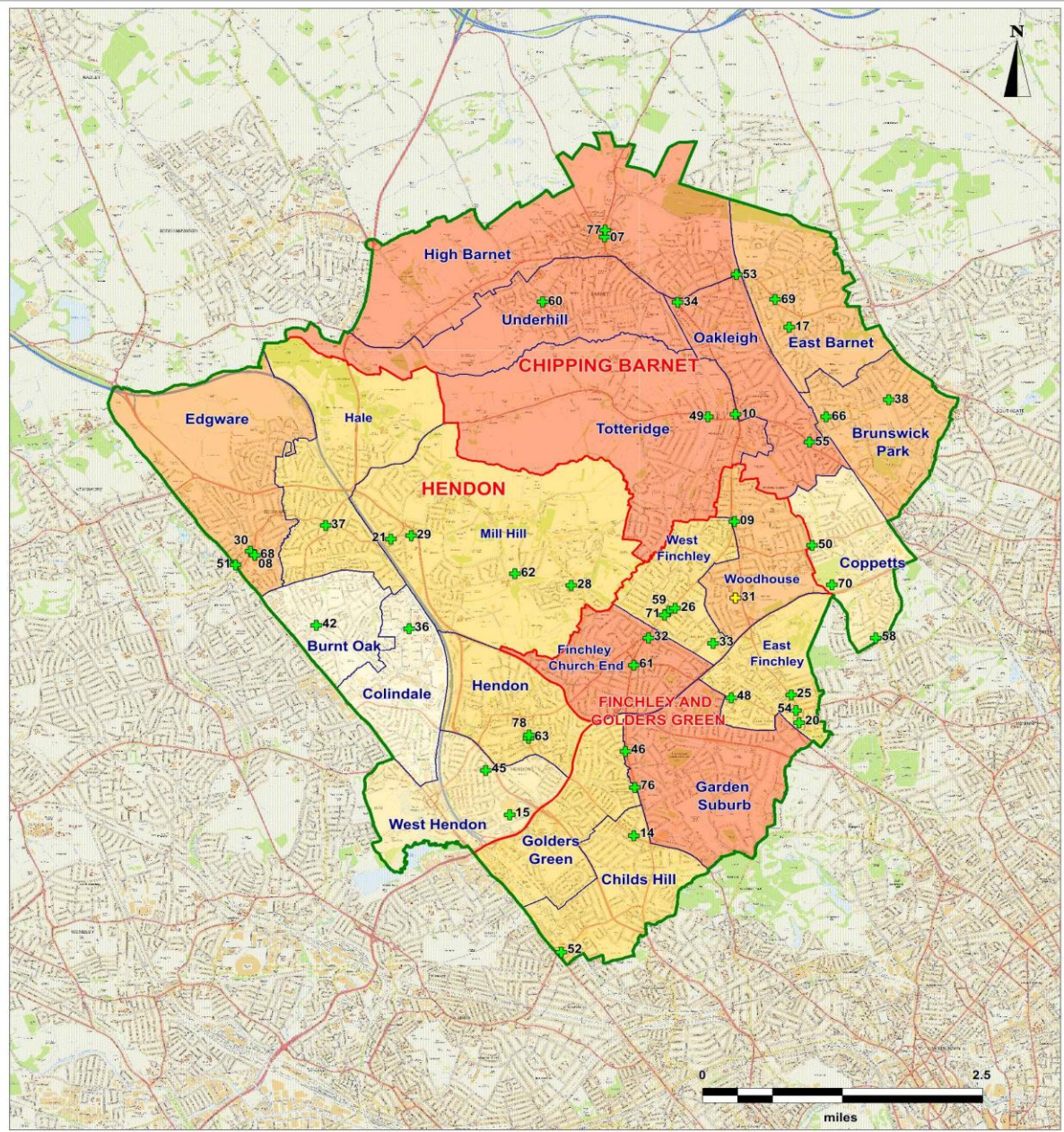
- + Pharmacies
- + LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

#### Percentage of population aged 65 plus by Ward



#### Barnet Pharmacies

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>07 Boots - EN5 5XP</li> <li>08 Boots - HA8 7BD</li> <li>09 Boots - N12 9QR</li> <li>10 Boots - N20 9HS</li> <li>14 Boots - NW11 8LN</li> <li>15 Boots - NW4 3FB</li> <li>17 Brand-Russell Chemist - EN4 8TD</li> <li>20 C.W. Andrew Pharmacy - N2 9PJ</li> <li>21 Care Chemists - NW7 3DA</li> <li>25 Cootes Pharmacy - N2 9AS</li> <li>26 Cootes Pharmacy - N3 2DN</li> <li>28 Day Lewis Pharmacy - NW7 1AF</li> <li>29 Day Lewis Pharmacy - NW7 2HX</li> <li>30 Derek Clarke Pharmacy - HA8 7JH</li> <li>31 Fairview Pharmacy - N12 0JE</li> <li>32 Gateway Chemist - N3 2LN</li> <li>33 Gordon Smith Pharmacy - N3 2RA</li> <li>34 Greenfield Pharmacy - EN5 1ES</li> <li>36 H.A. McParland Chemist - NW9 5XB</li> <li>37 Hale Pharmacy - HA8 9QW</li> <li>38 Hampden Square Pharmacy - N14 5JR</li> <li>42 Heron Pharmacy - HA8 0EJ</li> <li>45 John Wilson Chemists - NW4 3UX</li> </ul> | <ul style="list-style-type: none"> <li>46 Landy's Chemist - NW11 0AA</li> <li>48 Links Pharmacy - N2 0SZ</li> <li>49 Lipkin Chemist - N20 8QG</li> <li>50 Lloydspharmacy - N12 9AY</li> <li>51 Mango Pharmacy - HA8 7HF</li> <li>52 Maxwell Gordon Pharmacy - NW2 1EX</li> <li>53 Mountford Chemists - EN4 8RR</li> <li>54 Oakdale Pharmacy - N2 8AQ</li> <li>55 Oakleigh Pharmacy - N20 0TX</li> <li>58 Pharmocare - N10 1LR</li> <li>59 Pickles Chemist - N3 1XT</li> <li>60 Prima Pharmacy - EN5 2TB</li> <li>61 Reena Pharmacy - N3 3HP</li> <li>62 Regent Pharmacy - NW7 2NU</li> <li>63 Sabel Chemist - NW4 2DT</li> <li>66 Shore Pharmacy - N20 0BA</li> <li>68 Superdrug Pharmacy - HA8 7BD</li> <li>69 SVR Chemist Ltd - EN4 8QZ</li> <li>70 Tesco Instore Pharmacy - N12 0SH</li> <li>71 Tesco Instore Pharmacy - N3 1XP</li> <li>76 Westlake Pharmacy - NW11 TES</li> <li>77 Wilkinson Chemist - EN5 5SZ</li> <li>78 Zaxgate Ltd - NW4 2EL</li> </ul> |
|--|--|



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## 3.2.4 Enhanced Services

### 3.2.4.1 London Pharmacy Vaccination Service

#### Meeting the needs of those with a protected characteristic

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

#### Further Provision

- We wish to see this service commissioned from as many pharmacies as possible in Barnet to support increased uptake of seasonal influenza vaccine in those aged under 64 who are at risk; it is of note that 17 pharmacies told us, in the community pharmacy questionnaire, that they would be willing to provide this service
- In particular, we wish to see all pharmacies which are open for extended hours on weekdays, Saturdays and Sundays offering the service. This would improve access for people who work full time and who may find it difficult to attend for vaccination during working hours.

#### The Future

- NHS England has advised that they may wish to broaden the current portfolio to include shingles, pertussis, Fluenz ® and rotavirus vaccination

#### Conclusions

- The London Pharmacy Vaccination Service has been established to improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “*Every Contact Counts*” by offering co-administration of different vaccines, where these are clinically indicated
- The scope of the service, in 2013/14, includes seasonal influenza and pneumococcal vaccines
- We have concluded that this service is not necessary to meet a pharmaceutical need but is **relevant** in that:
  - Community pharmacy is one of a range of providers offering the vaccinations. Many are open during extended hours on weekdays and at weekends. As such, the pharmacy-based service **offers improvements in both access and choice**
  - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services
  - The service will support Barnet with achieving vaccination targets and coverage, particularly in those aged under 64 years who are at risk
- 46 pharmacies are currently offering the vaccination service; 18 pharmacies have advised that they would be willing to provide the service in the future
- There are opportunities to improve service availability during extended hours on weekdays, Saturdays and Sundays
- The London Pharmacy Vaccination Service was launched in September 2014 and it is, therefore, too earlier to evaluate its impact

## 3.3 Locally Commissioned Services

### 3.3.1 Overview

#### Overview

- The Regulations<sup>1</sup> require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
  - a. Firstly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA)
  - b. Secondly, an assessment of services which have been directly commissioned from pharmacy by other organisations
- In this section of the PNA, we undertake a detailed review of the services which have been directly commissioned from pharmacy:
  - Emergency Hormonal Contraception
  - Stop Smoking Service
  - Supervised Consumption Service
  - Needle and Syringe Programme
  - Alcohol Identification and Brief Advice
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement
- We have found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe that it is relevant in that it secures improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services

#### Healthy Living Pharmacy (HLP) Programme

- Barnet Council has been working in partnership with Barnet Clinical Commissioning Group and Barnet Local Pharmacy Committee (LPC) and Social Care System to develop the Healthy Living Pharmacy (HLP) concept in the borough
- The concept of the HLP builds upon the role of community pharmacies and attempts to establish them as a key element within public health services. It aims to do this through the delivery of high quality services, advice and intervention as well as regular health promotion activities
- The ambition for Healthy Living Pharmacies is as follows:
  - A community pharmacy that consistently delivers a range of high quality health and wellbeing services
  - 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, physical activity, sexual health, healthy eating and alcohol
  - Has a trained Health Champion who is proactive in promoting health and wellbeing messages, signposts the public to appropriate services and enables and supports the team in demonstrating the 'ethos' of an HLP
  - Has premises that are fit for purpose for promoting health and wellbeing messages as well as delivering commissioned services
  - Engages with the local community and other health and social care professionals, especially their local GP practice
  - Is recognisable by the public through the display of the HLP logo
- The concept in Barnet has been approved and, at the time of publication, training is being undertaken

## 3.3 Locally Commissioned Services

### 3.3.2 Emergency Hormonal Contraception

#### Overview

- The pharmacy-based service provides access to emergency hormonal contraception (EHC) to young women aged 13-19 years, who have had unprotected sexual intercourse within the last 72 hours
- Pharmacies supply and supervise the consumption of levonorgestrel 1,500 micrograms
- Those seeking the EHC service are also opportunistically offered free condoms and access to the C-Card scheme
- This service aims to:
  - Increase access and knowledge of EHC and other types of contraception for women aged between 13 - 19 years
  - Raise awareness of safer sexual practice
  - Reach to sexually active young people who do not use sexual health services
  - Signpost to specialist services where required
  - Allow faster response to clients' needs, without the need to see a doctor

#### The Current Picture

- 15 (19%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 11** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is not necessarily a correlation between service provision and need, particularly in the Hendon locality which has a high percentage of females aged 13 – 19 but only 4 pharmacies (all located at the eastern boundary of the locality) offering the service and only one with any recorded activity
  - There is a choice of pharmacy, in all localities, on weekdays (9:30am – 5:30pm) and Saturdays up until 5pm
  - Access is more limited during extended hours
  - The service can only be accessed on weekday mornings, up until and including 8am, in 1 pharmacy in Finchley & Golders Green
- **Non-pharmacy providers** include: GP surgeries, Barnet General Hospital, Vale Drive Contraception & Sexual Health Clinic, Torrington Park Contraception & Sexual Health Clinic, Finchley Pregnancy Advisory Service, Grahame Park Contraception & Sexual Health Clinic, Edgware Hospital Contraception & Sexual Health Clinic, Edgware Pregnancy Advisory Service

#### Provider Criteria

- Pharmacists delivering this service must:
  - Attend an NHS Barnet accreditation workshop and have a DRB check
  - Complete the relevant CPPE Open Learning Programmes: Emergency Hormonal Contraception, dealing with difficult discussions, contraception, Child Protection and e-assessment
- Pharmacies are required to:
  - Provide dedicated window or wall space to advertise the availability of the service
  - Have an approved private and confidential consultation area
  - Put into place standard operating procedures (including safeguarding and Fraser competency)
  - Have indemnity insurance

#### The Evidence Base

- The effectiveness of pharmacy-based EHC services, at reducing unwanted pregnancies, has been demonstrated in studies:
  - Pharmacy-based services provide timely access to EHC, with most women able to receive it within 24 hours of unprotected intercourse<sup>15,16</sup>
  - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them<sup>14,15</sup>
  - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service<sup>17</sup>
  - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits<sup>18</sup>. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing<sup>19</sup>
  - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies<sup>15</sup>



### 3.3 Locally Commissioned Services

#### 3.3.2 Emergency Hormonal Contraception

Locality	Ward	Number of Pharmacies Offering Emergency Hormonal Contraception Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	1	0	0	0	1	0	0	0	2
	Coppetts	0	1	1	0	0	1	1	1	1	2
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	1	0	0	0	1	1	0	1	3
	Oakleigh	0	1	1	0	0	1	1	0	0	2
	Totteridge	0	1	1	0	0	1	1	1	1	1
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	1	1	0	0	1	1	1	1	7
	East Finchley	0	0	0	0	0	0	0	0	0	4
	Finchley Church End	0	0	0	0	0	0	0	0	0	2
	Garden Suburb	0	0	0	0	0	0	0	0	0	6
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	1	2	1	0	0	2	1	1	1	4
	Woodhouse	0	1	0	0	0	1	1	0	1	3
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	0	1	0	0	0	1	1	0	0	2
	Edgware	0	2	1	0	0	2	1	0	1	4
	Hale	0	0	0	0	0	0	0	0	0	3
	Hendon	0	0	0	0	0	0	0	0	0	4
	Mill Hill	0	0	0	0	0	0	0	0	0	6
	West Hendon	0	1	1	0	0	1	1	0	0	3
<b>Grand Total</b>		<b>1</b>	<b>15</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>12</b>	<b>4</b>	<b>7</b>	<b>63</b>
<b>Percentage of Total</b>		<b>1%</b>	<b>19%</b>	<b>10%</b>	<b>0%</b>	<b>0%</b>	<b>19%</b>	<b>15%</b>	<b>5%</b>	<b>9%</b>	<b>81%</b>

### Pharmaceutical Needs Assessment Map 11: Emergency Hormonal Contraception

#### Legend

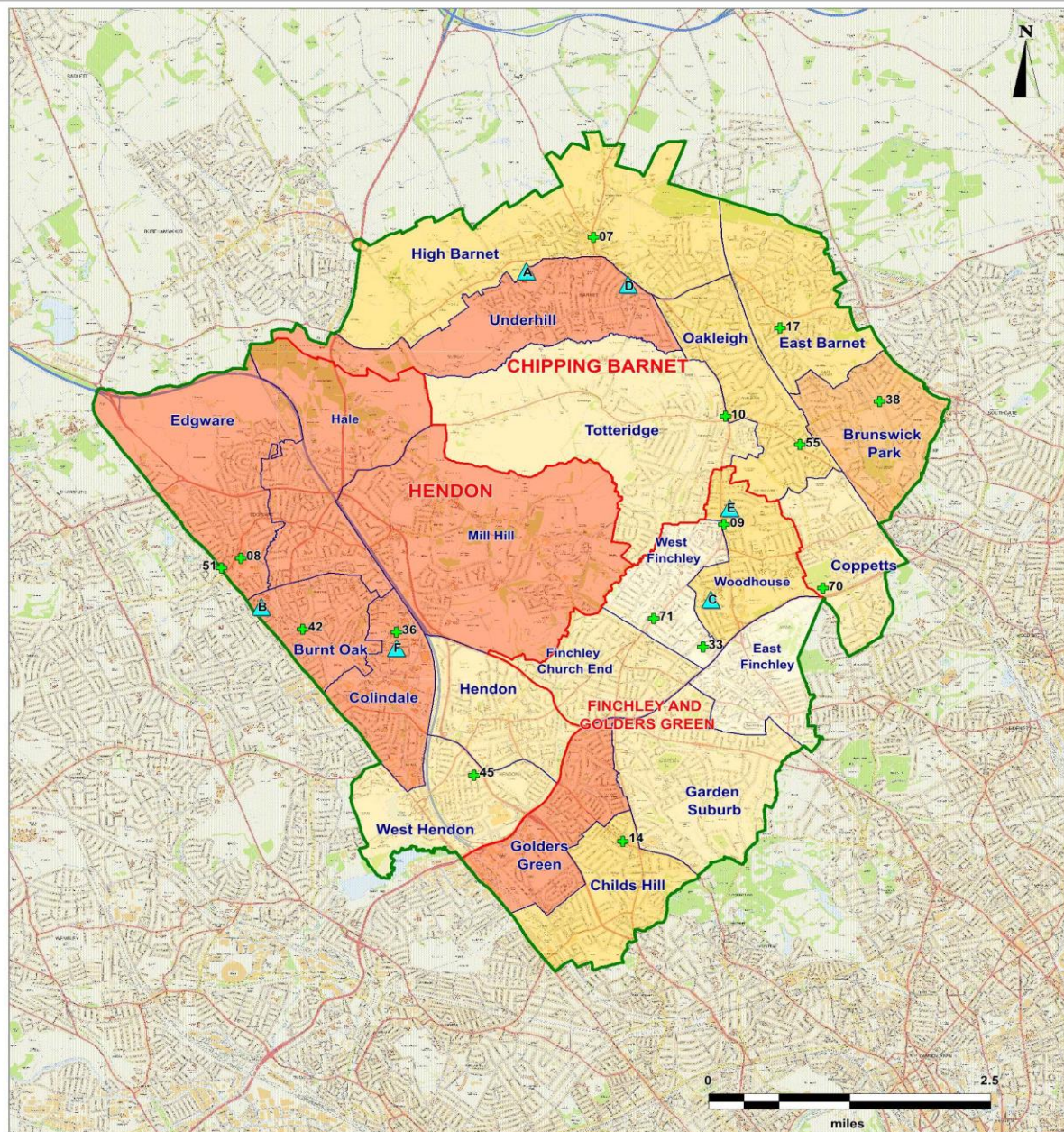
- + Pharmacies
- Barnet
- Barnet Localities
- Wards
- ▲ Non-Pharmacy Providers:
  - A Barnet General Hospital - EN5 3DJ
  - B Edgware Community Hospital - HA8 0AD
  - C Finchley Pregnancy Advisory Service - N12 0JE\*
  - D Vale Drive Health Centre - EN5 2ED
  - E Torrington Park - N12 9SS\*
  - F Grahame Park - NW9 5XT\*

#### Percentage of Female Population aged 13 to 19 by Ward

- 8.1 to 8.9 %
- 7.4 to 8.0 %
- 6.7 to 7.3 %
- 6.0 to 6.6 %
- 5.3 to 5.9 %

#### Barnet Pharmacies

- 07 Boots - EN5 5XP
- 08 Boots - HA8 7BD
- 09 Boots - N12 9QR
- 10 Boots - N20 9HS
- 14 Boots - NW11 8LN
- 17 Brand-Russell Chemist - EN4 8TD
- 33 Gordon Smith Pharmacy - N3 2RA
- 36 H.A. McParland Chemist - NW9 5XB
- 38 Hampden Square Pharmacy - N14 5JR
- 42 Heron Pharmacy - HA8 0EJ
- 45 John Wilson Chemists - NW4 3UX
- 51 Mango Pharmacy - HA8 7HF
- 55 Oakleigh Pharmacy - N20 0TX
- 70 Tesco Instore Pharmacy - N12 0SH
- 71 Tesco Instore Pharmacy - N3 1XP





## 3.3 Locally Commissioned Services

### 3.3.2 Emergency Hormonal Contraception

#### Meeting the needs of those with a protected characteristic

Age	✓	Service only available to those aged 13 – 19
Disability	✓	Service and advice may need to be tailored for those with learning disabilities and cognitive impairment.
Gender	✓	The service is only appropriate for women
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Activity and Performance

- The table below demonstrates that only 7 pharmacies are actively delivering the service; some at very low levels
- Pharmacies identified the need for training; lack of demand and customers coming from other areas as barriers to service delivery

#### EHC – Summary of Activity (2013/14) By Locality

Locality	No. of Pharmacies Commissioned	No. of Active pharmacies	No. of Doses Supplied	% Total Doses
Chipping Barnet	6	2	44	42%
Finchley & Golders Green	4	4	44	42%
Hendon	4	1	17	16%

#### Further Provision

- The service needs to be more closely aligned with need; ideally residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours
- We would like to see the service commissioned from pharmacies which open for extended hours, to improve access for young women who work full time

#### The Future

The pharmacy-based service is currently being reviewed and will consider: Current provision, access issues, a revised training programme for pharmacists and recruitment of additional pharmacists.

#### Conclusions

- This pharmacy-based service provides timely access to EHC for young women aged 13 – 19 years old
- We have determined that the service is **necessary to meet the pharmaceutical needs** of our population:
  - There is published evidence to demonstrate the benefits of pharmacy – based EHC supply, particularly for young women
  - The service is an important element of the Teenage Pregnancy Strategy
- 15 pharmacies have been commissioned to provide the service; 50 have indicated that they would be willing to provide this in the future
- Service accessibility, including late at night and at weekends, usually sets pharmacy aside from other providers. However, this is not necessarily the case in Barnet, as we have identified gaps in provision, during extended hours on weekdays and on Sundays, including in localities with higher need i.e. Hendon locality
- Only 7 pharmacies are actively delivering the service. We will be evaluating the reasons for this as part of our service review with the aim of increasing the number of accredited and active pharmacies



## 3.3 Locally Commissioned Services

### 3.3.3 Stop Smoking

#### Overview

- Barnet pharmacies provide Level 1 and 2 top smoking services ; this includes opportunistic information and advice; and supply of Nicotine Replacement Therapy (NRT) and other stop smoking aids
- This service, which is available to any smoker aged 12 or above who is motivated to quit, aims to:
  - Improve access and choice to stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids
  - Reduce smoking related illnesses and deaths by helping people to give up smoking
  - Improve the health of the population by reducing exposure to passive smoking
  - Help service users access additional treatment by offering referral to specialist services where appropriate
- Pharmacies are expected to achieve a 4 week quit rate of 35% or higher

#### The Current Picture

- 46 (59%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 12** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is good access, and a choice of pharmacy, in all localities on weekdays during the day and in the evening; and on Saturdays up until 7pm
  - Access is more limited on Sundays when the service is only offered by 18% of pharmacies; and on weekday at 8am when only one pharmacy in each locality is open
- The table, on the right, summarises the relative performance of pharmacies (2013/14 data):
  - Only 26 pharmacies are active
  - There is variation between localities with respect to the number of quit dates set with Hendon being most active
  - In terms of quit rates, whilst individual pharmacies have achieved the target of 35%, this has not been achieved in Finchley & Golders Green
- Non-pharmacy providers include: Central London Community Services NHS Trust and GP practices

#### Provider Criteria

- Pharmacists must:
  - Complete a local level 2 Smoking Cessation training programme and the online National Centre for Smoking Cessation Training (Level 1 and 2)
  - Demonstrate competency in providing advice on smoking cessation in accordance with the Stop Smoking Service accredited training programme and register with the Stop Smoking Service
  - Ensure attendance at least one mandatory update training session, as arranged by the Stop Smoking Service
- The pharmacy must:
  - Have a private space for confidential counselling of clients
  - Designate window & wall space to advertise the service & display materials
  - Have indemnity insurance, policies and standard operating procedures.

#### The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services<sup>14,15</sup>:
  - Studies have demonstrated the effectiveness and cost effectiveness of pharmacy-based stop smoking services, in improving quit rates
  - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff
  - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records
  - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar

	No. Active Pharmacies	Quit Date Set	No. DH Validated Quits	% Quitters	No. Achieving target (35%)
<b>Chipping Barnet</b>	9	147	61	41%	3
<b>Finchley &amp; Golders Green</b>	4	63	18	29%	2
<b>Hendon</b>	13	207	80	39%	7
<b>Barnet</b>	26	417	159	38%	12

## 3.3 Locally Commissioned Services

### 3.3.3 Stop Smoking

Locality	Ward	Number of Pharmacies Offering Stop Smoking Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	3	3	0	0	3	3	1	1	0
	East Barnet	1	2	1	0	0	2	2	1	1	1
	High Barnet	0	3	0	1	0	3	3	0	1	1
	Oakleigh	0	3	2	0	0	3	2	0	0	0
	Totteridge	0	1	1	0	0	1	1	1	1	1
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	4	2	0	1	4	4	2	1	4
	East Finchley	0	2	1	0	0	2	1	0	0	2
	Finchley Church End	0	2	0	0	0	2	1	0	0	0
	Garden Suburb	0	1	1	0	0	1	1	0	1	5
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	1	3	1	0	0	3	1	1	1	3
	Woodhouse	0	1	0	0	0	1	1	0	1	3
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	3	1	1	0	3	2	1	1	0
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	0	0	0	0	0	0	0	0	3
	Hendon	0	3	1	0	0	3	1	0	0	1
	Mill Hill	0	4	1	0	0	3	2	0	2	2
	West Hendon	0	2	1	0	0	1	1	1	1	2
<b>Grand Total</b>		<b>3</b>	<b>46</b>	<b>21</b>	<b>2</b>	<b>1</b>	<b>43</b>	<b>30</b>	<b>8</b>	<b>14</b>	<b>32</b>
<b>Percentage of Total</b>		<b>4%</b>	<b>59%</b>	<b>27%</b>	<b>3%</b>	<b>1%</b>	<b>55%</b>	<b>38%</b>	<b>10%</b>	<b>18%</b>	<b>41%</b>



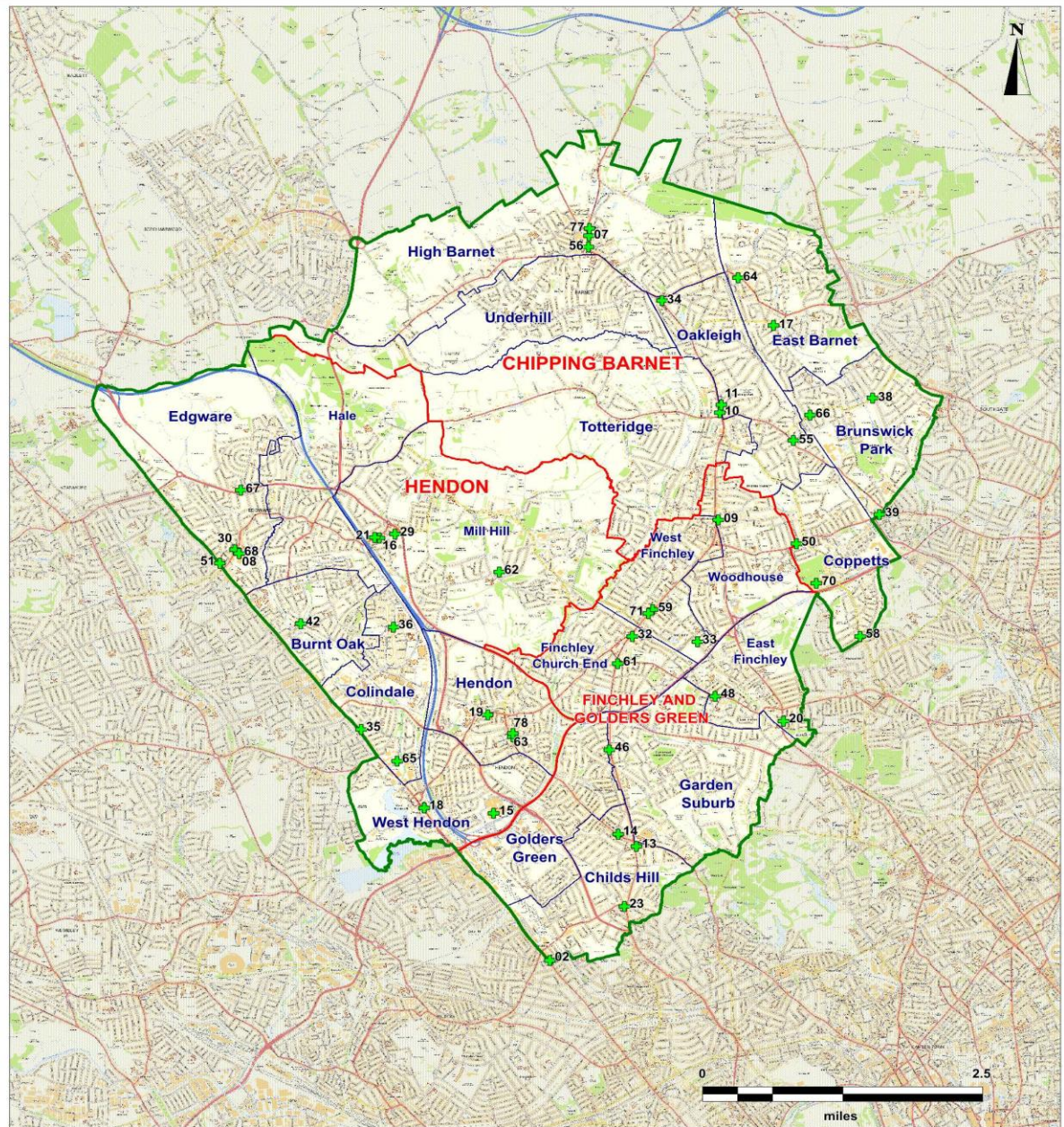
### Pharmaceutical Needs Assessment Map 12: Stop Smoking Service

#### Legend

- + Pharmacies
- Barnet
- Barnet Localities
- Wards

#### Barnet Pharmacies

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>02 Actkar Chemists - NW2 3EE</li> <li>07 Boots - EN5 5XP</li> <li>08 Boots - HA8 7BD</li> <li>09 Boots - N12 9QR</li> <li>10 Boots - N20 9HS</li> <li>11 Boots - N20 9HJ</li> <li>13 Boots - NW11 7RR</li> <li>14 Boots - NW11 8LN</li> <li>15 Boots - NW4 3FB</li> <li>16 Boots - NW7 3LH</li> <li>17 Brand-Russell Chemist - EN4 8TD</li> <li>18 Broadway Chemist - NW9 7EE</li> <li>19 C.J. Pharmacy - NW4 4EB</li> <li>20 C.W. Andrew Pharmacy - N2 9PJ</li> <li>21 Care Chemists - NW7 3DA</li> <li>23 Castle Chemist - NW2 2QJ</li> <li>29 Day Lewis Pharmacy - NW7 2HX</li> <li>30 Derek Clarke Pharmacy - HA8 7JH</li> <li>32 Gateway Chemist - N3 2LN</li> <li>33 Gordon Smith Pharmacy - N3 2RA</li> <li>34 Greenfield Pharmacy - EN5 1ES</li> <li>35 H Shah Dispensing Chemist - NW9 6RS</li> <li>36 H.A. McParland Chemist - NW9 5XB</li> </ul> | <ul style="list-style-type: none"> <li>38 Hampden Square Pharmacy - N14 5JR</li> <li>39 Haria Chemists - N11 1NE</li> <li>42 Heron Pharmacy - HA8 0EJ</li> <li>46 Landy's Chemist - NW11 0AA</li> <li>48 Links Pharmacy - N2 0SZ</li> <li>50 Lloydspharmacy - N12 9AY</li> <li>51 Mango Pharmacy - HA8 7HF</li> <li>55 Oakleigh Pharmacy - N20 0TX</li> <li>56 Parry Jones &amp; Co - EN5 5UR</li> <li>58 Pharmocare - N10 1LR</li> <li>59 Pickles Chemist - N3 1XT</li> <li>61 Reena Pharmacy - N3 3HP</li> <li>62 Regent Pharmacy - NW7 2NU</li> <li>63 Sabel Chemist - NW4 2DT</li> <li>64 Sainsbury's Pharmacy - EN4 8RQ</li> <li>65 Sainsbury's Pharmacy - NW9 6JX</li> <li>66 Shore Pharmacy - N20 0BA</li> <li>67 Singer Pharmacy - HA8 8JS</li> <li>68 Superdrug Pharmacy - HA8 7BD</li> <li>70 Tesco Instore Pharmacy - N12 0SH</li> <li>71 Tesco Instore Pharmacy - N3 1XP</li> <li>77 Wilkinson Chemist - EN5 5SZ</li> <li>78 Zaxgate Ltd - NW4 2EL</li> </ul> |
|--|---|





## 3.3 Locally Commissioned Services

### 3.3.3 Stop Smoking

#### Meeting the needs of those with a protected characteristic

Age	✓	The service may be accessed by anyone aged 12 years or over. Smoking prevalence may vary between age groups and there are opportunities to target services at specific age segments of the population
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment
Gender	✗	Smoking prevalence is higher in young women
Race	✓	Language may be a barrier to delivering the service. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✓	Good evidence of improved outcomes in pregnancy
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified.

#### Further Provision

- We wish to see all commissioned pharmacies proactively identifying (e.g. through their patient medication records or opportunistic interventions within the pharmacy) patients who may benefit from the stop smoking service
- We would like to see improved access to the service during extended hours, where there is demand for this
- In our community pharmacy questionnaire, 14 pharmacies said they would be willing to provide the service in the future

#### The Future

- A review of the service is required to understand why some pharmacies do not perform as well as others (noting that the context of such a review would need to take into account that Barnet has a relatively low smoking prevalence rate compared with the England average)

#### Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking
- We have determined that, on balance, the service is not necessary to meet the pharmaceutical needs of our population but is **relevant in that it improves access to stop smoking support**. The following factors have underpinned this decision:
  - There is published evidence to support community pharmacy-based stop smoking services
  - Pharmacy is one a range of providers commissioned to provide stop smoking services, and potentially has benefits in that it may be accessed during extended hours and at weekends in some localities
  - The service supports us with meeting our strategic priorities around cardiovascular disease, cancer and COPD
  - Pharmacy performance is variable, particularly with respect to achieving the required quit rate
- 46 pharmacies have been commissioned to provide the service; however, only 26 of these are active
- Access to the service is good on weekdays (9:30 – 5pm) and Saturdays (up to 7pm)
- We have identified that availability is reduced at other times and gaps, which may make it difficult for people who work full time to access the service, include :
  - Weekday mornings up until and including 8am; the service is only available in one pharmacy in each locality
  - Sundays where only 14 pharmacies are open

## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Consumption

#### Overview

- The pharmacy based supervised consumption service, has been commissioned in accordance with National Drug Misuse Guidelines
- It aims to support service users to comply with their prescribed opiate substitute medication. As such it helps to reduce incidents of accidental death through overdose; reduce the diversion of controlled drugs into the community and supports harm reduction by reducing the need for service users to inject drugs
- Pharmacists are required to:
  - Supervise the consumption of methadone or buprenorphine on a daily basis (or dispense when the pharmacy is closed)
  - Monitor the patient's response to prescribed treatment; and withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate
  - Undertake health promotion activities which may include displaying leaflets and/or provision of opportunistic advice)
  - Signpost or refer on to other substance misuse services as necessary

#### The Current Picture

- 41 (53%) pharmacies have been commissioned
- The table (next page) and **Map 13** (subsequent page) provide an overview of the availability and distribution of the service:
  - There is good access, and a choice of pharmacy, on weekdays (9:30am – 5:30pm); and Saturdays (10:00am – 5pm) in all localities
  - Access outside of these hours is more limited, particularly:
    - Up until and including 8am on weekdays, when only two pharmacies offering the service are open
    - On weekday and Saturday evenings; and Sundays when choice is reduced in all localities
- Ambulance data indicates that Colindale and Burnt Oak wards in the Hendon locality have the highest number drug related call outs
- Non-pharmacy providers of the service include BEHMT (the current provider of Drug and Alcohol services)

#### Provider Criteria

- Pharmacists should have completed (or have plans to complete within 6 months of joining the scheme) the CPPE package on 'Substance Use and Misuse'
- The pharmacy must ensure that the service is only provided by an accredited pharmacist
- There must be a consultation area which provides sufficient confidentiality for the service user
- The pharmacy must put into place indemnity insurance, relevant policies and standard operating procedures

#### The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy-based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion<sup>14,15</sup>:
  - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users
  - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination
  - Most drug users value community pharmacy-based services highly

## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Consumption

Locality	Ward	Number of Pharmacies Offering the Supervised Consumption Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	1	1	0	0	1	0	0	0	2
	Coppetts	0	2	2	0	0	2	2	0	0	1
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	2	0	1	0	2	2	0	1	2
	Oakleigh	0	2	2	0	0	2	1	0	0	1
	Totteridge	0	1	1	0	0	1	1	1	1	1
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	4	2	0	0	4	4	2	1	4
	East Finchley	0	3	1	0	0	3	2	0	0	1
	Finchley Church End	0	0	0	0	0	0	0	0	0	2
	Garden Suburb	0	3	1	1	0	1	1	0	1	3
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	0	3	0	0	0	3	1	0	0	3
	Woodhouse	1	2	1	0	0	2	2	1	2	2
Hendon	Burnt Oak	0	1	1	0	0	1	1	0	0	0
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	5	3	0	0	4	3	0	2	1
	Hale	0	3	0	2	1	3	0	0	1	0
	Hendon	0	2	1	0	0	2	1	0	0	2
	Mill Hill	0	3	1	0	0	3	2	0	1	3
	West Hendon	0	1	0	0	0	0	0	0	0	3
<b>Grand Total</b>		<b>2</b>	<b>41</b>	<b>18</b>	<b>4</b>	<b>1</b>	<b>37</b>	<b>26</b>	<b>5</b>	<b>11</b>	<b>37</b>
<b>Percentage of Total</b>		<b>3%</b>	<b>53%</b>	<b>23%</b>	<b>5%</b>	<b>0%</b>	<b>47%</b>	<b>33%</b>	<b>6%</b>	<b>14%</b>	<b>47%</b>



### Pharmaceutical Needs Assessment Map 13: Supervised Consumption Service

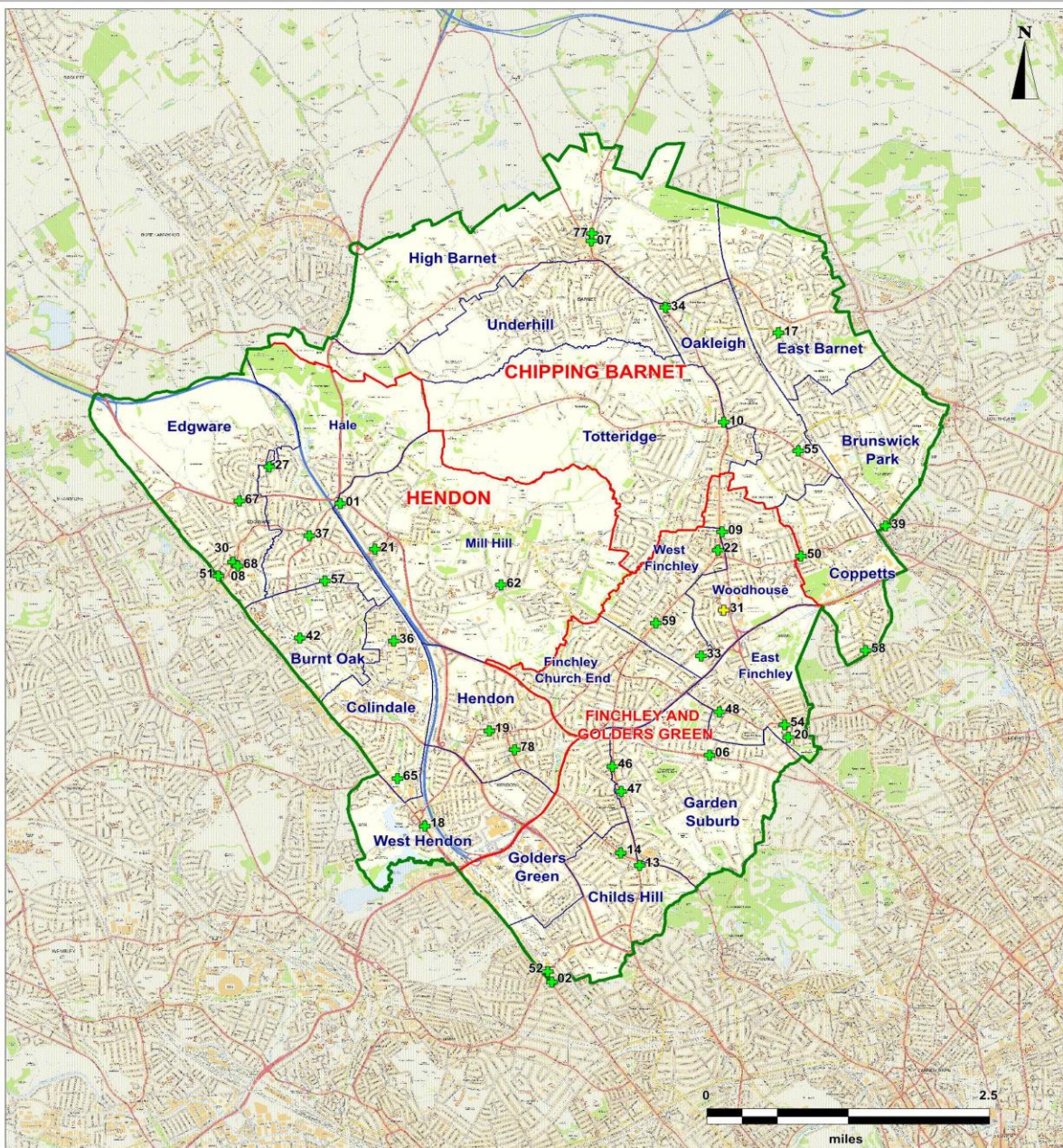
#### Legend

- + Pharmacies
- + LPS Pharmacies
- Barnet
- Barnet Localities
- Wards

#### Barnet Pharmacies

- 01 Acorn Pharmacy - NW7 3JR
- 02 Acktar Chemists - NW2 3EE
- 06 Bishops Pharmacy - N2 0DW
- 07 Boots - EN5 5XP
- 08 Boots - HA8 7BD
- 09 Boots - N12 9QR
- 10 Boots - N20 9HS
- 13 Boots - NW11 7RR
- 14 Boots - NW11 8LN
- 17 Brand-Russell Chemist - EN4 8TD
- 18 Broadway Chemist - NW9 7EE
- 19 C.J. Pharmacy - NW4 4EB
- 20 C.W. Andrew Pharmacy - N2 9PJ
- 21 Care Chemists - NW7 3DA
- 22 Carter's Pharmacy - N12 8LT
- 27 Cullimore Chemist - HA8 8SX
- 30 Derek Clarke Pharmacy - HA8 7JH
- 31 Fairview Pharmacy - N12 0JE
- 33 Gordon Smith Pharmacy - N3 2RA
- 34 Greenfield Pharmacy - EN5 1ES
- 36 H.A. McParland Chemist - NW9 5XB

- 37 Hale Pharmacy - HA8 9QW
- 39 Haria Chemists - N11 1NE
- 42 Heron Pharmacy - HA8 0EJ
- 46 Landy's Chemist - NW11 0AA
- 47 Landy's Express - NW11 7TH
- 48 Links Pharmacy - N2 0SZ
- 50 Lloydspharmacy - N12 9AY
- 51 Mango Pharmacy - HA8 7HF
- 52 Maxwell Gordon Pharmacy - NW2 1EX
- 54 Oakdale Pharmacy - N2 8AQ
- 55 Oakleigh Pharmacy - N20 0TX
- 57 Pharmco Chemist - HA8 9BU
- 58 Pharmocare - N10 1LR
- 59 Pickles Chemist - N3 1XT
- 62 Regent Pharmacy - NW7 2NU
- 65 Sainsbury's Pharmacy - NW9 6JX
- 67 Singer Pharmacy - HA8 8JS
- 68 Superdrug Pharmacy - HA8 7BD
- 77 Wilkinson Chemist - EN5 5SZ
- 78 Zaxgate Ltd - NW4 2EL





## 3.3 Locally Commissioned Services

### 3.3.4 Supervised Consumption

#### Meeting the needs of those with a protected characteristic

Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the supervised consumption service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- We anticipate the external review will provide further insights into how we can more effectively align service provision with need
- In our community pharmacy questionnaire, pharmacies identified a need for further training. Barriers to delivering the service including concerns about safety and a perception of lack of demand

#### The Future

- An externally commissioned needs assessment of adult alcohol and drug services has recently been completed
- This will be used to inform future commissioning of the service

#### Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community
- We have determined that this service is **necessary to meet the pharmaceutical needs of our population** for the following reasons:
  - The service is primarily available through community pharmacy
  - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment
  - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 41 pharmacies are commissioned to provide the service. In our pharmacy questionnaire, a further 16 pharmacies stated they would be willing to provide this service in the future
- With respect to service access, we have identified this is more limited on weekday mornings up until & including 8am; on weekday evenings and Saturday evenings and on Sunday. The implication of this is that service users may have less flexibility as to when they are able to attend the pharmacy; it also means that pharmacies which do not open at weekends are not able to offer such close supervision of their service users

## 3.3 Locally Commissioned Services

### 3.3.5 Needle & Syringe Programme

#### Overview

- The Westminster Drug Project (WDP) is the prime contractor for the needle and syringe programme and subcontracts with Barnet pharmacies
- The aim of the service is protect the health and reduce the rate of blood borne viruses and drug related deaths among injecting service users until they are ready and willing to cease injecting and achieve a drug-free life
- Pharmacies are required to:
  - Provide clean injecting equipment and encourage exchange for used needles and syringes
  - Support with the safe disposal of used equipment
  - Provide health promotion advice, in relation to both substance misuse and sexual health
  - Refer on to specialist drug and alcohol services.
  - Signpost on to other health and social care professions, to support their broader needs (e.g. hepatitis and HIV screening, primary care etc)

#### The Current Picture

- 12 (15%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 14** (subsequent page) provide an overview of the availability and distribution of the service:
  - There are two or more pharmacies commissioned to provide the service in each locality
  - However, because the service is only commissioned from a small number of pharmacies, access and choice is limited at all times. In particular:
    - Up until and including 8am on weekdays only one pharmacy offering the service is open; this is based in the Hendon locality
    - On weekday evenings (7pm onwards) there is limited provision and none in Finchley and Golders Green locality
    - On Saturday evenings (7pm onwards), only one pharmacy (Hendon locality) offering the service is open
    - On Sundays there are only four pharmacies that offer the service
- Ambulance data indicates that Colindale and Burnt Oak wards in the Hendon locality have the highest number drug related call outs
- Non-pharmacy providers of the service include WDP

#### Provider Criteria

- Pharmacists must:
  - Complete an appropriate CPPE package and maintain appropriate CPD
  - Ensure that the service is supervised by an accredited pharmacist
  - Ensure that pharmacy staff involved in the service attend mandatory training sessions
- The pharmacy must:
  - Have a consultation area which provides sufficient confidentiality
  - Ensure there are sufficient stocks of kits; and store these safely so they are inaccessible to customers and in accordance with sterile medical equipment
  - Put into place indemnity insurance, relevant policies (including a needle stick injury policy) and standard operating procedures; and ensure that staff have read and understood these
  - Ensure protective equipment to deal with spillages is readily available and kept close to the storage site
  - Display the national logo or a locally approved logo
  - Ensure the service is available on Monday to Saturday (with the exception of Bank Holidays)

#### The Evidence Base

- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies<sup>14,15</sup>:
  - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only
  - Most drug users value community pharmacy-based services highly



## 3.3 Locally Commissioned Services

### 3.3.5 Needle & Syringe Programme

Locality	Ward	Number of Pharmacies Offering Needle Exchange Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	0	0	0	0	0	0	0	0	3
	Coppetts	0	0	0	0	0	0	0	0	0	3
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	2	1	1	0	2	1	0	0	2
	Oakleigh	0	1	1	0	0	1	0	0	0	2
	Totteridge	0	0	0	0	0	0	0	0	0	2
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	0	0	0	0	0	0	0	0	8
	East Finchley	0	0	0	0	0	0	0	0	0	4
	Finchley Church End	0	0	0	0	0	0	0	0	0	2
	Garden Suburb	0	0	0	0	0	0	0	0	0	6
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	0	1	0	0	0	1	0	0	0	5
	Woodhouse	0	1	0	0	0	1	1	0	1	3
Hendon	Burnt Oak	0	0	0	0	0	0	0	0	0	1
	Colindale	1	2	1	0	0	2	2	1	1	1
	Edgware	0	2	1	0	0	2	2	0	0	4
	Hale	0	1	0	1	0	1	0	0	0	2
	Hendon	0	1	1	0	0	1	0	0	0	3
	Mill Hill	0	0	0	0	0	0	0	0	0	6
	West Hendon	0	0	0	0	0	0	0	0	0	4
<b>Grand Total</b>		<b>1</b>	<b>12</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>12</b>	<b>7</b>	<b>1</b>	<b>2</b>	<b>66</b>
<b>Percentage of Total</b>		<b>1%</b>	<b>15%</b>	<b>6%</b>	<b>3%</b>	<b>0%</b>	<b>15%</b>	<b>9%</b>	<b>1%</b>	<b>3%</b>	<b>85%</b>

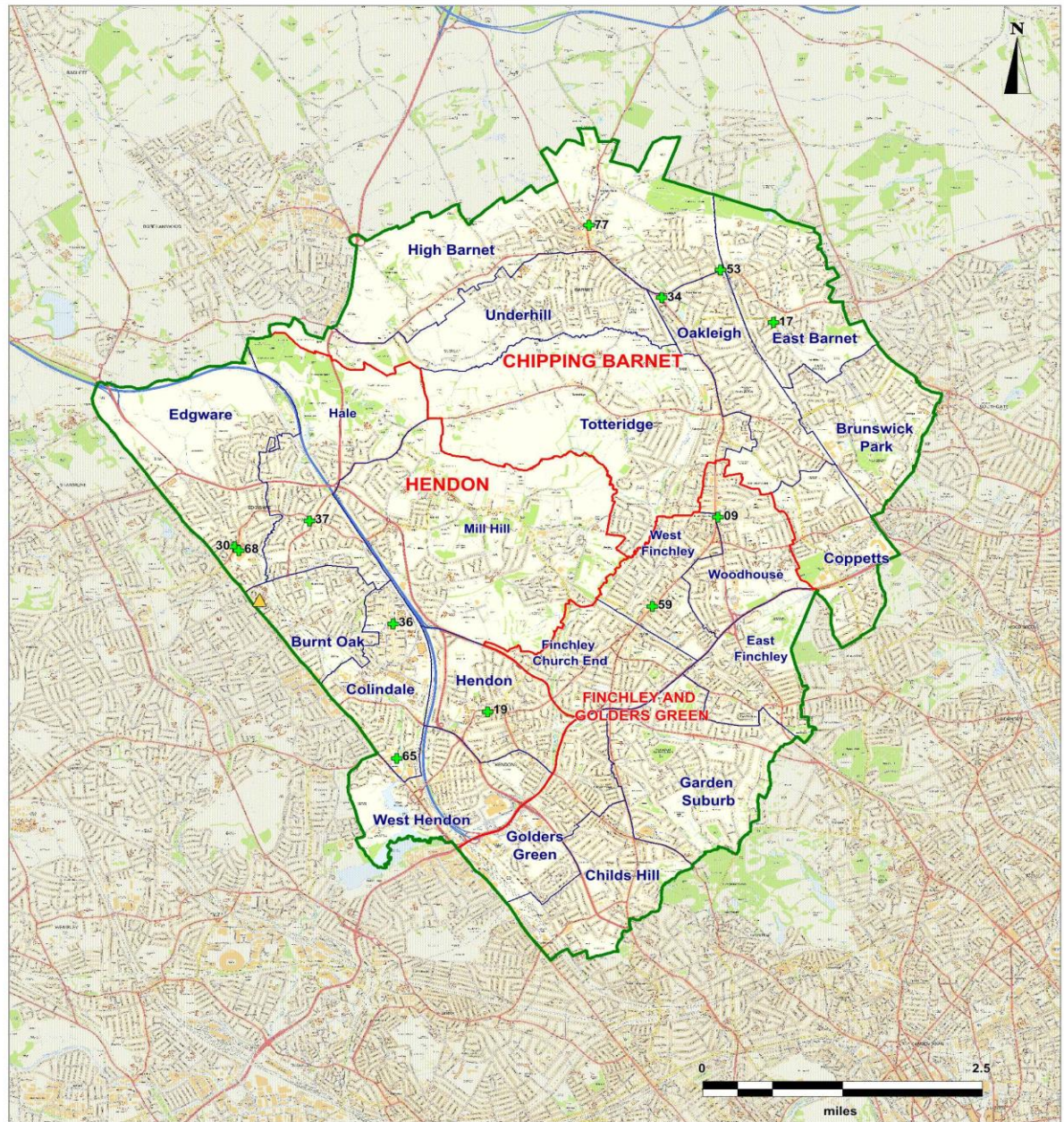
### Pharmaceutical Needs Assessment Map 14: Needle & Syringe Exchange Programme

#### Legend

- + Pharmacies
- Barnet
- Barnet Localities
- Wards
- ▲ Non-Pharmacy Providers:  
- BDAS, Dennis Scott Unit, Edgware Community Hospital - HA8 0AD

#### Barnet Pharmacies

- 09 Boots - N12 9QR
- 17 Brand-Russell Chemist - EN4 8TD
- 19 C.J. Pharmacy - NW4 4EB
- 30 Derek Clarke Pharmacy - HA8 7JH
- 34 Greenfield Pharmacy - EN5 1ES
- 36 H.A. McParland Chemist - NW9 5XB
- 37 Hale Pharmacy - HA8 9QW
- 53 Mountford Chemists - EN4 8RR
- 59 Pickles Chemist - N3 1XT
- 65 Sainsbury's Pharmacy - NW9 6JX
- 68 Superdrug Pharmacy - HA8 7BD
- 77 Wilkinson Chemist - EN5 5SZ





## 3.3 Locally Commissioned Services

### 3.3.5 Needle & Syringe Programme

#### Meeting the needs of those with a protected characteristic

Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy and maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access for service users
- We anticipate the external review will provide further insights into how we can more effectively align service provision with need
- In our community pharmacy questionnaire, pharmacies identified a need for further training. Barriers to delivering the service including concerns about safety and a perceived lack of demand

#### The Future

- An externally commissioned needs assessment of adult alcohol and drug services has recently been completed
- This will be used to inform future commissioning of the service

#### Conclusions

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public
- We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
  - The service is primarily available through community pharmacy.
  - There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes
  - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse
- 12 pharmacies are commissioned to provide the service. In our pharmacy questionnaire, a further 39 pharmacies stated they would be willing to provide this service in the future
- Whilst the service is available in all localities, access and choice is relatively limited at all times particularly in Finchley & Golders Green
- We have identified the following gaps in that there is no access to the service, however, the extent to which this impacts upon pharmaceutical need is being explored as part of the external review:
  - Up until and including 8am on weekdays
  - On weekday evenings (7pm onwards) especially in Finchley & Golders Green where the service is not available at all
  - On Saturday evenings (7pm onwards) when the service is only available from one pharmacy in the Hendon locality
  - Sundays



## 3.3 Locally Commissioned Services

### 3.3.6 Identification & Brief Advice (IBA) on Alcohol

#### Overview

- The alcohol IBA service is intended to provide screening and appropriate brief advice, to people who have either requested advice on alcohol or opportunistically to those attending the pharmacy for other services
- A screening tool, in the form of a scratch card, is used to establish the level of drinking and identify service users for advice
- Brief advice, lasting 5 – 10 minutes, includes: potential harm caused by the identified level of drinking, reasons for changing behaviour, barriers to change, practical strategies to help reduce alcohol consumption and agreed goals
- The aims of the service are to:
  - Increase the identification of higher risk drinking
  - Increase access to effective brief advice on alcohol
  - Reduce the harm and hospital admissions caused by higher risk
  - Improve health by encouraging responsible drinking
  - Increase access to the alcohol services where appropriate

#### The Current Picture

- 21 (27%) pharmacies have been commissioned to provide the service, with 6 or more in each locality
- The table (next page) and **Map 15** (subsequent page) provides an overview of the availability and distribution of the service
- The service is only commissioned from a small number of pharmacies, this limits opportunity for targeting customers; and reduces choice for residents who proactively seek out the service.
  - There is no access up until and including 8am on weekdays
  - Very limited on weekday evenings with only pharmacy providing the service in Finchley & Golders Green
  - On Saturday evenings (7pm onwards) with only one pharmacy providing the service in the Chipping Barnet locality.
  - On Sunday with only 2 pharmacies providing the service and no provision in Finchley & Golders Green
- Ambulance data indicates that Childs Hill (Finchley & Golders Green locality), Burnt Oak and West Hendon (Hendon locality) are the top three wards for alcohol related call outs

#### Provider Criteria

- The pharmacy based IBA advisors will have:
  - Attended and completed, to the satisfaction of the commissioner, a two hour IBA training session provided by the Public Health Team
  - Demonstrated competency in providing IBA on alcohol
  - Registered with the Public Health Team as an IBA provider
- The pharmacy must:
  - Have a consultation area which provides sufficient confidentiality
  - Put into place indemnity insurance, relevant policies and standard operating procedures
  - Provide window space to advertise the service; and wall space to display materials
  - Ensure all staff are trained in the operation of the service
  - Signpost to other pharmacies when the service is not available within their own premises

#### The Evidence Base

- There is little empirical evidence in the reviews of effectiveness of community pharmacy based services for alcohol misuse<sup>15</sup>. However, there is some evidence of success on a small scale from local initiatives.
- Anecdotal evidence for successful alcohol intervention programmes is beginning to grow from the healthy living pharmacy (HLP) work programme<sup>20</sup>

### 3.3 Locally Commissioned Services

#### 3.3.6 Identification & Brief Advice (IBA) on Alcohol

Locality	Ward	Number of Pharmacies Offering Alcohol IBA Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9:30am – 5.30pm	7pm or later	Closed Early	Closed for Lunch	10am – 1pm	5pm or later	7pm or later	Open at some point	
Chipping Barnet	Brunswick Park	0	3	1	0	0	3	0	0	0	0
	Coppetts	0	1	1	0	0	1	1	1	1	2
	East Barnet	0	1	0	0	0	1	1	0	0	2
	High Barnet	0	2	1	1	0	2	1	0	0	2
	Oakleigh	0	2	2	0	0	2	1	0	0	1
	Totteridge	0	0	0	0	0	0	0	0	0	2
	Underhill	0	0	0	0	0	0	0	0	0	1
Finchley & Golders Green	Childs Hill	0	1	0	0	0	1	1	0	0	7
	East Finchley	0	3	1	0	0	3	2	0	0	1
	Finchley Church End	0	1	0	0	0	1	0	0	0	1
	Garden Suburb	0	0	0	0	0	0	0	0	0	6
	Golders Green	0	0	0	0	0	0	0	0	0	2
	West Finchley	0	1	0	0	0	1	1	0	0	5
	Woodhouse	0	0	0	0	0	0	0	0	0	4
Hendon	Burnt Oak	0	0	0	0	0	0	0	0	0	1
	Colindale	0	0	0	0	0	0	0	0	0	3
	Edgware	0	3	2	0	0	2	1	0	1	3
	Hale	0	1	0	1	1	1	0	0	0	2
	Hendon	0	1	0	0	0	1	0	0	0	3
	Mill Hill	0	1	0	0	0	1	0	0	0	5
	West Hendon	0	0	0	0	0	0	0	0	0	4
<b>Grand Total</b>		<b>0</b>	<b>21</b>	<b>8</b>	<b>2</b>	<b>1</b>	<b>20</b>	<b>9</b>	<b>1</b>	<b>2</b>	<b>57</b>
<b>Percentage of Total</b>		<b>0%</b>	<b>27%</b>	<b>10%</b>	<b>3%</b>	<b>1%</b>	<b>26%</b>	<b>12%</b>	<b>1%</b>	<b>3%</b>	<b>73%</b>



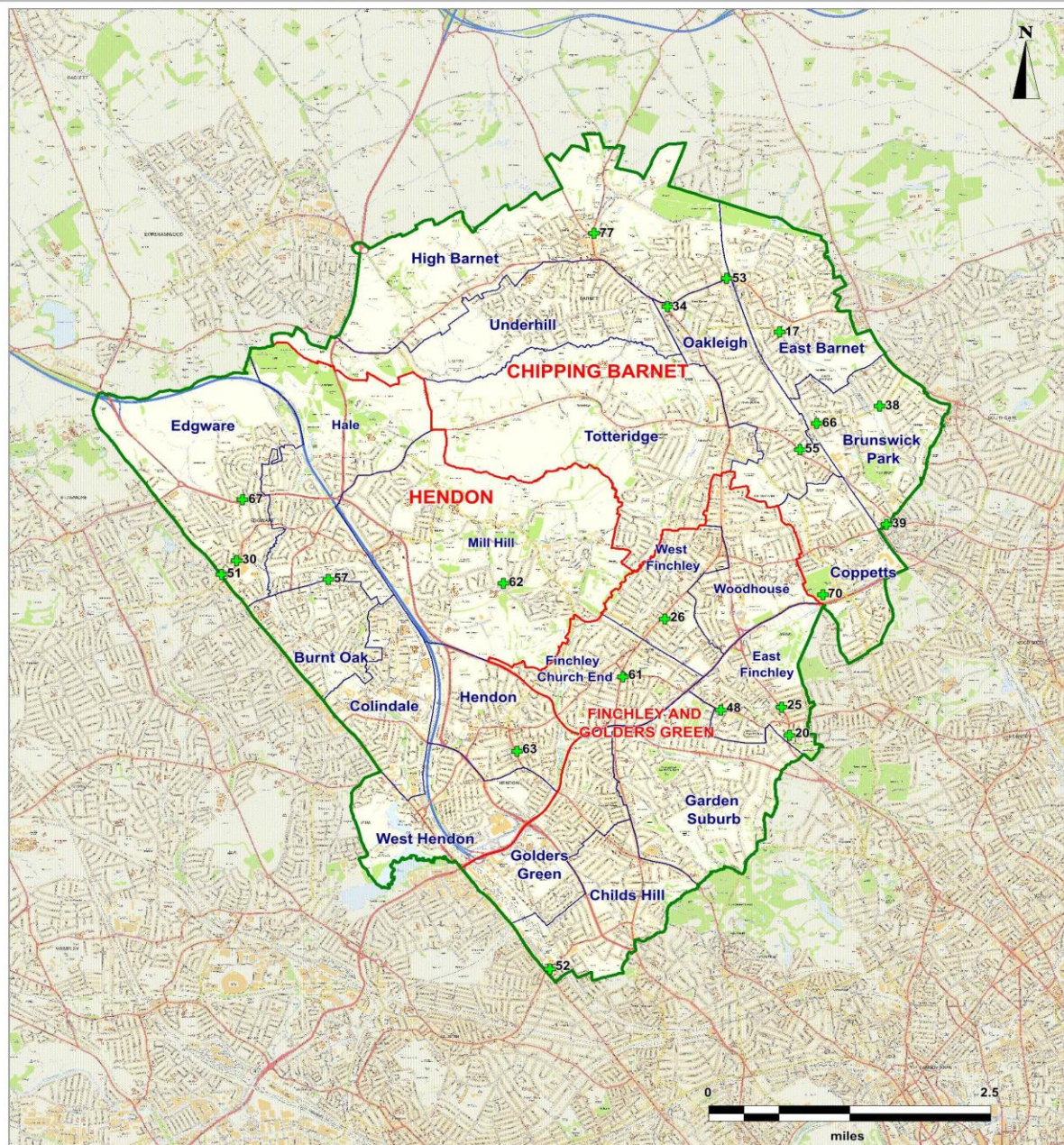
### Pharmaceutical Needs Assessment Map 15: Alcohol Identification and Brief Advice (IBA)

#### Legend

- + Pharmacies
- Barnet
- Barnet Localities
- Wards

#### Barnet Pharmacies

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>17 Brand-Russell Chemist - EN4 8TD</li> <li>20 C.W. Andrew Pharmacy - N2 9PJ</li> <li>25 Cootes Pharmacy - N2 9AS</li> <li>26 Cootes Pharmacy - N3 2DN</li> <li>30 Derek Clarke Pharmacy - HA8 7JH</li> <li>34 Greenfield Pharmacy - EN5 1ES</li> <li>38 Hampden Square Pharmacy - N14 5JR</li> <li>39 Haria Chemists - N11 1NE</li> <li>48 Links Pharmacy - N2 0SZ</li> <li>51 Mango Pharmacy - HA8 7HF</li> <li>52 Maxwell Gordon Pharmacy - NW2 1EX</li> </ul> | <ul style="list-style-type: none"> <li>53 Mountford Chemists - EN4 8RR</li> <li>55 Oakleigh Pharmacy - N20 0TX</li> <li>57 Pharmco Chemist - HA8 9BU</li> <li>61 Reena Pharmacy - N3 3HP</li> <li>62 Regent Pharmacy - NW7 2NU</li> <li>63 Sabel Chemist - NW4 2DT</li> <li>66 Shore Pharmacy - N20 0BA</li> <li>67 Singer Pharmacy - HA8 8JS</li> <li>70 Tesco Instore Pharmacy - N12 0SH</li> <li>77 Wilkinson Chemist - EN5 5SZ</li> </ul> |
|--|---|





## 3.3 Locally Commissioned Services

### 3.3.6 Identification & Brief Advice (IBA) on Alcohol

#### Meeting the needs of those with a protected characteristic

Age	✓	The service is aimed at young people and adults
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities; telephone support is available for those who are housebound or less able to visit a pharmacy
Gender	✗	No specific needs identified
Race	✓	Language may be a barrier to delivering the service
Religion or belief	✗	No specific needs identified
Pregnancy & maternity	✗	No specific needs identified
Sexual orientation	✗	No specific needs identified
Gender reassignment	✗	No specific needs identified
Marriage & civil partnership	✗	No specific needs identified

#### Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access as well as providing additional opportunities to proactively target pharmacy users for the service.
- We anticipate the service review, which is due to be finished by the end of 2014, will inform the extent to which the service is rolled out further.
- In our community pharmacy questionnaire, pharmacies identified a need for training

#### The Future

A formal evaluation of the service is due to commence soon and be available by the end of February 2015. This will inform future plans for the service

#### Conclusions

- The alcohol IBA service is intended to proactively identify, and offer brief advice, to people who misuse alcohol, with a view to reducing the amount of alcohol they drink
- We have determined that this service is not necessary to meet the pharmaceutical needs of the population, but is **relevant in that it provides valuable access to health promotion advice**. The following factors have been taken into account:
  - At this point in time, the service is only available through community pharmacy but GPs may start undertaking IBA as part of their over 40s health checks and/or for new patients
  - There is very little published evidence to demonstrate the effectiveness of pharmacy-based alcohol misuse services; however, evidence is emerging from HLP programmes that alcohol IBA in pharmacies is effective
  - The service is relatively new and has not yet been fully evaluated
  - The service supports our local priorities in relation to substance misuse
- 21 pharmacies have been commissioned to provide the service; 41 pharmacies are willing to provide this service in the future
- The service is available in all localities although choice is relatively limited
- We have identified the following potential gaps :
  - There is no access to the service up until and including 8am on weekdays in all localities
  - Access to the service is very limited in the evenings (weekday and Saturdays) and on Sunday
  - The service is available in the localities with the highest ambulance call outs for alcohol related reasons, but no pharmacies have been commissioned in the wards of Burnt Oak or West Hendon which may reduce opportunistic targeting of pharmacy users in these areas

## 3. The Assessment

### 3.4 Looking to the Future

#### Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided
- In this section, we describe our vision and ambition for how community pharmacy may support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
  - **Accessibility**, often during extended hours and without an appointment
  - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally
  - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons
  - **Under-utilisation**, of our existing network of pharmacies which provides a real opportunity to expand the role and services provided
- The use of medicines is the most common intervention in primary care. In this respect we have recognised the need to see pharmacy more closely integrated into patient pathways, as well as a wider role in medicines optimisation. This would help to promote seamless care, as well as potentially facilitating improved outcomes.
- It is our intention that the potential service developments, set out on page 93 & 94, will be considered alongside other priorities by Barnet Council and our partner organisations when developing future commissioning strategy
- However, because local strategy is still emerging and we are redesigning various services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*)
- Finally, procurement rules are such that where it is determined that community pharmacy has a role to play in the delivery of an existing or new service then this may be subject to a formal tendering process, to which pharmacies will be invited to participate

#### Our Vision for Pharmacy

<b>An established 'first port of call'</b>	<i>We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers. We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services such as a minor ailments service</i>
<b>An enhanced role in Self Care</b>	<i>Pharmacy is well placed to support Barnet residents with self-care. There are opportunities to enhance the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home</i>
<b>A wider role within primary care</b>	<i>There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix. This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) and/or through other healthcare professionals from working within pharmacy premises e.g. NHS Health Checks</i>
<b>A network of Public Health Practitioners</b>	<i>A key ambition is to create a network of public health practitioners, using the concept of Healthy Living Pharmacies as a solid foundation upon which to deliver, and potentially expand, the range of public health activities undertaken within pharmacy. Through a more integrated offering, that we will maximise opportunities to make "Every Contact Count"</i>
<b>Taking pharmacy to Barnet Residents</b>	<i>We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place</i>

## 3.4 Looking to the Future

### 3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JHWS Principles & Priorities	CCG Priorities	Integrated Care
<b>Healthy Living Pharmacies</b> <ul style="list-style-type: none"> <li>• Training (commencing in 2015), roll out &amp; ongoing development of the HLP programme as a foundation for delivering public health services through pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• An established “first port of call”</li> <li>• An enhanced role in self-care</li> <li>• A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on prevention</li> <li>• Improved uptake of vaccinations especially MMR</li> <li>• Encourage and support smokers to quit</li> <li>• Provision of information &amp; support on range of leisure, health, housing and support issues</li> <li>• Support people who are overweight and obese to lose weight</li> </ul>	<ul style="list-style-type: none"> <li>• Improve inequalities in Health</li> <li>• Prepare children &amp; young people for a Healthy life e.g. reduce smoking in pregnancy, immunisation rates</li> </ul>	<ul style="list-style-type: none"> <li>• Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>
<b>Minor Ailments Service</b> <ul style="list-style-type: none"> <li>• Development &amp; roll out of a pharmacy-driven minor ailments service for a wide range of common conditions</li> <li>• This could include supply of prescription only medicines under patient group directions</li> </ul>	<ul style="list-style-type: none"> <li>• An established ‘first port of call’</li> <li>• A wider role within primary care</li> <li>• An enhanced role in self-care</li> </ul>	<ul style="list-style-type: none"> <li>• Keeping Independent &amp; promoting self-care</li> <li>• Making health &amp; wellbeing a personal agenda</li> <li>• Developing local community capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Right care, in the right place, at the right time</li> </ul>	<ul style="list-style-type: none"> <li>• Investment in prevention and self-management as the key to maximising wellbeing and independence</li> </ul>
<b>Screening &amp; Diagnostics</b> <ul style="list-style-type: none"> <li>• Pharmacy based screening and/or diagnostics e.g. <ul style="list-style-type: none"> <li>○ NHS Health Checks</li> <li>○ Blood-borne virus testing</li> <li>○ Spirometry</li> </ul> </li> <li>• These could be undertaken by pharmacists or other healthcare professionals working within pharmacies.</li> </ul>	<ul style="list-style-type: none"> <li>• A wider role in primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Emphasis on prevention</li> <li>• Early identification and actions to reduce the impact of disease and disability</li> </ul>	<ul style="list-style-type: none"> <li>• Improve inequalities in Health e.g. NHS Health Checks to reduce under 75 cardiovascular mortality rate</li> <li>• Capacity for NHS Health Checks (particularly where performance issues with existing providers)</li> </ul>	<ul style="list-style-type: none"> <li>• Frail and Elderly (aged 65+)</li> <li>• Long Term Conditions (people aged 55 – 65)</li> <li>• People living with Dementia</li> <li>• End of Life Care</li> </ul>



## 3.4 Looking to the Future

### 3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JHWS Principles & Priorities	CCG Priorities	Integrated Care
<p><b>Integrated medicines optimisation</b></p> <ul style="list-style-type: none"> <li>Develop integrated medicines optimisation services for people who are cared for in more than one setting</li> <li>Opportunities may include: <ul style="list-style-type: none"> <li>Patients identified as high risk, with regards to medicines, post discharge referred into community pharmacy for follow up</li> <li>Support for patients to improve adherence e.g. aide memoires, text messages, domiciliary services</li> <li>Facilitate exchange of medicines information between clinical settings</li> <li>Identification, &amp; notification to prescribers, of people not taking preventative medicines e.g. those at high risk of CVD</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>An enhanced role in self-care</li> <li>A wider role in primary care</li> <li>Taking pharmacy to Barnet Residents</li> </ul>	<ul style="list-style-type: none"> <li>Joining up services to ensure timely and effective solutions to individual problems</li> <li>Early identification and actions to reduce the impact of disease and disability</li> <li>Support a comprehensive frail elderly pathway that spans health and social care</li> </ul>	<ul style="list-style-type: none"> <li>Right care, in the right place, at the right time e.g. acute medicines management; reduce unplanned admissions; increase percentage of people aged 65+ who are still at home 91 days after discharge</li> </ul>	<ul style="list-style-type: none"> <li>Self management</li> <li>Frail and Elderly (aged 65+)</li> <li>Long Term Conditions (people aged 55 – 65)</li> <li>People living with Dementia</li> </ul>
<p><b>Weight management</b></p> <ul style="list-style-type: none"> <li>Scope could include: <ul style="list-style-type: none"> <li>Advice &amp; brief interventions on weight management, healthy eating &amp; exercise,</li> <li>Pharmacy-based weight management service</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>An enhanced role in self-care</li> <li>A network of public health practitioners – <i>“Making Every Contact Count”</i></li> </ul>	<ul style="list-style-type: none"> <li>Emphasis on prevention</li> <li>Support people who are overweight and obese to lose weight</li> </ul>	<ul style="list-style-type: none"> <li>Improve inequalities in Health e.g. reduce under 75 cardiovascular mortality rate</li> </ul>	<ul style="list-style-type: none"> <li>Self management</li> <li>Long Term Conditions (people aged 55 – 65)</li> </ul>

## 3. The Assessment

### 3.4 Looking to the Future

#### Our Aspiration for Pharmacy Services and Premises

- Throughout the document, we have reflected upon both the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy
- In doing so, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right
- It follows that we would anticipate that these aspirations be priorities for future applications

Element	Aspiration for Pharmacy Services & Premises
Pharmacy opening hours	<ul style="list-style-type: none"> <li>• 7 day a week opening</li> <li>• Extended hour opening as part of core hours:               <ul style="list-style-type: none"> <li>○ Weekdays (which ever is longest):                   <ul style="list-style-type: none"> <li>• Open by 8am (or earlier) and not closing before 7pm; or</li> <li>• As a minimum, opening at the same time as GP surgeries and closing 30 minutes later</li> </ul> </li> <li>○ Saturday, open from 9am–5pm as a minimum; ideally open until 7pm or later; and co-ordinated with GP opening where applicable</li> <li>○ Sunday, open for a minimum of 6 hours and co-ordinated with GP opening, where applicable</li> </ul> </li> </ul>
Advanced services	<ul style="list-style-type: none"> <li>• Accredited &amp; prepared to offer MURs, NMS, AURs &amp; SACs</li> <li>• Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval)</li> </ul>
Enhanced services	<ul style="list-style-type: none"> <li>• Accredited and prepared to offer all currently commissioned services, relevant to the needs of the local population</li> <li>• Prepared to seek accreditation for &amp; offer future enhanced services (if required)</li> </ul>
Locally commissioned services	<ul style="list-style-type: none"> <li>• Accredited and prepared to offer all locally commissioned services relevant to the needs of their population</li> <li>• Prepared to seek accreditation for &amp; offer future locally commissioned services (if required)</li> <li>• Actively seek to improve standards of care</li> </ul>
Consultation Area	<ul style="list-style-type: none"> <li>• Minimum of one area, fully compliant with the Regulations and with the following additional characteristics:               <ul style="list-style-type: none"> <li>○ Space for a chaperone and/or a wheel chair</li> <li>○ Sink with hot water</li> <li>○ Equipped with a telephone, computer, secure IT connection &amp; access to NHS.net email</li> <li>○ Access to patient medication records</li> <li>○ Security measures i.e. panic button &amp; CCTV</li> <li>○ Patient toilet nearby</li> </ul> </li> </ul>
Meeting the needs of those with a disability	<ul style="list-style-type: none"> <li>• Premises and services should be suitably adapted to meet the needs of those with a disability including:               <ul style="list-style-type: none"> <li>○ Wheelchair access to all public areas within the pharmacy</li> <li>○ Hearing loop, including within the consultation area</li> <li>○ Provision of support for people with cognitive impairment</li> <li>○ Provision of a 'dementia friendly' environment</li> </ul> </li> </ul>

## 3. The Assessment

### 3.5 Conclusions – Summary of Gaps

Summary of Needs and Improvements	
Current Need	<ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Additional pharmacy opening hours are needed between 7-9am on weekdays, all localities, to improve alignment with GP opening hours to ensure timely access to dispensing</li> <li>○ Additional pharmacy provision is required on all bank holidays (not just Christmas Day and Easter Sunday)</li> <li>○ Up to date information on pharmacy &amp; DAC opening hours and services, is needed in a variety of forms (not just via on NHS Choices)</li> </ul> </li> </ul>
Future Need	<ul style="list-style-type: none"> <li>• <b>Essential Services</b> <ul style="list-style-type: none"> <li>○ Additional pharmacies may be required, in the Hendon locality, to meet the future pharmaceutical needs arising as a result of population growth and the local regeneration programme We have estimated that two additional pharmacies would be sufficient to maintain the locality at around the current Barnet average (assuming that estimated population growth and housing developments come to fruition). Ideally there will be co-location with new healthcare centres; and a pharmacy based in the new town centre. We have set out our aspirations for pharmacy services and premises and would anticipate any new pharmacies will meet these particularly in relation to extended hour opening and willingness to offer the full range of pharmaceutical and locally commissioned services</li> <li>○ If Barnet GPs move to a 7 day a week service, the current pattern of pharmacy opening hours may need to be reviewed, to ensure that residents can secure timely access to medicines following a GP consultation. At the time of publication, the arrangements for the operational delivery, and timescales, of such changes are not known</li> </ul> </li> </ul>
Improvements or Better Access	<ul style="list-style-type: none"> <li>• <b>All services (essential, advanced, enhanced and locally commissioned)</b> <ul style="list-style-type: none"> <li>○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Barnet</li> </ul> </li> <li>• <b>Meeting the needs of those with disabilities</b> <ul style="list-style-type: none"> <li>○ There are opportunities for more pharmacies to provide support for people with disabilities particularly those with hearing impairment</li> <li>○ We anticipate that all pharmacies will take reasonable steps to meet the minimum requirements of the Equality Act 2010</li> </ul> </li> <li>• <b>Advanced services</b> <ul style="list-style-type: none"> <li>○ MURs and NMS – we wish to see all pharmacies providing these services (unless there is a valid reason not to do so)</li> <li>○ Providing MURs (subject to NHS England approval) in the domiciliary setting would improve access for the housebound and those less able to visit a pharmacy without support; it would also facilitate service provision by those pharmacies which do not have a consultation area</li> <li>○ We wish to see all pharmacies targeting MURs and NMS reviews at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum as well helping to improve outcomes</li> <li>○ An integrated approach to NMS delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for our residents</li> </ul> </li> <li>• <b>Enhanced Services – Further Provision</b> <ul style="list-style-type: none"> <li>○ <b>London Pharmacy Vaccination Service:</b> We wish to see this service commissioned from as many pharmacies as possible to support increased uptake of seasonal influenza vaccine in those aged under 64 who are at risk; and to maintain and/or improve uptake of PPV vaccine in those aged 65+</li> </ul> </li> </ul>



## 3. The Assessment

### 3.5 Conclusions – Summary of Gaps

	Summary of Needs and Improvements
<b>Improvements or Better Access (cont...)</b>	<ul style="list-style-type: none"> <li>• <b>Locally commissioned services</b> <ul style="list-style-type: none"> <li>○ <b>EHC:</b> Residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours</li> <li>○ <b>Supervised consumption:</b> Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access for service users and enhance the level of supervision at weekends which is particularly important for high risk patients</li> <li>○ <b>Needle &amp; Syringe programme:</b> Commissioning the service from a wider range of pharmacies which open for extended hours and at weekends, would improve access and choice for service users</li> <li>○ <b>Alcohol IBA:</b> Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access as well as providing additional opportunities to proactively target pharmacy users for the service</li> </ul> </li> </ul>
<b>Future improvements or Better Access</b>	<ul style="list-style-type: none"> <li>• <b>All services (essential, advanced, enhanced and locally commissioned)</b> <ul style="list-style-type: none"> <li>○ In all localities, extending opening hours on weekday mornings (before 9am), weekday and Saturday evenings (after 7pm) and on Sundays, would improve access, convenience and choice to all pharmaceutical and locally commissioned services. This would be beneficial for the working population of Barnet and would facilitate ensuring there is sufficient capacity to meet the future pharmaceutical needs of a growing population</li> </ul> </li> <li>• <b>Advanced services</b> <ul style="list-style-type: none"> <li>○ MURs and NMS – we wish to see all existing, and any new, pharmacies providing these services (unless there is a valid reason not to do so)</li> </ul> </li> <li>• <b>Locally commissioned services</b> <ul style="list-style-type: none"> <li>○ For all locally commissioned services, we need to understand why some pharmacies are more active than others</li> <li>○ <b>Stop Smoking services:</b> we need to understand why some pharmacies are not achieving the required quit rates; and provide support to help address this</li> <li>○ <b>Substance misuse (supervised consumption and needle &amp; syringe programme):</b> An external review of substance misuse services has been undertaken; the findings will be used to inform how we can more closely align these services with need</li> <li>○ <b>EHC:</b> we plan to review the EHC service with a view to deciding the extent to which the service will be rolled out more widely across Barnet</li> <li>○ <b>Alcohol IBA:</b> we plan to review the Alcohol IBA service with a view to deciding the extent to which the service will be rolled out more widely across Barnet</li> </ul> </li> <li>• <b>Meeting the needs of those with a disability</b> <ul style="list-style-type: none"> <li>○ We would wish to ensure that new pharmacies have taken appropriate steps to meet the needs of people with disabilities. Specifically, we anticipate that all premises have step free access and that public areas of the pharmacy are accessible to wheel chairs; that a hearing loop is installed and that the pharmacy provides large print labels and labels with braille</li> </ul> </li> </ul>

## 4. Consultation Report

### Consultation Approach

- Barnet Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment
- The consultation was issued and managed electronically:
  - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the table below
  - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation; a hard copy letter was sent as back up
  - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations
  - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing
- The consultation was initiated on the 23 January 2015 and ended at midnight on the 26 March 2015. This period was in accordance with the minimum 60 day consultation required by the Regulations

### Consultation Outcome

- In total, 20 responses were received to the consultation, as follows:
  - NHS England
  - 15 community pharmacies (this included one submission from Boots on behalf of all branches within Barnet; and one 'out of area pharmacy' which was potentially affected by the conclusions within the draft PNA)
  - The Dispensing Appliance Contractor
  - Middlesex Pharmaceutical Group of LPCs (with authority and on behalf of Barnet, Enfield and Haringey LPC) representing pharmacy services within the London Borough of Barnet
  - Two NHS Trusts (Barnet, Enfield & Haringey Mental Health Trust; and Central London Community Healthcare NHS Trust)
- 4 pharmacies submitted late responses (3 of these were received on the 27 March 2015; and the fourth early in the morning on the 30 March 2015). All these pharmacies had experienced difficulties in downloading the PNA documents from the website. In recognition of this difficulty, all late responses were accepted
- All feedback was consolidated into a document for review by the PNA Steering Group on the 17 February 2015.
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H. Where applicable, the draft PNA was updated to reflect the decisions of the PNA Steering Group

### Stakeholder Groups invited to Participate in the Consultation

#### Stakeholders Specified Within the Regulations

- Healthwatch Barnet
- Barnet, Enfield & Haringey Local Pharmaceutical Committee (via the Middlesex Pharmaceutical Group of LPCs)
- Barnet Local Medical Committees
- Barnet NHS Pharmaceutical Services Contractors (78 pharmacies and 1 Dispensing Appliance Contractor)
- Barnet, Enfield & Haringey Mental Health Trust
- Central London Community Healthcare NHS Trust
- The Royal Free London NHS Foundation Trust
- Neighbouring Health & Wellbeing Boards (Harrow, Hertfordshire, Brent, Haringey, Enfield and Camden)

#### Other Stakeholder Groups

- NHS Barnet Clinical Commissioning Group
- Members of the Barnet Health & Wellbeing Board

## Annex A

### References

1. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)
2. Equality Act 2010; Chapter 1, Part 11
3. "Use of community pharmacies: a population-based survey". *Journal of Public Health* 2005; 27 (3): 254-262. Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P.
4. "Pharmacy in England: Building on Strengths - Delivering the Future". Department of Health 2008.
5. "Improving Health and Patient Care through Community Pharmacy - A Call to Action". NHS England, December 2013
6. "Medicines Optimisation: Helping Patients to make the most of their Medicines". *Royal Pharmaceutical Society of Great Britain (RPSGB) May 2013.*
7. "Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence". *National Collaborating Centre for Primary Care January 2009.*
8. "The NHS's role in the public's health - a report from the NHS Future Forum" [Date of publication not stated]
9. *The NHS Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*
10. "Royal Pharmaceutical Society QI4PD Medicines Use Review audit reports". London: Royal Pharmaceutical Society Annual report 2009/10.
11. "A randomised controlled trial and economic evaluation with qualitative appraisal comparing the effectiveness and cost effectiveness of the New Medicines Service in community pharmacies in England ". Rachel A Elliott, Matthew J Boyd, Justin Waring et al. August 2014.
12. *The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines". Pharmacy World & Science 2008; 30(1), 17-23. Elliott RA, Barber N, Clifford S, Horne R, Hartley E.*
13. "PharmOutcomes Data". PSNC Website, October 2013.
14. "The contribution of community pharmacy to improving the public's health: summary report of the literature review 1990–2007". London: Pharmacy Health Link, 2009. Anderson, C., Blenkinsopp, A. Armstrong, M.
15. "Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum". *Public Health England, Jan 2014.*
16. "Community pharmacy supply of emergency hormonal contraception: a structured literature review of international evidence". *Human Reproduction* 2006; 21(1): 272-284. Anderson, C., Blenkinsopp, A.
17. "ONS Conception Statistics 2011", England and Wales, released April 2013
18. "Emergency contraception. Has over the counter availability reduced attendances at emergency departments?" *Emergency Med Journal* 2004; 21: 67–68. Kerins, M et al.
19. "Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception". *Edinburgh, Scottish Government Social Research. 2011. Kerins, M et al.*
20. "From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth" . *Research in Social and Administrative Pharmacy* 2014; 10(1): 72-87 ; Brown D et al



## Annex B

### Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LPC	Local Pharmaceutical Committee
AUR	Appliance Use Reviews	LSOA	Lower Layer Super Output Area
BAME	Black, Asian and Minority Ethnic	LTC	Long Term Condition
BEHMT	Barnet, Enfield & Haringey Mental Health Trust	MAS	Minor Ailments scheme
CCG	Clinical Commissioning Group	MenC	Meninogoccal C
CCTV	Closed Circuit Television	MMR	Measles, Mumps and Rubella
CIPFA	Chartered Institute for Public Finance & Accountability	MURs	Medicines Use Reviews
CNS	Central Nervous System	NHSE	NHS England
COPD	Chronic Obstructive Pulmonary Disease	NICE	National Institute for Health & Care Excellence
CPD	Continuing professional development	NMS	New Medicine Service
CPPE	Centre of Pharmacy Postgraduate Education	NRT	Nicotine Replacement Therapy
CVD	Cardiovascular Disease	NSAID	Nonsteroidal anti-inflammatory drugs
DACs	Dispensing Appliance Contractors	NCL	North Central London
ECH	Egware Community Hospital	OCU	Opiate / Crack Cocaine User
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PCV	Pnemococcal Conjugate Vaccine
FMH	Finchley Memorial Hospital	PGD	Patient Group Direction
FP10	NHS Prescription Form	PHE	Public Health England
GLA	Greater London Authority	PI	Prescription Intervention
GP	General practitioner	PMR	Patient Medication Record
GUM	Genito-urinary medicine	PNA	Pharmaceutical Needs Assessment
Hib	Haemophilus Influenzae Type B	PPV	Pneumococcal Polysaccharide vaccine
HIV	Human Immunodeficiency Virus	PSNC	Pharmaceutical Services Negotiating Committee
HLP	Healthy living pharmacy	PURM	Pharmacy Urgent Repeat Medication
HPA	Health Protection Agency	QoF	Quality and Outcomes Framework
HPV	Human Papillomavirus	RPSGB	Royal Pharmaceutical Society of Great Britain
HWB	Health & Wellbeing Board	SACS	Stoma Appliance Customisation Services
IBA	Identification and Brief Advice	SHLAA	Strategic Housing Land Availability Assessment
IMD	Index of multiple deprivation	STIs	Sexually transmitted infections
JHWS	Joint Health & Wellbeing Strategy	UPSI	Unprotected Sexual Intercourse
JSNA	Joint Strategic Needs Assessment	WDP	Westminster Drug Project
LAs	Local Authorities	WHO	World Health Organisation
LMC	Local Medical Committee	WIC	Walk-in Centre