



Health & Wellbeing Board

AGENDA REPORTS PACK

**Meeting of the Health and Wellbeing Board.
Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA**

Thursday 22 September 2022 at 4.30 pm.

The Live Stream link can be view here:

Main: <https://youtu.be/ISeRt8Vh4K0>

Backup: <https://youtu.be/rkOB-XQLIYg>

Contact: Peter Gray
Governance Officer
Tel: 020 8356 3326
Email: governance@hackney.gov.uk

Mark Carroll
Chief Executive
13 September 2022

**The press and public are welcome to attend
this meeting**

Health & Wellbeing Board

Board Membership and Additional Attendees

Board Members	
Mayor Philip Glanville Co-Chair, Hackney Council	Dr Stephanie Coughlin ICP Lead, City and Hackney
Vacancy Group Director - Climate, Homes and Economy – Hackney Council	Vacancy Hackney Healthwatch
Paul Calaminus Chief Executive, East London Foundation Trust	Cllr Anntoinette Bramble Cabinet Member for Education, Young People and Children’s Social Care
Jacquie Burke Group Director, Children and Education, Hackney Council	Councillor Susan Fagana-Thomas Cabinet Member for Community Safety, Hackney Council
Louise Ashley Chief Executive, Homerton University Hospital NHS Foundation Trust	Annie Gannon Director of Education, Hackney Council
Frances Haste Hackney Community Voluntary Sector	Stephen Haynes Strategic Director, Inclusive Economy, Corporate Policy and New Homes, Hackney Council
Dr Sandra Husbands Director of Public Health, City and Hackney	Rosemary Jawara Hackney Community Voluntary Sector
Dr Tehseen Khan NHS Primary Care Networks	Councillor Christopher Kennedy Cabinet Member for Health, Adult Social Care, Voluntary and Leisure
Susan Masters Hackney Community Voluntary Sector	Raj Radia Chair, Local Pharmaceutical Committee
Laura Sharpe Chief Executive of the GPs Confederation	Dr Kathleen Wenaden NHS – Primary Care Networks
Councillor Carole Williams Cabinet Member for Employment, Skills and Human Resources , Hackney Council	Helen Woodland Group Director, Adults, Health and Integration, Hackney Council
Nina Griffiths Workstream Director, City and Hackney	

Independent Advisers	
Jim Gamble Chair, City and Hackney Safeguarding Children Board	Adi Cooper Chair, City and Hackney Safeguarding Adult Board

AGENDA Thursday 22 September 2022

ORDER OF BUSINESS

Item No	Title	Page No
1	Appointment of Dr Stephanie Coughlin as Co-Chair	
2	Declarations of Interest - Members to Declare as Appropriate (Chair) (5 Minutes)	
3	Draft Minutes of the Informal Meeting on 16 June 2022 (Chair) (2 Minutes) The previous meeting of the Board was inquorate and no formal decisions were taken. The draft minutes of the informal meeting are being presented for confirmation, alongside a repeat of the reports in line with good practice.	9 - 22
4	Appointment of New Members to the Board (Chair) (2 Minutes) To appoint the following as members of the Board <ul style="list-style-type: none"> • Louise Ashley, Chief Executive at the Homerton Foundation Trust (From 1 October 2022) • Paul Calaminus, Chief Executive of East London Foundation Trust • Nina Griffiths, Director of Delivery, City and Hackney 	
5	Action Tracker (To Follow) (Chair) (5 Minutes)	23 - 24
6	Questions from the Public	
7	Climate Action and Health: Opportunities for Collaboration (Jayne Taylor, Matthew Carrington, Rebecca Waters, Juliette Brown), Catherine Pelley (1 hour)	25 - 92
8	Parks and Green Spaces- 1 year update (Sam Parry) (10 minutes)	93 - 130
9	NHS Funding on Health Inequalities (Dr Sandra Husband) (10 Minutes)	131 - 136
10	Health and Wellbeing Strategy Action Plan Update (Verbal update) (Donna Doherty-Kelly) (5 Minutes)	
11	Pharmaceutical Needs Assessment update (Andrew Trathan) (10 Minutes)	137 - 350
12	Anchor Collaboration update (Verbal) (Sandra Husbands) (5 Minutes)	
13	Forward Plan for Future Meetings (5 Minutes)	351 - 352

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14	Dates of Next Meeting - 9 November 2022	
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Public Attendance

Following the lifting of all Covid-19 restrictions by the Government and the Council updating its assessment of access to its buildings, the Town Hall is now open to the public and members of the public may attend meetings of the Council. We recognise, however, that you may find it more convenient to observe the meeting via the live-stream facility, the link for which appears on the agenda front sheet. We would ask that if you have either tested positive for Covid-19 or have any symptoms that you do not attend the meeting, but rather use the Livestream facility. If this applies and you are attending the meeting to ask a question, make a deputation or present a petition then you may contact the Officer named at the beginning of the Agenda and they will be able to make arrangements for the Chair of the meeting to ask the question, make the deputation or present the petition on your behalf.

The Council will continue to ensure that access to our meetings is in line with any Covid-19 restrictions that may be in force from time to time and also in line with public health advice. The latest general advice can be found here - <https://hackney.gov.uk/coronavirus-support>

RIGHTS OF PRESS AND PUBLIC TO REPORT ON MEETINGS

Where a meeting of the Council and its committees are open to the public, the press and public are welcome to report on meetings of the Council and its committees, through any audio, visual or written methods and may use digital and social media providing they do not disturb the conduct of the meeting and providing that the person reporting or providing the commentary is present at the meeting.

Those wishing to film, photograph or audio record a meeting are asked to notify the Council's Monitoring Officer by noon on the day of the meeting, if possible, or any time prior to the start of the meeting or notify the Chair at the start of the meeting.

The Monitoring Officer, or the Chair of the meeting, may designate a set area from which all recording must take place at a meeting.

The Council will endeavour to provide reasonable space and seating to view, hear and record the meeting. If those intending to record a meeting require any other reasonable facilities, notice should be given to the Monitoring Officer in advance of the meeting and will only be provided if practicable to do so.

The Chair shall have discretion to regulate the behaviour of all those present recording a meeting in the interests of the efficient conduct of the meeting. Anyone acting in a disruptive manner may be required by the Chair to cease recording or may be excluded from the meeting.

Disruptive behaviour may include: moving from any designated recording area; causing excessive noise; intrusive lighting; interrupting the meeting; or filming members of the public who have asked not to be filmed.

All those visually recording a meeting are requested to only focus on recording Councillors, officers and the public who are directly involved in the conduct of the meeting. The Chair of the meeting will ask any members of the public present if they have objections to being visually recorded. Those visually recording a meeting are asked to respect the wishes of those who do not wish to be filmed or photographed. Failure by someone recording a meeting to respect the wishes of those who do not wish to be filmed and photographed may result in the Chair instructing them to cease recording or in their exclusion from the meeting.

If a meeting passes a motion to exclude the press and public then in order to consider confidential or exempt information, all recording must cease and all recording equipment must be removed from the meeting. The press and public are not permitted to use any means which might enable them to see or hear the proceedings whilst they are excluded from a meeting and confidential or exempt information is under consideration.

Providing oral commentary during a meeting is not permitted.

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ADVICE TO MEMBERS ON DECLARING INTERESTS

Hackney Council's Code of Conduct applies to all Members of the Council, the Mayor and co-opted Members. This note is intended to provide general guidance for Members on declaring interests. However, you may need to obtain specific advice on whether you have an interest in a particular matter. If you need advice, you can contact:

- Director of Legal, Democratic and Electoral Services
- the Legal Adviser to the Committee; or
- Governance Services.

If at all possible, you should try to identify any potential interest you may have before the meeting so that you and the person you ask for advice can fully consider all the circumstances before reaching a conclusion on what action you should take.

You will have a disclosable pecuniary interest in a matter if it:

- i. relates to an interest that you have already registered in Parts A and C of the Register of Pecuniary Interests of you or your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner;
- ii. relates to an interest that should be registered in Parts A and C of the Register of Pecuniary Interests of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner, but you have not yet done so; or
- iii. affects your well-being or financial position or that of your spouse/civil partner, or anyone living with you as if they were your spouse/civil partner.

If you have a disclosable pecuniary interest in an item on the agenda you must:

- i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you (subject to the rules regarding sensitive interests).
- ii. You must leave the meeting when the item in which you have an interest is being discussed. You cannot stay in the meeting whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision.
- iii. If you have, however, obtained dispensation from the Monitoring Officer or Standards Committee you may remain in the meeting and participate in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a pecuniary interest.

Do you have any other non-pecuniary interest on any matter on the agenda which is being considered at the meeting?

You will have 'other non-pecuniary interest' in a matter if:

- i. It relates to an external body that you have been appointed to as a Member or in another capacity; or
- ii. It relates to an organisation or individual which you have actively engaged in supporting.



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If you have other non-pecuniary interest in an item on the agenda you must:

i. Declare the existence and nature of the interest (in relation to the relevant agenda item) as soon as it becomes apparent to you.

ii. You may remain in the meeting, participate in any discussion or vote provided that contractual, financial, consent, permission or licence matters are not under consideration relating to the item in which you have an interest.

iii. If you have an interest in a contractual, financial, consent, permission or licence matter under consideration, you must leave the meeting unless you have obtained a dispensation from the Monitoring Officer or Standards Committee. You cannot stay in the meeting whilst discussion of the item takes place and you cannot vote on the matter. In addition, you must not seek to improperly influence the decision. Where members of the public are allowed to make representations, or to give evidence or answer questions about the matter you may, with the permission of the meeting, speak on a matter then leave the meeting. Once you have finished making your representation, you must leave the meeting whilst the matter is being discussed.

iv. If you have been granted dispensation, in accordance with the Council's dispensation procedure you may remain in the meeting. If dispensation has been granted it will stipulate the extent of your involvement, such as whether you can only be present to make representations, provide evidence or whether you are able to fully participate and vote on the matter in which you have a non-pecuniary interest.

Further Information

Advice can be obtained from Dawn Carter-McDonald, Director of Legal, Democratic and Electoral Services via email dawn.carter-mcdonald@hackney.gov.uk



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MINUTES OF AN INFORMAL MEETING OF THE HEALTH AND WELLBEING BOARD

THURSDAY 16 JUNE 2022 AT 4PM

THE LIVE STREAM CAN BE VIEWED HERE:

MAIN: [HTTPS://YOUTU.BE/ISeRt8Vh4K0](https://youtu.be/ISeRt8Vh4K0)

BACKUP: [HTTPS://YOUTU.BE/RKOB-XQLLYG](https://youtu.be/RKOB-XQLLYG)

Members of the Board present:

In Person:

Mayor Philip Glanville (Co Chair)

Deputy Mayor Anntoinette Bramble (Cabinet for Cabinet Member for Education, Young People and Children's Social Care – Hackney Council)

Councillor Susan Fajana-Thomas (Cabinet Member for Community Safety – Hackney Council)

Stephen Haynes (Strategic Director – Hackney Council)

Annie Gammon (Director of Education – Hackney Council)

Rosemary Jawara (Community and Voluntary Sector, Hackney)

Councillor Christopher Kennedy (Cabinet Member for Adult Social Care, Voluntary Sector and Culture – Hackney Council)

Virtually:

Frances Haste (Community and Voluntary Sector, Hackney)

Susan Masters (Community and Voluntary Sector, Hackney)

Raj Radia (Chair, Community Pharmacies)

Dr Mark Rickets (North East London Clinical Commissioning Group)

Councillor Carole Williams (Cabinet Member for Employment and Human Resources – Hackney Council)

Helen Woodland (Group Director, Adults, Health and Integration - Hackney Council)

Apologies:

Laura Sharpe, Jacquie Burke, Stephanie Coughlin, Dr Sandra Husbands

Officers in Attendance:

Diane Benjamin (Director of Children's Social Care – Hackney Council)

Peter Gray (Governance Officer – Hackney Council)

Diana Divajeva (Principal Public Health Analyst – Hackney Council)
Donna Doherty-Kelly (Principal Public Health Strategist – Hackney Council)
Merle Ferguson (Procurement Strategy and Systems Lead – Hackney Council)
Anna Garner (Head of Performance and Population Health - City and Hackney Integrated Care Partnership, NHS North East London Clinical Commissioning Group and North East London Health and Care Partnership)
Nina Griffiths (Work stream Director - Unplanned Care – Homerton Hospital)
John Hitchin (Renaissi)
Rory McCallum (Senior Professional Adviser – Safeguarding – Hackney Council)
Andrew Munk (Assistant Director, Employment and Skills - Hackney Council)
Ellen Schwartz (Consultant in Public Health – Hackney Council)

Also in Attendance:

Sean Beasley (Acting DCI, Central East Base Command Unit)
Sally Beaven (Engagement and Co-Production Manager – Healthwatch Hackney)
Lloyd French (Interim Chair - Healthwatch Hackney)
David Kingsley (City and Hackney Young Public Representative)
Lorraine Sunduza (Chief Nurse and Deputy Chief Executive – East London Foundation Trust)
Catherine Pelley (Chief Nurse and Director of Governance – Homerton Hospital)

1 Welcome

- 1.1 The Chair welcomed all present to the meeting. It was noted that the meeting was inquorate and would proceed on an informal basis with views expressed and actions agreed confirmed at the following meeting.

2 Declarations of Interest - Members to Declare as Appropriate

- 2.1 There were no declarations of interests.

3 Minutes of the Previous Meeting

RESOLVED:

That the minutes of the previous meeting be agreed as a true and correct record of the proceedings.

4 Action Tracker

4.1 The Chair introduced the action tracker. He referred the Board to the progress report related to Connect Hackney recommendations. In January 2022, Connect Hackney presented their Phase 2 Reach and Impact report and the recommendations that they wanted the Health and Wellbeing Board to accept and take forward. These recommendations were accepted by the Board. The Chair stressed the need to monitor the implementation of the recommendations in relation to social isolation. The North East London Clinical Commissioning Group representative reiterated this view. Nina Griffiths told the Board that connections had been made to progress this work, feeding into the neighbourhoods programme. She confirmed that an update on this matter would be made to a future meeting.

Action: Nina Griffith

The Principal Public Health Specialist confirmed that Connect Hackney had been provided with the update report prior to the meeting.

RESOLVED:

To note the report

5 Question from the Public

5.1 The Principal Public Health Specialist introduced the response to the question from the member of the public. The Member of the Public was not present.

Question:

I am 67 years old and I try to keep as healthy as much possible but I find that it costs quite a bit of money to use the gym and sadly the dance classes I go to, which are very cheap, have to apply for funding on a regular basis so their future is never secure which is awful since I have found dance to be so important for keeping me fit and happy - it should be recognized as a treatment by GP's.

I was therefore asking why we don't get some direct investment for each older person - like a sort of health package - to help them remain healthy in order to prevent further expenditure on them later?

Response:

There are a number of free and reduced cost physical activities for older people in Hackney.

To encourage physical activity by older people in Hackney, the Council either delivers, commissions or offers a variety of programmes or opportunities:

Commissioned: The Council is committed to working with local community groups and organisations to increase participation in sport and physical activity by older residents. Some examples include:

The Sharp End: The Sharp End is commissioned by the Council's Public Health Team to deliver provision for older people in the borough. This currently includes 15 weekly sessions run by the Sharp End at Queensbridge Sports & Community Centre.

Leisure Centres:

Better Club 50: The Council and GLL provides discounted activities for adults that are 50+. The programme allows 50+ adults to access some of the leisure facilities for £2 a day. At Britannia Leisure Centre, the programme runs twice a week and provides a total of 34 hours of activities. At Kings Hall Leisure Centre, the programme runs every day with a total of 56 hours across 7 different activities. As part of this provision there is also 12 hours of social time, as we recognise that, for many of our 50+ users, this interaction is just as important as physical activity.

Concessions: The Council and GLL offer a significant discount for concessionary memberships (direct debit and pay-and-play). These various concessionary memberships are available to people to access the facilities off-peak who are:

In receipt of benefits (statement of proof required in the last 3 months);
A student (of any age);
Disabled or are a carer (you must have received carers allowance in last 3 months);
and

Over 60 or if you are under 16 and your parent(s) or guardian are in receipt of benefits (in the last 3 months).

These various concessionary memberships demonstrate an average discount of 50% on the normal member rates. It is worth noting that neighbouring Boroughs generally offer a 30% discount for concessions.

Free Swimming: The Council and GLL still offer free swimming at Britannia Leisure Centre (excluding the leisure water area), Clissold Leisure Centre and Kings Hall Leisure Centre, to residents of the Borough with a pay-and-play card who are:

Under 18;
Over 60; and
Disabled or a Carer.

Targeted Programming or Initiatives:

New Age Games (NAG): NAG is the Council's free weekly exercise programme open to Hackney residents aged 50 +. It is currently delivering 18 sessions per week across the borough, 11 of which take place in the leisure centres.

Walking Together: The Walking Together programme offers opportunities for people to engage in free health and heritage walks. The scheme targets those who are ready to engage in a supported physical activity through offering organised, supervised and led walks from community venues, which incorporate green spaces en route within the borough.

Policy and Strategy

Hackney's Labour's new Manifesto also includes a commitment to invest in a network of new, free, outdoor gym facilities in our parks and green spaces, consulting on opportunities to develop new sports amenities, engaging with local campaigns and ensuring that we meet the needs of our local communities.

The Council has an Ageing Well Strategy that looks at how we make the borough more age-friendly and how we work with partners to consider and respond to the needs and interests of older residents. One of the priorities for this work is health and wellbeing and how this is incorporated into all of the Council's priorities with a focus on meeting the needs and interests of older residents. Part of this wider approach is also encouraging co-production. Examples of other strategies and council programmes that are considering older people's wider wellbeing include:

- gym equipment being fitted in parks through our parks strategy and ensuring they are accessible to our residents,
- Plans to pilot a health-based programme of activity in Hackney Marshes that focuses on ageing well
- Funding over 50s groups to run activities via our resident engagement programme
- Re-launching Hackney Circle (a Cultural Pathway for Hackney residents, with a view to supporting older residents to access the benefits of engaging in Hackney's vibrant cultural life).
- Physical activity is also outlined as an action within our new Health and Wellbeing Strategy, which aims to improve mental health, increase social connections and support greater financial security over the next four years. An action plan is being developed in the upcoming months.
- Encouraging residents to become more active

Locally, the NHS currently does not have a budget for prescribing exercise, although they strongly support the prevention of ill health through healthy lifestyles, including physical activity. Personal Health Budgets are only available to specific groups of people currently – including those who are eligible for Continuing Health Care, wheelchair users and some other groups including people with Mental ill health.

There are a number of professionals working in Hackney having discussions with Hackney residents about physical activity that can improve health and wellbeing. GPs, Social Prescribers and Health and Wellbeing Coaches refer and signpost residents to a number of low or no cost physical activities based within the community. There are a number of social prescribing and community connectors that refer and connect local residents to these opportunities.

5.2 The Chair stressed that the NHS voice was included in the response and that neighbourhoods and social prescribers were connecting on this matter.

5.3 Raj Radia asked for clarification on the provision for under 50s and whether the weight management service operating in partnership with community

pharmacies still provided this service. He asked how signposting could be carried out in a community pharmacy setting.

- 5.4 The Principal Public Health Specialist confirmed that the local weight management service (Healthier Together Hackney) continued to deliver local services, with a face to face offer. The NHS also provides digital weight management programmes, and that City and Hackney Public Health commission local cook and eat classes in addition to weight management services. It was agreed that this information be circulated.

Action: The Principal Public Health Specialist

- 5.5 The Mayor referred to the 'Fine Support Services section of the Council's website with details of locally based food projects.

6 Joint Strategic Needs Assessment Update

- 6.1 The Principal Public Health Analyst introduced the report. The Joint Strategic Needs Assessment (JSNA) process had been redesigned and approved by both Hackney and the City of London Health and Wellbeing Boards. The new process followed five main principles:

- Alignment with policy and commissioning cycles;
- Hypothesis-led research;
- Active dissemination of results;
- Increased accountability;
- Impact evaluation.

The Principal Public Health Analyst presented to the Health and Wellbeing Board, highlighting the following:

- Update on the annual work programme when this had been finalised;
- Update on the findings and recommendations from the completed needs assessments;
- Update on the findings from the evaluation/impact assessment following the recommendations (usually after at least 12 months from the implementation of the recommendations).

- 6.2 The Chair referred to the ongoing work updating the website portal, ensuring a more public facing set of data.

- 6.3 Nina Griffiths asked how the JSNA linked in with the work of the Health and Wellbeing Board and the Health and Wellbeing Strategy.

- 6.3 The Principal Public Health Analyst confirmed that some needs assessments were directly linked to the strategy. Needs assessments are used to assist commissioning, using the most up to date data and evidence. She confirmed that most JSNA topics related to commissioning. Further, there was ongoing work on mental health and inequality.

RESOLVED:

To note the report

7 Community Voice- Anchor Institutions Research - Young People's Reflections and Recommendations

7.1 Sally Beaven and David Kingsley presented to the Board on Anchor Institutions and young people, highlighting:

- The young Public Representatives are a subgroup of the C&H Public Representatives, made up as follows:
 - 12 Young Public Representative
 - Age range - 19 - 29 yrs.
 - 5 female, 7 male
 - 66% Black/Black Mixed Heritage, 25% White British, 8% White Turkish;
- The work carried out feeds into the City and Hackney Care Partnership and represented patients and residents;
- 100 comments had been received from questions posed on how young people perceive anchor institution and how can the institutions better serve local communities;
- Responses:
 - There was a lack of communication with young people.
 - There was a desire for workplace opportunities.
 - The respondents thought there was a lack of workplace opportunities available.
 - Investigation revealed that there were paid and volunteering roles available. So why are they not used?
 - Lack of trust – government association and bad experiences.
- The need for engagement to ensure the young people enter into the workforce of Anchor Institutions, considering ways for this to be easier and more accessible;
- Recommendations:
 - Honest newsletters and informational videos.
 - Partnering with small organisations to put on events and provide volunteer placements.
 - Collaboration between large organisations to run pop up community hubs.
 - Minimum requirements of local employee figures for anchor organisations.
 - Connecting frontline staff and local young people.
 - Opportunities specifically for young people.

7.2 Sally Beaven told the Board that young people were not aware of the opportunities that were available at local anchor institutions. There were concerns about how the availability of these opportunities was communicated. She proposed the introduction of young people's projects looking at opportunities available with the production of an engagement plan. There was also the suggestion that 2 members of the Board should mentor the young people.

7.3 Councillor Fajana-Thomas stressed that young people did not feel that they were communicated with on available opportunities and asked what forums were being used for engagement. She asked for clarification on the use of the newsletter as a way of communicating and what the expectation was in relation to the use of frontline staff in communication and engagement.

7.4 Deputy Mayor Bramble asked that the recommendations in the report be shared with the relevant forums such as the Youth Parliament to assist in shaping how young people are engaged with.

Action: Healthwatch Hackney

7.5 The Assistant Director, Employment, Skills and Adult Learning agreed to discuss how the service could engage and communicate with young people on available opportunities, in partnership with Healthwatch and the Community and Voluntary Sector.

Action: The Assistant Director, Employment, Skills and Adult Learning

7.6 The Chief Nurse and Director of Governance at the Homerton Hospital stressed that the Trust had work experience policies targeted at young people in City and Hackney. However, this fact was not clear to young people and there was a need to look at communicating the opportunities in a more effective way.

7.7 Councillor Williams stressed the importance of the forums used to communicate on opportunities. She stressed the importance of volunteering and the need for young people to be placed in 'good well paid jobs', with career progression and training.

7.8 Sally Beaven and David Kingsley highlighted:

- The importance of the newsletter being honest to help establish trust;
- That there was a need to communicate with young people in youth based places and schools; taking different approaches and encouraging the young people to come forward;
- The suggestion that the relevant forums meet regularly to share experience;
- The suggestion of working with the Homerton to better communicate the opportunities available;
- The proposal that frontline staff in the institutions should make young people aware of opportunities in any face to face contact.

7.9 The Chair outlined the actions arising as follows:

- The need to coordinate the response to the recommendations;
- To engage members in relation to the mentorship of the young people;
- To convene the relevant forums to discuss experience and engagement;
- The Employment, Skills and Adult Learning team, Healthwatch Hackney and Communications discuss methods of communication and engagement with Young People on available job opportunities.

Action: Sally Beaven, David Kingsley, The Assistant Director, Employment, Skills and Adult Learning

8. City and Hackney Anchor Collaborative

8.1 The Principal Public Health Specialist introduced the report, highlighting the following:

- Definition of Anchor Institutions; Anchor institutions are large organisations that are firmly rooted in an area and are likely to remain so
- Impact and key areas – environment and economy with a reduction in Inequality;
- Impact on social conditions;
- Policy context. It was a national priority to create new opportunities, apprenticeships;
- There was a need to work together to benefit local residents, maximising land, etc;
- Key way to decrease inequalities;
- Achieving net zero in the Borough.

8.2 John Hitchin (Renaissi) told the Board that he represented Renaissi, an organisation focusing on the concept of collaboration between anchor institutions. He highlighted the following:

- With current changes to the NHS structure there was an opportunity to consider new ways forward;
- Motivation to work across a place based system allowed for learning and projects that have a greater impact;
- There had been progress in 2 streams – workforce and procurement;
- There was collaborative debate between institutions, practical sharing of resources;
- There were difficulties in achieving alignment in timescales;

8.3 The Strategic Director highlighted the following:

- Difficulties in relation to accountability and governance;
- The absence of a structure to agree targets;
- It would only be possible to make progress in defined areas if partners work closely together;
- There was a need for an accountable structure in place that was adhered to;
- There was a need for senior level support;
- The need for more practical working.

8.4 The Chair asked whether the initiative would be driven under the sponsorship of the Health and Wellbeing Board or another forum. He referred to the fact that the Homerton NHS Trust had received £4m in decarbonisation funding. He stressed the need to agree on where resources were deployed.

8.5 The Consultant in Public Health stressed that there was a strength of evidence between good employment and health and social cohesion. There was an opportunity to support the main priorities of the Board and the Health and Wellbeing Strategy and link into the place based workforce planning strategy. It had been proposed that the City and Hackney Health Inequalities Steering Group discuss next steps on this matter. The Consultant in Public Health

stressed that the initiative had not progressed at the desired pace and that there was a need for senior management support.

- 8.7 The Chair stressed the need to scope out the next steps and respond in the context of health inequality. He recommended that the report be noted with the development of an action plan and a report back to the September meeting of the Board on a way forward with local anchor collaboration work.

Action: Ellen Schwartz

- 8.8 The North East London Clinical Commissioning Group representative considered that the Health Inequality Steering Group was well placed to discuss this matter and that it should also be discussed at the Integrated Care Partnership Board in a development session.

RESOLVED:

To note the report

9 Next Steps for City and Hackney Anchor Collaborative

- 9.1 This item was deferred to a future meeting.

10 Role of Hackney Health and Wellbeing Board in Tackling Inequalities-Health Inequalities Toolkit

- 10.1 The Head of performance and population (City and Hackney Clinical Commissioning Group) introduced the report. The City and Hackney Health Inequalities Steering Group had identified the need to identify tools and resources to support different teams/organisations to better consider health equity as one of the steering group's ten priorities areas of work. City and Hackney Population Health Hub delivering some of the work for this project. A resource pack had been developed and was being piloted with various teams/organisations/system groups (NEL clinical network, library service, planning teams, primary care, VCSE), to include elements that are most useful to different parts of the system. The full resource pack included:

- Background on drivers of inequality and population health;
- Sources of information on local inequalities;
- Prompts to consider how to start to understand inequalities for different levels (teams/organisations/system);
- Examples of tools which might support identifying and tackling Inequalities.

- 12.3 The Population Health Hub wished to understand what support would be most helpful to the Board to better consider health inequalities in its work.

- 12.4 Annie Gammon asked what information was available on the key health inequalities areas.

- 12.5 Councillor Kennedy stressed that the questions should be applied to the delivery for the Health and Wellbeing Strategy, ensuring that the entire work plan is inequalities focused.

- 12.5 The Chair asked for clarification on the prioritisation suggestion. He stressed the need to identify key actions within the strategy that overlap with work of the Health Inequalities Steering Group. There was a need to be clear on what work Hackney was carrying out in relation to health inequalities and outcomes with a mechanism to measure progress.
- 12.6 The Head of Performance and Population Health confirmed that the questions could be applied to the delivery plan for the strategy. The Board would ask for a response from relevant partners on progress on each outcome. Some work was progressing on the broad areas that came out of the prioritisation process from the Health Inequalities Steering Group with cross cutting to make relevant across partners and teams.
- 12.7 Councillor Fajana-Thomas asked how the toolkit communicated to the circumstances of Hackney.
- 12.8 The Head of Performance and Population Health confirmed that an attempt was made to encompass all the tools available, distilling these to helpful prompts to assist for teams/services to use when considering health inequalities. The prompts could be distilled into the options discussed at the meeting.
- 12.9 The North East London Clinical Commissioning Group representative considered that the prompts were helpful and confirmation would be sought that these were considered as a part of ongoing planning, shaping work as it emerged.
- 12.10 The Consultant in Public Health stressed the need to consider current patterns and identify inequalities.
- 12.11 Rosemary Jawara stressed the need to work more collaboratively in relation to health inequalities, working towards a shift in the power structure, making room for growth and investment in young people and disadvantaged communities through the equitable distribution of assets.
- 12.12 The Head of Performance and Population Health stated that shifting the balance of investment and power was raised at the Health Inequalities Steering Group, together with engagement and empowerment. Consideration was being given to assessing the impact of initiatives and changing course when necessary. The role of the Health and Wellbeing Board would be built into the system to ensure accountability. Options would be compiled with a way forward decided upon.
- 12.13 The Principal Public Health Analyst stressed that the Joint Strategic Needs Assessment process included impact assessment of programmes and policy.

11 **Child Q Safeguarding Report**

- 11.1 The Director of Children's Social Care - Hackney Council introduced the report. On 14th March 2022 City and Hackney Safeguarding Children Partnership

(CHSCP) published a Local Child Safeguarding Practice Review about the intimate body search of a fifteen year old black girl in a school in Hackney. The report highlighted significant concerns about both school and police responses to this child's presentation in school whereby a criminal rather than safeguarding lens was applied. The report concluded that racism was a likely factor in how Child Q was treated and made 14 recommendations for change.

11.2 Since May 2022, a Strategic Response Group had met on a fortnightly basis to continue to oversee the Council's response. This was chaired by the Chief Executive and attended by the Mayor, Deputy Mayor Bramble, Cllr Fajana Thomas and key senior officers. A fortnightly group is also in place to coordinate community and stakeholder engagement activity, chaired by the Head of Policy and Strategic Delivery.

11.3 The Council was not named in any of the 14 recommendations and the oversight of the recommendations was undertaken by the ICSC. The Council's role focuses on:

- Ensuring that partners implement the recommendations with rigour and openness that leads to substantive change and that progress and outcomes are communicated widely;
- Understanding and responding to the impact of the Review on staff and communities;
- Engaging with the wider issues that are being raised in response to the Review and ensuring that these are recorded, analysed and can inform wider policy responses;
- Identifying the national policy issues and engaging with central government departments on key asks directly and through wider campaigns

11.4 The Director of Children's Social Care highlighted the following areas:

- Working with partners to support the implementation of recommendations;
- Working with the Metropolitan Police;
- A shared strategic action plan to restore trust and confidence;
- Revising protocols and guidance on the role of police in schools;
- Working with schools;
- Sustained work on anti-racism;
- Sustained work on the voice of the child across the borough;
- Sustained work on the voice of the parent/carer across the borough;
- Hackney inclusion charter;
- Schools and staffing;
- Promoting anti-discriminatory practices with school governors;
- Public affairs and campaigns work;
- Lessons learnt from this incident and actions which have been prioritised for change;
- Actions and plans to engage, involve and reassure the community and other key stakeholders (e.g. parents, children etc) in response to concerns arising from the review;
- Mitigating ongoing community impacts and tensions.

11.5 The Senior Professional Adviser highlighted the following:

- The challenge of embedding the lessons learned. A number of these were linked to policy guidance;
- The challenge relating to the themes emerging from the report on how to build a culture of safeguarding first across the systems;
- Frontline staff were working with young people on safeguarding;
- Active anti-racist practice
- Working collaboratively with partners and engaging the children in the community.

11.6 The Chair stressed that the health system played a crucial role in identifying harm and making safeguarding referrals. He referred to the Public Health trauma response for the community around the issues involved. He welcomed the Police Complaints investigation and the uplift from misconduct to gross misconduct. He asked for an update report in January 2023.

Action: Director of Children's Social Care

11.7 Deputy Mayor Bramble thanked officers for their work in this area. She stressed that this was a safeguarding issue that occurred in a school setting with a missed opportunity in the system, resulting in a negative impact on a young person's health and wellbeing. She stressed that all had the opportunity to 'challenge racism'.

RESOLVED:

To note the report

12. Health and Wellbeing Board Forward Plan 2022

12.1 The Principal Public Health Specialist introduced the report.

RESOLVED:

To note the report.

13 Any other business that the chair considers urgent - Director of Public Health 2020/21

13.1 The Chair introduced the report to be taken under any other business. It was noted that the Director of Public Health's Annual Report had been published, with high level recommendations for next steps around children and young people.

14. Date of next meeting - 1 September 2022

Meeting Closed at 6.06pm

Chair: Mayor Philip Glanville

Contact: Peter Gray, Governance Officer
Peter.Gray@Hackney.gov.uk

Ref	Meeting Date	Agenda Item	Action	Responsible Officer	Response	Action to be completed by	Status	Notes
1	21072021	Housing and health	Next steps should now be considered in relation to Housing and Health with a report back to the Board as soon as possible	Andrew Croucher	See notes	January 2022	IN ACTION	Housing will conduct work to consider how they better identify and evidence the issues and the options for response and develop a working group to take this work forward and will collate the evidence base and prepare a response paper to the HWB. Will report back at later HWB meeting. Update 8/3 Housing working on developing report.
2	2092021	Community Engagement Plan (Hackney Healthwatch)	Healthwatch to submit a report to the Board be made on the engagement proposals and how these would work in practice	Jon Williams	See notes	TBC	IN ACTION	Update March 22: Healthwatch are continuing to meet with Public Health, CCG and VCS colleagues to complete the review of public involvement. Further workshops to take place. It is hoped this task will be completed by April 2022. Once this is in place the Community Involvement Plan for Hackney's HWBB can be completed. Update 8/6 followed up with Catherine @ Healthwatch, as Jon has moved roles.
3	16062022	Connect Hackney Report	Nina Griffiths to bring update on NHS work to progress relevant Connect Hackney recommendations.	Nina Griffiths		Jan 23	IN ACTION	Confirming date for update report to come back to HWB
4	16062022	Community Voice- anchor institutions	Recommendations in the report be shared with the relevant forums such as the Youth Parliament to assist in shaping how young people are engaged with.	Sally Beavan		Sept 22	IN ACTION	Healthwatch discussing with LBH Employment team, and Young Futures on next steps with report recommendations.

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Title of Report	Climate action and health: opportunities for collaboration
For Consideration By	Health and Wellbeing Board
Meeting Date	22 September 2022
Classification	Open
Ward(s) Affected	All
Report Author	Jayne Taylor

Is this report for:

- Discussion

Why is the report being brought to the board?

The climate crisis has been described as the biggest threat to public health this century. There are significant opportunities to protect and improve population health through stronger collaboration on local action to minimise the impacts of climate change. This is, therefore, a key priority for Health and Wellbeing Board partners in implementing a ‘health in all policies’ approach.

Has the report been considered at any other committee meeting of the Council or other stakeholders

No

1. **Summary**

1.1. The papers attached in the Appendices to this report summarise the far-reaching implications of the climate crisis for population health and the health ‘co-benefits’ of taking action on climate change. They also provide an overview of local climate action/green plans being developed and implemented by partners represented on this Board.

1.2. The purpose of this agenda item is:

- to improve understanding of the links between the climate crisis/climate action and health - why this is a priority 'health in all policies' issue for the Health and Wellbeing Board
- to familiarise Board members with local plans to tackle the climate crisis (including Hackney's draft Climate Action Plan and NHS/ICS Green plans)
- to initiate a discussion to generate some specific, practical ideas for partner collaboration to strengthen existing plans - with an explicit focus on protecting and improving population health
- to agree some concrete next steps to progress partnership actions.

2. **Recommendations**

- 2.1. The first paper attached in the Appendices sets out the case for action on climate change to protect and improve the health of local people.
- 2.2. The Board is requested to consider the following questions and agree some concrete next steps to progress partnership actions.
 1. Do our existing green/climate action plans explicitly, and adequately, address the health (equity) risks of the climate crisis?
 2. Are there any potential unintended, negative consequences of our plans on population health? What mitigating measures can we put in place to avoid/minimise these?
 3. **Where are the greatest opportunities for collaboration to maximise the collective impact of local climate action to protect and improve population health (and reduce health inequities) in Hackney?**
 4. Do we have a comprehensive understanding of the current/future population health impacts of the climate crisis in Hackney, and the potential health co-benefits of local climate action? Do we currently have the data/tools/skills to effectively measure these?

3. **Background**

We are already experiencing the effects of a changing climate, with unprecedented summer temperatures, drought, wildfires, floods and storms becoming commonplace in the UK. The most significant impacts of global warming are predicted to be felt in less developed countries in the global south, but the effects will reverberate across the planet as food and water security are threatened, new diseases emerge, and populations are displaced.

3.1. **Policy Context**

The climate crisis has far-reaching implications for everyone's physical and mental health, and poses the greatest risks for some of our most vulnerable and

disadvantaged residents and communities, who are less able to prepare for, respond to and recover from the direct and indirect impacts of a changing climate. This report is, therefore, relevant to all three of the Health and Wellbeing Board's strategic priorities - improving mental health, increasing social connection, and supporting greater financial security. All of the Health and Wellbeing Strategy 'ways of working' are also relevant to this issue - in particular, strengthening our communities, collaborations and partnerships, making the best of community resources.

Appendices

1. Climate and health: overview and context (presentation slides)
2. DRAFT Hackney Climate Action Plan: summary (presentation slides)
3. NEL Green Plan: key points (briefing note, for information)
4. Homerton Green Plan: key points (briefing note, for information)
5. ELFT Green Plan: key points (briefing note, for information)

Background documents

North East London Health and Care Partnership [Green Plan](#)
Homerton Healthcare NHS Foundation Trust [Green Plan](#)
East London Foundation Trust [Green Plan](#)

Report Author	Jayne Taylor Consultant in Public Health, London Borough of Hackney & City of London Corporation jayne.taylor@hackney.gov.uk 020 8356 7885
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Climate action and health: opportunities for collaboration

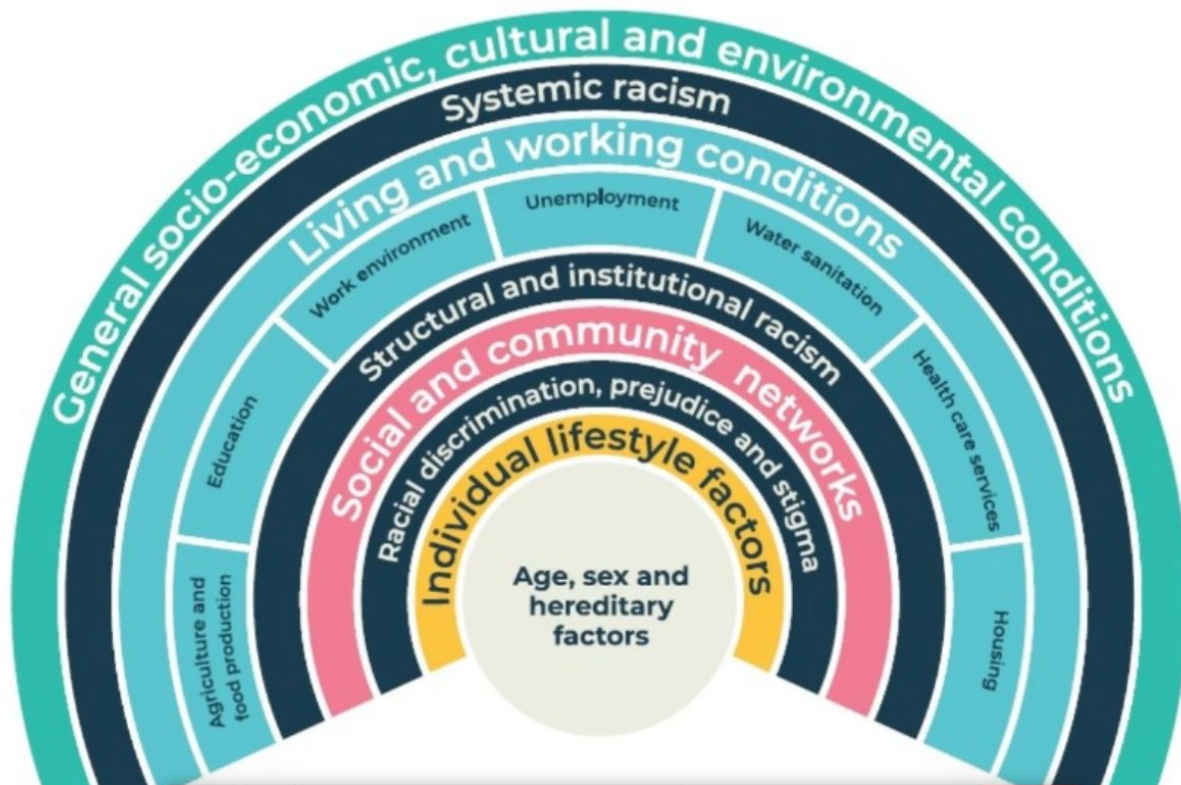
Hackney Health and Wellbeing Board 22 Sep 2022

OUTLINE OF THIS SESSION

1.	<p>Context - climate and health</p> <ul style="list-style-type: none">a. Impacts of the climate crisis on population healthb. Climate action and health co-benefits	Jayne Taylor, Consultant in Public Health (Hackney Council)
2 Page 30	<p>Local action on climate change</p> <ul style="list-style-type: none">a. Draft Hackney Climate Action Planb. Reflections from NHS/ICS Green Plan leads	<p>Matthew Carrington, Strategic Delivery Manager (Hackney Council)</p> <p>Rebecca Waters, Deputy Programme Manager Net Zero & Anchor Organisations (East London Health & Care Partnership)</p> <p>Juliette Brown, Clinical Lead Environmental Sustainability & Climate Action (East London Foundation Trust)</p> <p>Catherine Pelley, Director of Nursing & System Development (Homerton Healthcare NHS Foundation Trust)</p>
3.	Discussion - opportunities for (further) collaborative local action	All

DRIVERS OF POPULATION HEALTH (a reminder)

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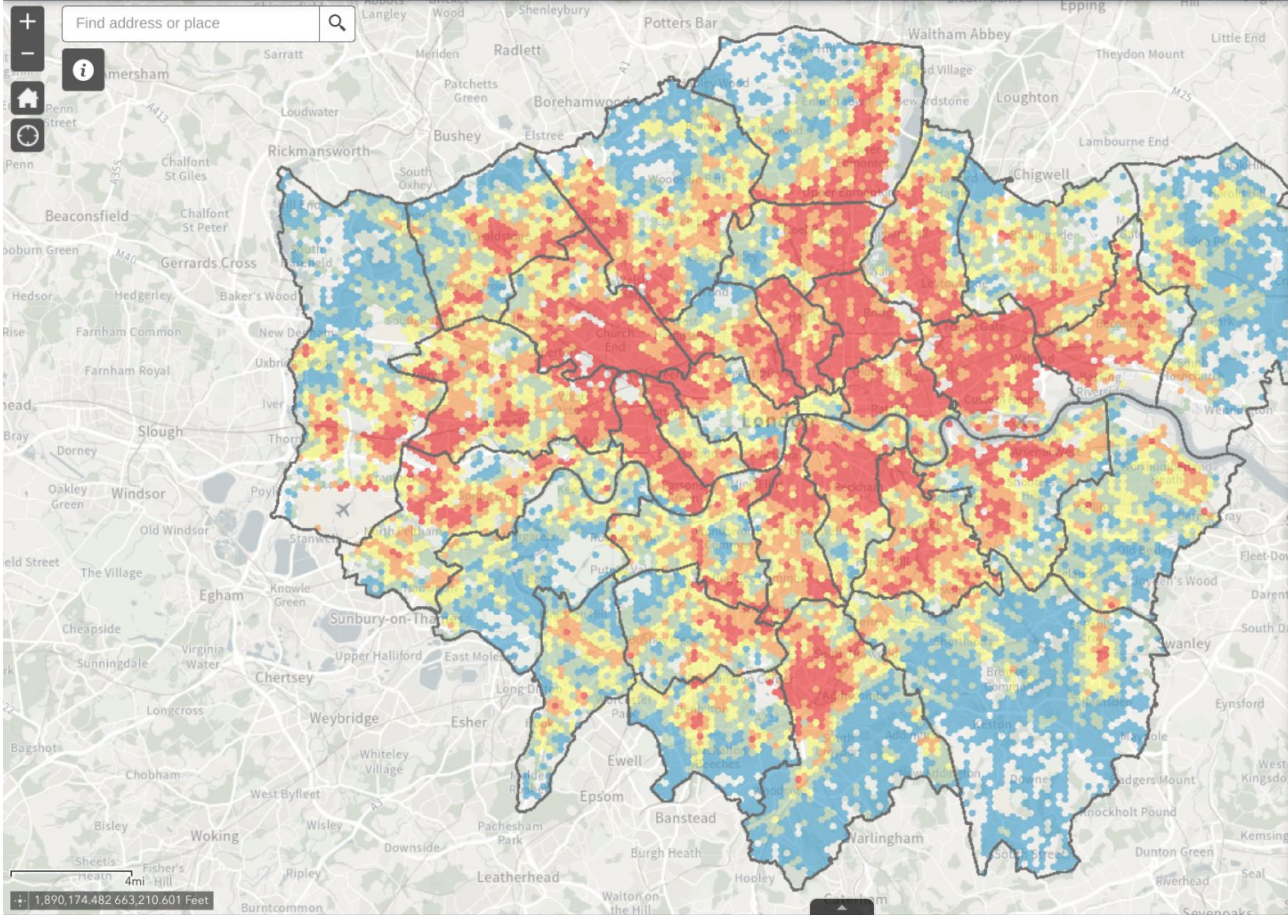
Adapted from Dahlgren & Whitehead (1991)

DEFINING CLIMATE CHANGE

Page 32
“A change in the state of the climate that can be identified by changes in the mean and/or the variability of its properties, and that persists for an extended period, typically decades or longer”

(Intergovernmental Panel on Climate Change)

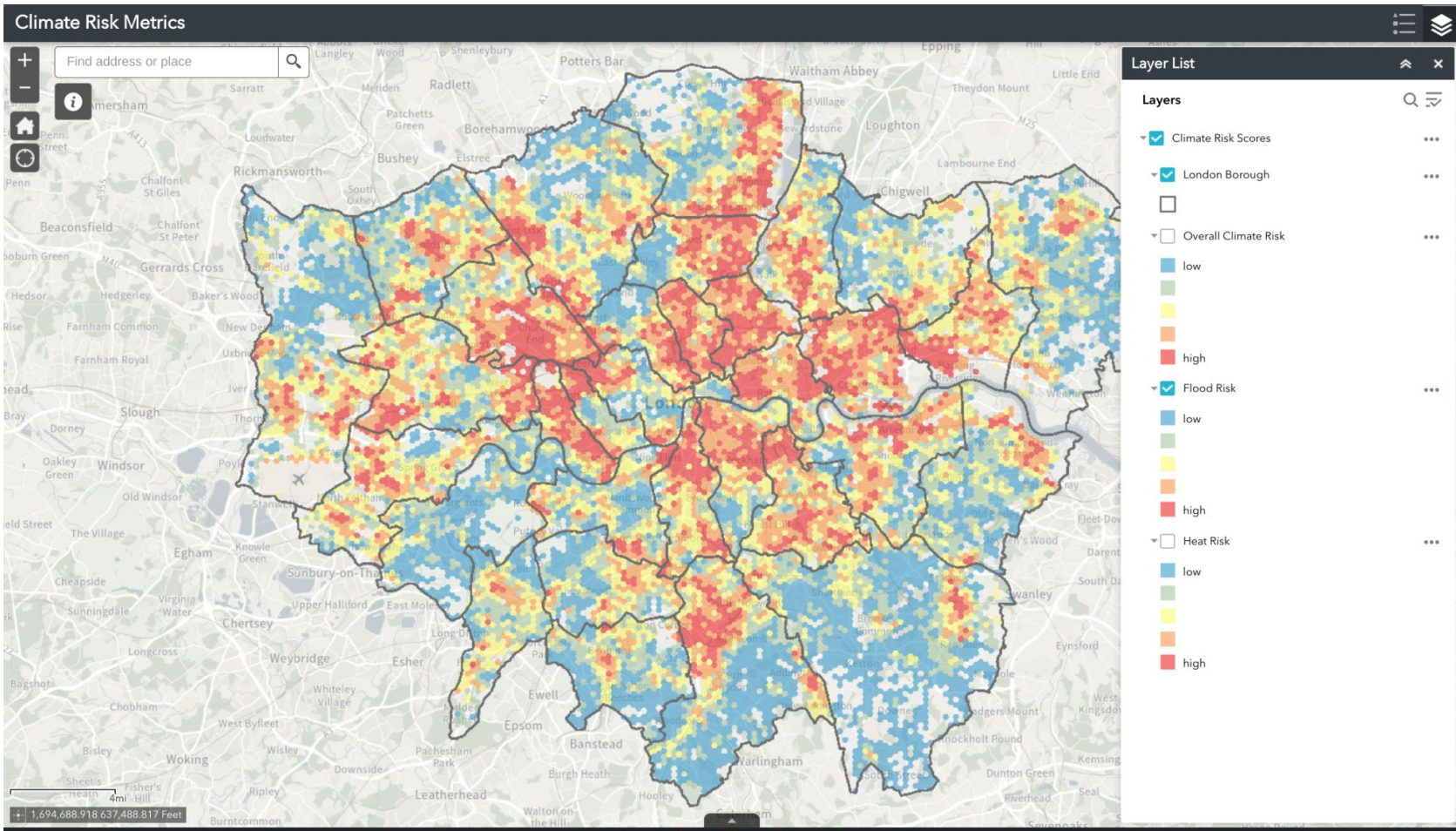
Climate Risk Metrics

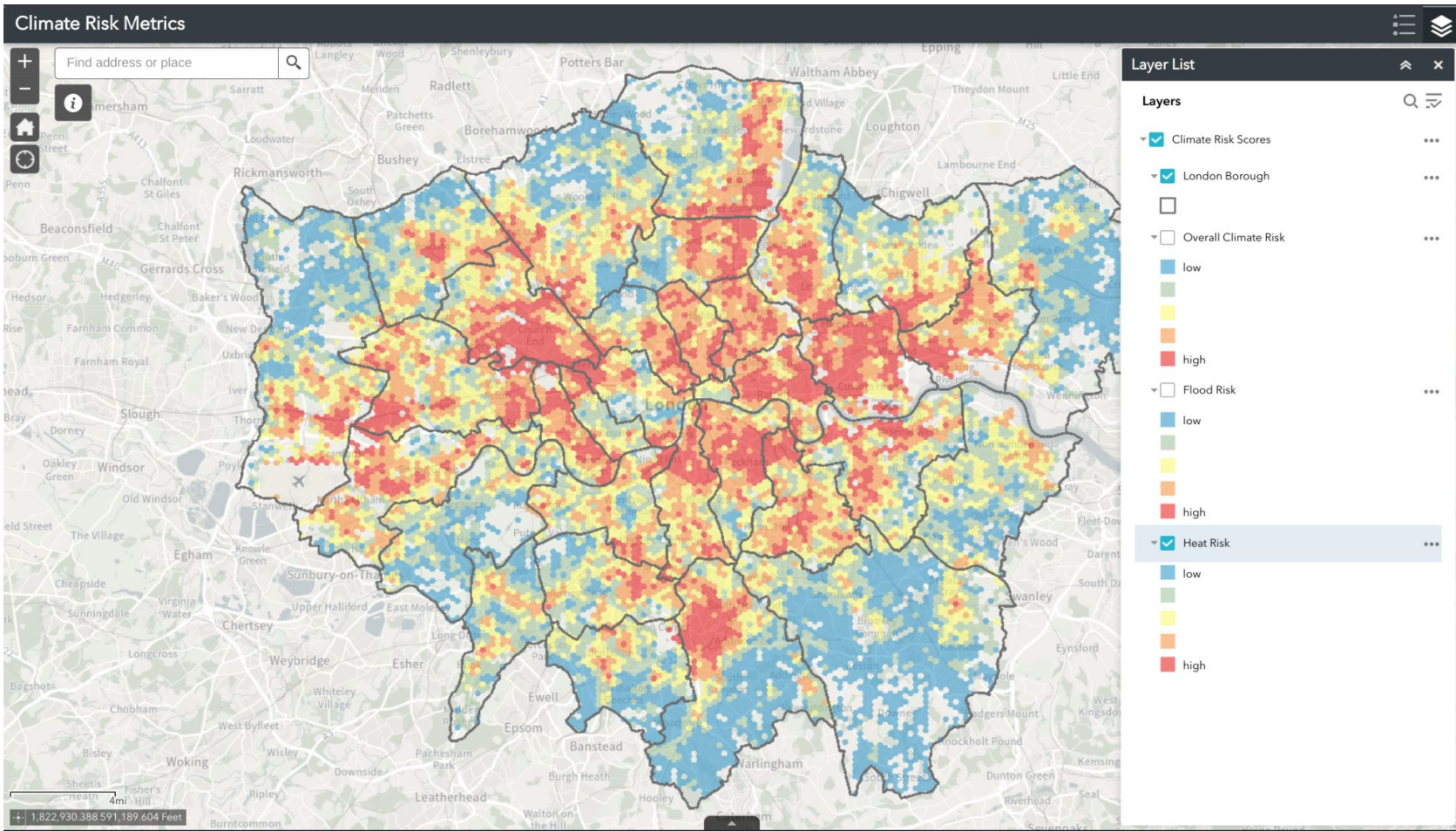


Layer List

Layers

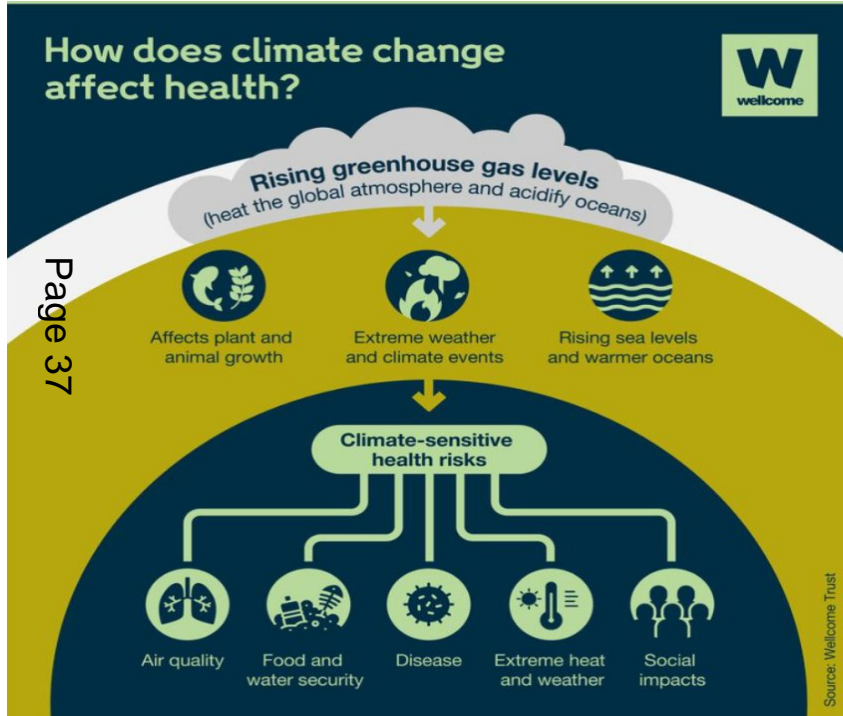
- Climate Risk Scores ...
- London Borough ...
- Overall Climate Risk ...
 - low
 - high
- Flood Risk ...
 - low
 - high
- Heat Risk ...
 - low
 - high





1a. IMPACTS OF THE CLIMATE CRISIS ON POPULATION HEALTH

HOW DOES THE CLIMATE CRISIS AFFECT HEALTH?



Direct effects of extreme weather events (e.g. flood damage, storm vulnerability, heat stress)

Indirect effects:

- Mediated by natural systems (e.g. allergens, changing distribution of disease vectors, increased water/air pollution)
- Mediated by social systems (e.g. food production/distribution, mental stress, violence or mass refugee flows, health and care facilities/systems)

AIR QUALITY

- Increase in allergens, harmful pollutants, and extended pollen seasons = more frequent & severe allergic reactions or asthma episodes
- More/larger wildfires = reduced air quality and increased smoke exposure = increase in respiratory & cardiovascular admissions
- Burning fossil fuels increases air pollution (as well as climate change) = chronic heart and lung conditions linked to prolonged exposure

FOOD & WATER

- Rising temperatures boost evaporation and affect rainfall patterns - implications for water supply + affects conditions for crop and livestock farming
- Loss of food production increases risk of undernutrition and consequent disease/deaths
- Warmer climates an ideal environment for food and water-borne diseases (including diarrhoeal illness) to thrive

EXTREME HEAT & WEATHER EVENTS

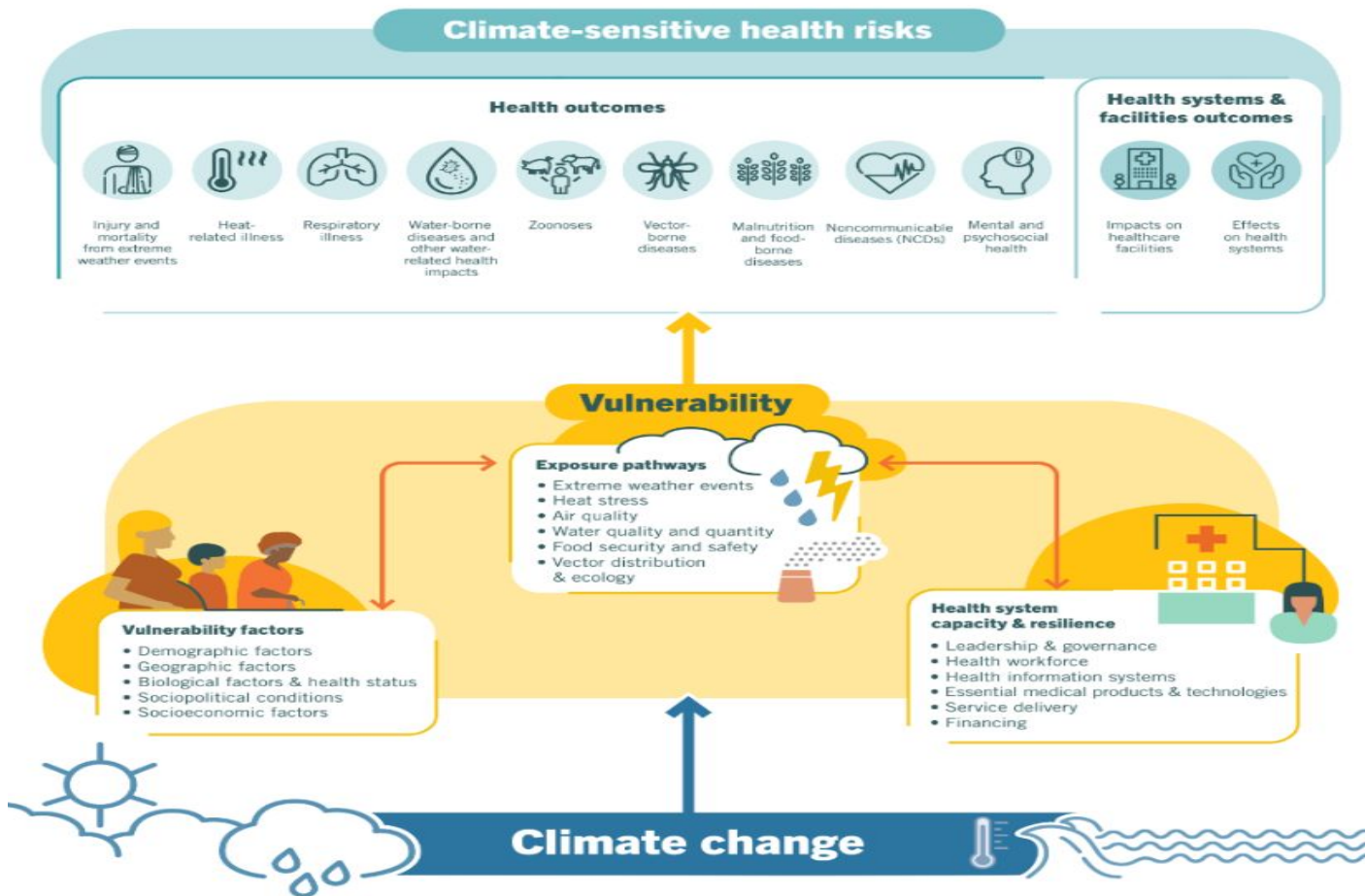
- Increasing severity and frequency of droughts, floods and heatwaves
- Increase in heat-related illness and death (maybe offset by reduction in cold-related deaths) *2,500 heatwave related excess deaths in England in 2020, similar to 2003 & 2006*
- Increase in skin cancer set to continue - *malignant melanoma ↑ 78% among males/48% among females 2003-2012*
- Growing evidence of extreme heat risks to maternal and neonatal health, mental health and non-communicable diseases (such as diabetes and asthma)
- Flood-related injury, infection and displacement - significant and lasting mental health impacts *1 in 6 properties in England at risk of flooding (2015)*

VECTOR-BORNE DISEASE

- Climate, temperature, precipitation and humidity all affect the lifecycle of disease vectors and infectious agents they carry
- Newly emerging diseases in tropical regions = global health risk
- Increased reporting of *ixodes ricinus* (sheep/deer tick) in Europe - a vector of Lyme disease
- Climate modelling suggests mosquitos could become established in the UK with associated risks of dengue virus, malaria etc (already appearing in Southern Europe)

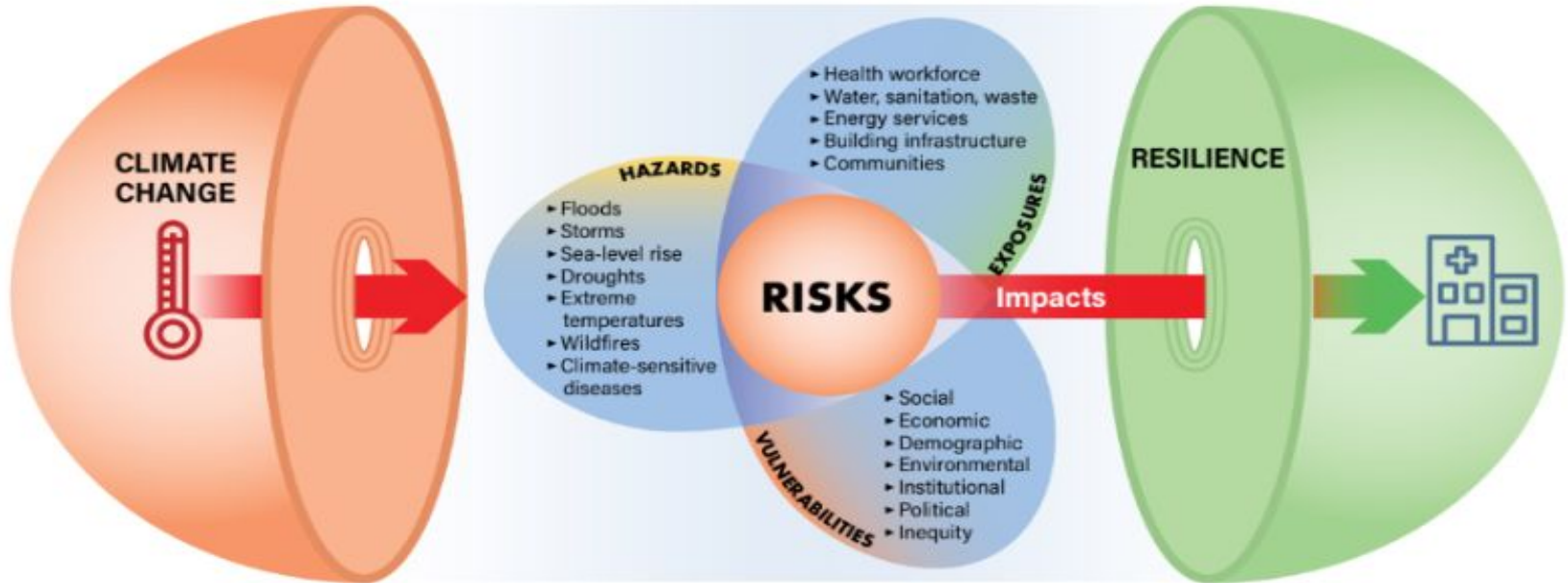
OTHER SOCIAL IMPACTS

- Increasing temperatures adversely affect occupational health (especially for outdoor workers) and economic productivity
- Droughts and damage to ecosystems are significant drivers for population migration and conflict



IMPACT OF CLIMATE RELATED RISKS ON HEALTHCARE FACILITIES

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HEALTH IMPACTS OF CLIMATE CHANGE



SKIN HEALTH

Climate change have likely contributed to increasing incidence of **cutaneous malignancy** globally and will continue to enforce a negative on influence **skin cancer incidence** for many decades to come.



MENTAL HEALTH

Climate change-related events elevate rates of anxiety and mood disorders, acute stress reactions and post-traumatic stress disorders, sleep disruption, suicide and suicidal ideation, as well as a decreased sense of self and identity from loss of place and grief reactions



RESPIRATORY HEALTH

There is a direct and indirect impact of climate change on **respiratory diseases** and there is also synergistic effects of heat, air pollution, and aeroallergens that cause **excess mortality and hospital admissions** for allergic respiratory diseases (e.g. asthma, rhinitis, hay fever) and those with chronic respiratory diseases like COPD



CARDIOVASCULAR HEALTH

Short-term exposures to air pollution over a few days increases the risk for a variety of acute cardiovascular events (e.g., myocardial infarctions, heart failure exacerbations, and strokes) and living in more polluted regions over several years **increases cardiovascular morbidity and mortality** by an even larger degree



PREGNANCY OUTCOMES

Air pollution is linked with an increased risk of **low birth weight** and **preterm birth**. In 2019, it was estimated that **476,000 infants died** in their first month of life from health effects **associated with air pollution exposure**.



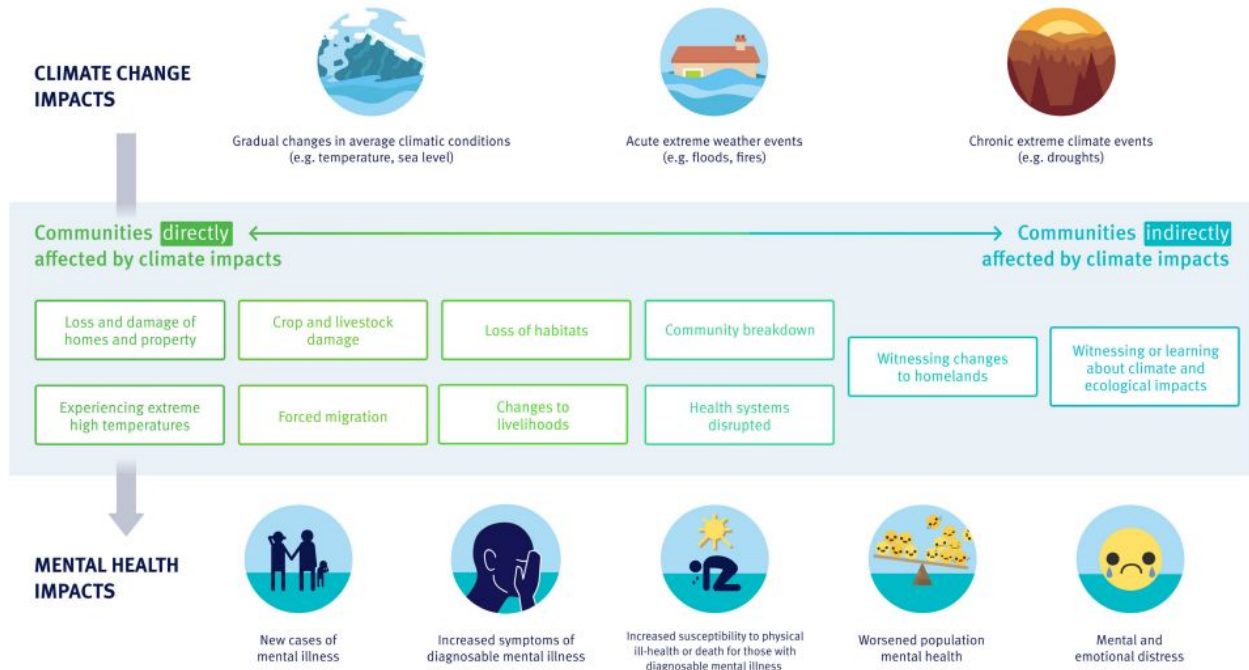
GASTROINTESTINAL HEALTH

Global climate change is expected to affect **waterborne enteric diseases**, including diarrhoea-associated diseases, which is one of the primary causes of morbidity and mortality globally





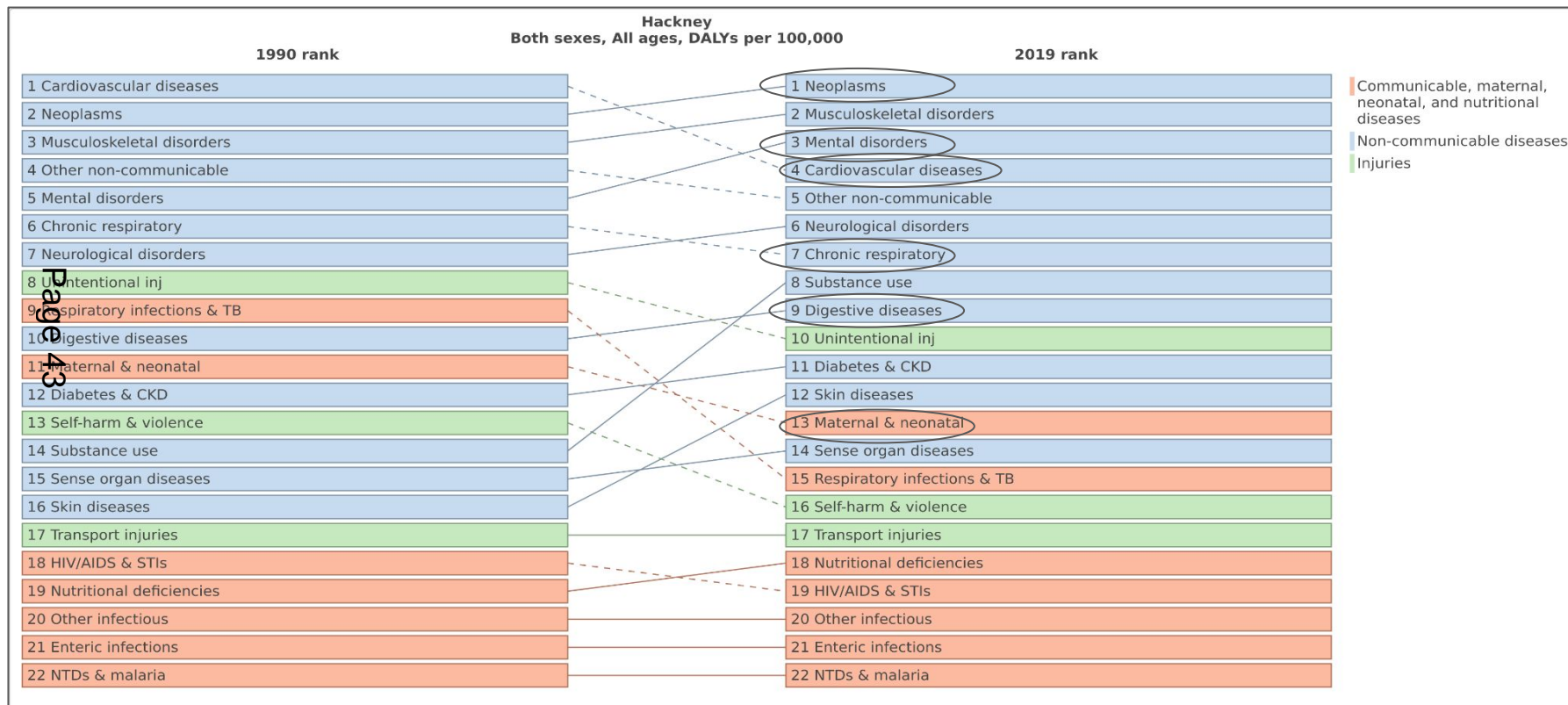
CLIMATE CHANGE AND MENTAL HEALTH IMPACTS



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Examples of the continuum of impacts that climate change has on mental health outcomes. Climate health impacts (top row of circles) including rising temperatures and sea level, and extreme weather events such as floods or droughts, led to mental health impacts (bottom row of circles) including new cases of mental illness, mental and emotional distress, and increased susceptibility to physical illness or death for those who meet the criteria for mental illness. This occurs directly and indirectly via a variety of pathways represented here as a continuum

MAIN CAUSES OF DISABILITY & DISEASE



Source: Global Burden of Disease Study (2019)

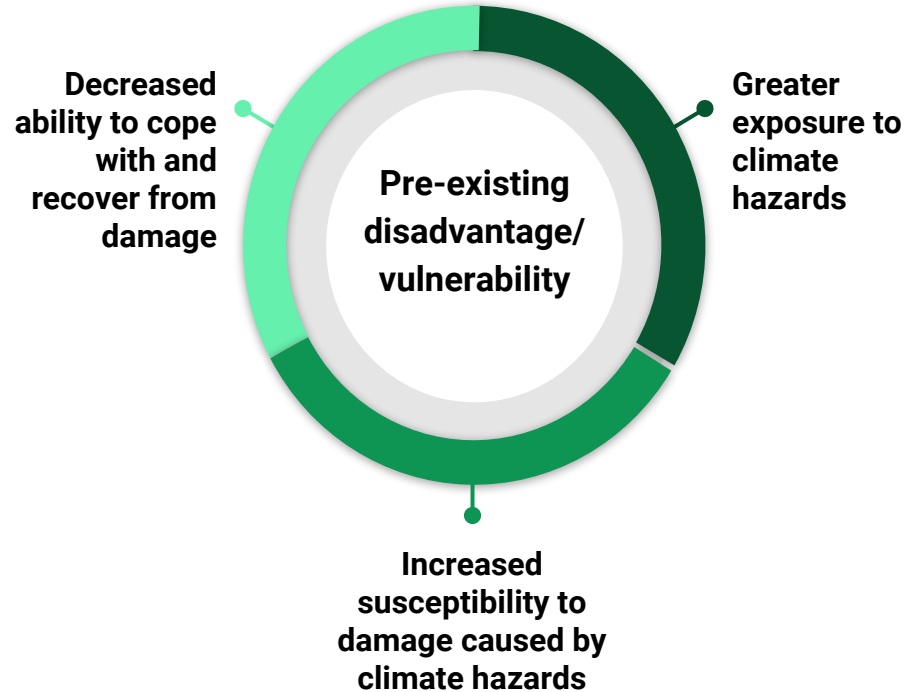
CLIMATE JUSTICE

Many of these health problems are not new, but they are unequally distributed and are made worse by climate change.

The climate crisis will continue to affect different people and places differently, creating and widening inequalities within and across nations, and between current and future generations - so creating injustice.

Climate justice means *ensuring that collectively and individually we have the ability to prepare for, respond to and recover from climate change impacts – and the policies to mitigate or adapt to them – by considering existing vulnerabilities, resources and capabilities.*¹

¹ Banks. N et al (2014) *Climate change and social justice: An evidence review*. JRF, York.



SOCIAL VULNERABILITIES TO CLIMATE CHANGE

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SOCIAL VULNERABILITY

Personal (e.g. age and health) - affect sensitivity to climate impacts

Environmental (e.g. availability of green space, quality of housing stock or elevation of buildings) - influence exposure climate hazards

Social and institutional (e.g. income, social networks and cohesion, institutional practices in care homes etc) - affect ability to adapt



HIGHER RISK GROUPS

Older people, the very young and people in poor health - greater physical susceptibility

People living in neighbourhoods at increased exposure to climate impacts like floods and heatwaves

People living in particular types of housing (e.g. flooding risk in basements, heat stress risks in high rise blocks)

People on low incomes/living in socially deprived circumstances - limited resources to prepare for, respond to, and recover

1b. CLIMATE ACTION AND HEALTH CO-BENEFITS

CLIMATE CHANGE MITIGATION AND ADAPTATION

MITIGATION

Transitioning from reliance on fossil fuels to use of clean, renewable energy - **action to make the impact of climate change less severe**

Reduce greenhouse gas emissions from:

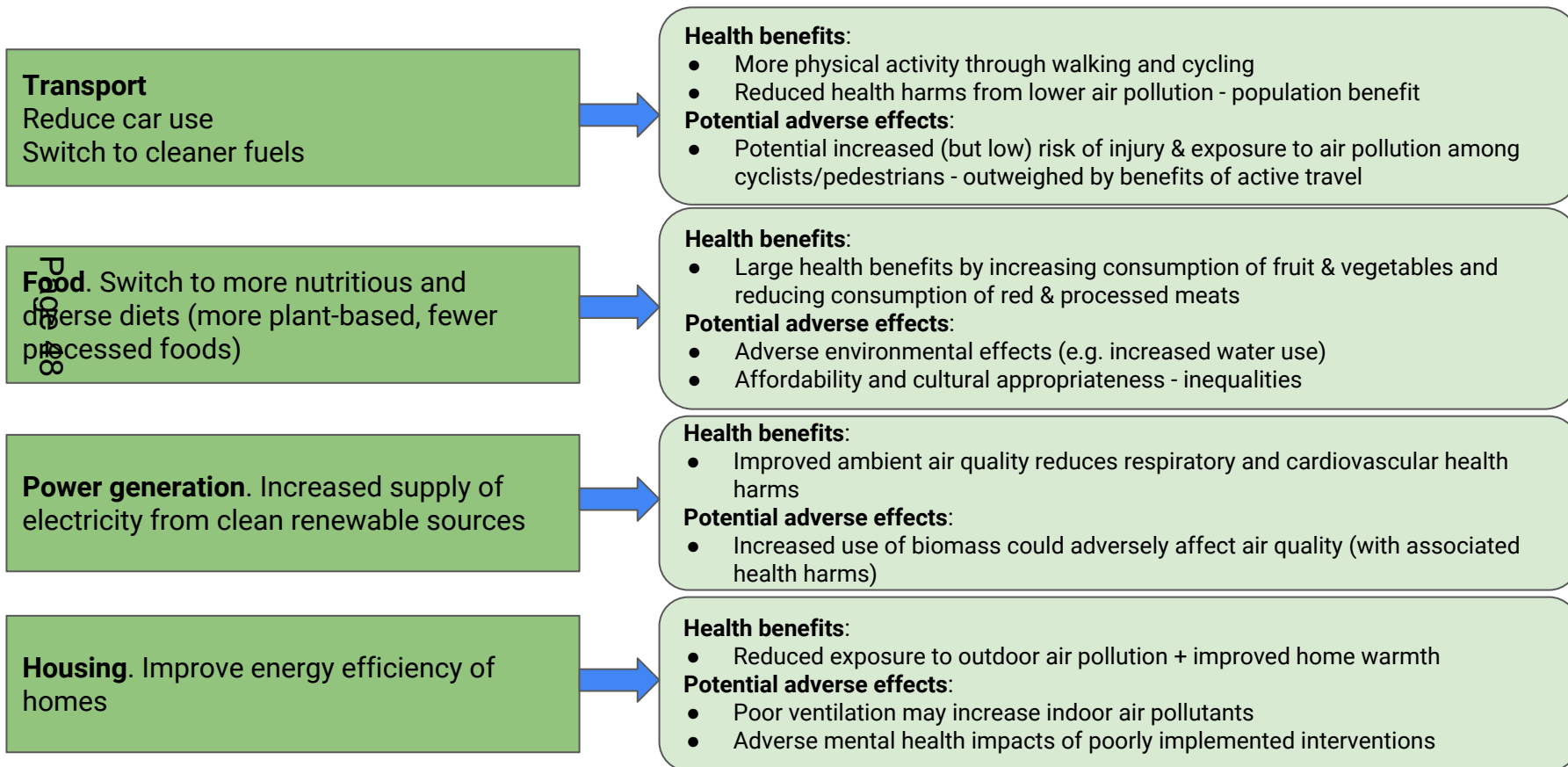
- Transport
- Food & agriculture
- Energy & industry
- Housing

ADAPTATION

Solutions that help us adapt to life in a changing climate - **steps to protect people from current and future impacts**

Adverse weather plans
Climate resilient buildings & transport infrastructure
Resilient supply chains
Cool public spaces
Sustainable drainage systems
Disease surveillance
Air quality alert systems

HEALTH CO-BENEFITS OF CLIMATE CHANGE MITIGATION

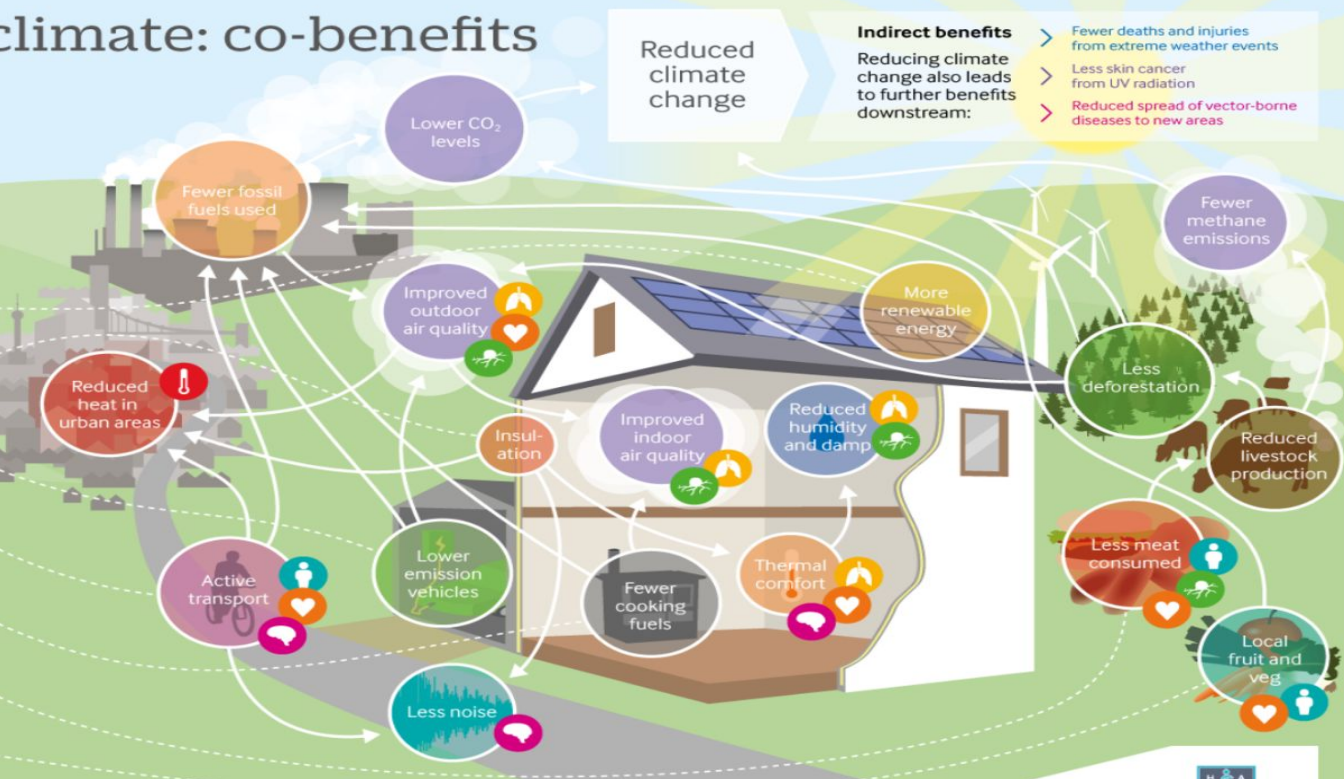


Health and climate: co-benefits

Example interventions

These interventions have benefits both for health and for reducing climate change (also known as *mitigation*)

- Produce more renewable energy
- Improve insulation in homes
- Encourage use of lower emission vehicles
- Promote active transport
- Reduce solid fuels used for cooking
- Less food from animal sources
- Encourage locally produced fruit and veg



Reduced climate change

Indirect benefits
Reducing climate change also leads to further benefits downstream:

- > Fewer deaths and injuries from extreme weather events
- > Less skin cancer from UV radiation
- > Reduced spread of vector-borne diseases to new areas

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Health benefits	Better mental health	Fewer deaths from extreme heat	Less cardiovascular disease	Less respiratory disease	Lower rates of cancer	Lower rates of obesity
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thebmj

Designed by: Will Stahl-Timmins
Content: Nick Watts
Thanks to: Soledad Cuevas, Duncan Jarvies, John Waring

HEALTH CO-BENEFITS OF CLIMATE CHANGE ADAPTATION

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Strategies that increase social capital
(access to social networks or other social structures)

Health benefits:

- Membership of a social network reduces vulnerability to climate risks, has a protective effect against heat-related illness - and has broader health and wellbeing benefits

Potential adverse effects:

- Misinformation spread through networks counters positive action

Strategies that influence urban design
(e.g. improved shade and green spaces)

Health benefits:

- Increased physical activity, social connectivity, reduced heat-related stress and sun exposure - benefits to mental health, cardiovascular health, musculoskeletal health, protection against cancer

Potential adverse effects:

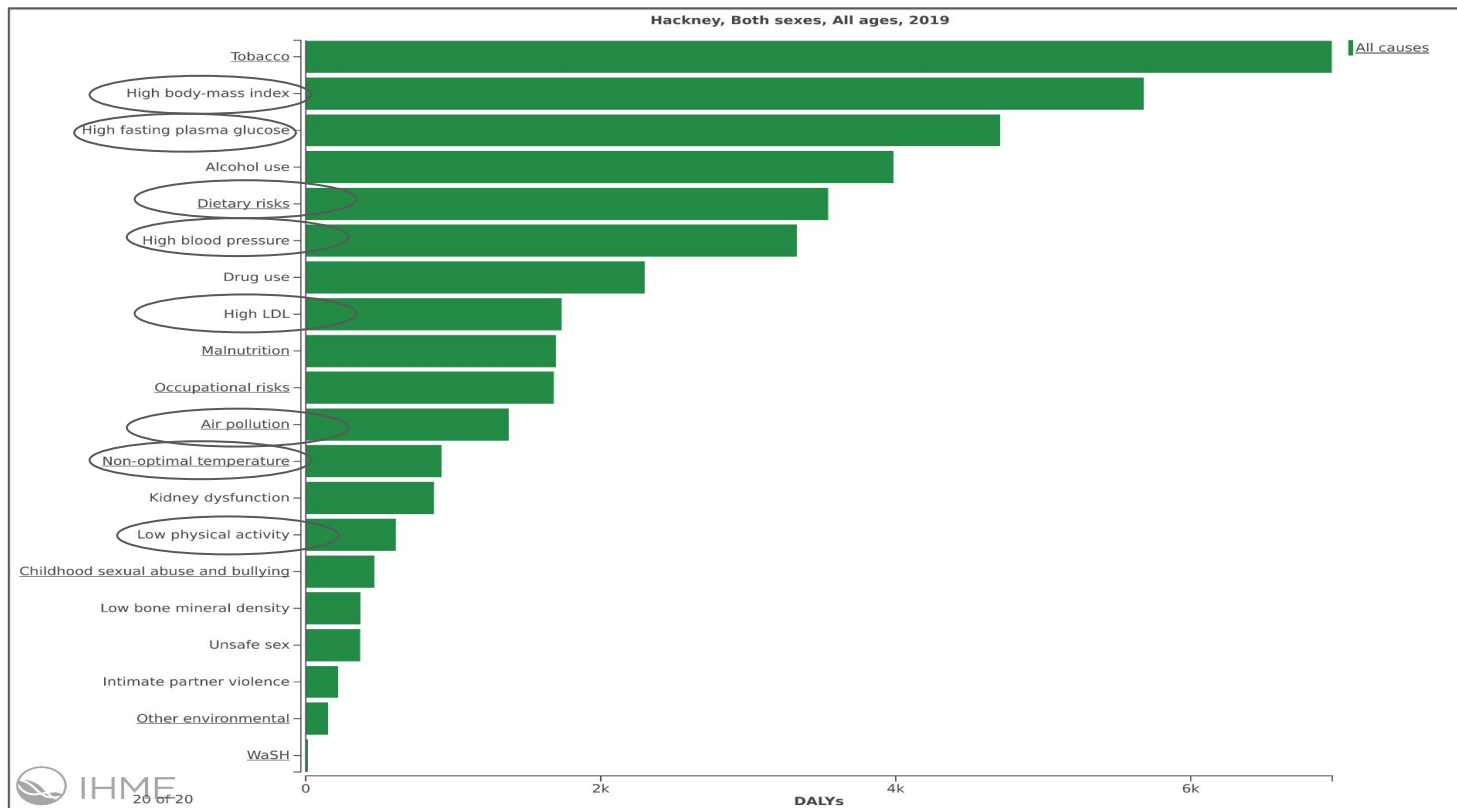
- Reliance on air conditioning can *increase* emissions (with associated health impacts)
- Poorly planned green spaces can trigger pollen allergies

Indirect health co-benefits from a more resilient public health system

Health benefits:

- Improved population health assessment, health surveillance, health promotion, health protection, disease and injury prevention - wider health benefits

INDIVIDUAL RISK FACTORS FOR POOR HEALTH & PREMATURE DEATH

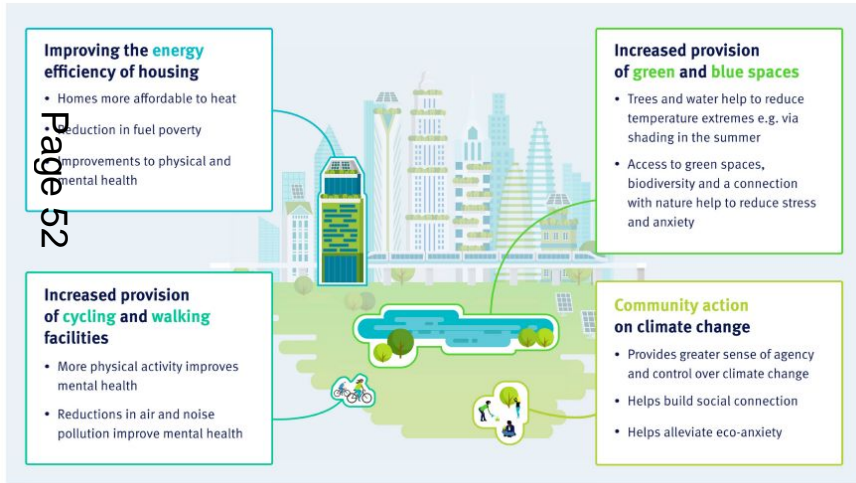


Source: Global Burden of Disease Study, 2019



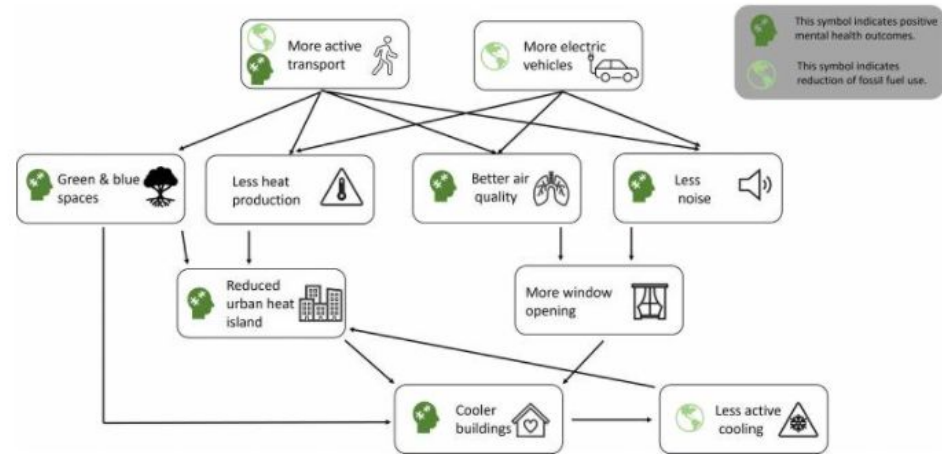
CLIMATE CHANGE AND MENTAL HEALTH CO-BENEFITS

Co-benefits of climate actions for mental health



[The impact of climate change on mental health and emotional wellbeing - current evidence and implications for policy and practice \(1\).pdf \(imperial.ac.uk\)](#)

Co-benefits of reducing fossil-fuelled transport



[Climate change and mental health | The Bartlett - UCL – University College London](#)

KEY QUESTIONS

1. Do our existing green/climate action plans explicitly, and adequately, address the health (equity) risks of the climate crisis?
2. Are there any potential unintended, negative consequences of our plans for population health? What mitigating measures can we put in place to avoid/minimise these?
Where are the greatest opportunities for collaboration to maximise the collective impact of our climate action to protect and improve population health (and reduce health inequities) in Hackney?
4. Do we have a comprehensive understanding of the current/future population health impacts of the climate crisis in Hackney, and the potential health co-benefits of local climate action? Do we currently have the data/tools/skills to effectively measure these?

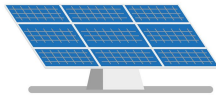
2. LOCAL ACTION ON CLIMATE CHANGE

- a. Hackney's draft Climate Action Plan
- b. Reflections from local NHS/ICS Green Plan leads

Hackney Draft Climate Action Plan

Matthew Carrington: Climate, Homes and Economy Directorate

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PURPOSE OF CLIMATE ACTION PLAN

- Build a **shared understanding of the problem** we face as a borough – both in terms of emissions reduction and adaptation;
- Identify where the Council has direct control and influence and the key actions it proposes for the period of the next three years to maintain momentum with its own climate response - **implementation plan**;
- Facilitate residents, businesses and other organisations to see their place in what will need to be a **shared climate change response**;
- Identify **areas of collaboration** for partners key strategic challenges such as financing and policy change; and
- Use the final adopted plan to shape agreements on how to work together to **achieve shared goals**.

CONTROL OF EMISSIONS



- Direct control
- Strong influence
- Other

Key terms in the draft CAP

Themes: define the broad areas of focus within the Climate Action Plan. Goals and objectives are organised around these. Themes are **cross-cutting**, covering all areas for greenhouse gas emissions reductions, environmental protection, climate resilience, health improvements, green economy and social justice within the borough, co-benefits are key drivers.

Goals: set out the **ambitious changes** that we collectively need to make by 2030. These goals are **borough wide and for everyone**: residents, community groups and organisations, partners and businesses.

Objectives: Activities that we will need to **work on together** to progress toward realising the 2030 goals with a focus on the next three years.

CLIMATE ACTION PLANS THEMES

#1 Consumption: influencing the reduction of these greenhouse gas emissions through changing behaviours, exploring ways to help reduce the environmental impact of the things that we buy and use.

#2 Buildings: reducing building emissions, including improving the thermal performance of buildings to reduce the amount of energy required to heat and cool them.

#3 Transport: furthering the ambition to be a model for sustainable urban living in London, with high levels of cycling and walking, accessible and resilient public transport networks and provision of infrastructure for low carbon vehicles.

#4 Adaptation: designing new ways of protecting streets and buildings, supporting our most vulnerable residents, minimising health risks, and working to better understand the challenges that the climate emergency may bring.

#5 Environmental Quality: protecting and improving Hackney's natural environment, air and waterways and supporting community groups and landowners to improve health and wellbeing

Engagement work by the Council to date on the climate and ecological crisis has identified a continuing need for a **longer term response to engagement of residents and other key stakeholders**. Current activities over last 18 months have included:

- two large scale public events: **Green Recovery** (a co-design approach with VCS) and **Climate Summit** (resident focussed on homes and consumption themes);
- a mix of **project-based statutory consultations** and broader **digital and place-based resident engagement**: Low Traffic Neighbourhoods, School Streets, Parking Enforcement Plan and other walking and cycling proposals;
- Green Infrastructure Strategy, Local Nature Recovery Plan, Parking Enforcement Plan **public consultation**; and
- using an **online platform (Commonplace)** to seek broad resident feedback, which has been heavily promoted throughout all of our communications since 2020.

Future suggested engagement approach

We have developed a **better understanding about what needs to be done practically** to address the climate crisis **based on evidence**, noting that proven solutions already exist. Future engagement may need to focus:

- less on the what and **more on the how best to deliver alongside others** for the priorities identified, ensuring this is done with **fairness** at its heart;
building on partnerships and/or establishing new relationships that reflect the **role of the Council as an enabler/convener** to increase impact and traction more widely, starting with an **assessment of the stakeholders** needed to deliver our thematic action plans; and
- noting it is a **shared journey** to secure the future of our borough and needs wider leadership from others, thereby ensuring **our CAP is a Hackney CAP** not a Hackney Council CAP.

Key stages of draft CAP timeline

The draft CAP has been produced to a very sharp schedule. What will go out to public consultation will have the capacity **to be shaped and influenced significantly** by others, rather than something more clearly finalised and looking for more minor input.

- Pre-engagement workshops with the environmental community of Interest: September-October 2022 (to be incorporated with public consultation responses).
- Cabinet approval for draft CAP to go to public consultation: October 24th 2022.
- Key partner workshop to introduce goals and test future ideas for better joint working: November 2023.
- Public consultation period: circa ten weeks from Cabinet approval, ends mid-January 2023.
- Adoption of Climate Action Plan: April 2023.

REFLECTIONS from local NHS/ICS Green Plan leads

Rebecca Waters	Deputy Programme Manager - net zero and anchor organisations (East London Health & Care Partnership)
Juliette Brown	Consultant Psychiatrist and Clinical Lead Environmental Sustainability & Climate Action (East London Foundation Trust)
Catherine Pelley	Innterim Place Based Leader (City & Hackney Place Based Partnership/Homerton Healthcare NHS Foundation Trust)

3. DISCUSSION

Opportunities for (further) collaborative action

QUESTIONS FOR DISCUSSION

1. Do our existing green/climate action plans explicitly, and adequately, address the health (equity) risks of the climate crisis?
2. Are there any potential unintended, negative consequences of our plans for population health? What mitigating measures can we put in place to avoid/minimise these?

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Where are the greatest opportunities for collaboration to maximise the collective impact of our climate action to protect and improve population health (and reduce health inequities) in Hackney?

4. Do we have a comprehensive understanding of the current/future population health impacts of the climate crisis in Hackney, and the potential health co-benefits of local climate action? Do we currently have the data/tools/skills to effectively measure these?

APPENDICES

Selected findings from rapid evidence review of health impacts of climate change (London Climate & Health Network, summer 2022)

- Further reading and resources



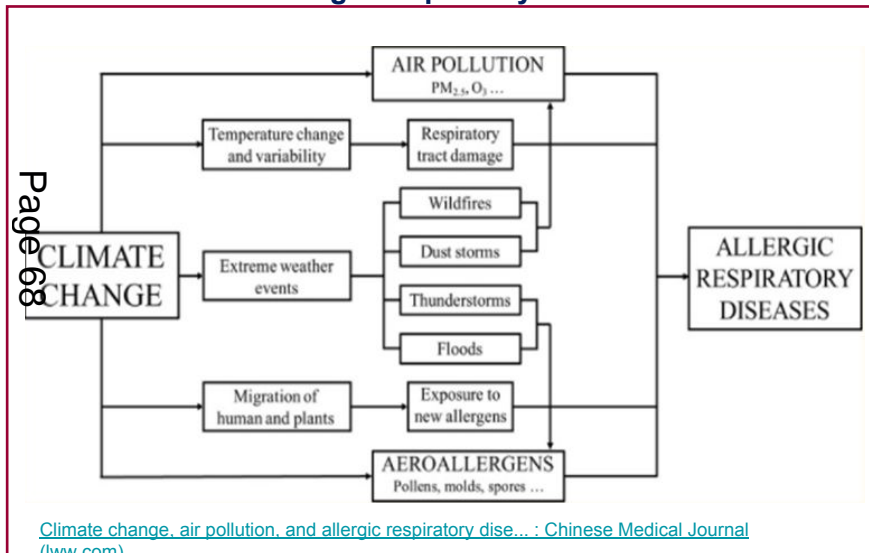
CLIMATE CHANGE AND SKIN HEALTH

- Skin cancer risk is determined by multiple factors, with exposure to ultraviolet radiation being the most important.
- Strong circumstantial evidence supports the hypothesis that **factors related to climate change**, including stratospheric ozone depletion, global warming, and ambient air pollution, **have likely contributed to the increasing incidence** of cutaneous malignancy globally and will continue to impose a negative on influence skin cancer incidence for many decades to come.
- Higher risk of skin cancer among **vulnerable populations**:
 - ▣ Patients with vitiligo, oculocutaneous albinism, and genetic cutaneous cancer syndromes such as xeroderma pigmentosa, basal cell nevus syndrome, and familial atypical multiple mole melanoma syndrome will be differentially affected by the excess skin cancer risk posed by climate change.
 - ▣ Those without access to sunscreen and sun protective clothing
 - ▣ Those living in certain areas: e.g. those living at higher elevations receive greater UVR
- Changes in humidity, drastic temperature changes and **extreme events** such as flooding increases the **risk of skin disorders**
- Climate Change can impact on the distribution and seasonality of some **vector-borne diseases** (i.e., leishmaniasis, tick-borne diseases, malaria, dengue fever, etc.)



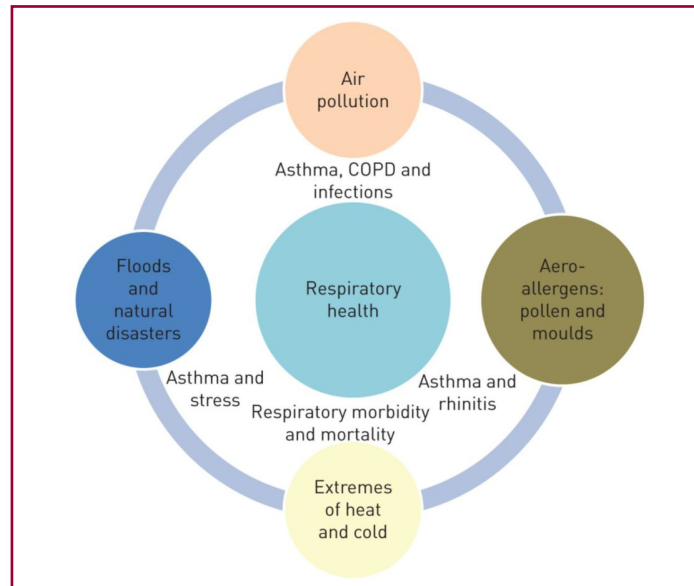
CLIMATE CHANGE AND RESPIRATORY HEALTH

Pathways of climate change, air pollution, aeroallergens, and allergic respiratory diseases



The relationships between climate change, air pollution, aeroallergens, and allergic respiratory diseases are very complex and elusive. There are direct and indirect impacts of climate change on allergic respiratory diseases that come from the synergistic effects of heat, air pollution, and aeroallergens that cause excess mortality and hospital admissions for allergic respiratory diseases.

Potential respiratory health effects of climate change. COPD: chronic obstructive pulmonary disease



[Climate change and respiratory diseases | European Respiratory Society \(ersjournals.com\)](http://ersjournals.com)



CLIMATE CHANGE AND RESPIRATORY HEALTH

COPD

- The World Health Organization predicts COPD will be the third leading cause of death by 2030, with **climate change-driven** heat stress, outdoor and indoor air pollution, and respiratory infections identified as **major contributing factors**.
- Increasing levels of ground-level O₃, hotter than average seasonal temperatures in the summer, and temperature extremes have all been implicated as contributing to premature death in those with respiratory conditions and co-existing respiratory conditions
 - ❑ Many of the 70,000 who died in a 2003 European heatwave had **co-existing respiratory conditions**

Asthma

- It is strongly influenced by changing environmental factors: Increasing temperatures and altered rainfall patterns, along with the changing frequency and severity of extreme weather patterns, which include extreme heat, floods, and storms, can increase the number of people affected with asthma
- There has been an **increased prevalence** in allergic respiratory disease and asthma over the past decades as a direct result of changes in the production and dispersion of pollen
- Long-term continuous exposure to high levels of O₃ may reduce lung function in adults (and children) and contribute to the increasing prevalence of both asthma and COPD

Vulnerable Groups

- Population with co-existing respiratory conditions
- People who have asthma or have a family history of asthma are more likely to be susceptible to environmental insults.
- NO₂ concentrations are particularly high in cities near major transport corridors where socio-economically deprived and poor people and ethnic minorities are over-represented



CLIMATE CHANGE AND CARDIOVASCULAR HEALTH

Air pollution

- Multiple cardiovascular effects have been observed after exposure to air pollutants
- **Long term exposure:**
 - ❑ Changes occurred in blood cells that may affect cardiac functionality.
 - ❑ Coronary arteriosclerosis was reported following long-term exposure to traffic emissions
 - ❑ Ventricle hypertrophy is reported to occur in humans after long-time exposure to nitrogen oxide (NO₂)
- **Short-term exposure** is related to hypertension, stroke, myocardial infarcts, and heart insufficiency.

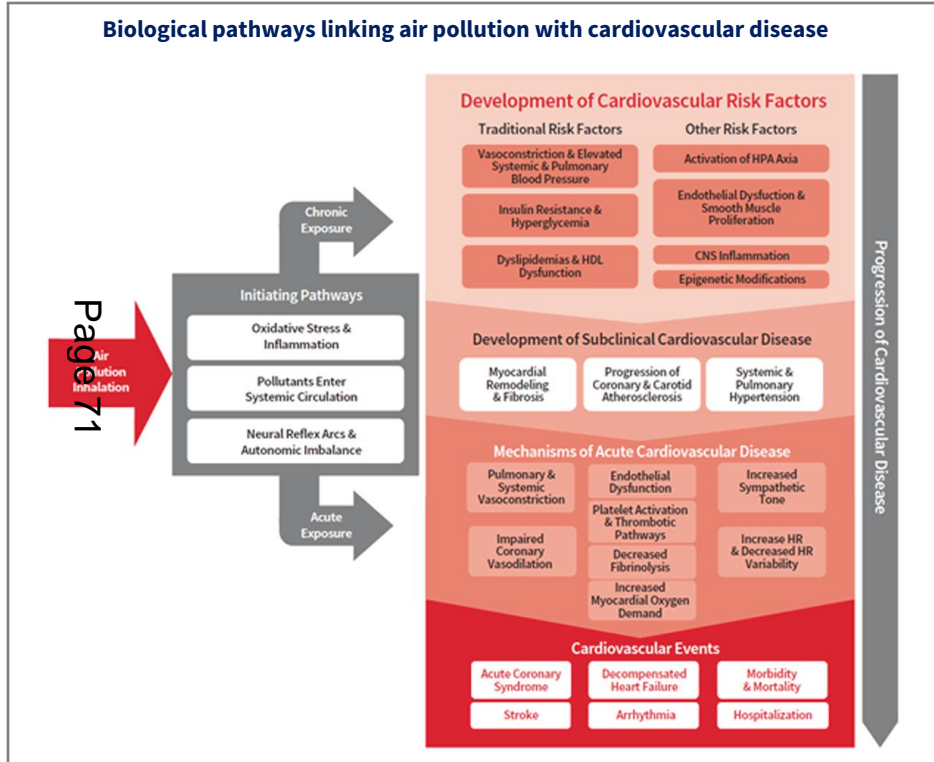
Extreme Weather events

- Extreme heat poses a risk to human health, increasing the risk of morbidity and mortality. Examples include **70,000 deaths attributed to the European heatwave** in 2003, and 55,000 deaths attributed to the 2010 Russian heatwave.
- Heat waves exposure **increases cardiovascular hospitalization. Risk factors for heat-related hospitalization** include age, chronic illnesses, social isolation, some medications, and lack of access to air conditioning. Among chronic illnesses, cardiovascular diseases are often identified as a risk factor for heat-related hospitalization and death.
- Heat exposures with a 1 °C increment increases the risk of **myocardial infarction admissions**
- Extreme heat events, cold spells and wildfires increase **mortality from cardiovascular diseases**



CLIMATE CHANGE AND CARDIOVASCULAR HEALTH

Air pollution



- A Scientific Statement from the American Heart Association provides a detailed description of the pathophysiologic mechanisms through which PM triggers cardiovascular events.
- This figure summarises the likely dominant pathways including activation of oxidative stress/inflammation and autonomic imbalance, as well as translocation of components of the PM mixture (ultrafine particles or specific constituents) into the systemic circulation.
- In turn, these alterations promote both subclinical cardiovascular disease (myocardial remodelling, atherosclerosis progression, systemic and pulmonary hypertension, enhanced vasoconstriction and coagulation) and thrombotic and non-thrombotic acute cardiovascular events (acute coronary syndromes, decompensated heart failure, stroke, life-threatening arrhythmias)
- The AHA statement suggests the existing evidence is consistent with a causal relationship between PM exposure and cardiovascular morbidity and mortality.



CLIMATE CHANGE AND GASTROINTESTINAL HEALTH

- Global climate change is expected to affect waterborne enteric diseases, including **diarrhoea-associated diseases, which is one of the primary causes of morbidity and mortality globally**
- Elevated ambient temperatures augment the replication cycles of most food- and waterborne pathogens.
 - *Campylobacter* is associated with the weather; disease incidence is greater in the summer and during periods of warmer weather incidence is also elevated.
 - There are strong links between *Salmonella* and the environment, especially ambient temperature.
- Heavy precipitation events have been consistently associated with **waterborne-disease outbreak events**, cases of **waterborne infections and diarrheal disease**
- During extreme precipitation events, waterborne parasites such as *Cryptosporidium* can infiltrate and overload a water treatment plant and persist in the water distribution system due to the resistance of *Cryptosporidium* oocysts to chlorine disinfection. The consequence can be large outbreaks that disproportionately affect the young, elderly and immunocompromised.
- There is a significant positive association between **waterborne diseases and temperature for bacterial and protozoan pathogens** but not for viral pathogens



CLIMATE CHANGE AND PREGNANCY OUTCOMES

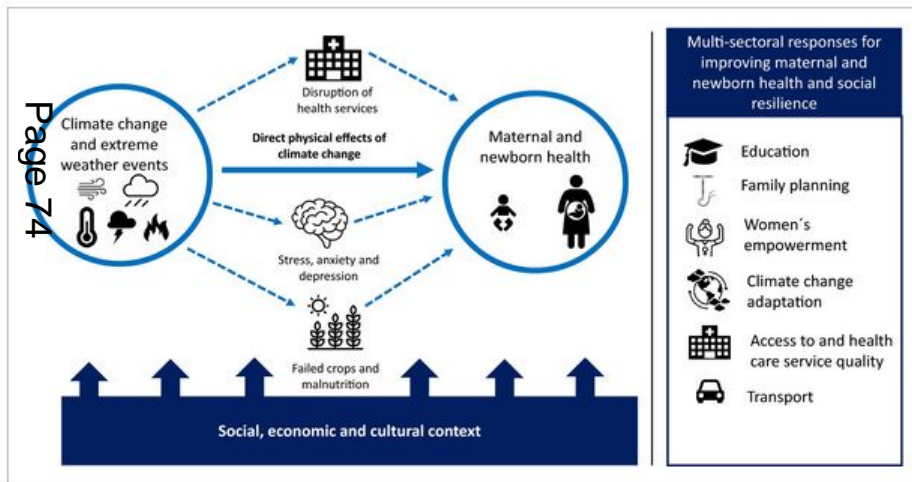
- Studies across diverse US populations reported an association of PM_{2.5}, ozone, and heat exposure with the adverse obstetrical outcomes of **preterm birth, low birth weight at term, and stillbirth**.
- **Preterm birth and low birth weight** are both key risks for neonatal mortality, which accounts for almost **half of all child deaths under five**
- **Heat exposure** may contribute to:
 - ❑ Prematurity through labor instigation from dehydration (via prostaglandin or oxytocin release), from altered blood viscosity, and/or by leading to inefficient thermoregulation
 - ❑ Trigger preterm premature rupture of membranes and thus preterm birth during the warm season.
 - ❑ Impair fetal growth by reducing uterine blood flow and altering placental-fetal exchange.
- Several health conditions in newborns have been linked to heat exposure, including small for gestational age and congenital anomalies. Sensitivity to heat might also vary by sex of the fetus.
- **Low birth weight** may be associated with **air pollutants** by direct toxic effects from fetal exposure, altered maternal cardiac or pulmonary function, systemic inflammation from oxidative stress, placental inflammation, altered placental gene expression, or changes in blood viscosity; multiple effects may operate simultaneously
- Women with asthma may be particularly susceptible to adverse outcomes, such as preterm birth and stillbirth, in association with PM_{2.5} exposure during gestation.
- Among racial/ethnic groups, black mothers are at greater risk for preterm birth and low birth weight from PM_{2.5} exposure. Social determinants of health, including residence in urban areas with higher exposure to air pollutants and long-term high levels of stress, are known to contribute to adverse obstetrical outcomes



CLIMATE CHANGE AND PREGNANCY OUTCOMES

Direct and indirect impacts

Framework for the direct and indirect effects of climate change on maternal and neonatal health and the multisectoral responses needed to strengthen resilience



The **indirect impacts** of climate change on the health of vulnerable populations interact through a broad range of mechanisms and may have far-reaching social, economic and health consequences:

- Disruption of Health Services
- Malnutrition and household poverty: Drought may lead to failed crops and livestock deaths
- Psychological consequences of climate change in conjunction with extreme weather events, eg common mental disorders such as anxiety and depression

[Maternal and newborn health risks of climate change: A call for awareness and global action - PubMed \(nih.gov\)](#)

SELECTED FURTHER READING AND RESOURCES

[WHO Climate change and health toolkit](#)

[Wellcome climate and health online resources](#)

[Climate Just webtool](#) for public service providers

[The 2021 report of the *Lancet* Countdown on health and climate change: code red for a healthy future](#)

[A Healthy Future: tackling climate change mitigation and human health together](#), *Royal Society* (2021)

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NEL ICS Green Plan Q2 update

- The North East London Integrated Care System (NEL ICS) approved the NEL ICS Green Plan 2022-25 at the ICS Executive Management Committee on 30 March 2022
- We have four Net Zero Clinical Leads for Primary Care in post
- Funded sixteen places on the RCGP NEL Faculty **Climate Health Leadership Scholarships**
- NEL Net Zero Clinical Forum – **brings acute, community and primary care clinical leads together**
- Providing **active travel lunch and learn** sessions for NEL CCG staff
- Published the Plan on the [NEL Health and Care Partnership \(NEL HCP\) website](#), developed a communications plan and launched at NEL CCG staff meeting 9 June
- Formed a task and finish group to **reduce the use of volatile medical gases**
- We are the first ICS in London to apply the [Global Action Plan 'ICS Clean Air Framework'](#).
- Working with Trusts, Local Authorities and Primary Care to agree how we can **work collaboratively** to deliver the Plan
- NEL Green Primary Care monthly training sessions for start in September 2022
- The **Low Carbon Inhalers Campaign** is overseen by the NEL Respiratory Medicines Optimisation Group
- NEL are contributing to a greener NHS on regional and national forums
- We are engaging our staff in the conversation by maintaining the agenda at staff briefings, intranet stories and by providing listening sessions on active travel.

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**East London NHS FT Green Plan 2022 – 2025
Update to Hackney Health and Wellbeing Board
22 September 2022**

Title	Green Plan Update
Author/Role	Dr Juliette Brown, Clinical Lead for Environmental Sustainability and Climate Action, London ELFT

Context

At ELFT, we recognise that the climate and ecological emergency is a health emergency, a public health crisis, a mental health emergency and a community health emergency, mediated via physical health impacts, mental health impacts, social impacts and psychological impacts. Action on the sources of global warming, particularly on fossil fuels, as well as on other environmental threats is the ‘greatest opportunity to redefine the social and environmental determinants of health’ (2021 Lancet Countdown). ELFT declared a climate and ecological emergency in 2021.

In October 2020, the Greener NHS National Programme published its strategy, Delivering a net zero National Health Service, outlining the impact of climate change on human health and on the delivery of healthcare and committing the NHS to becoming the world’s first net zero healthcare system. The report set actions for the entire NHS to reach **net zero carbon emissions by 2040 on direct emissions (80% by 2028-32) and 2045 on those we can influence (80% by 2036-2039)**. These actions include for trusts to develop local Green Plans detailing our approach to emissions reductions in line with national targets. The Health and Care Act 2022 further underscores the importance of the NHS’s robust response to climate change, placing new duties on trusts to contribute towards statutory emissions and environmental targets. Green Plans were published in January 2022 and fed in to ICS plans published in March 2022. ELFT’s Green Plan was board-approved in February 2022. The programme is led by Interim Chief Finance Officer.

ELFT’s Green Plan

The plan is structured around 9 themes as suggested by the national programme. Our approach is rooted in some key principles:

- To work across ‘the system’ in a spirit of inclusivity and mutuality
- To centre marginalised and disadvantaged voices in our communities
- To align this work with our ambitions on equalities and on the social determinants of health
- To galvanise the energy and expertise of our staff and service users
- To integrate sustainability and climate action into the core business of the Trust
- To use a quality improvement approach to understand key drivers and find those actions with the greatest benefit.

The plan makes clear that we aim to root climate action in social justice – feeding into our work as an anchor institution, and our work on social determinants of health and on health and social inequalities. The full plan is available online at <https://www.elft.nhs.uk/information-about-elft/sustainability-climate-network>

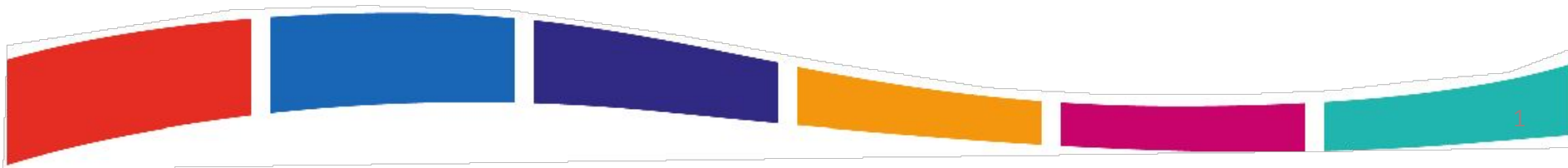
Key achievements Q2 2022/2023

- 2 clinical leads for climate action in post, delivering a more clinically focused Green Plan.
- 2 service user sustainability reps leading on development of recovery college sessions and climate arts club, as well as input into all parts of the plan.
- 143 members of newly formed staff climate network – holding monthly meetings with speakers from VCSE and campaign groups including Growing Communities, Mums for Lungs, etc
- 6 workstreams operating using QI methodology - on Medicines, Travel and Transport, Estates and Facilities (incorporating Food and Nutrition), Sustainable Models of Care (incorporating Digital and Adaptation), Workforce and Systems Leadership and Procurement.

- Development of comms strategy – includes monthly network bulletin with updates from Greener NHS and UK Health Alliance on Climate Change, advice including on heat and health, home insulation, and other opportunities, plus weekly comms space on intranet.
- Collaboration with North East London ICS and Bedfordshire Luton Milton Keynes ICS on development of ICS wide Green Plans and participate in Net Zero Clinical Leads Network at NEL, the Net Zero SROs, and the NEL Respiratory Medicines Optimisation Group as well as other local authority collaboratives and collaborative with UCL Partners Academic Health Science Network.
- Outreach activity on the Green Plan across the trust including academic afternoon to 300 doctors, and bespoke sessions for ELFT Ability network, intergenerational network, LD team, admin, etc
- Included a sustainability dimension in all our QI training
- Led on a joint national workshop Green Minds with fellow mental health and community health trusts
- Developed a set of headline measures to form a sustainability dashboard for reporting on progress.
- Progressing with a board level development session
- Collaborative with local authority and ICS on EV chargepoint procurement, and installation of cycling and charge point facilities across sites.

Roadmap to Net Zero Carbon

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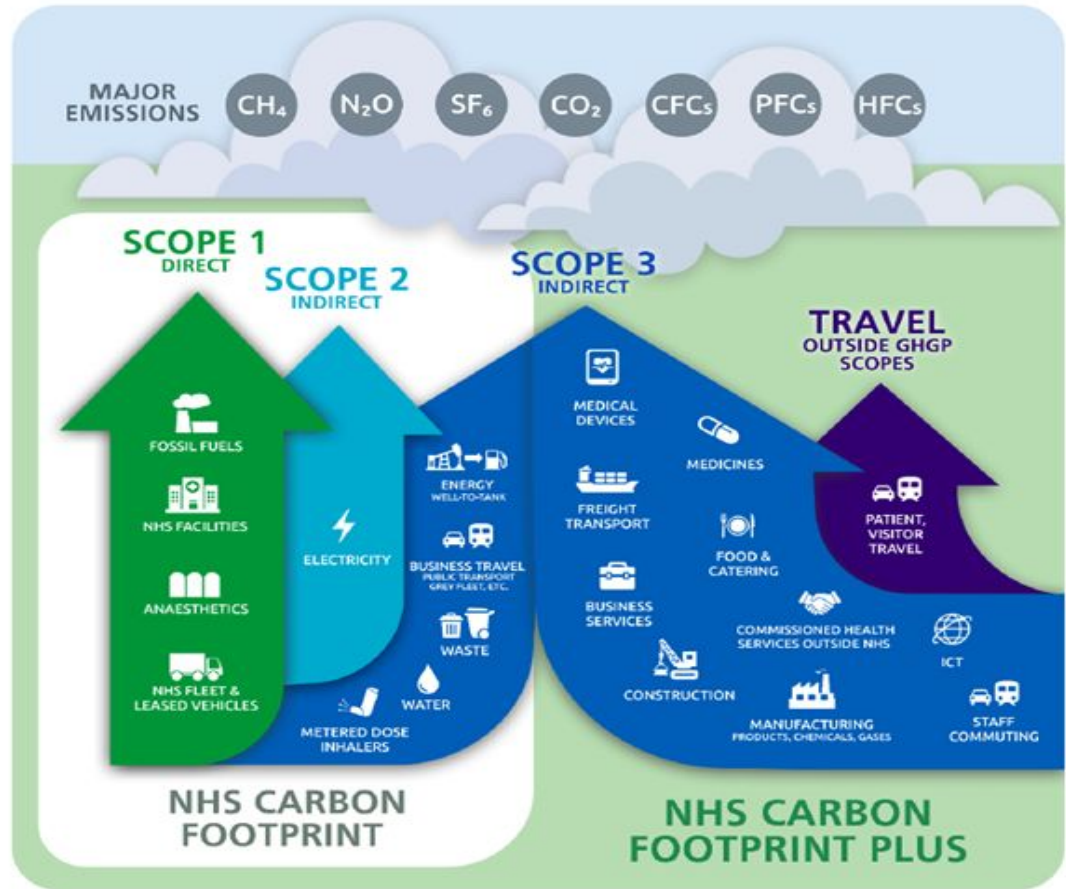
THE JOURNEY BEGINS

The carbon footprint of the NHS

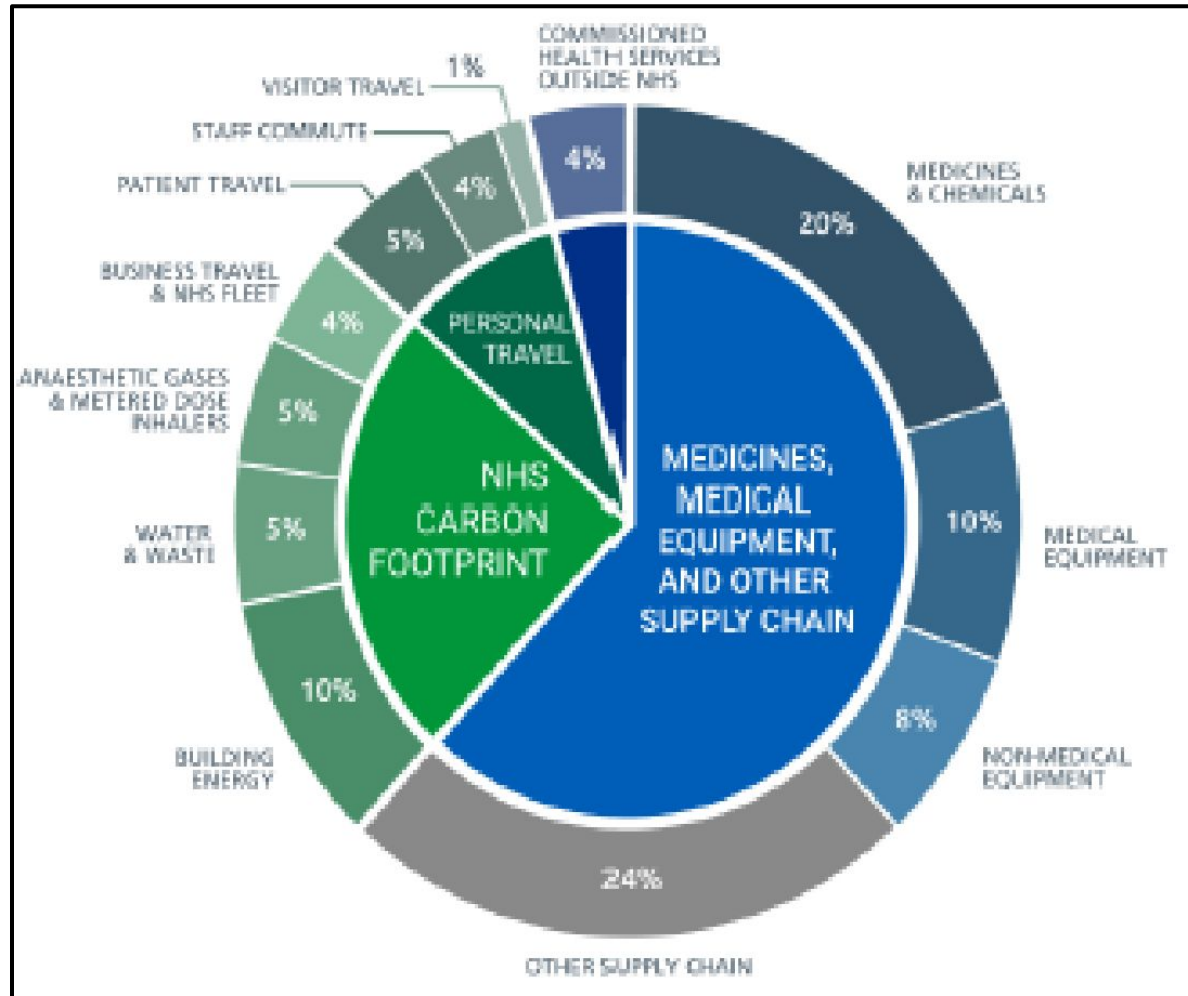
The Greenhouse Gas Protocol (GHGP) scopes cover a wider set of emissions, and support international comparison and transparency:

- GHGP scope 1: Direct emissions from owned or directly controlled sources, on site
- GHGP scope 2: Indirect emissions from the generation of purchased energy, mostly electricity
- GHGP scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.

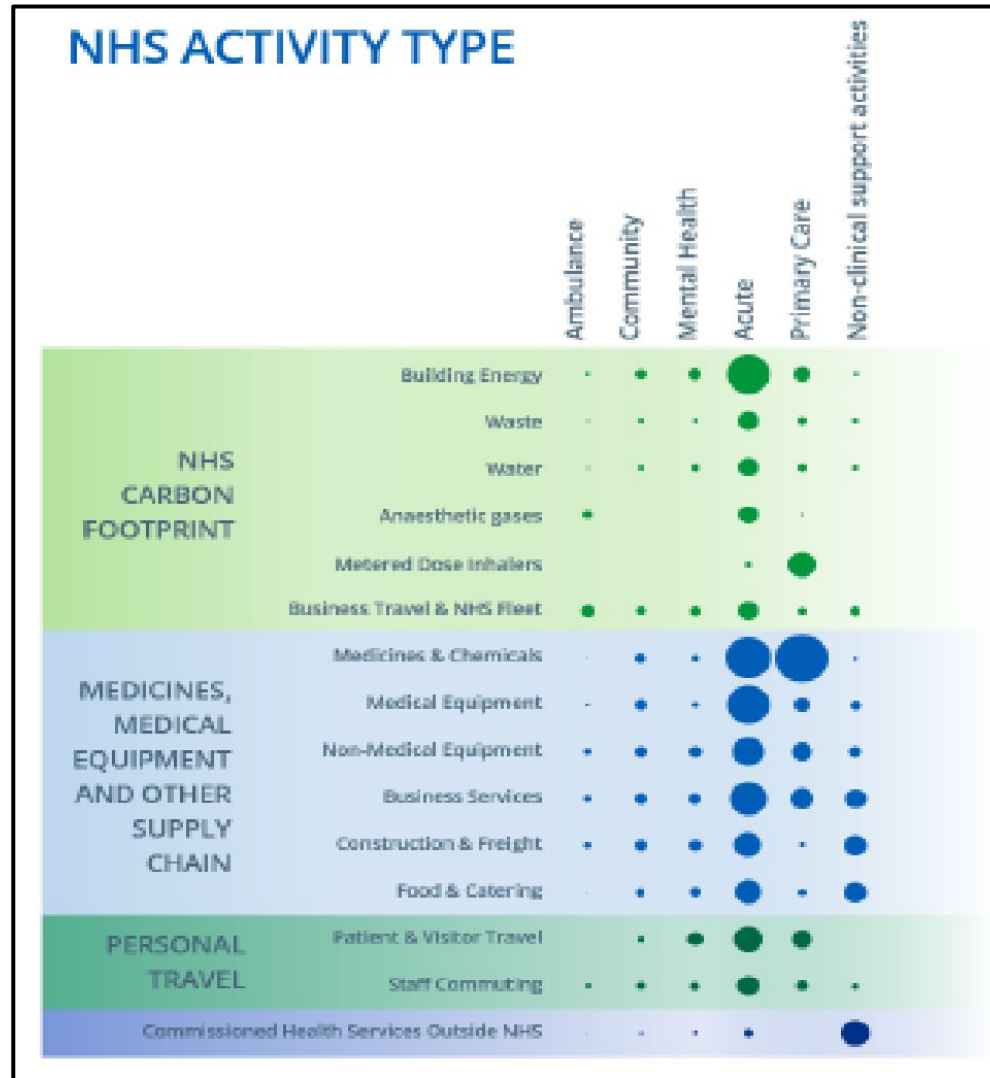
Figure 1: GHGP scopes in the context of the NHS



Sources of carbon emissions by proportion of NHS Carbon Footprint



Sources of carbon emissions by activity type and setting of care



WHAT HAVE WE DONE SO FAR

Renewable Energy Sources

For the current financial year, Homerton is purchasing electricity sourced from renewable technologies across the UK and European markets

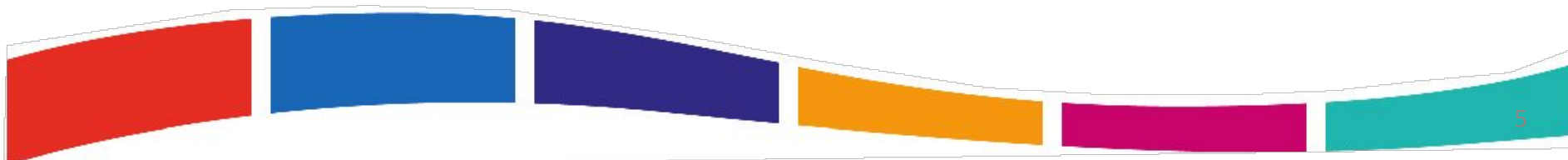
LED Lighting

The Trust has installed approximately 700 LED light fittings. Annual savings of 140,655kWh, equivalent to 37 home being removed from the electricity grid, and 32 tCO₂e.

Improved Energy Monitoring

Page 85
In 2021 the Trust and Modern Energy Partners (MEP) worked together to improve the onsite energy monitoring system, installing new sub-meters to gather energy data to support strategic energy plan design for the site. The Trust is currently in process of gathering the data in order to better understand how energy is used throughout the site facilities.

Further, the Trust have recently installed Automatic Meter Reading (AMR) devices to the two main water meters. These will provide easy to read and reliable consumption data for most of the water usage, which will be key to identify any wastage issues within the Trust.



Window Solar Control Films

The installation of window solar control films in early 2021 was identified as one of the most cost-effective way to prevent the overheating problem during times of high solar irradiance, as well as support the annual reduction in cooling energy consumption and emissions totalling an estimated 64,050 kWh and 16 tCO₂e respectively.

Chiller Optimisation - Heat Gains Audit

Homerton carried out performance analysis and optimisation works on all the chillers installed onsite. The recorded data will enable the Trust to analyse the performance and efficiency of all major components. The analysis and optimisation works are estimated to generate savings on average of 20% of the previously cooling energy consumption.

Living Wall

The primary reason for considering external walls and increasing the green areas around the buildings was to remove part of the particulate matters produced across the front of the Hospital by the vehicle traffic, and helps build energy savings as well as reduce ambient temperatures and mitigate the urban heat island phenomenon plus reducing heat gain in the specific internal associated areas.

Waste Management

Increased management oversight due to COVID19 pandemic including specialist driven training and improvement in waste segregation. One initiative in place is the use of re-usable sharps container to remove single use plastic sharps bins. By moving to the single use plastic sharps bins the Trust will stop 13.32 tonnes of single use plastic being produced and burned, therefore, reducing our carbon footprint by 75.75 tCO₂e.

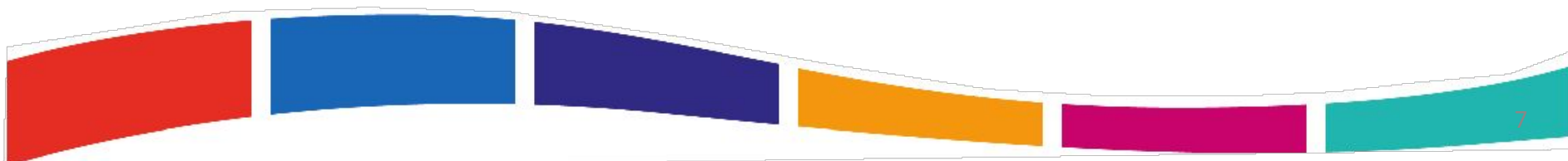
NHS Plastic Pledge

The Trust has committed to reducing its carbon footprint by tackling its reliance on single use plastics across the organisation. This forms part of the NHS Long term plan and will support our strides to improve our environment. Clinical and non-clinical trials are actively in place. Further, the Trust replaced plastic cutlery with eco-friendly alternatives (i.e. compostable cutlery).

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Gardening Group

The Trust started a gardening group supporting the organic cause and inspiring more people to garden organically. Several areas around the Hospital were identified for the gardening activities and have over 75 volunteers onboard. A Nature Recovery Ranger is working with the Trust on greening projects including staff and volunteer gardening groups.



ULEZ Compliant fleet Vehicles

88% of our in-house fleet vehicles are ULEZ compliant including 4 electric vehicles and we are in process of replacing the only non-compliant vehicle with electric.

EV Charging Points

8 electric vehicle charging points on the acute site.

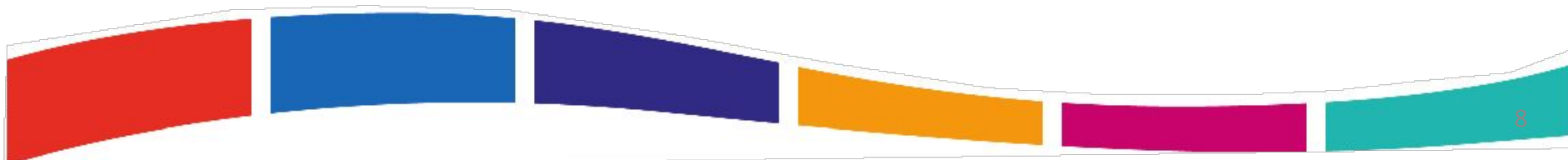
Improved Bike storage for staff

500 bike racks for staff. Patient and visitors including secure space to encourage proactive healthy travel supported by Dr Bike, who supports the Trust will bike surgery and maintenance.

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Jump System

Jump is an innovative engagement programme designed to embed sustainability and wellbeing at Homerton. The programme combines smart technology, engaging communications, prizes, competition, and a user dashboard so individuals can monitor their progress.



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PlanetMark
Certified Business

We are Planet Mark Certified

Year 5.

Homerton University Hospital
NHS Foundation Trust

This is to certify that Homerton University Hospital NHS Foundation Trust has achieved the Planet Mark by reporting a reduction in its carbon footprint and engaging its stakeholders.

Valid to: 30 June 2022

Empowering change for a brighter future.
The Planet Mark is a sustainability certification for every type of organisation, for products and real estate. Our certification recognises continuous improvement, encourages action and builds an empowered community of like-minded individuals who make a world of difference.

planetmark.com/member/homerton-hospital

Measure

-3.0%
Absolute carbon reduction.

-7.0%
Carbon reduction per employee.

6,406.9 tCO₂e
Total carbon footprint.

1.7 tCO₂e
Total carbon footprint per employee.

We are committed to reducing our carbon emissions yearly so that together we can all halt climate change.

Reporting Boundary: One Hospital campus based in the London Borough of Hackney

Emission sources: Electricity, T&D Losses, Natural Gas, Water, Waste, Fleet

Reporting Period: 01 Apr 2020 – 31 Mar 2021

Engage

3,815
FTE employees.
We engage our employees and wider stakeholders to unlock their talent and knowledge to drive year on year progress in sustainability.

Communicate

9
Sustainable Development Goals.
We recognise that transparent communication is essential for transformational change and we quantifyly contribute to 9 SDGs.

PlanetMark

THANK YOU

Homerton University Hospital

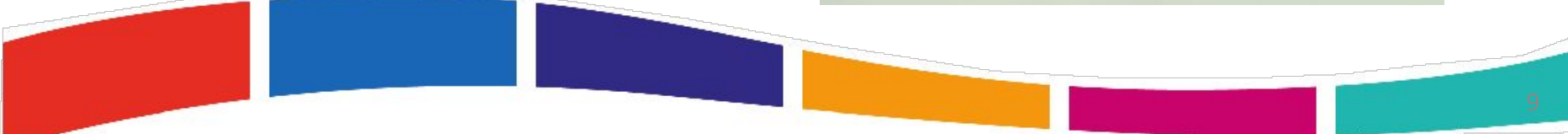
For taking action with Cool Earth to help the Asháninka people protect an acre of rainforest.

Protecting rainforest is the most important action we can take to support communities, prevent carbon emissions, preserve wildlife and keep Earth's climate in balance. Through the partnership, Planet Mark members are supporting local people who:

- Protect 151,149 acres of rainforest
- Keep 22,337,002 trees standing
- Store 9,192,043 tonnes of carbon

info@planetmark.com planetmark.com @theplanetmark

NHS
Homerton University Hospital
NHS Foundation Trust



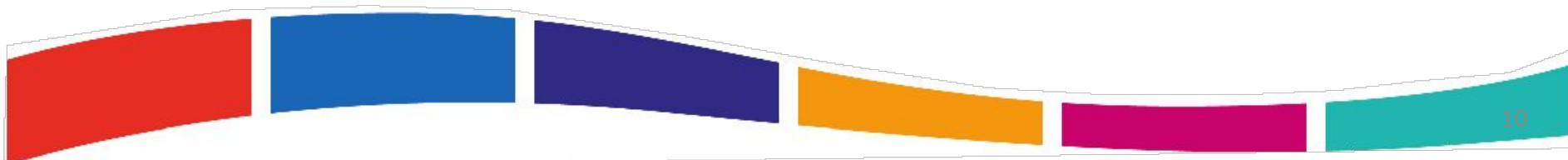
FUTURE PLAN SUMMARY

Implementation of new formal Sustainability Governance Structure – The Trust recognises the importance of formalising our response to the Climate emergency.

Net Zero – Our “Green Plan - The strategy towards Net Zero for Homerton University Hospital NHS Foundation Trust 2022-25” has been recently Board approved.

Patient Transport Service – In 2022 we plan to start to operate an all-electric fleet of vehicles in partnership with our NEPT provider ERS medical.

Green and Resilient Spaces Fund Application (NEL - ELFT) £850k bid for funding GLA – to drive and improve our existing green spaces 11,000 sqm. Green-Spaces: Planters, Green/sedum roofs, Living Walls, Habitat feature (enabling biodiversity), Memorial garden improvements, improvements to Wellbeing locations, staff and local engagement through public sector working.



Community Services and Property Review – Working with our community base services and partners including landlords and suppliers to review our effect carbon output and expand our delivery plans.

Anaesthetic Gases - Trust Pharmacy reviewed how we transition to low carbon options such as Sevoflurane from Desflurane. Resulting from this review the Trust is no longer using Desflurane. The environmental impact of Desflurane is approximately 15 times greater than Sevoflurane however, their clinical application and impact is negligible.

Low Carbon Inhalers – Trust Pharmacy to review how general use inhalers are transitions out of use where clinically viable. This would mean Pressurised metered dose inhalers (pMDI) contain hydrofluorocarbon (HFC) propellants being replaced by Dry powder inhalers (DPI). DPI produce 20g CO₂ equivalent (CO₂eq) per dose compared with 500g CO₂eq for some pressurised metered dose inhalers. The Trust is working with the NEL ICS Medicine Group to reduce the environmental impact of asthma inhalers.

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Title of Report	Parks and Green Spaces Strategy - 1 Year Update
For Consideration By	Health and Wellbeing Board
Meeting Date	22 September 2022
Classification	Open
<u>Ward(s) Affected</u>	All
Report Author	Sam Parry - Parks Development Manager

Is this report for:

Information

- Discussion
- Decision

Why is the report being brought to the board?

Hackney's Parks and Green Spaces Strategy was adopted in May 2021, introducing 30 commitments that guide the delivery of the Parks and Green Spaces Service (the "Service") over the next ten years. This report provides an update on the Parks and Green Spaces Strategy, and what has been delivered in its first year.

Has the report been considered at any other committee meeting of the Council or other stakeholders?

No.

1. Summary

- 1.1. Work to deliver Hackney's new Parks and Green Spaces Strategy has got off to a good start, with progress being made on 11 of the 30 commitments in the Strategy's first year. Extensive engagement with young people has been undertaken as part of our commitment to work closer with communities. Improvement projects are underway at Abney Park and Shoreditch Park, a new splash pad has been installed in Clissold Park and play areas are about to be delivered in Butterfield Green, Clapton Square, Haggerston Park and Stoke Newington Common as part of our commitment to making parks more welcoming. And there has been a real emphasis on sustainability within the

Service, with a review into the carbon footprint of the Service and the installation of 158 new recycling bins. This report provides detail on the progress made towards delivering each of the commitments.

2. Recommendations

- 2.1. The Board is asked to note the contents of the report.

3. Background

Introduction

- 3.1. Hackney has one of the largest expanses of parks and green space in inner-London, with 58 sites across the borough totalling some 282 hectares - ranging from major parks and green spaces such as Hackney Marshes, Clissold Park and Abney Park to small gardens such as Hoxton Square and Church Street Gardens.
- 3.2. The Council has long recognised the impact that quality parks and green spaces can have on the achievement of its vision and objectives and has therefore placed a high priority on improving them, with over £25m of investment in parks and green spaces since 2010.
- 3.3. The Council is committed to continuing to deliver improvements to its parks and green spaces and a new Parks & Green Spaces Strategy, that guides the delivery of the Service, was adopted by Cabinet in May 2021.
- 3.4. The Strategy outlines a number of initiatives to improve the way the Service works with the community, to make more welcoming parks and green spaces, and to respond to the climate emergency and ecological crisis.
- 3.5. The Strategy covers the work of the Service over the period 2021 - 2031, and this report primarily focuses on the progress made in 2021/2022 and 2022/2023 to date.

Working With Communities

- 3.6. The first theme of the Parks and Green Spaces Strategy relates to improving the way in which the Service works with the people that use the borough's parks and green spaces. We committed to engaging with local people, volunteers and staff to improve our parks and green spaces, provide more opportunities for people to learn and develop skills and to establish a comprehensive volunteering programme. In 2021/2022, we delivered the following:
- 3.7. *Commitment 1: Engage local communities, residents and tenants in improvements that affect their local parks and housing green spaces, with continued engagement from outset to delivery, with a special effort made to reach underrepresented groups.* In 2021/2022 we undertook extensive consultation with local people to inform a large scale programme of

improvements in our play areas. Using a range of techniques, we spoke to a wide range of local people to inform the designs of the new spaces. We spoke to people about the name change of Kit Crowley Gardens as part of the Council's Review, Rename and Reclaim project. We also consulted people on a brand new splash pad in Clissold Park, and on a project to return a corner of Haggerston Park currently occupied by temporary school buildings back to parkland.

- 3.8. *Commitment 4: Develop a work experience and apprenticeship programme and explore supported opportunities for people with Special Educational Needs and Disabilities.* In 2021/2022 we welcomed two members of staff as part of the Council's 'Kickstart' scheme. They gained significant experience and confidence, as well as skills that they can take with them into future roles. We also hosted a number of supported interns at Springfield Park. They joined the team as part of the Council's 'Project Search' initiative through Hackney's supported employment team. The interns gained work experience with both Park Keepers and Gardeners to develop their skills to help find employment in the future.
- 3.9. *Commitment 5: Involve young and older people in designing and improving our parks and green spaces to reflect the recommendations of the Hackney Young Futures Commission and Ageing Well Strategy.* In 2021/2022 we engaged school children from Jubilee and William Patten Primary Schools and people from Boiler House Community Centre to codesign four new stained glass windows in Abney Park, and engaged children and young people to co-design signage, the MUGA and a piece of community art as part of the Shoreditch Park Improvement Project.
- 3.10. *Commitment 9: Continue to support local groups to improve their parks and green spaces, and the Tree Musketeers to plan future tree planting in the year ahead.* In 2021/2022 we planted 780 trees in an area of Millfields Park previously leased to National Grid. Pupils from Jubilee Primary School, The Millfields Park User Group and the Tree Musketeers joined the Parks and Green Spaces and Arboricultural Teams to help reinstate this area back to parkland.
- 3.11. *Commitment 10: Set up regular volunteer 'clean up days' in our parks and launch a campaign to reduce littering.* In 2021/2022 we held an online workshop and set up a new online resource for anyone wanting to organise their own litter pick. A number of new litter picks were arranged as a result, with regular sessions now taking place at Abney Park, Clapton Common, Clissold Park, Hackney Marshes, Hackney Downs, Haggerston Park and London Fields. Volunteering has also started to resume, with dedicated volunteering days delivered in Butterfield Green, Clissold Park, East Bank, West Bank Nature Reserve, Haggerston Park, Millfields, Springfield Park, Stoke Newington Common and Ufton Gardens.

Welcoming Parks and Green Spaces

- 3.12. Welcoming parks and green spaces are well maintained, feel safe to visit and are well used by all communities. The ongoing pandemic continued to demonstrate how important and vital our parks and green spaces are for both physical health and mental wellbeing of our residents. We continued to maintain and improve our high quality parks and green spaces.
- 3.13. *Green Flag:* We recently secured a record 28 Green Flags for the second year in a row (the third highest in London). We were also ranked fifth out of thirty boroughs in the Good Parks for London Report 2021.
- 3.14. *Play Areas:* The play area in Clapton Pond was reopened following an extensive refurbishment. We also opened a brand new play area in Millfields. Working with the Clapton Park TMO and Housing Services, we reinstated the play area on Millfields Estate so that it can be used by estate residents and Millfields Park users alike. New play areas are due to be installed in Butterfield Green, Clapton Square, Haggerston Park and Stoke Newington Common this autumn.
- 3.15. *Abney Park Cemetery:* The £5m Abney Park Restoration Project started in November 2021 with the official groundbreaking ceremony. Work is currently underway to fully restore the chapel so that it can be used for weddings and events, to build a new café and community room at the main entrance, and to make the entrance at Stoke Newington Church Street more accessible.
- 3.16. *Friends Bridge:* Works to refurbish Friends Bridge on Hackney Marshes were completed quickly by the Projects Team following safety issues being identified.
- 3.17. *Commitment 12 Refurbish all of our park toilets, and explore opportunities for additional toilets linked to new cafe facilities.* In 2021/2022 we opened brand new toilet facilities in Britannia Leisure Centre that serve Shoreditch Park and delivered a full refurbishment of the toilet block in Haggerston Park, including a Changing Places toilet for people with profound and multiple learning disabilities or with physical disabilities. The upgraded facilities will ensure they continue to be accessible, welcoming and pleasant green spaces for everyone living in the borough to enjoy.
- 3.18. *Commitment 16 Introduce three new food growing projects on housing estates each year.* In 2021/2022 residents living in Milton Gardens Estate, Portland Rise Estate and Lakeside Court participated in garden design workshops, and residents are currently being supported by the Housing Service to begin aspects of garden development.

- 3.19. *Commitment 17 Expand the provision of affordable and healthy food and drink in parks and green spaces:* In 2021 the new Britannia Leisure Centre opened, which includes a cafe for all the community to benefit from. In 2022, the refurbished café at Springfield Park reopened as part of the Springfield Park Improvement Project. As well as this, work has started to progress the opportunities for catering concessions in some of the underused buildings in our parks. Work is underway to prepare Haggerston Park Kiosk and the Clissold Park Pump House for new operators to operate from them later in 2022.

Being More Environmentally Sustainable

- 3.20. We are proud of the proactive steps our staff, partners and volunteers are already taking to reduce our carbon footprint and tackle climate change across our parks and green spaces. Over the next ten years we will make an even bigger commitment to becoming more environmentally friendly, engaging people with nature, making our parks and green spaces more connected, increasing natural areas and supporting a healthy ecosystem.
- 3.21. *Commitment 21: Work towards becoming a Zero Carbon service by 2031.* In 2021/2022 Buro Happold Engineers Ltd. were appointed to calculate the carbon footprint of the Service. This involved analysing how park buildings are heated, how waste is processed and how staff move around the borough. Once the existing carbon footprint is defined, work will start on an action plan to reduce it.
- 3.22. *Commitment 24 Replace all single use bins with dual use recycling bins by 2031.* People should have more opportunities to recycle their waste on the go, including in all of Hackney's parks and green spaces. In 2021/2022 this replacement programme started with the replacement of all 158 bins in Clapton Common, Springfield Park, St Johns, St Thomas' and Clapton Square with new dual use ones. Some of the new bins have litter pickers in them, which will make it easier for Park User Groups and other volunteers to organise clean up days in their local parks.
- 3.23. *Commitment 25: Introduce new sustainable drainage solutions in parks and green spaces.* Because of climate change, parks are experiencing more regular extreme weather events, including some very heavy rainfall. The Service has started exploring alternative ways of managing large volumes of rainfall to avoid parks and green spaces from flooding. In 2021/2022 a brand new Sustainable Drainage System (SuDS) was designed to combat the flooding in Clissold Park after heavy rain. The scheme will create a large shallow bowl in the north west corner to take water away from the paths. The SuDS is due to be installed in the park in 2022/2023.
- 3.24. *Commitment 26: Increase biodiversity across Hackney in line with the emerging Local Nature Recovery Plan, creating more wild areas across all parks and green spaces.* During the pandemic, huge numbers of people took

to swimming in the polluted River Lea next to Hackney Marshes. The large influx of people caused significant compaction of the ground, and damaged vegetation and wildlife habitats. In 2021/2022 the Council supported the Wildlife Gardeners of Haggerston to start a major river restoration project along the River Lea – building protected log piles, planting new reed beds and creating new river habitats. This will help to restore some of the damaged banks and protect habitats. The project is being funded by the GLA's 'Grow Back Greener' fund, the Council and the Lee Valley Regional Park Authority.

4. Policy Context

4.1. Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

Improving mental health

Increasing social connection and

- Supporting greater financial security
- All of the above

4.2 Please detail which, if any, of the Health & Wellbeing Ways of Working this report relates to?

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level
- Making the best of community resources

All of the above

5. Equality Impact Assessment

5.1 An [EIA](#) was produced alongside the published Strategy.

6. Consultation

6.1 An extensive [consultation report](#) was produced alongside the published Strategy.

7. Risk Assessment

7.1 Not applicable.

8. Sustainability

8.1 Not applicable.

Appendices

None.

Background documents

[Hackney Parks and Green Spaces Strategy](#)

[Consultation Report](#)

[Cabinet Report May 2021](#)

Report Author	Name: Sam Parry Title: Parks Development Manager Email: Sam.Parry@hackney.gov.uk Tel: 4899
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Hackney Parks and Green Spaces Strategy 2021-31





















"Strategically addressing the impact of climate change inevitably means resourcing our parks, green and blue spaces in their critical role to protect people and nature."

Judy Ling Wong CBE

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GOOD PARKS FOR LONDON 2021

Parks and Climate Change



Sponsored by



	1	2	3	4	5	6	7	8	9	10	Overall Score	Significant improvement
Lewisham				⊕							49	
Lambeth							⊕				48.25	
Hounslow						⊕				⊕	47.5	★
Southwark											47.5	
Barking & Dagenham											45.75	★
Hackney	⊕										45.75	★
Hammersmith & Fulham									⊕		45.75	★
Havering											45.75	
Richmond upon Thames											45.25	
Islington								⊕			43	
Sutton		⊕									42.75	★
Ealing											42.25	
Waltham Forest											41	
Tower Hamlets											40.5	
Bromley											39.75	
Kensington & Chelsea											39.75	
Camden											38.5	
Haringey		⊕									38.5	
Wandsworth											38.25	
Redbridge				⊕							38	★
Kingston upon Thames											37	
Newham											36.75	★
Brent											36	
Greenwich											35.25	
Merton											34.75	
Barnet											34	
Enfield											33.75	
Croydon											33.5	
Harrow											31.25	
Westminster											31.25	



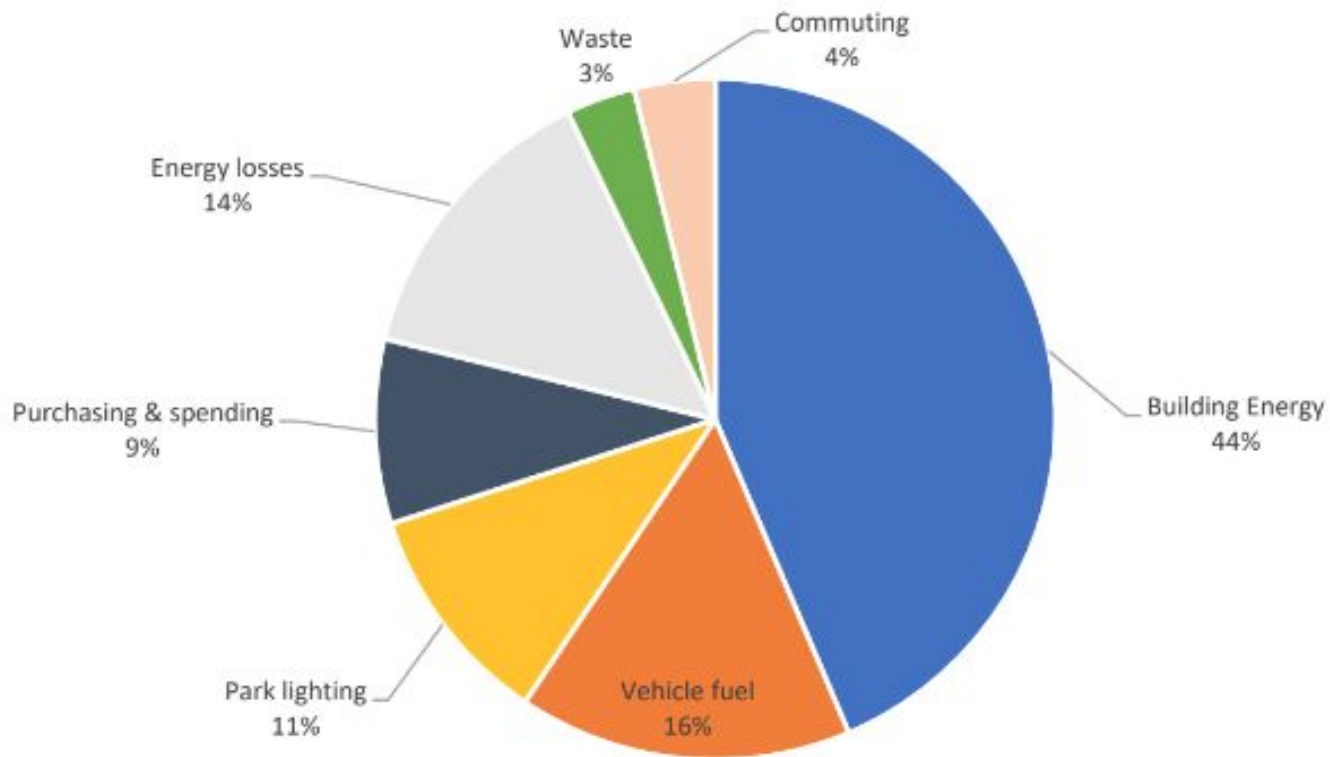


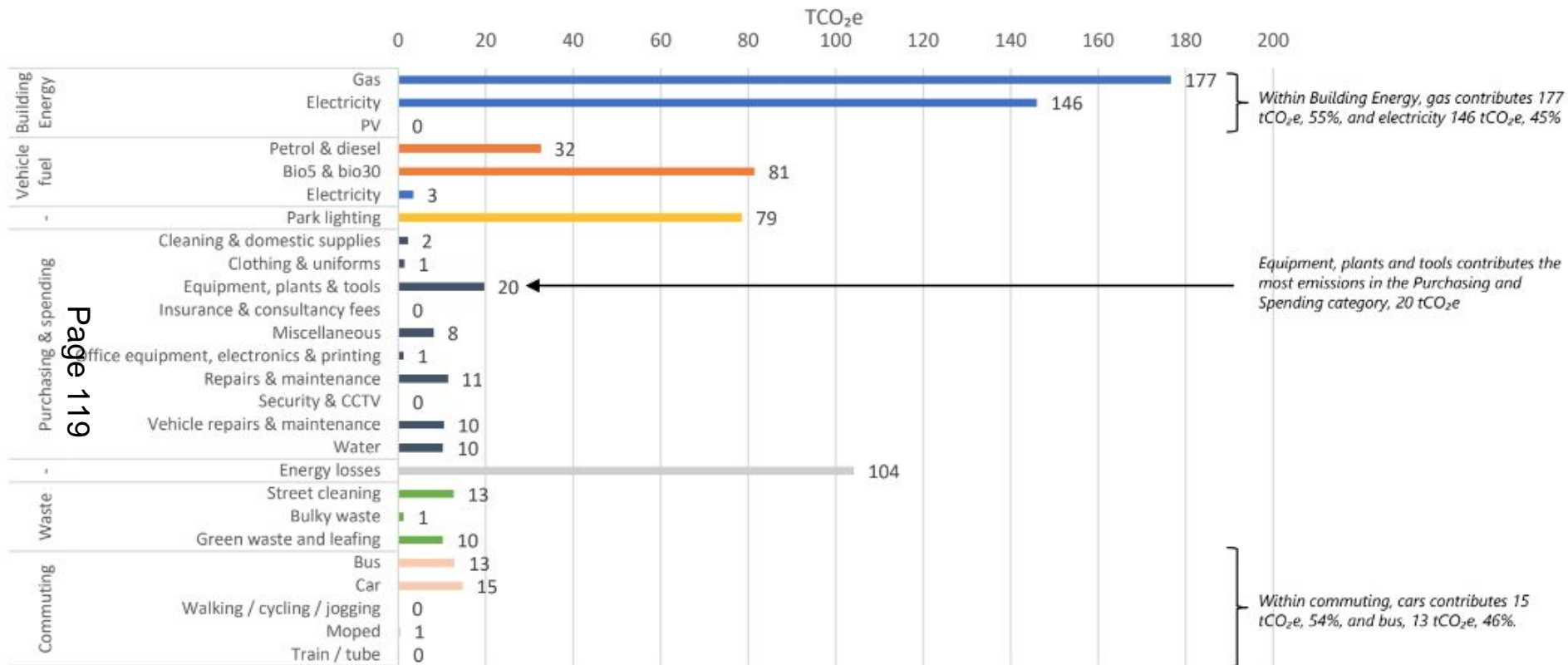


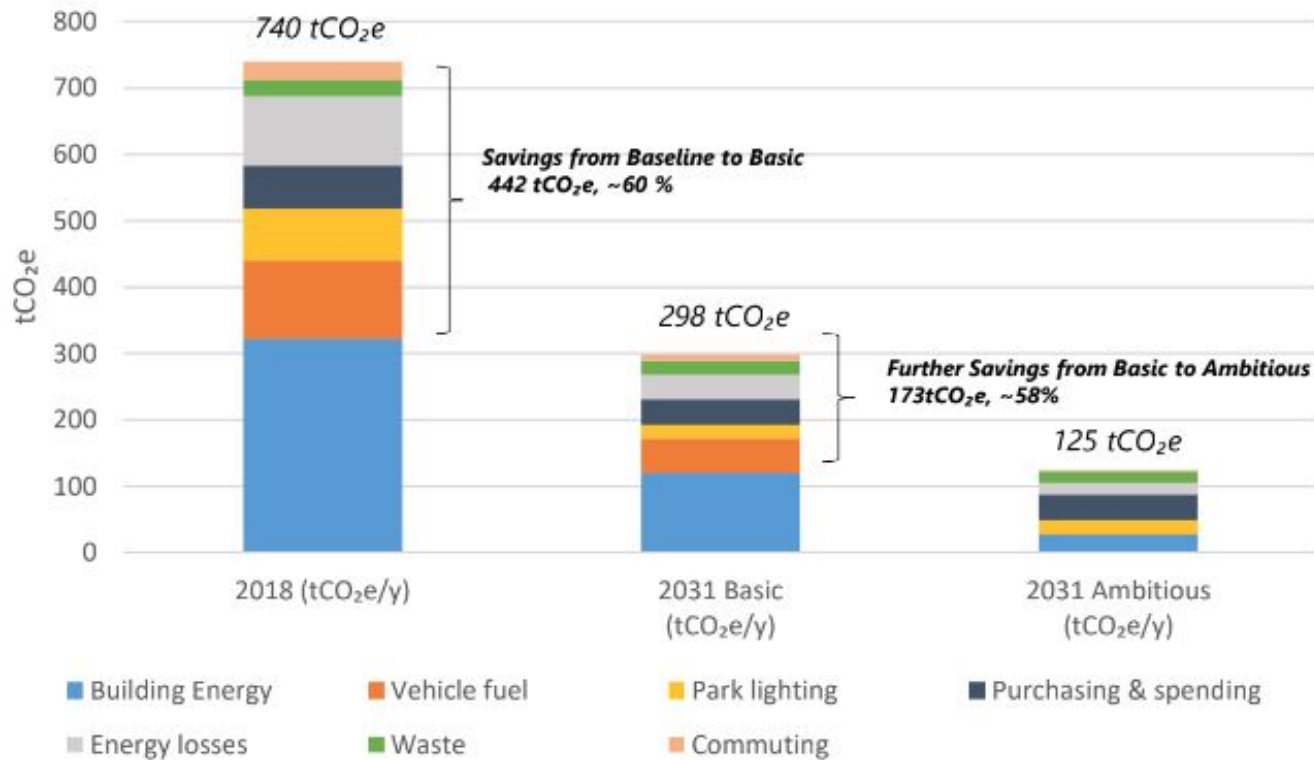












Potential Savings in 2031: Ambitious Case

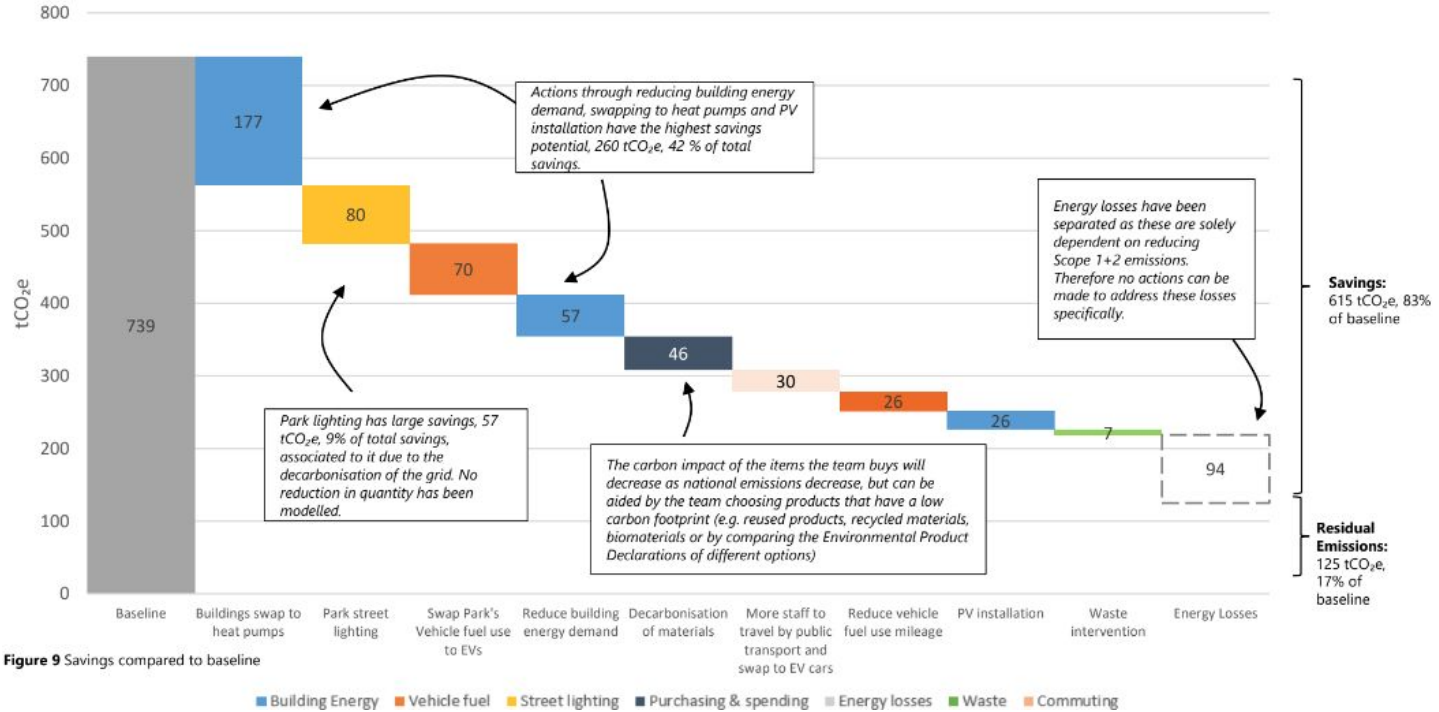


Figure 9 Savings compared to baseline

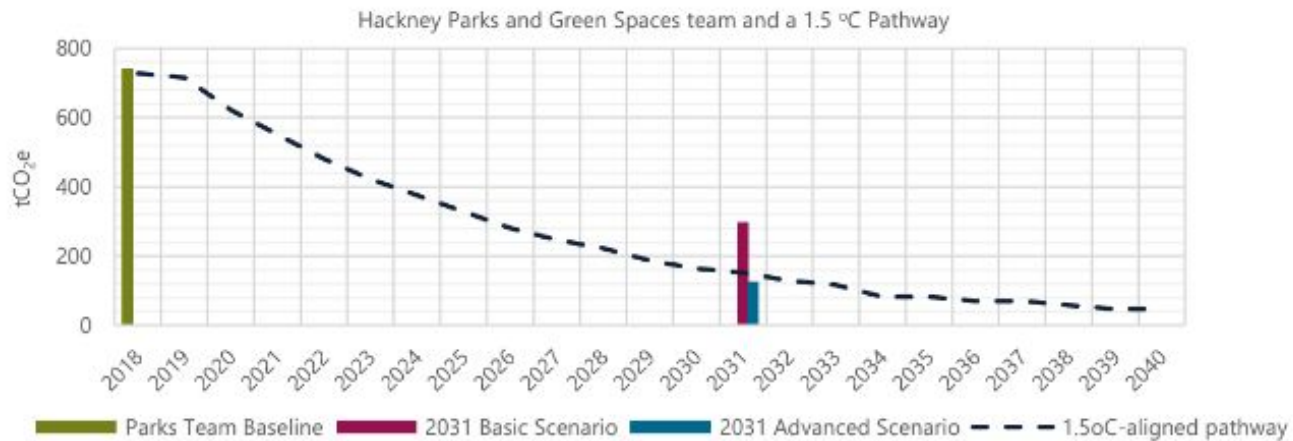
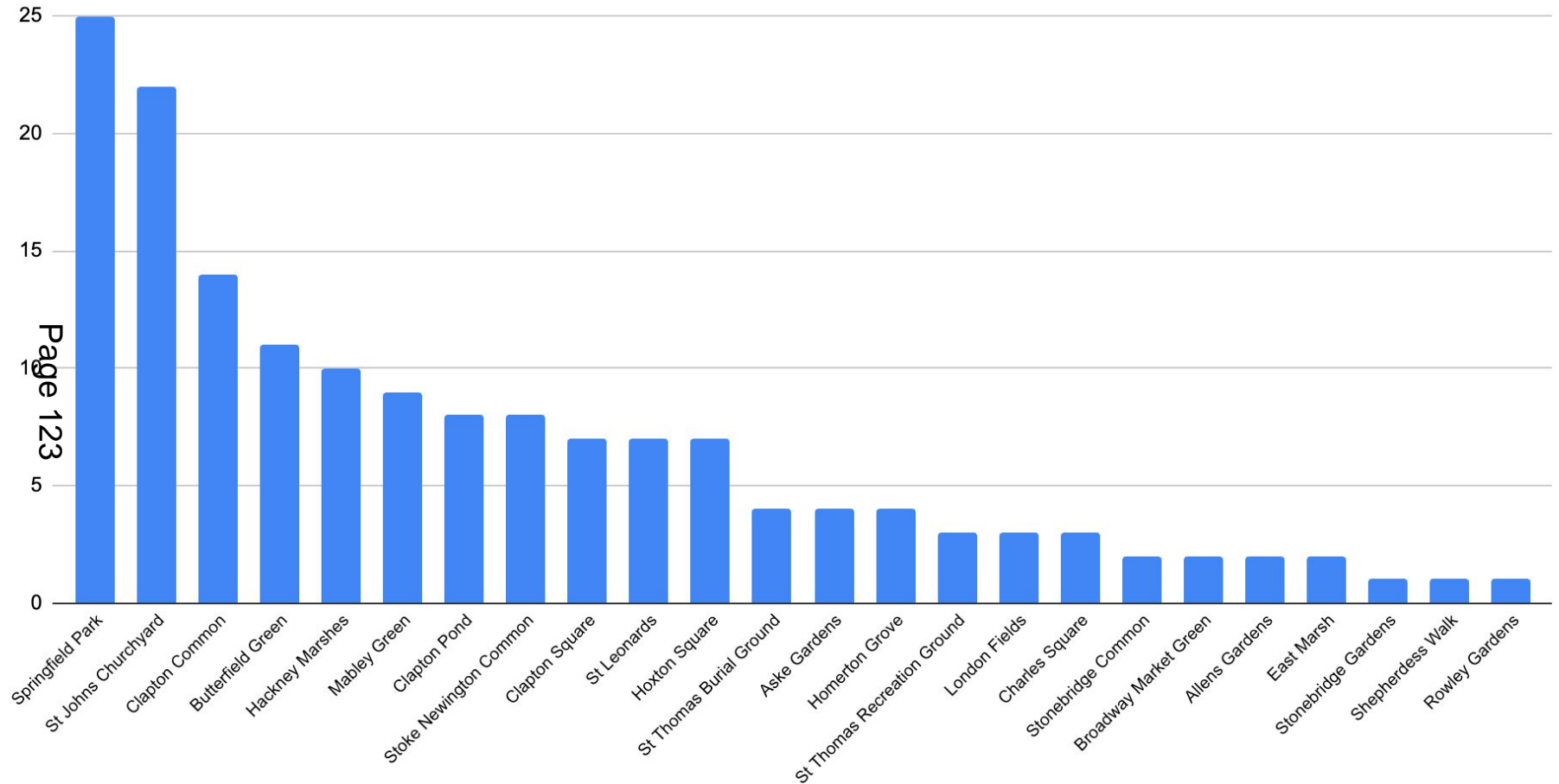


Figure 2b Comparing the 2031 scenario modelling to the Tyndall Centre Hackney 1.5°C aligned pathway RIGHTS RESERVED 9

160 Recycling bins installed





24

Recycling

Litter

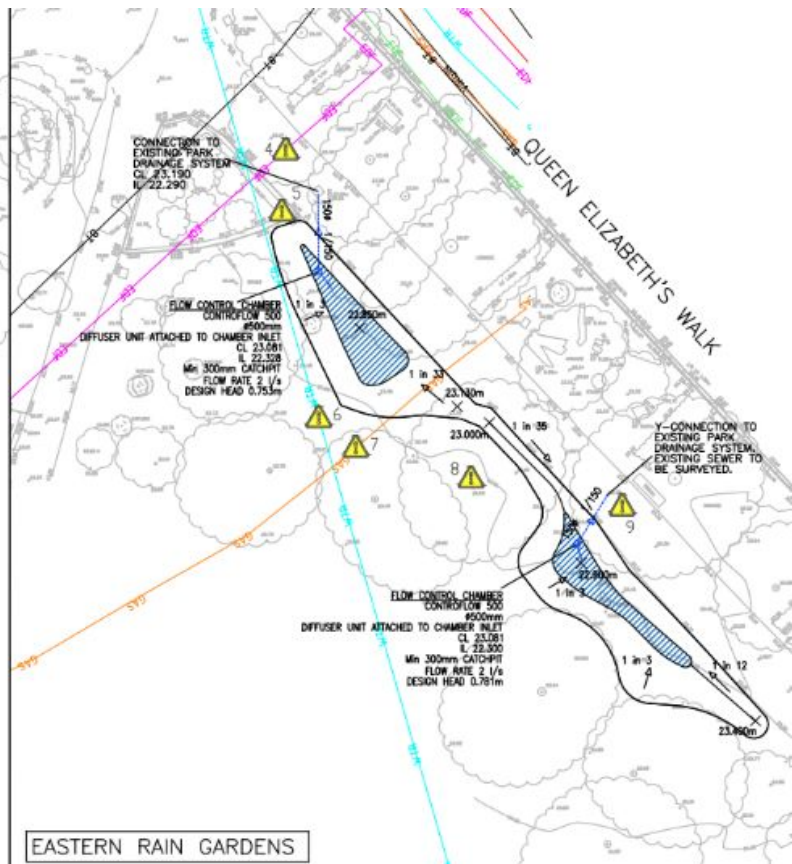
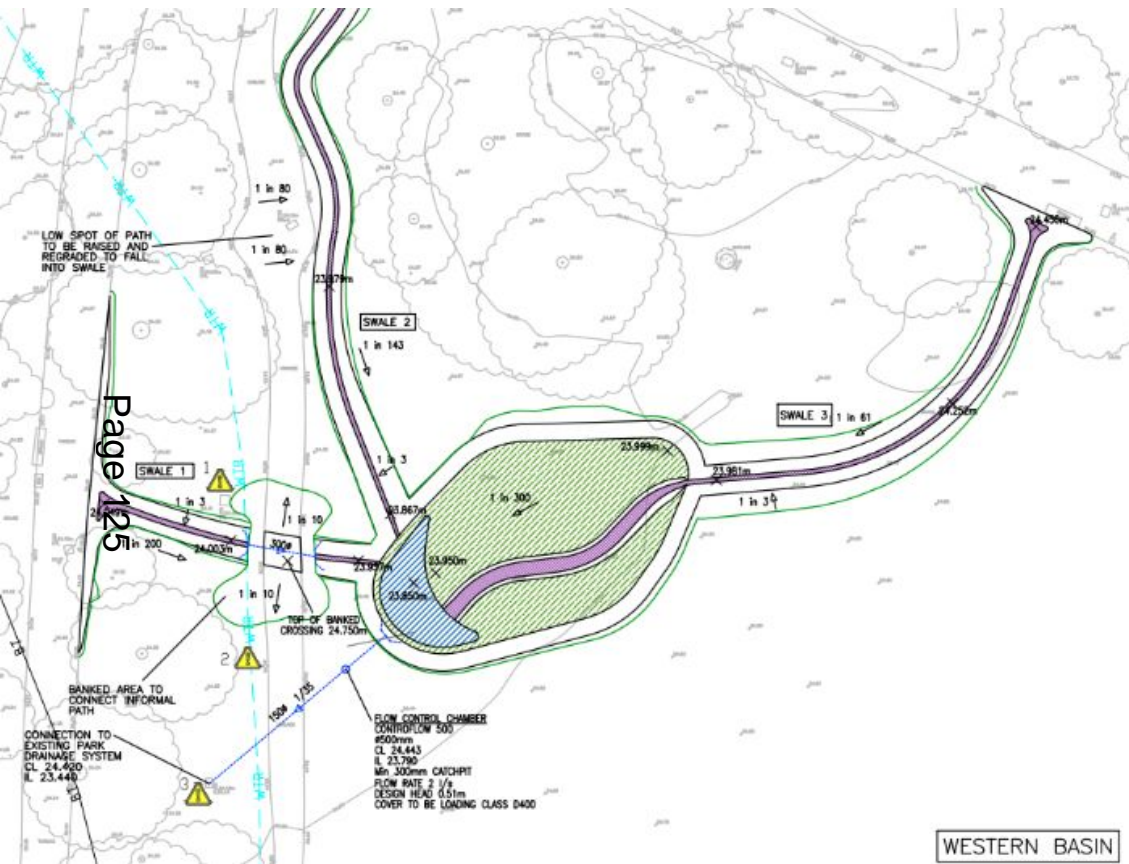
Recycle here

- Newspapers and magazines
- Plastic bottles
- Drinks cans
- Mixed glass bottles
- Drinks cartons



© Hackney Council
www.hackney.gov.uk
Hackney Recycling Centre
1000 High Road, London N12 9JG
Phone: Recycling Services 020 8714 2000











Parks & Green Spaces

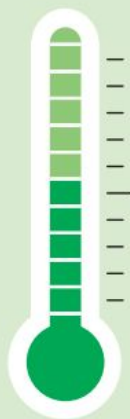
Annual Report
2021/2022

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How we're doing – progress in 2021/2022

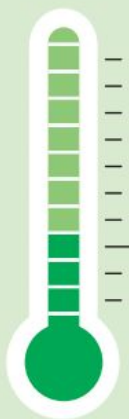
Each year we will monitor and chart our progress towards achieving all 30 commitments in our Parks Strategy. The progress we have made in 2020/2021 can be seen below.



THEME 1:
Working with communities



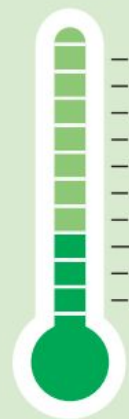
Achieved commitments: 5/10



THEME 2:
Creating more welcoming spaces



Achieved commitments: 3/10



THEME 3:
Being more environmentally sustainable



Achieved commitments: 3/10





Title of Report	Using North East London Health Inequalities money in City and Hackney
For Consideration By	Health and Wellbeing Board
Meeting Date	22nd September
Classification	Open
<u>Ward(s) Affected</u>	All
Report Author	Anna Garner, Head of Performance and Population Health, NHS North East London

Is this report for:

- Information
- Discussion
- Decision

Why is the report being brought to the board?

Update members on NHS North East London Health Inequalities funding award and next steps to implement projects in City and Hackney with this funding.

Has the report been considered at any other committee meeting of the Council or other stakeholders

City and Hackney Health Inequalities Steering Group

1. Background

City and Hackney have been successful in securing £900k under the NEL Health Inequalities fund. This has been awarded in for the two bids, as described below:

Allocation	Comments/ adjustments
£475k	Bid A: £475K awarded to support the embedding of proportionate universalism (see below for more details).
£400k	Bid B: The NEL panel made the decision to allocate £400k out of the £629K City and Hackney bid for several projects (see below for more details). City and Hackney Neighbourhood Health and Care board have agreed to top up these bids to £629K so the whole of the project bids can be funded.
£25K	Community chest for social prescribing. This funding would be to implement a micro grants programme for small VCSE organisations that social prescribers refer onto (a 'Community Chest') to (delivered in conjunction with NEL personalised Care programme).

Bid A

We have been allocated £475K from the NEL Health Inequalities money to fund a rigorous and systematic approach to embedding proportionate universalism (as proposed by Marmot) in City and Hackney in order to support people to improve outcomes proportionate to their level of need.

Marmot is very clear about the need for proportionate universalism in the tackling of inequalities; proportionate universalism is the resourcing and delivering of universal services (health, care and wider services) at a scale and intensity proportionate to the degree of need. In practice, this might mean e.g. identifying who isn't receiving the services they need, identifying barriers, ensuring equity of access, reviewing models of care so there is more of a 'tiered' approach, with different levels/types of support provided according to need, taking into account the different 'assets'/resources/networks that people have available to them (through a strengths-based approach).

This proposal seeks to build on what we are learning locally, including our experiences from working with our vibrant VCSE sector and diverse communities during the pandemic. It would be led by our existing Population Health Hub team and the additional funding would provide more capacity and capability to further test

and learn approaches, co-designing and coproducing solutions with residents, communities and the VCSE to truly accelerate progress.

Part of the money would fund the infrastructure to enable this (including changing culture to support the relentless focus on inequalities by supporting leadership in inequalities and partnership working, supporting improved understanding of health inequalities and the drivers of these, and widening participation and involvement of the community) and the majority of the money will be to support the implementation of initiatives to enable a proportionate universal approach to reducing health inequalities (including maximising local plans to tackle inequalities across the life course).

What is our aim?

To establish the infrastructure, culture and environment within the City of London and Hackney to work towards and deliver proportionate universalism

How will we deliver this aim?

- Identify a suggested package of support for pathways (e.g. experience of maternity services, management of LTCs in SMI population) – flexible according to needs of specific pathways (Appendix 1)
- Identify processes for meaningful resident involvement
- Establish clinical input to this programme and/or support the development of clinical and community leadership around health inequalities
- Identify key pathways to work with on this process – that align with the Core20PLUS5 areas along with the wider determinants of health
- Work with up to ten pathways to ensure a minimum high quality of service, with delivery models appropriately and sensitively adapted/tailored to ensure equity (rather than equality) of access, experience and outcomes - with greatest focus for those with high need
- Pilot solutions to achieve equity – and evaluate impact

Which pathways will we work on?

The first stage will be to identify key service areas/partners to work with (with input from residents on priority areas), this includes:

- Strand 1: five nominated clinical pathways from the CorePlus5 clinical areas (maternity, SMI, hypertension, COPD, cancer)
- Strand 2: four pathways/population groups and their broad population health needs (outside of the Core20PLUS5 pathways in strand 1) who are early adopters of this work and keen to be involved
- Strand 3: one service area relevant to the wider determinants of health

Projects in bid B

Projects	Funding
<p>Funding meaningful children and young people input to the piloting of CAMHS Youth Health Hub (pilot the establishment of a Youth Health Hub function in partnership with Primary Care, mental health services, community & voluntary sector, Public Health as well as local authority funded services). The aim is to create Health Hubs for young people aged 11 to 25 in neighbourhoods or locations, where young people can access a number of services in a safe and confidential way, breaking barriers and ensuring that they receive the support they need, when they need it from the right professional.</p>	£100K
<p>Funding community engagement and the piloting grassroots initiatives to improve childhood immunisations coverage (to compliment basket of interventions to improve coverage of childhood immunisations including pivoting the Covid vaccination 'call- recall' team to work on following up those who haven't received full complement of childhood immunisations and an immunisations support team in NE Hackney (where uptake is the lowest).</p>	£100K
<p>Interventions to support City and Hackney homeless population:</p> <p>Routes2Roots housing support workers (supporting homeless/vulnerably housed individuals who are in hospital to access housing options)</p> <p>Psychology interventions for homeless people (provision of individual and group- based interventions).</p> <p>A physical health nurse to provide outreach for homeless/vulnerably housed youth (aged 18-24), to offer an enhanced health check to identify MH/neurodevelopmental/communication needs, managing onward referrals and support linking back into services.</p> <p>Piloting a single assessment tool for use by multiple services providing support to homeless individual single assessment tool (to reduce burden on individual having multiple assessments by various organisations).</p>	£184K
<p>Foot care for housebound patients. Delivered via a local charity; offers a toenail cutting service for those unable to reach their feet or with other disabilities preventing them cut their own nails, and with no access to carer support. This service provides home visits for housebound</p>	£65K

patients, and satellite clinics with greater outreach to communities & St Leonard's site clinics.	
Improving access to employment support for residents with SMI. An additional IPS Employment Specialist for SMI patients, an additional Outreach Worker focused on SMI patients who could offer home visits and help support with smoking cessation and increasing attendance for annual health physical health checks, a project lead for IAPT with responsibility to establish pathways for IAPT and offers for all patients with LTCs, IAPT services especially where LTC is not well controlled.	£180K
TOTAL	£629K

1.1. Policy Context:

Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?

- Improving mental health
- Increasing social connection and
- Supporting greater financial security
- All of the above

Please detail which, if any, of the Health & Wellbeing Ways of Working this report relates to?

- Strengthening our communities
- Creating, supporting and working with volunteer and peer roles
- Collaborations and partnerships: including at a neighbourhood level
- Making the best of community resources
- All of the above

1.2. Equality Impact Assessment

Sole purpose of projects and full consideration to impact on equalities will be given.

1.3. Consultation

Has public, service user, patient feedback/consultation informed the recommendations of this report?

- Yes

No

Have the relevant members/ organisations and officers been consulted on the recommendations in this report

Yes

No

1.4. Risk Assessment

To be confirmed - will be assessed as we progress planning

1.5. Sustainability

To be confirmed - will be assessed as we progress planning

Report Author	Anna Garner Head of Performance and Population Health, NHS NEL anna.garner@nhs.net



TITLE OF REPORT Pharmaceutical Needs Assessment 2022	
HEALTH AND WELLBEING BOARD 22 nd September 2022	CLASSIFICATION: Open
WARD(S) AFFECTED All	
Director Dr Sandra Husbands, Director of Public Health	

1. INTRODUCTION AND PURPOSE

1.1. The Health and Wellbeing Board has a statutory duty to produce a Pharmaceutical Needs Assessment (PNA) every three years. The current deadline is 1st October 2022, and the PNA has now been produced and due to be published in advance of this date.

1.2. The report has identified no gaps in pharmaceutical services for Hackney.

2. RECOMMENDATION

2.1. The Board are asked to:

- Note that the PNA report has been produced for publication, meeting the Health and Wellbeing Board's statutory obligation to produce the Pharmaceutical Needs Assessment by 1st October 2022.
- Note that the report has identified no gaps in pharmaceutical services for Hackney.

3. BACKGROUND

- 3.1. The PNA is a report of the present needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, pharmacy users and other residents and from a range of sources (commissioners, planners and others). This includes stakeholders from neighbouring areas outside of Hackney. The report also includes a range of maps that are produced from data collected as part of the PNA process.
- 3.2. The PNA Steering Group had its first meeting on 7th October 2021. In November 2021, the Health and Wellbeing Board formally delegated authority to the steering group to produce the final report.
- 3.3. The provider, Soar Beyond, produced a full draft of the PNA in April 2022. Following this, the draft was put out for public consultation for 9 weeks between 9th May and 11th July. Comments received were then reviewed and addressed by the provider as appropriate, and included in a revised draft.
- 3.4. The steering group met for the final time in July 2022 to review and approve the revised draft, prior to Soar Beyond submitting the final version in August. The final version contains a full account of the process undertaken to produce the PNA.
- 3.5. Key findings from the Hackney PNA include:
- Hackney has 48 community pharmacies for a population of around 278,986.
 - Using current population estimates, the number of community pharmacies per 100,000 population for Hackney is currently 17.2, which has decreased slightly from 17.8 in 2018.
 - The majority (85%) of community pharmacies in Hackney are open weekday evenings (after 6 pm) and on Saturdays (83%). A number are open on Sundays (12.5%), mainly in shopping areas.
 - There is a much higher than national ratio of independent providers to multiples, providing a good choice of Hackney providers to local residents (national average is 40% independent providers versus 75% in Hackney, based on 2022 figures).
 - Provision of current pharmaceutical services and Locally Commissioned Services (LCS) are well distributed, serving all of the main population. There is excellent access to a range of services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the future for pharmaceutical services deemed necessary by Hackney HWB.
- 3.6. The PNA will shortly be published on the Hackney website. It will be maintained with updates should circumstances change throughout the life of the document by the public health team. The next PNA will be due for publication by October 2025.

4. Proposals

- 4.1. The board is asked to note that the PNA has now been produced and the statutory duty to publish this document by 1st October 2022 has been met (Appendix 1).
- 4.2. The board is also asked to note that the PNA has identified no gaps in pharmaceutical services for Hackney.

5. Conclusion

- 5.1. The Hackney Health and Wellbeing Board has met its statutory obligation to produce the PNA, which will be maintained for the three years until the next PNA is due.

BACKGROUND PAPERS

In accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) England Regulations 2012 publication of Background Papers used in the preparation of reports is required

Appendix 1: Hackney Pharmaceutical Needs Assessment 2022

Report Author	Andrew Trathen Consultant in Public Health, City and Hackney andrew.trathen@hackney.gov.uk
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Pharmaceutical Needs Assessment 2022

Hackney
Health and Wellbeing Board

This PNA has been produced by Soar Beyond, contracted by Hackney Council. The production has been overseen by the PNA Steering Group for Hackney Health and Wellbeing Board (HWB) with authoring support from Soar Beyond Ltd.

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Executive summary

Health and Wellbeing Boards (HWBs) were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

Every Health and Wellbeing Board (HWB) is now required to produce a Pharmaceutical Needs Assessment (PNA).

There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment, which may have an effect on the needs of the pharmaceutical services. Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

This mapping of pharmaceutical services against local health needs provides Hackney HWB with a framework for the strategic development and commissioning of services. It will enable the local pharmacy service providers and commissioners to:

- Understand the pharmaceutical needs of the population
- Gain a clearer picture of pharmaceutical services currently provided
- Make appropriate decisions on applications for NHS pharmacy contracts
- Commission appropriate and accessible services from community pharmacies
- Clearly identify and address any local gaps in pharmaceutical services
- Target services to reduce health inequalities within local health communities

This PNA has been produced through the PNA Steering Group for Hackney HWB with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'pharmaceutical list' held by NHS England and NHS Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including Distance-Selling Pharmacies (DSPs)
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

Pharmacies in Hackney

Hackney has 48 community pharmacies for a population of around 278,986. Using current population estimates, the number of community pharmacies per 100,000 population for Hackney is currently 17.2, which has decreased slightly from 17.8 in 2018.

The majority (85%) of community pharmacies in Hackney are open weekday evenings (after 6 pm) and on Saturdays (83%).

A number are open on Sundays (12.5%), mainly in shopping areas. There is a much higher than national ratio of independent providers to multiples, providing a good choice of

providers to local residents (national average is 40% independent providers versus 75% in Hackney, based on 2022 figures).

Conclusions

Provision of current pharmaceutical services and Locally Commissioned Services (LCS) are well distributed, serving all of the main population. There is excellent access to a range of services commissioned from pharmaceutical service providers. As part of this assessment no gaps have been identified in provision either now or in the future for pharmaceutical services deemed necessary by Hackney HWB.

Section 1: Introduction

1.1 Background

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013/349),¹ hereafter referred to as the Pharmaceutical Regulations 2013, came into force on 1 April 2013. Unless required to be produced earlier, the Pharmaceutical Regulations 2013 permitted Health and Wellbeing Boards (HWBs) a temporary extension of the Pharmaceutical Needs Assessments (PNAs) previously produced by the Primary Care Trust (PCT); HWBs were then required to publish their first PNA by 1 April 2015 at the latest. The Pharmaceutical Regulations 2013 require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement. Due to the coronavirus pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

The Pharmaceutical Regulations 2013 were updated by the National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

Table 1: Timeline for PNAs

2009	2011	2013	2015	Ongoing
Health Act 2009 introduces statutory framework requiring PCTs to prepare and publish PNAs	PNAs to be published by 1 February 2011	The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 outlines PNA requirements for HWB	HWB required to publish own PNAs by 1 April 2015	PNAs reviewed every 3 years* *publication of PNAs was delayed during the coronavirus pandemic

Since the 2018 PNA there have been several significant changes to the Community Pharmacy Contractual Framework (CPCF), national directives and environmental factors, which need to be considered as part of this PNA.

1.1.1 NHS Long Term Plan²

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. Table 2 identifies the priority clinical areas that could be affected by community pharmacy services. A more detailed description is available in Section 2.1 of this document.

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

<http://www.legislation.gov.uk/uksi/2013/349/contents/made>

² NHS England and Improvement. NHS Long Term Plan. <https://www.longtermplan.nhs.uk/>

Table 2: Priority clinical areas in the LTP include:

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular Disease (CVD)
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

1.1.2 Services stopped, started and changed

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** A new Essential Service (ES) from 15 February 2021. NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHS England and NHS Improvement (NHSE&I) Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.³
- **Community Pharmacist Consultation Service (CPCS):**⁴ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and local pilots of the Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with pharmacist from referral from NHS 111, integrated urgent clinical assessment services and in some cases from 999. From 1 November 2020, General Practitioner (GP) CPCS was launched where GPs can refer patients for minor illness consultation but not for urgent supply of medicine or appliance, with a locally agreed referral pathway. The CPCS and General Practitioner (GP) CPCS aims to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care–level services, as part of the NHS Long Term Plan.
- **Coronavirus Pandemic:** In response to the pandemic, two Advanced Services were also created: the pandemic delivery service and COVID-19 (C-19) Lateral Flow Test (LFT) provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service was decommissioned on 5 March 2022 at 23:59. From 1 April, the

³ Discharge Medicine Service (DMS). <https://psnc.org.uk/services-commissioning/essential-services/discharge-medicines-service/>

⁴ Community Pharmacist Consultation Service (CPCS). <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/>

government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.⁵

- **Remote Access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁶
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the Community Pharmacy Contractual Framework (CPCF).⁷ It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing includes:
 - 20 new NMS provisions
 - Identifying patients who would benefit from weight management advice and onward referral, including the recently introduced NHS Digital Weight and/or local authority-funded tier 2 weight management service
 - Checking inhaler techniques, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment
 - Safety report and demonstrable learnings from Centre for Pharmacy Postgraduate Education (CPPE) Look Alike Sounds Alike (LASA) e-learning

1.2 Purpose of the PNA

NHS England and NHS Improvement (NHSE&I) is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry to the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises. As the PNA will become the basis for NHS England to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

⁵ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022.

www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁶ PSNC. Regs explainer (#12): Facilitating remote access to pharmacy services. 6 November 2020. <https://psnc.org.uk/our-news/regs-explainer-12-facilitating-remote-access-to-pharmacy-services/>

⁷ NHSE&I Pharmacy Quality Scheme. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

The PNA should also be considered alongside the Local Authority's (LA) Joint Strategic Needs Assessment (JSNA).⁸ For the purpose of this PNA, the City and Hackney JSNA is a suite of web-based documents which are updated regularly.

The PNA will identify where pharmaceutical services address public health needs identified in the JSNA as a current or future need. Through decisions made by the Local Authority (LA), NHSE&I and the Clinical Commissioning Group (CCG), these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

CCGs are to be replaced by Integrated Care Boards (ICBs) as part of the Integrated Care Systems (ICSs). In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. ICS delegation has been delayed until July 2022, due to the pandemic and some will not go live until April 2023. It is anticipated that they will take on the delegated responsibility for pharmaceutical services from NHSE&I and therefore some services commissioned from pharmacies by CCGs currently may fall under the definition of Enhanced Services. For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

Although the steering group is aware that during the lifetime of this PNA, CCGs will transition into ICBs, we have referred to CCGs throughout the document with the intention that the CCG will refer to its successor body when in place.

1.3 Scope of the Pharmaceutical Needs Assessment (PNA)

The Pharmaceutical Regulations 2013 detail the information required to be contained within a PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary Services: current provision
- Necessary Services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other services

In addition, the PNA details how the assessment was carried out. This includes:

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA consultation

⁸ Joint Strategic Needs Assessment (JSNA): City and Hackney. <https://hackneyjsna.org.uk/>

To appreciate the definition of ‘pharmaceutical services’ as used in this PNA, it is important to understand the types of NHS pharmaceutical providers comprised in the pharmaceutical list maintained by NHSE&I. They are:

- Pharmacy contractors
- Dispensing Appliance Contractors (DACs)
- Local Pharmaceutical Service (LPS) providers
- Dispensing doctors

For the purposes of this PNA, ‘pharmaceutical services’ has been defined as those which are/may be commissioned under the provider’s contract with NHSE&I. A detailed description of each provider type, and the pharmaceutical services as defined in their contract with NHSE&I, is set out below.

1.3.1 Community pharmacy contractors

The Community Pharmacy Contractual Framework (CPCF), last agreed in 2019,⁹ is made up of three types of services:

- Essential Services (ES)
- Advanced Services
- Enhanced Services

Details of these services can be found in Section 6.

All pharmacies were required to become Level 1 Healthy Living Pharmacies by April 2020.

The responsibility for public health services transferred from PCTs to local authorities with effect from 1 April 2013.

Pharmacy contractors comprise both those located within the Hackney as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as Distance-Selling Pharmacies (DSPs). Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises.

Additionally, they must provide services to the whole population of England.

1.3.2 Dispensing Appliance Contractors (DACs)

Dispensing Appliance Contractors (DACs) operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription such as stoma and incontinence aids, dressings, bandages, etc. They are not required to have a pharmacist, do not have a regulatory body and their premises do not have to be registered with the General Pharmaceutical Council.

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance and home delivery of appliances. In addition,

⁹ Community Pharmacy Contractual Framework: 2019 to 2024. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

DACs may provide the Advanced Services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

Pharmacy contractors, dispensing doctors and Local Pharmaceutical Service (LPS) providers may supply appliances, but DACs are unable to supply medicines.

1.3.3 Local Pharmaceutical Service (LPS) providers

A pharmacy provider may be contracted to perform specified services to their local population or a specific population group.

This contract is locally commissioned by NHSE&I and provision for such contracts is made in the Pharmaceutical Regulations 2013 in Part 13 and Schedule 7. Such contracts are agreed outside the national framework although may be over and above what is required from national contract. Payment for service delivery is locally agreed and funded.

1.3.4 Dispensing GP practices

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to allow patients in rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP practice. Dispensing GP practices therefore make a valuable contribution to dispensing services although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP practices can provide such services to communities within areas known as controlled localities.

GP premises for dispensing must be listed within the pharmaceutical list held by NHSE&I and patients retain the right of choice to have their prescription dispensed from a community pharmacy if they wish.

1.3.5 Pharmacy Access Scheme (PhAS) providers¹⁰

The PhAS has been designed to capture the pharmacies that are most important for patient access, specifically those pharmacies where patient and public access would be materially affected should they close. The PhAS takes isolation and need levels into account.

Pharmacies in areas with dense provision of pharmacies remain excluded from the scheme. In areas with high numbers of pharmacies, public access to NHS pharmaceutical services is not at risk. The scheme is focused on areas that may be at risk of reduced access, for example, where a local population relies on a single pharmacy.

Distance-Selling pharmacies (DSPs), Dispensing Appliance Contractors (DACs), Local Pharmaceutical Services (LPS) contractors and dispensing doctors remain ineligible for the scheme.

¹⁰ DHSC. 2022 Pharmacy Access Scheme: guidance. 3 February 2022. www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024/2021-to-2022-pharmacy-access-scheme-guidance

From 1 January 2022, the revised PhAS is to continue to support patient access to isolated, eligible pharmacies and ensure patient access to NHS community pharmaceutical services are protected.

1.3.6 Other services and providers in Hackney

As stated in Section 1.3, for the purpose of this PNA, 'pharmaceutical services' have been defined as those which are or may be commissioned under the provider's contract with NHSE&I.

Section 4 outlines services provided by NHS pharmaceutical providers in Hackney, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Hackney HWB on 16 September 2021.

The purpose of the paper was to inform Hackney HWB of its statutory responsibilities under the Health and Social Care Act to produce and publicise a revised PNA at least every three years. The last PNA for Hackney was published in 2018 and is therefore due to be reassessed in line with the extended timetable by October 2022.

Hackney HWB accepted the content of the paper at the meeting and the recommendation to delegate responsibility of the PNA to a steering group. It also agreed to the funding necessary to research and produce the PNA.

Public Health City and Hackney has a duty to complete this document on behalf of Hackney HWB. After a competitive tender process, Public Health City and Hackney commissioned Soar Beyond Ltd to undertake the PNA.

Soar Beyond Ltd was chosen from a selection of potential candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs. They also produced the Hackney PNA in March 2018 and continue to support Hackney to maintain it.

Step 1: Steering group

On 7 October 2021 City and Hackney's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

Step 2: Project management

At this first meeting, Soar Beyond Ltd and the Local Authority (LA) presented and agreed the project plan and ongoing maintenance of the project plan. Appendix G shows an approved timeline for the project.

Step 3: Review of existing PNA and JSNA

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements,¹¹ and the JSNA.

Step 4a: Public questionnaire on pharmacy provision

A public questionnaire to establish views about pharmacy services was produced by the Steering Group which was circulated to:

- All pharmacy contractors in Hackney, to distribute to the public
- All GP practices in Hackney, to distribute to the public
- Hackney Healthwatch, for onward distribution to its members and participation groups
- Hackney libraries, to distribute to the public
- Vaccination centres in Hackney, to distribute to the public and volunteers
- Council offices

The survey was promoted via:

- Targeted news release to local media outlets (e.g. included in 'Hackney Life' December issue)
- Promotion via organic social channels to raise awareness among residents and encourage them to fill in the survey
- Promoting to staff for advocacy
- Outreach to specific hard-to-reach groups
- Outreach via voluntary groups (e.g. Healthwatch)
- Hackney website promotion
- Healthwatch – newsletter and social media

A total of 118 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix H.

Step 4b: Pharmacy contractor questionnaire

The Steering Group agreed a questionnaire to be distributed to the local community pharmacies to collate information for the PNA. The Local Pharmaceutical Committees (LPC) supported this questionnaire to gain responses.

A total of 13 responses were received. A copy of the pharmacy contractor questionnaire can be found in Appendix D and the responses can be found in Appendix I.

Step 4c: Commissioner questionnaire

The Steering Group agreed a questionnaire to be distributed to all relevant commissioners in Hackney to inform the PNA.

A total of two responses were received. A copy of the commissioner questionnaire can be found in Appendix E and the responses can be found in Appendix J.

¹¹ Hackney PNA and subsequent supplementary statements. <https://hackneyjsna.org.uk/key-documents/>

Step 4d: Primary Care Network (PCN) questionnaire

The Steering Group agreed a questionnaire to be distributed to all PCNs within Hackney to inform the PNA.

A total of five responses were received. A copy of the PCN questionnaire can be found in Appendix F and the responses can be found in Appendix K.

Step 5: Mapping of services

Details of services and service providers was collated and triangulated to ensure the information upon the assessment was based on was the most robust and accurate. NHSE&I being the commissioner of service providers and services classed as necessary and relevant, was predominantly used as a base for information due to their contractual obligation to hold and maintain pharmaceutical lists. Information was collated, ratified and shared with the steering group before the assessment was commenced.

Step 6: Preparing the draft PNA for consultation

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. The steering group was fully aware of the potential changes brought about with the easing of restrictions which had been brought in due to the pandemic. However, as the PNA is an assessment taken at defined moment in time it was agreed the pragmatic way forward would be to monitor such changes and if necessary update the PNA before finalising or publish with accompanying supplementary statements as per the regulations unless the changes had a significant impact on the conclusions. In the case of the later, the group were fully aware of the need to reassess.

Step 7: Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 9 May 2022 and 8 July 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on Hackney's website.

Step 8: Collation and analysis of consultation responses

The consultation responses were collated and analysed by Soar Beyond Ltd. A summary of the responses received and analysis is noted in Appendix M.

Step 9: Production of final PNA - future stage

The collation and analysis of consultation responses was used by the project manager to revise the draft PNA, and the final PNA was presented to the PNA Steering Group.

The final PNA was presented to the Hackney HWB for approval and publication before 1 October 2022.

1.5 Localities for the purpose of the PNA

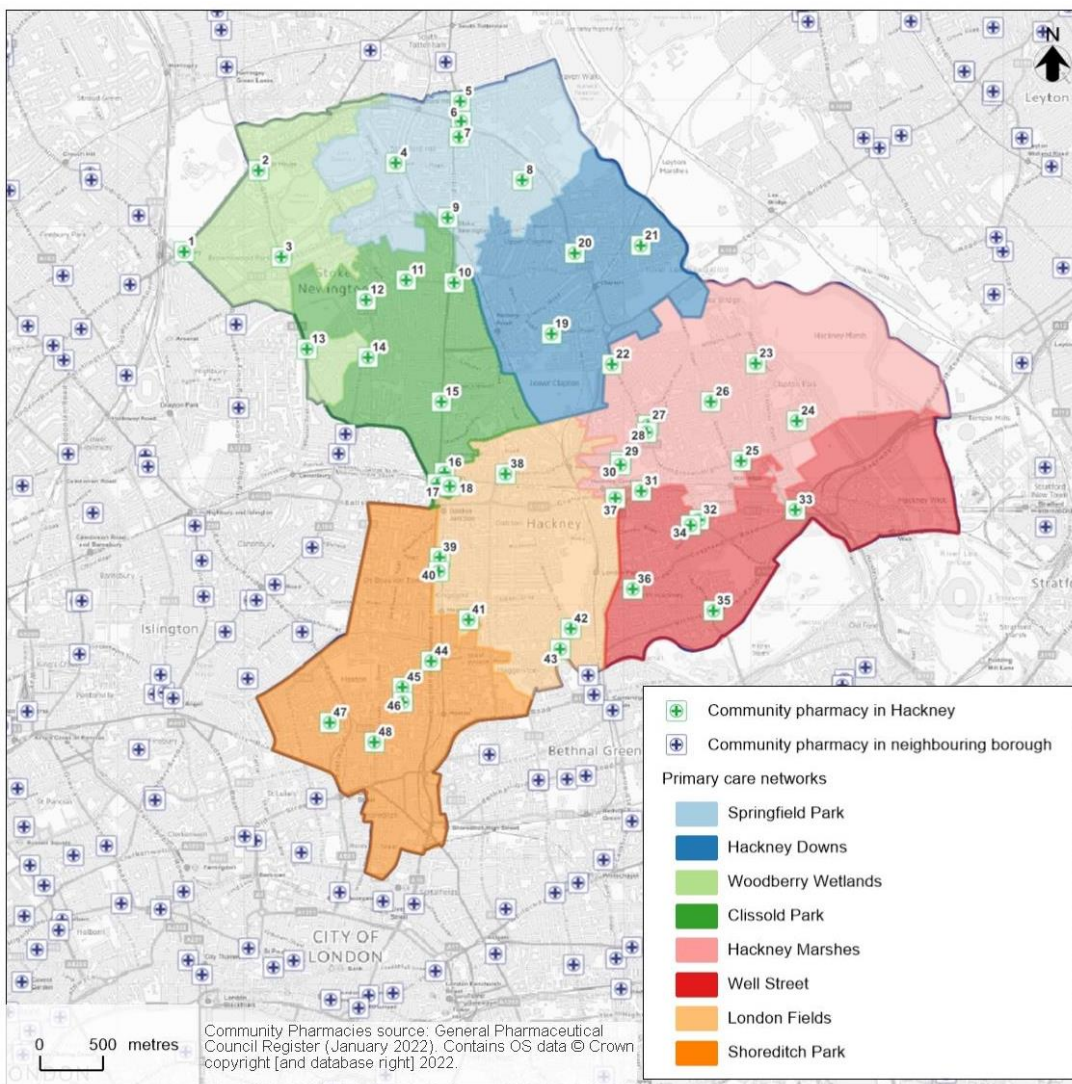
The PNA Steering Group, at its first meeting, considered how the localities within the Hackney HWB geography would be defined. The majority of health and social care data is

available at PCN locality level and at this level provides reasonable statistical rigour. It was agreed that the PCN localities would be used to define the localities of the Hackney geography.

The PCN localities used for the PNA for Hackney HWB area are:

- Clissold Park
- Hackney Downs
- Hackney Marshes
- London Fields
- Shoreditch Park
- Springfield Park
- Well Street
- Woodberry Wetlands

Figure 1: Map of PCN localities



The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list for each HWB area), City of London

Corporation, London Borough of Hackney, North East London CCG and from local intelligence.

Section 2: Context for the PNA

2.1 NHS Long Term Plan¹²

The NHS Long Term Plan (LTP) was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes.

Table 3: Priority clinical areas in the LTP include:

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular Disease (CVD)
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

There are specific aspects of the LTP that include community pharmacy and pharmacists:

- Section 4.21 states that ‘Pharmacists have an essential role to play in delivering the Long Term Plan’ and goes on to state ‘In community pharmacy, we will work with government to make greater use of community pharmacists’ skills and opportunities to engage patients, while also exploring further efficiencies through reform of reimbursement and wider supply arrangements.’
- Section 1.10 refers to the creation of fully integrated community-based health care. This will be supported through the ongoing training and development of multidisciplinary teams in primary and community hubs. From 2019, NHS 111 will start direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. CCGs will also develop pharmacy connection schemes for patients who don’t need primary medical services. Pharmacy connection schemes have developed into the Community Pharmacist Consultation Service (CPCS), which has been available since 29 October 2019 as an Advanced Service.
- Section 1.12 identifies ‘pharmacist review’ of medication as a method to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication.
- Section 1.26 states that urgent treatment centres will work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need to attend hospital.
- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The

¹² NHS Long Term Plan. www.longtermplan.nhs.uk/

hypertension case-finding service has been developed as an Advanced Service from community pharmacy.

- Section 3.86 states 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

The PNA is undertaken in the context of the health, care and wellbeing needs of the local population, as defined in the City and Hackney JSNA.

JSNAs are assessments of the current and future health and social care needs of the local community – these are needs that could be met by the local authority, CCG, or NHSE&I. JSNAs are produced by HWBs and are unique to each local area. The policy intention is for HWBs to also consider wider factors that affect their communities' health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities.

The purpose of JSNAs and related Joint Health and Wellbeing Strategies (see below) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing.¹³

The PNA should therefore be read alongside the JSNA. The City and Hackney JSNA is an online tool and an ongoing process by which local authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action process.¹⁴ This will inform a new Joint Health and Wellbeing Strategy which will take into account the findings of the new JSNA.

¹³ Department of Health. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 20 March 2013. www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

¹⁴ Joint Strategic Needs Assessment (JSNA): City and Hackney. <https://hackneyjsna.org.uk/>

2.3 Joint Health and Wellbeing Strategy (JHWS)

The current Hackney Joint Health and Wellbeing Strategy 2017/18-2020/21 (JHWS) is guided by the JSNA and other relevant sources of information. The strategy draws together the work of many key organisations working in partnership to improve the health and wellbeing of people in the City of London.

The commissioning of services to address ill health is informed by these key strategic documents.

The JHWS is being revised at the time of writing and due to be delivered in the latter half of 2022 with the following priorities having been agreed:

- Mental Health
- Social Connection
- Financial Security

2.4 Population overview

Hackney has a young, diverse, and a very mobile population of around 280,000 residents. About a quarter of the population in Hackney is under the age of 20 and nearly 70% is between the ages of 20 and 64.

The majority of the recent population growth was due to the positive natural change (the balance between births and deaths). Between 2012 and 2018 there were on average 3,400 more births compared with deaths per year.

Table 4: Populations estimates by PCN, Hackney 2020

	2021	2021	2021	2021	2021	2031	2031	2031	2031	2031	
PCN	0–19	20–39	40–64	65+	Total	0–19	20–39	40–64	65+	Total	Change
Clissold Park	6,834	13,382	10,692	3,173	34,081	5,626	12,115	11,482	4,288	33,512	-1.7%
Hackney Down	10,196	13,157	10,948	3,213	37,513	9,106	11,222	12,266	4,631	37,224	-0.8%
Hackney Marshes	8,527	11,968	10,384	3,091	33,970	7,511	10,383	12,074	4,416	34,384	1.2%
London Fields	9,316	20,272	14,020	4,388	47,997	7,588	16,984	16,653	6,029	47,254	-1.5%
Shoreditch Park	7,403	21,357	10,509	2,359	41,628	6,805	21,466	13,913	3,484	45,669	9.7%
Springfield Park	15,930	14,341	11,565	3,787	45,624	15,918	16,071	13,761	5,826	51,576	13.0%
Well Street Common	6,126	11,361	8,792	2,239	28,519	6,092	13,289	10,744	3,597	33,722	18.2%
Woodberry Wetlands	1,487	4,945	2,547	674	9,654	1,110	4,664	2,850	860	9,484	-1.8%
Hackney (total)	65,820	110,783	79,459	22,924	278,986	59,756	106,193	93,743	33,131	292,824	5.0%

Source: Greater London Authority (GLA), housing-led population projections 2020 based, 2021

Table 5: Projected housing delivery (2019-23)

Source	2019-20	2020-21	2021-22	2022-23	2023-24	Total of these years
GLA / LDD pipeline totals	397	377	667	664	660	2765
Housing regeneration	323	456	631	515	326	2251
Site allocations	122	120	510	515	515	1782
Pre-apps*						50
Non-conventional	69	76	76	45	45	311
Interim Housing	911	1029	1884	1739	1546	7159
Windfall** included in years 3,4,5 only			252	252	252	756
Total						7915

* Pre-applications are when applicants have a draft proposal, and they want to discuss or get a view from the Council before formally submitting a planning application. We would only include these numbers if we are fairly certain that an application will come in, hence the low numbers

** The majority of our housing supply comes from an identified source – i.e. planning approvals, site reg etc, and windfalls are those approvals that we have previously identified. This is usually based on past trends, hence the consistent number of 250.

Hackney has a density of 17,606 people per square kilometre. This compares with a density of 5,701 people per square kilometre in London and 4,541 people per square kilometre in England.

Figure 2: Population density by Lower Super Output Areas (LSOA) and PCN, Hackney, 2020

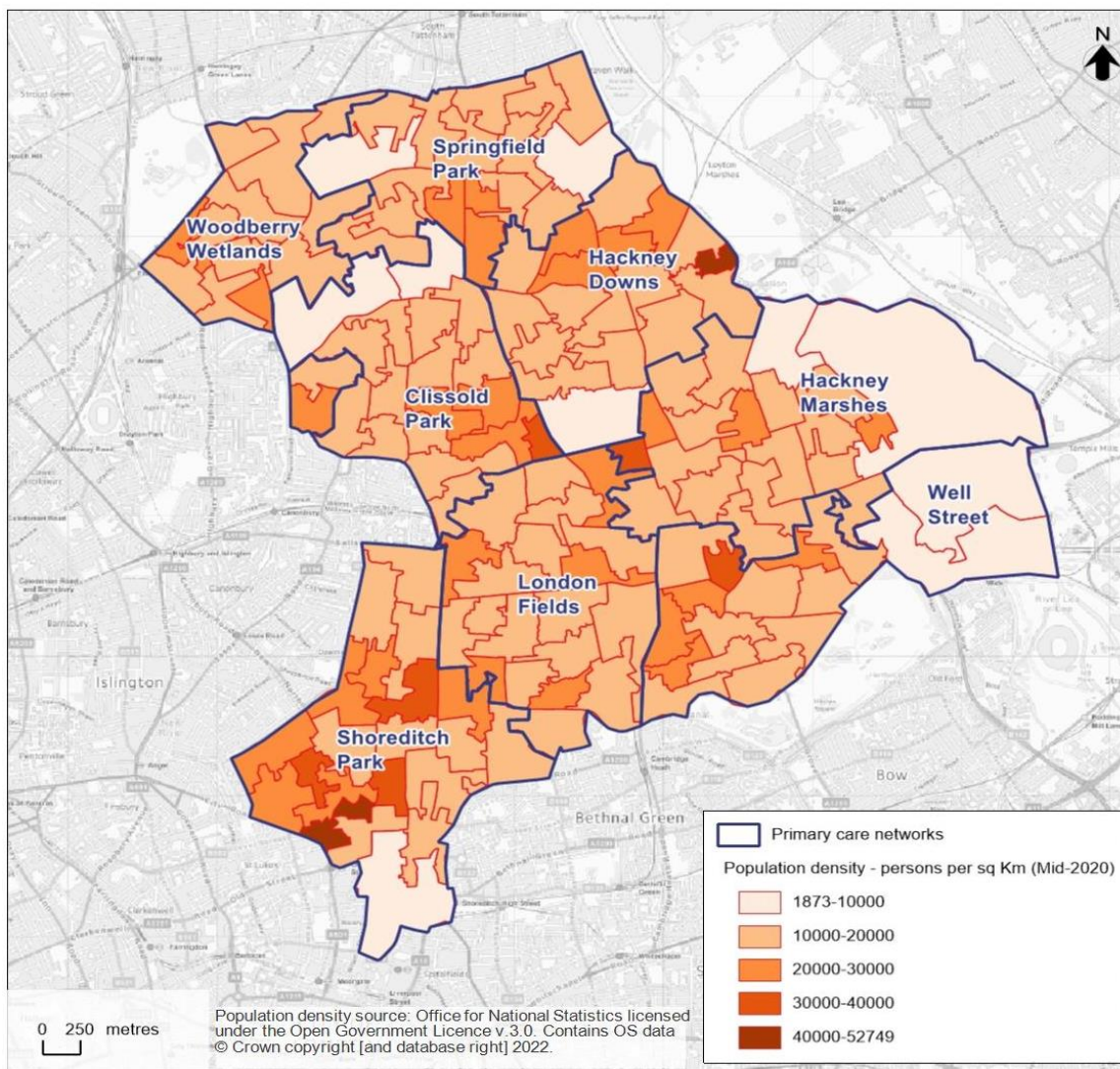


Table 6: Population density by LSOA and PCN, Hackney, 2020

PCN	People per square kilometre
Hackney Downs	18,888
Shoreditch and City	18,728
Clissold Park	17,861
London Fields	17,215
Woodberry Wetlands	16,868
Springfield Park	16,557
Hackney Marshes	16,552
Well Street	15,689

Source: ONS. LSOA Population Density. 2020

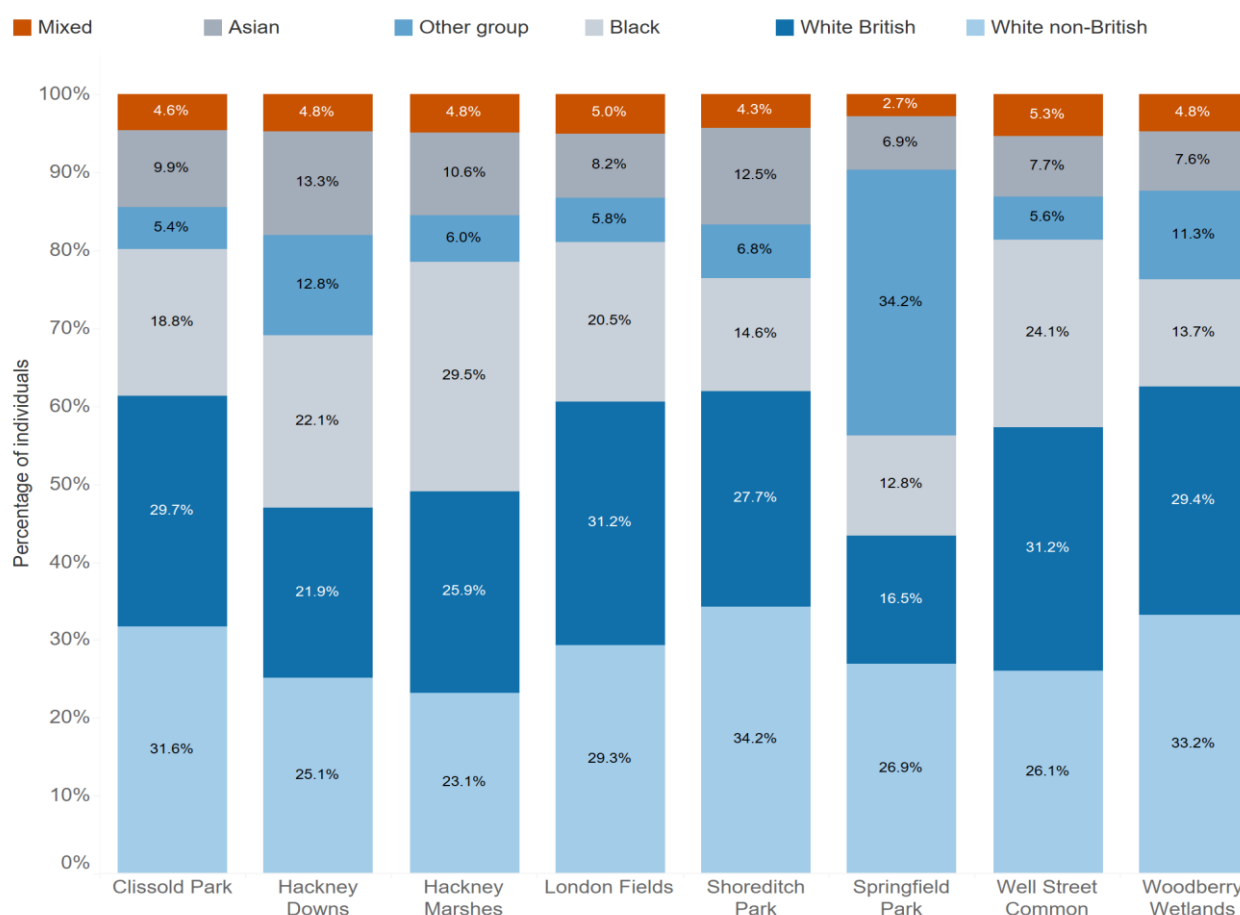
It is predicted that Hackney's population will grow to around 300,000 in 2030 and the largest proportionate increase (around 33%) is predicted among residents aged 65+.

2.5 Ethnic mix

Hackney is an ethnically and culturally diverse area with around 40% of residents coming from a non-white background and around 30% identifying as white non-British ethnic group.

The ethnic mix varies across the PCNs with Springfield Park having the smallest proportion of the white British population and the highest proportion of residents identifying as ‘Other’ (not all other ethnic groups or white). This PCN is a home to a large community of Orthodox Jewish population, with around 40% of people in this area identifying their religion as Jewish.¹⁵

Figure 3: Proportion of individuals by ethnic group and PCN, Hackney, 2021



Source: National Immunisation Management System (NIMS), September 2021

2.6 Refugees and asylum seekers

City and Hackney have always received individuals from around the world, displaced as a consequence of political instability. In recent times multiple events have necessitated a system wide response to significant communities of people who are refugees or asylum seekers. In these circumstances, pharmaceutical support is crucial, and the local health system will need to be responsive to ensure it can rapidly meet needs of people new to the

¹⁵ Neighbourhood Data Profiles. [Accessed 7 February 2022.]

<https://sites.google.com/view/cityandhackneyneighbourhoods/home/neighbourhood-data-profiles?authuser=0>

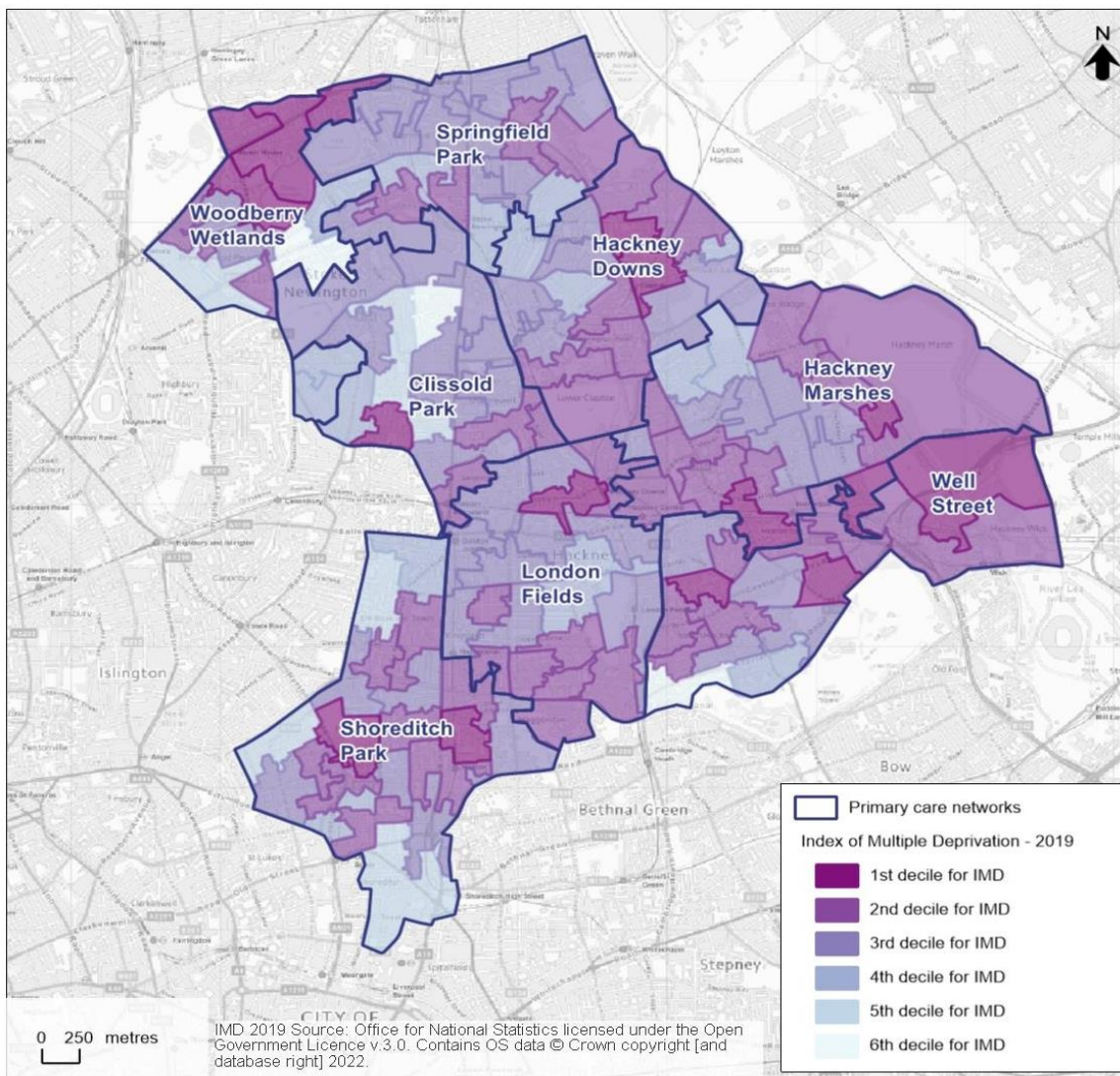
country, and who may have to face additional challenges in terms of language barriers, differing cultural norms, limited access to medical records, among many other issues.

2.7 Deprivation

Hackney is a relatively deprived area, ranking 18th most deprived in England. It ranks low for domains like income, crime, barriers to housing and services and living environment. This indicates a relatively high prevalence of low income and issues around housing affordability and homelessness, quality of housing and air quality, as well as higher risk of personal and material victimisation.

None of Hackney LSOAs are among the 40% least deprived areas nationally, however deprivation is not equally distributed across the borough. Well Street has the highest proportion of LSOAs in the two most deprived deciles (62.5%), whereas Clissold Park has the lowest proportion (18.8%).

Figure 4: Index of Multiple Deprivation (IMD) deciles by LSOA and PCN, Hackney, 2019



Source: Ministry of Housing, Communities and Local Government, Indices of Deprivation. 2019¹⁶

¹⁶ Indices of deprivation. [Accessed 10 February 2022.] <https://data.london.gov.uk/dataset/indices-of-deprivation>

2.8 Health profile

2.8.1 Life Expectancy (LE) and Healthy Life Expectancy (HLE)

Life Expectancy (LE) in Hackney has improved significantly over the past five years and is similar to the national average for both sexes. Healthy Life Expectancy (HLE), or the average number of years a person would expect to live in good health, meanwhile, is significantly lower than in England for both sexes. The gap between LE and HLE in Hackney is about 21 years for males and over 25 years for females, indicating that residents spend a large proportion of their lives in poor health. The gap is bigger for females, because LE among Hackney males is significantly lower compared with females.

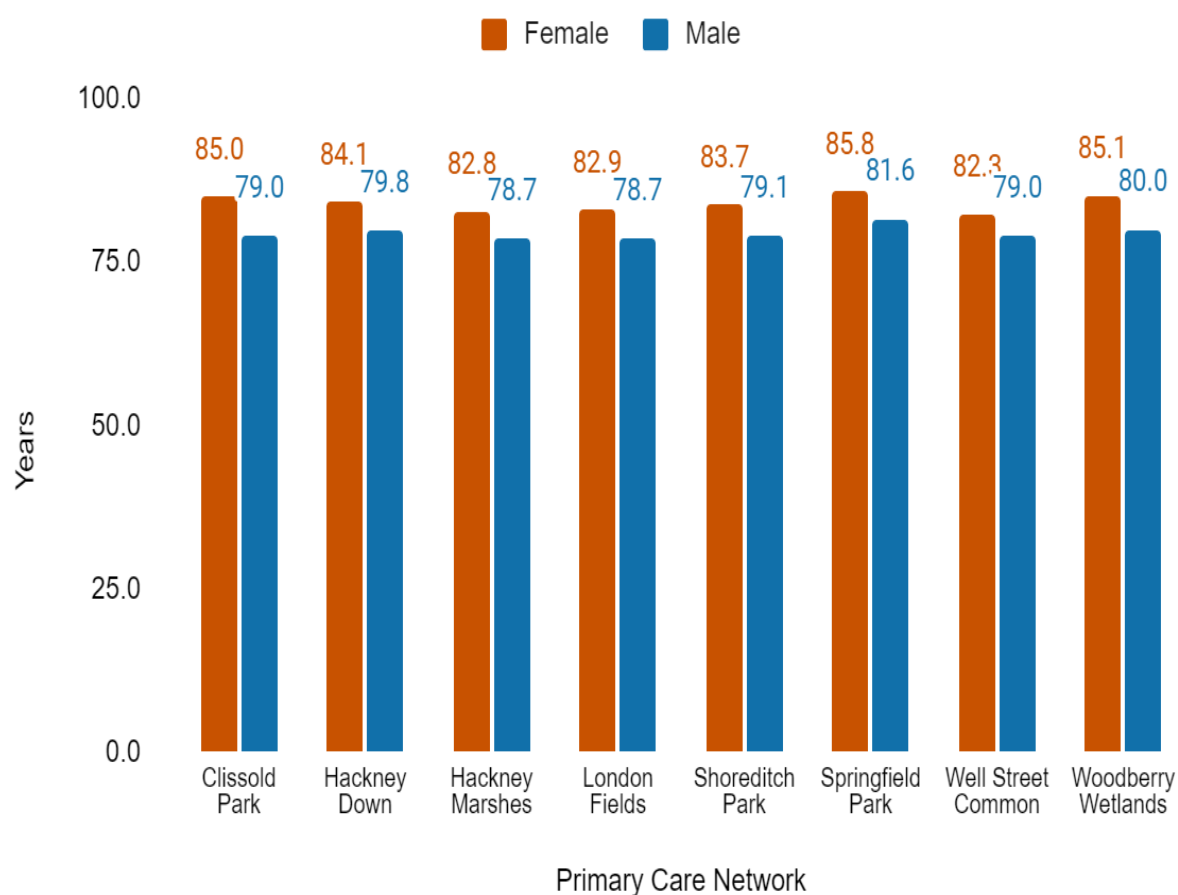
Table 7: LE and HLE at birth in years, Hackney, 2012-14 and 2017-19

Indicator	Sex	2012-14	2017-19	Difference between 2012-14 and 2017-19
HLE at birth	Female	58.1	58.8	0.7
HLE at birth	Male	58.1	58.6	0.5
LE at birth	Female	82.9	84.2	1.3
LE at birth	Male	78.4	79.8	1.4

Source: OHID Fingertips, 2021

The difference in LE among males and females also varies between the PCNs. Springfield Park has the highest LE for both sexes while the lowest female LE was seen in Well Street Common, and the lowest male LE in London Fields.

Figure 5. Life Expectancy at birth in years by PCN, Hackney, 2015-19



Source: Fingertips, National General Practice Profile, 2021

Note: The LE at birth average for each PCN was calculated by averaging the LE at birth of all general practices located within the PCN.

2.8.2 Mortality

2.8.2.1 Infant mortality

The infant mortality rate for Hackney and the City of London¹⁷ has improved significantly between 2000 and 2019. In 2001-03, infant mortality was 8.0 per 1,000 dropping by more than a half in 2017-19 to 3.5 per 1,000 population. The rate is now similar to London and England averages.¹⁸

When looking at the number of infant deaths, we also see differences by PCN, however these figures should be interpreted with caution as they might reflect the size of the population under one years old (see Table 8).

¹⁷ The data on infant mortality is only available for City and Hackney combined.

¹⁸ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

Table 8: Deaths registered among populations aged under 1 by PCN, 2015 -21

PCN	Infant deaths
Clissold Park	4
Hackney Downs	6
Hackney Marshes	13
London Fields	4
Shoreditch Park	<3
Springfield Park	<3
Well Street Common	<3
Woodberry Wetlands	<3

Source: NHS, Primary care mortality database¹⁹

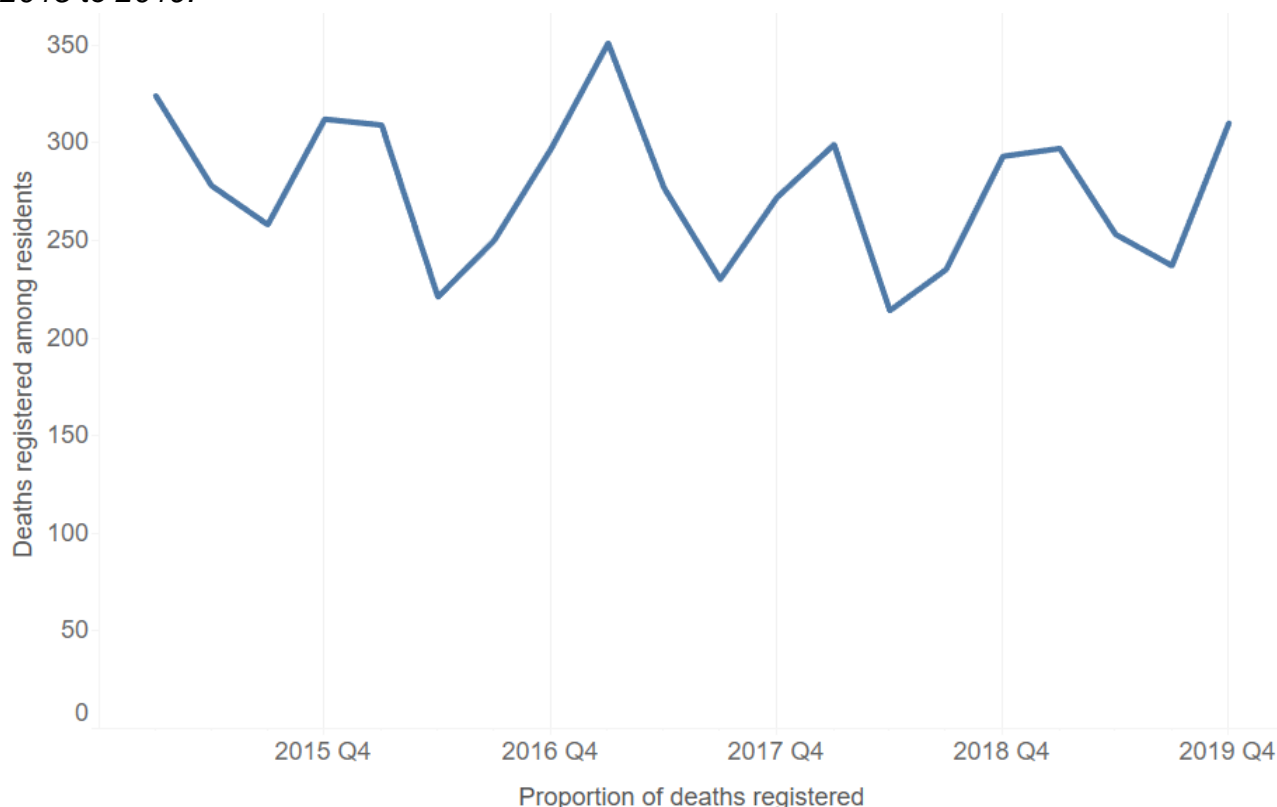
National data shows that infant mortality rate is associated with deprivation and some ethnic groups see higher rates than others. Between 2015 and 2017, nationally, infant mortality was highest among babies of Pakistani origin (6.8%), followed by black African (6.3%) and black Caribbean groups (5.6%). South Asian and black mothers also have higher proportions of premature and low birthweight babies than white mothers, while Cardiovascular Disease (CVD) and diabetes are higher among black and South Asian groups and cause significant morbidity. Explanations for variations in infant mortality between ethnic groups are complex, involving the interplay of deprivation, environmental, physiological, behavioural, and cultural factors.

¹⁹ NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

2.8.2.2 All-cause mortality

Between 2015 and 2019, Hackney recorded a relatively consistent mortality rate year to year. This mortality rate has been generally higher than the mortality rate recorded across London, but lower than the mortality rate recorded in England as a whole: in 2019, 838 deaths were recorded per 100,000 population in Hackney, compared with 809 per 100,000 in London, and 918 per 100,000 in England.

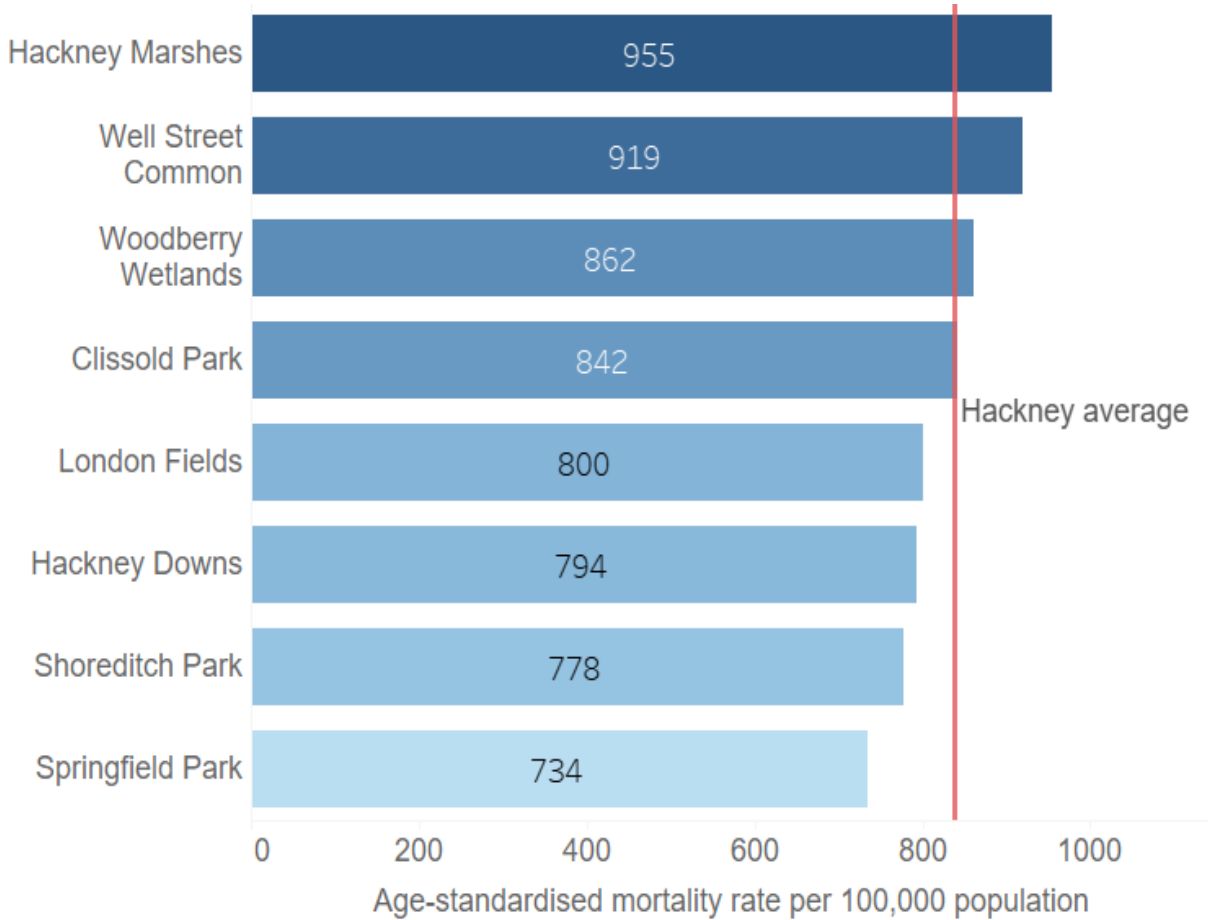
Figure 6: Number of deaths registered among residents of Hackney by year and quarter, 2015 to 2019.



Source: NHS, Primary care mortality database

Similarly, when looking at mortality rates across London, mortality rates vary by PCN within the borough. In 2019, the highest age-standardised mortality rates were recorded in Hackney Marshes, at 955 deaths per 100,000 population, while the lowest were recorded in Springfield Park, at 734 deaths per 100,000 population. Age-standardised mortality rates allow us to compare across areas by accounting for differences in population sizes and age structures.

Figure 7: Age-standardised mortality rate by PCN, Hackney, 2019



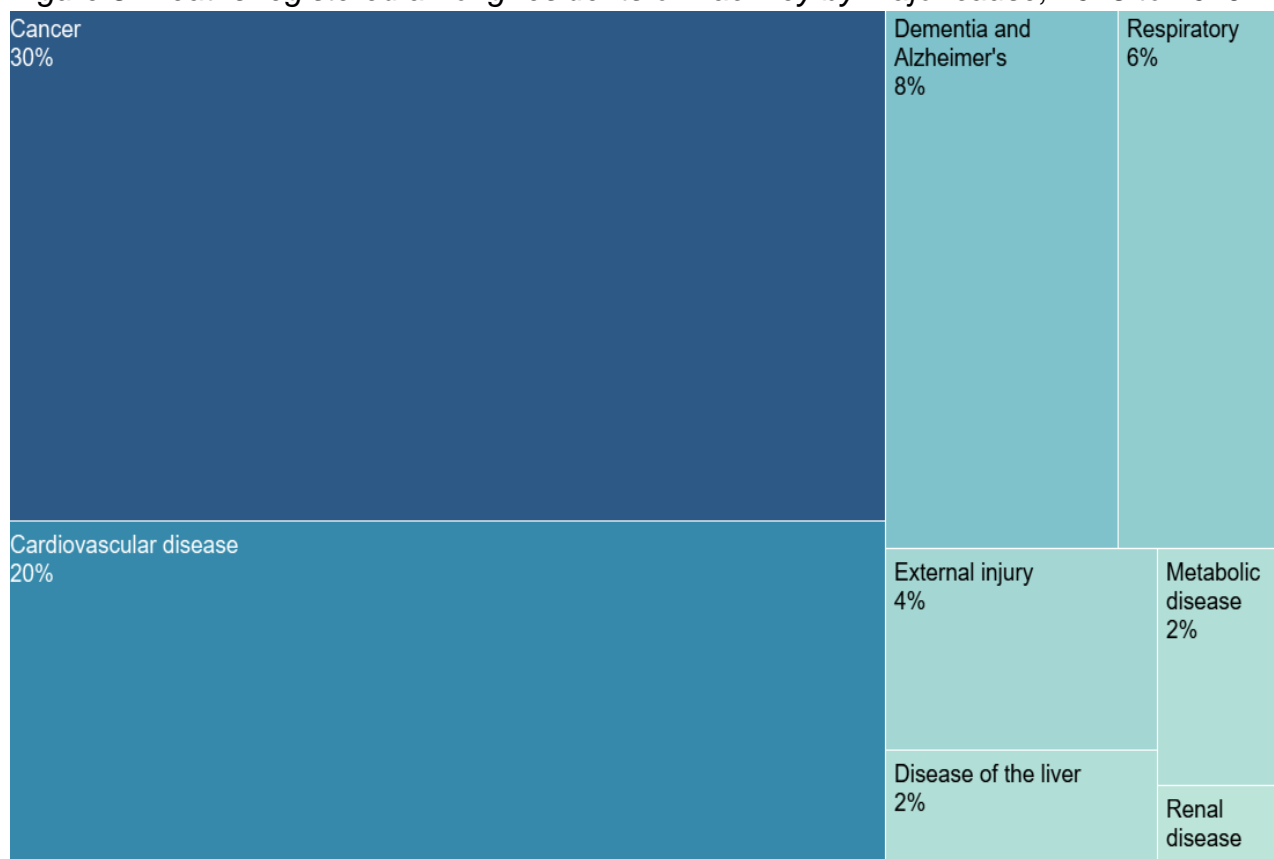
Source: NHS, Primary care mortality database

Mortality is affected by a variety of factors. Geographical differences are likely to reflect differences in behaviour, physiology, the environment, and wider determinants of health.

2.8.2.3 Cause-specific mortality

In Hackney between 2015 and 2019, cancer caused the highest number of deaths, directly leading to 30% of all deaths registered. This was followed by Cardiovascular Disease, and dementia and Alzheimer's, which caused 20% and 8% of deaths respectively.

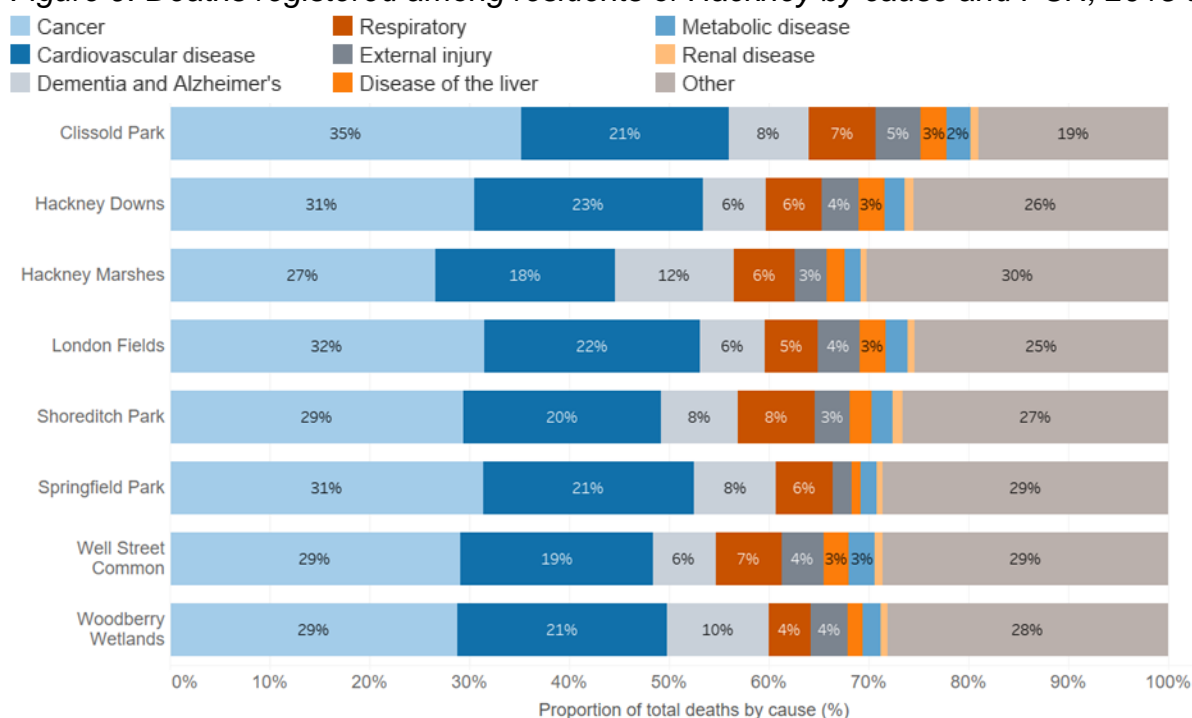
Figure 8: Deaths registered among residents of Hackney by major cause, 2015 to 2019



Source: NHS, Primary care mortality database

When looking at causes of death by PCN, we see that while cancer and Cardiovascular Disease remain the first and second most important causes in every PCN, the proportionate impact of each cause varies. For example, in Hackney Marshes, 27% of deaths recorded between 2015 and 2019 were caused by cancer, compared with 32% in Hackney as a whole. And while a lower proportion of deaths were also attributed to CVD (18% compared with the Hackney average of 20%), a higher proportion of deaths were attributed to dementia and Alzheimer's, at 12% compared with 8% in Hackney. This is likely to reflect Hackney Marshes' population structure.

Figure 9: Deaths registered among residents of Hackney by cause and PCN, 2015 to 2019



2.8.2.4 Avoidable mortality

Hackney has recorded a comparatively high mortality rate for causes considered preventable in recent years. The latest Office for Health Improvement and Disparities (OHID) (fingertips) data shows that between 2016 and 2018, 207 preventable deaths were recorded per 100,000 population in Hackney and the City of London,²⁰ compared with a London average of 161 per 100,000 and an England average of 181 deaths per 100,000 population.

Hackney and the City of London rank significantly badly for preventable cardiovascular and respiratory diseases: between 2017 and 2019 there were 33 deaths per 100,000 population among those aged under 75 caused by preventable CVD, compared with an England average of 28 per 100,000. In addition, there were 32 male deaths per 100,000 population among those aged under 75 caused by preventable respiratory disease, compared with an England average of 23 per 100,000.

2.8.2.5 Mortality from COVID-19

Previous sections looked at the deaths recorded prior to the onset of the COVID-19 pandemic, since COVID-19 introduces complexities when determining underlying causes and has affected general trends. However, it is worth exploring separately.

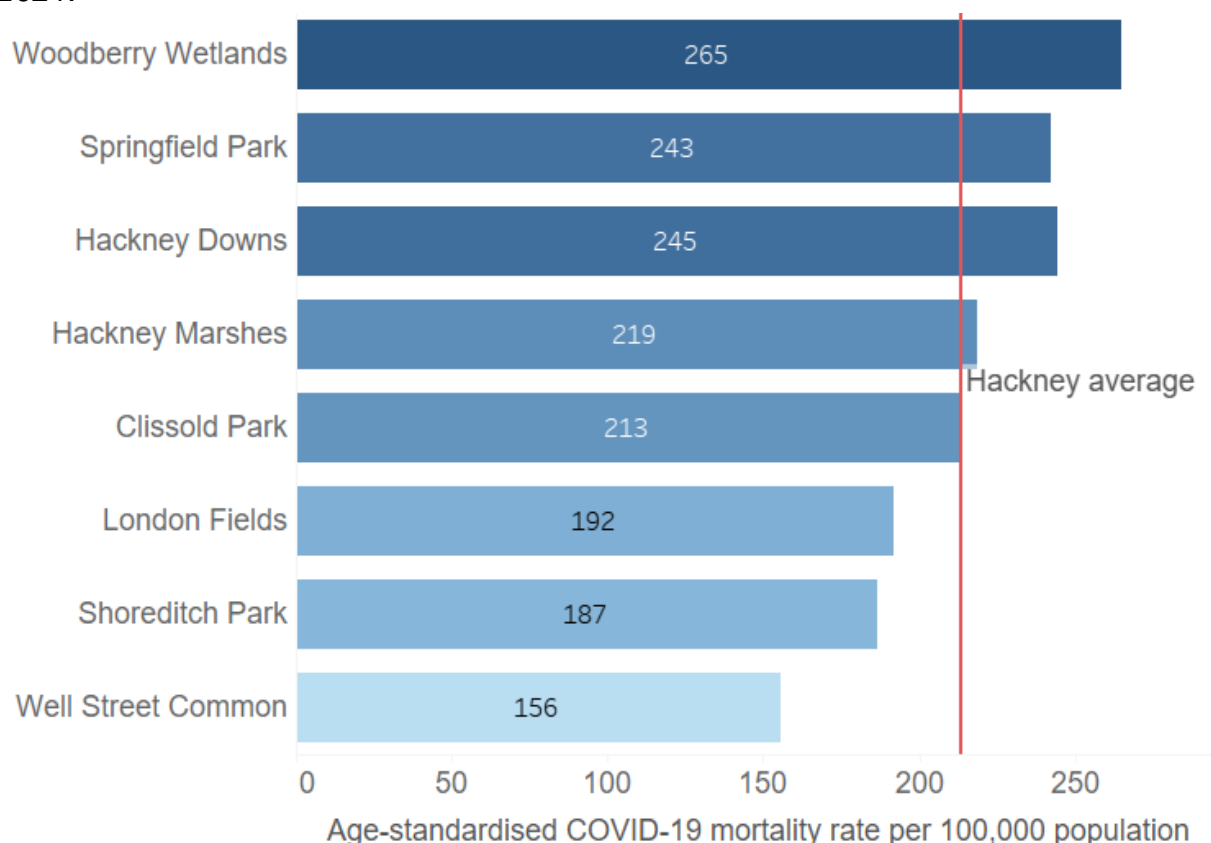
Prior to the COVID-19 pandemic, mortality rates were relatively consistent in Hackney year to year. However, since the onset of the COVID-19 pandemic, mortality rates have increased in line with national trends: in 2020, there were 1,419 deaths registered among residents of Hackney; 27% more than the five-year average of 1,103 recorded between 2015 and 2019. Of these 1,419 deaths recorded in 2020, 280 (20%) were directly caused by COVID-19.

²⁰ Figures for Hackney alone were not available.

While death certificates for the whole of 2021 are not yet available, when comparing deaths registered in the second and third quarters of 2021 with those recorded in the second and third quarters of 2020, total mortality decreased in 2021: 608 deaths were registered between March and September 2021, compared with 724 in the same quarters of 2020.

The highest number of COVID-19 deaths have been recorded in Hackney Marshes, at 92. However, when accounting for population sizes and age structures, Woodberry Wetland has recorded the highest age-standardised COVID-19 mortality rate so far, at 265 deaths per 100,000 population.

Figure 10: COVID-19 age-standardised mortality rates by PCN, March 2020 to September 2021.



Source: NHS, Primary Care Mortality Database

Higher COVID-19 mortality rates are associated with several socio-demographic characteristics:

- Across North East London, people aged 70 and over have been 12.8 times more likely to die from COVID-19 than people aged 16-49.
- Mortality rates in City and Hackney were highest among people of black and Asian ethnic groups in the first wave and among Pakistani and Bangladeshi populations in the second wave.
- In Hackney, 35% of all deaths involving COVID-19 up to 21 May 2021 were among people who had worked in routine and manual occupations, despite 30% of residents falling into this occupation. The second highest was intermediate occupations at 25%.

Health conditions linked to increased risk of COVID-19 morbidity and mortality include diabetes, CVD, some cancers, Chronic Obstructive Pulmonary Disease (COPD) and dementia – these conditions increase with age and are more common in some minority ethnic communities and among socially deprived groups.

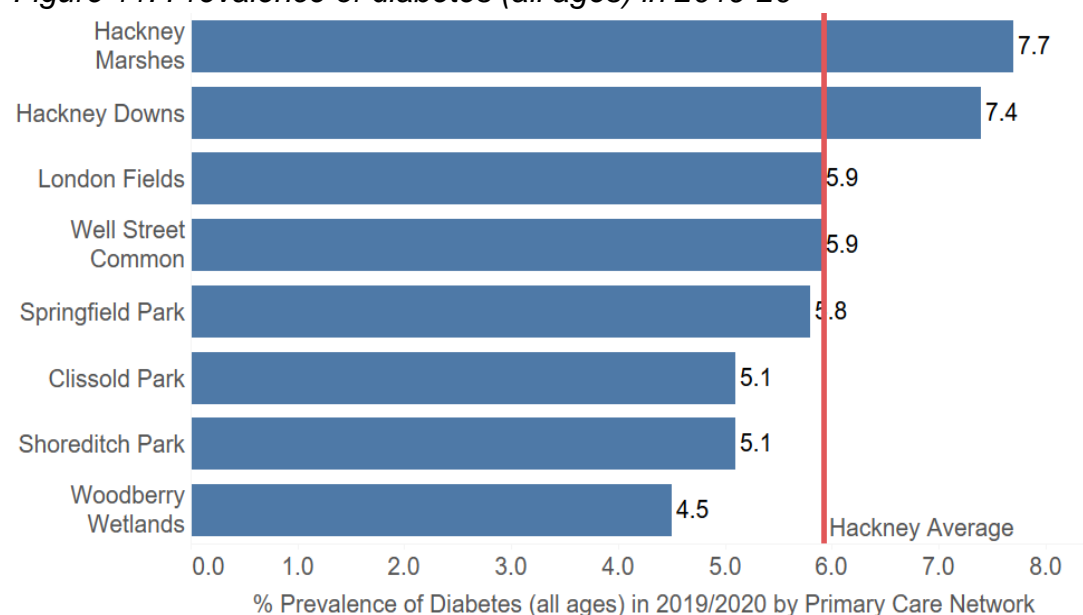
2.8.3 Morbidity

2.8.3.1 Diabetes

The prevalence of diabetes in Hackney significantly increased from 5.4% in 2009-10 to 6% in 2019-20. Hackney Marshes PCN had the highest and Woodberry Wetlands PCN had the lowest prevalence of diabetes. Compared with Hackney's average prevalence of diabetes, Hackney Marshes and Hackney Downs PCNs had significantly higher levels of diabetes, while Woodberry Wetlands and Shoreditch Park PCNs had significantly lower levels of diabetes in 2019-20. Well Street Common, London Fields, Springfield Park and Clissold Park had similar levels of diabetes to England.

Analysis of the last diabetes JSNA showed that the majority of diabetic patients in Hackney were male, almost two-thirds were aged between 50 and 74, and two-thirds were from a minority ethnic background, especially a black ethnic background.

Figure 11: Prevalence of diabetes (all ages) in 2019-20

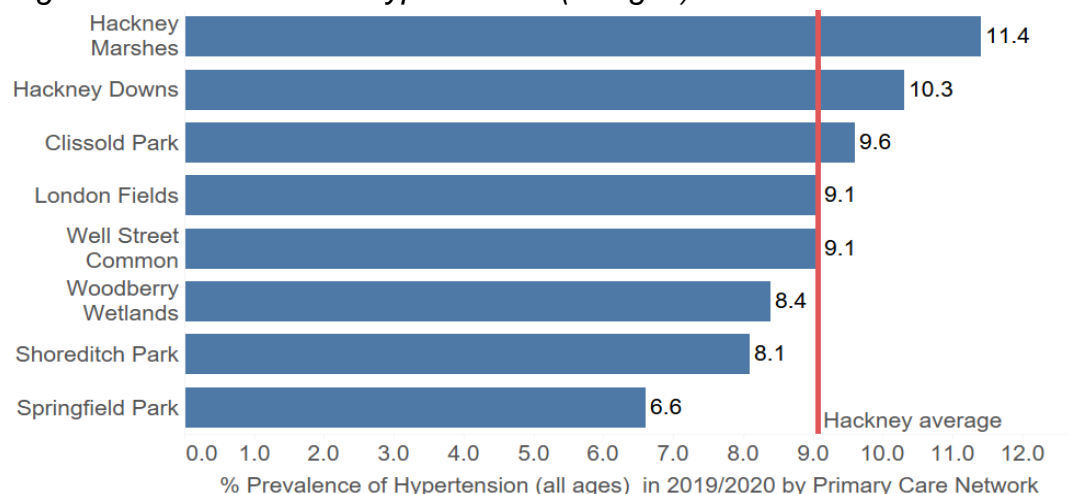


Source: OHID, Fingertips, National General Practice Profile

2.8.3.2 Hypertension

The prevalence of recorded hypertension in Hackney remained stable in the ten years between 2009-10 and 2019-20, at around 9%. The prevalence of hypertension in all Hackney PCNs was significantly lower than the England average in 2019-20, with the highest recorded prevalence of hypertension observed for Hackney Marshes PCN (11.4%) and the lowest for Springfield Park PCN (6.6%). In general, approximately two-thirds of hypertensive patients in Hackney were males, almost two-thirds of them were aged 50 and over, and nearly over 40% of them are from an ethnic minority background.

Figure 12: Prevalence of hypertension (all ages) in 2019-20

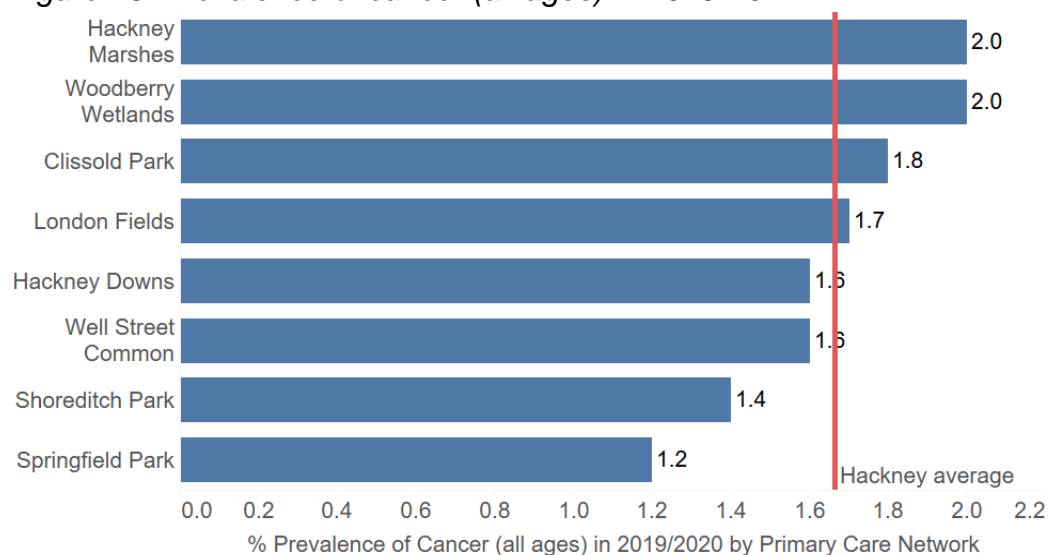


Source: OHID, Fingertips, National General Practice Profile

2.8.3.3 Cancer

The prevalence of cancer diagnoses doubled in the ten years from 0.9% in 2009-10 to 1.8% in 2019-20. Despite this, the prevalence of diagnosed cancers (all ages) in 2019-20 was significantly lower for all Hackney’s PCNs than the average for England, highlighting largely the younger age demographic of Hackney’s residents. Nevertheless, there was significant variation in diagnosed cancers between PCNs, with the highest percentage of cancer diagnoses being observed for the Hackney Marshes and the Woodberry Wetlands PCNs (2%), and the lowest for Springfield PCN (1.2%).

Figure 13: Prevalence of cancer (all ages) in 2019-20



Source: OHID, Fingertips, National General Practice Profile

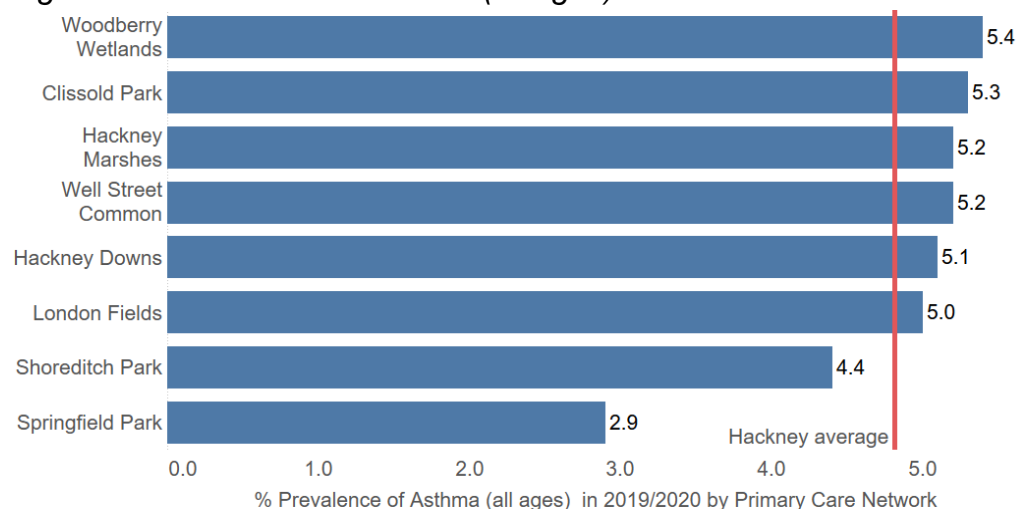
2.8.3.4 Respiratory Conditions

2.8.3.4.1 Asthma

The prevalence of asthma in Hackney increased over the past ten years from 4% in 2009/10 to 4.8% in 2019/20. Despite the increase, the prevalence of asthma in 2019/20 was

significantly lower than the English average. A notable variation in prevalence has been observed between Hackney PCNs, with the highest prevalence in Woodberry Wetlands and the lowest in Springfield Park.

Figure 14: Prevalence of asthma (all ages) in 2019-20

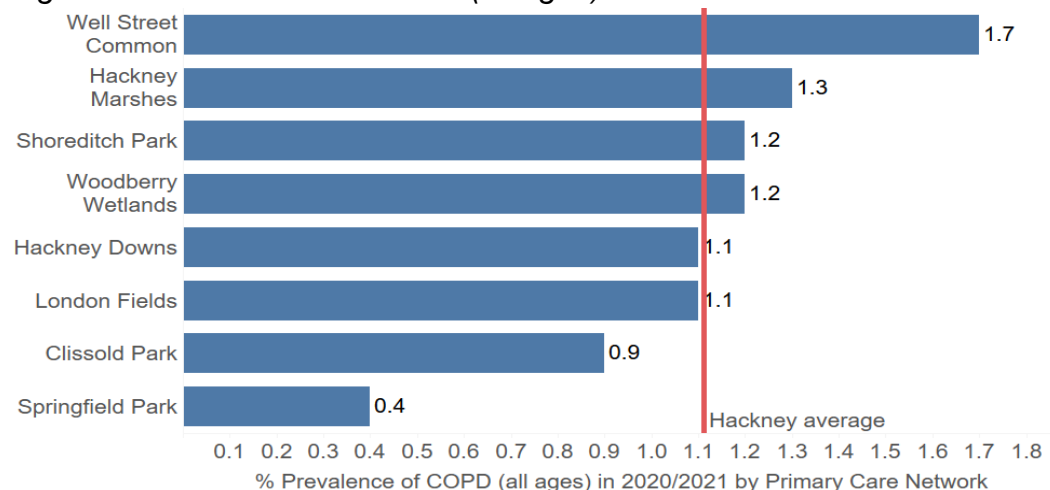


Source: OHID, Fingertips, National General Practice Profile

2.8.3.4.2 COPD

The prevalence of Chronic Obstructive Pulmonary Disease (COPD) in Hackney remained relatively stable in the ten years between 2009-10 and 2019-20, at around 1%. Considerable differences in the prevalence of COPD were observed between Hackney PCNs, with Well Street Common having the highest prevalence of COPD (1.7%) and Springfield Park PCN the lowest (0.4%).

Figure 15: Prevalence of COPD (all ages) in 2020-21



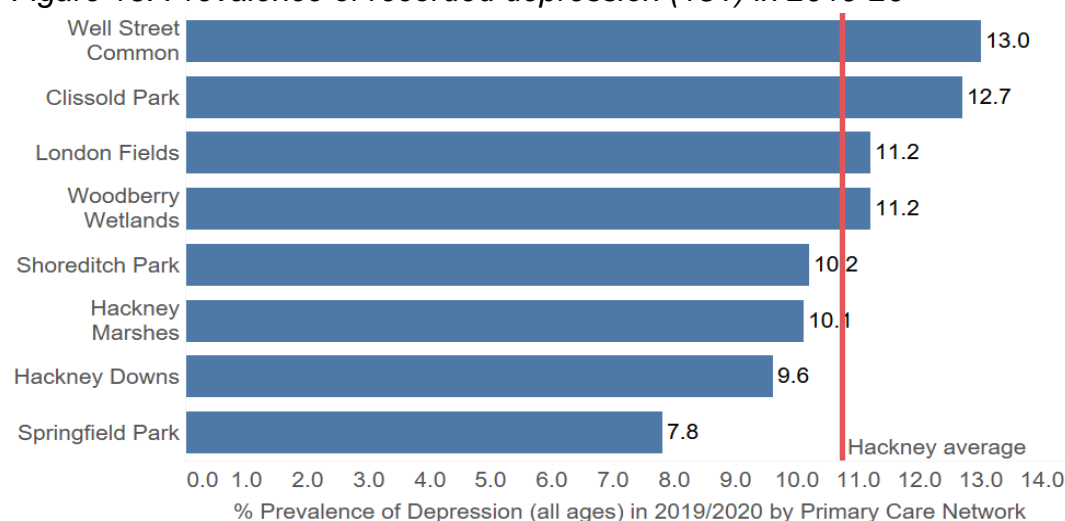
Source: OHID, Fingertips, National General Practice Profile

2.8.3.4.3 Mental health

The prevalence of recorded depression remained stable in the ten years between 2009-10 and 2019-20, with 1 in 10 Hackney residents over the age of 18 being diagnosed with depression. The latest available data (2019-20) shows that the highest prevalence of

recorded depression was observed for Well Street Common PCN, and the lowest for Springfield Park.

Figure 16: Prevalence of recorded depression (18+) in 2019-20



Source: OHID, Fingertips, National General Practice Profile

2.9 Causes of ill health

2.9.1 Sexual health

Hackney has recorded a significantly higher rate of newly diagnosed Sexually Transmitted Infections (STIs) (excluding chlamydia and populations aged under 25) than London and England, for the past nine years of available data (2012-20). In 2020 alone, Hackney recorded 2,203 diagnoses per 100,000 population in comparison with 1,391 and 619 diagnoses per 100,000 population in London and England respectively. This should also include a caveat that testing and diagnosis data for 2020 should be assessed with caution, given disruption to testing services, as well as sexual behaviours as a result of the pandemic. This is also mentioned within the Fingertips data reports for 2020. In the even years between 2012 and 2019, Hackney recorded a 34.6% increase in newly diagnosed STIs over time. Nationally, newly diagnosed STIs increased by 6.3% during this time frame.²¹

For the past nine years of available data (2012-20), Hackney has recorded a significantly higher rate of newly-diagnosed Sexually Transmitted Infections (STIs) (excluding chlamydia for those aged under-25) compared with the London and England averages. In the seven years between 2012 and 2019 Hackney recorded a 34.6% increase in newly-diagnosed STIs, whereas nationally, newly-diagnosed STIs increased by 6.3%. In 2020 alone, Hackney recorded 2,203 diagnoses per 100,000 population in London and England respectively. 2020 data, however, should be assessed with caution, given disruption to sexual behaviours, as well as access to STI testing and diagnosis as a result of the pandemic. For example, Hackney's 2020 rate was lower than the rate per 100,000 of newly diagnosed STIs in 2019 (3,703) and 2018 (3,198).

²¹ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>; National General Practice Profiles. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/profile/general-practice>

When excluding 2020, rates of prescription for Long-Acting Reversible Contraception (LARC) (excluding injections) prescribed to female residents of Hackney by GPs and sexual and reproductive health services have remained relatively stable over the past six years (2014 to 2019). However, for all years between 2014 and 2019, Hackney recorded a significantly lower rate of LARC prescription than England: in 2019, 45.9 LARCs were prescribed per 1,000 population in Hackney compared with 50.8 in England. In line with this, Hackney recorded a significantly higher rate of conceptions leading to abortions in under-18s than both London and England between 2016 and 2019.²²

2.9.2 Smoking

Over the past eight years, the proportion of smokers in Hackney aged 18+ reduced from 28.4% (2011) to 14.4% (2019).

Despite this, Hackney continues to record a higher prevalence of smoking than the national and London averages.

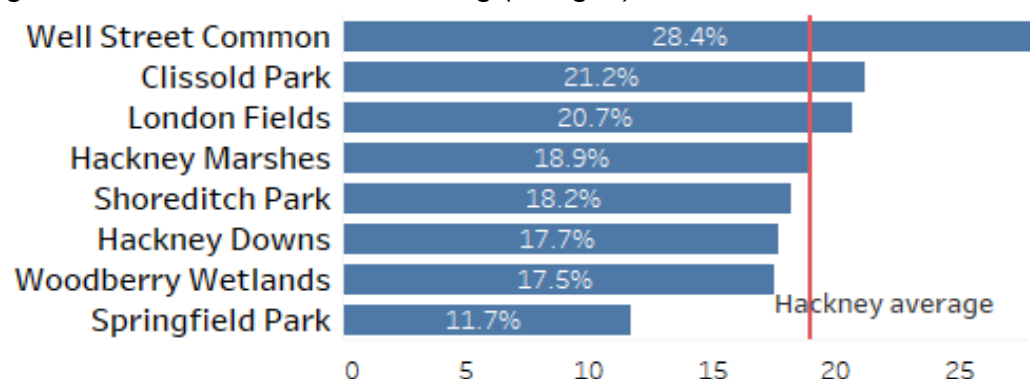
Smoking prevalence varies by population characteristics:²³

- Residents aged 30–34 have the highest smoking rates of all age groups
- Prevalence is the highest among residents who work in manual jobs (around 22%) versus other job types
- Prevalence is significantly higher among those with long-term mental health conditions (around 37%)

Estimates suggest that there were around 31,900 current smokers in Hackney in 2018.²⁴ However, only 2,114 (around 7% of smokers) accessed stop smoking services and had a set quit date. Out of these, the number not smoking after four weeks was 1,135 (around 4% of smokers).

The latest available data (2019-20) shows a significant variation in smoking prevalence across the PCNs, with the highest prevalence observed for Well Street Common PCN (13%), and the lowest for Springfield Park (7.8%).

Figure 17: Prevalence % of smoking (all ages) in 2020/21



Source: OHID, *Fingertips*, National General Practice Profile.

²² https://www.healthwatchhackney.co.uk/wp-content/uploads/2021/07/Community-Briefing_-Health-in-Hackney-1.pdf

²³ https://www.healthwatchhackney.co.uk/wp-content/uploads/2021/07/Community-Briefing_-Health-in-Hackney-1.pdf

²⁴ PHE. Public Health Profiles. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

Smoking-related ill health puts a significant strain on health services. Hackney has the ninth highest rate of smoking-attributable hospital admissions in London. The impact of tobacco goes far beyond the individual, with an estimated cost to society of £61.1 million in Hackney in 2019 alone.²⁵

2.9.3 Alcohol and substance misuse

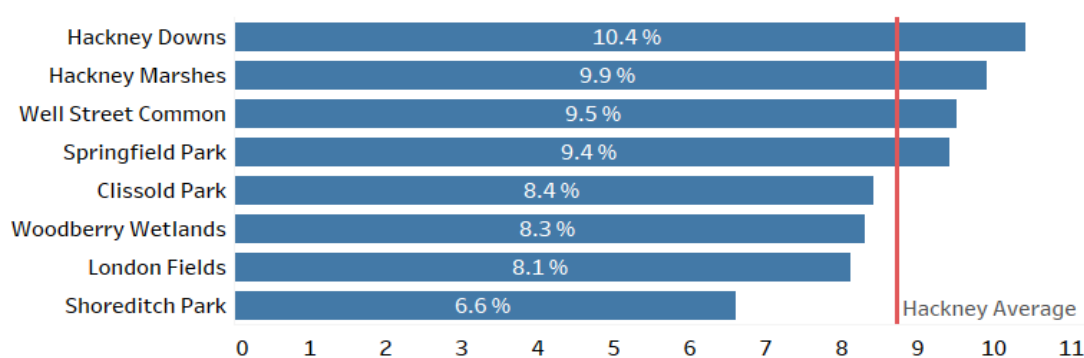
Alcohol is the most commonly abused substance in Hackney, with the highest prevalence being recorded among residents aged 40–74, men and those from mixed ethnic backgrounds. Hackney has a significantly higher proportion of dependent drinkers compared with regional and national averages: 1.8% versus 1.4% in both London and England.²⁶

Data for 2020 shows that alcohol-related mortality in Hackney is higher than the national average: 58 per 100,000 versus 37.8 per 100,000 population respectively.²⁷

2.9.4 Obesity

The latest available data (2018-20) shows that the highest percentage of obesity was observed for Hackney Downs PCN (10.4%) and the lowest for Shoreditch Park (6.6%).

Figure 18: Percentage of obesity in 18+ residents in 2018-20



Source: Fingertips, National General Practice Profile (6,8)

Large inequalities are observed in the levels of obesity in City and Hackney, where the prevalence is nearly double in areas classified as most deprived compared with least deprived areas. It is higher among older residents, with a third of those aged 55–75 recorded obese versus the Hackney average of 20%. The prevalence is the highest amongst black communities. The rate of obesity in pregnancy in City and Hackney is the second highest of all London boroughs, at 24%.²⁸

2.9.5 Physical activity

Hackney is considered an 'active' borough, with estimates suggesting a higher than average 74% of adult residents are physically active, and that 35% of adults walk and 13% cycle for

²⁵ ASH Ready Reckoner. 2022. <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022/>

²⁶ https://www.healthwatchhackney.co.uk/wp-content/uploads/2021/07/Community-Briefing_-Health-in-Hackney-1.pdf

²⁷ PHE. Public Health Profiles. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

²⁸ Hackney Council. Health in Hackney Community Briefing. www.healthwatchhackney.co.uk/wp-content/uploads/2021/07/Community-Briefing_-Health-in-Hackney-1.pdf

travel at least three days a week. No data on physical activity by PCN was available, but the studies show that women, older residents, people from minority ethnic groups, residents with a long-term condition or disability and those from a lower socio-economic background are less likely to be physically active compared with the general population.²⁹ Therefore, it is possible that physical activity levels are lower among the population in PCNs with higher prevalence of any one of these factors

2.10 Coronavirus Pandemic

The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt, adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.³⁰ During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.³¹ 11 million people (about 20% of the population), lack basic digital skills, motivation or the means to use digital technology. These people are likely to be older, less educated and in poorer health than the rest of the population. Being able to afford and use the internet is not only crucial for accessing healthcare and information, it is also essential for accessing education, employment and participating socially. Despite the acceleration of digital services due to the pandemic, there are still many patients who struggle to access the internet and smartphones – and patients facing these barriers are at risk of worse access to services and worse health outcomes. As a result, digital inclusion is now recognised as a wider determinant of health. People who have characteristics that are protected under the Equality Act 2010 (age, disability, race) are less likely to have access to the internet, and the skills to use it. It will be important to be able to offer face to face provision of services alongside 'virtual'.³²

²⁹ Hackney Public Health Team. Physical activity and inactivity. Health and wellbeing profile. 2017.

<https://hackneyjsna.org.uk/wp-content/uploads/2017/07/JSNA-Lifestyle-and-behaviour-Physical-activity-and-inactivity.pdf>

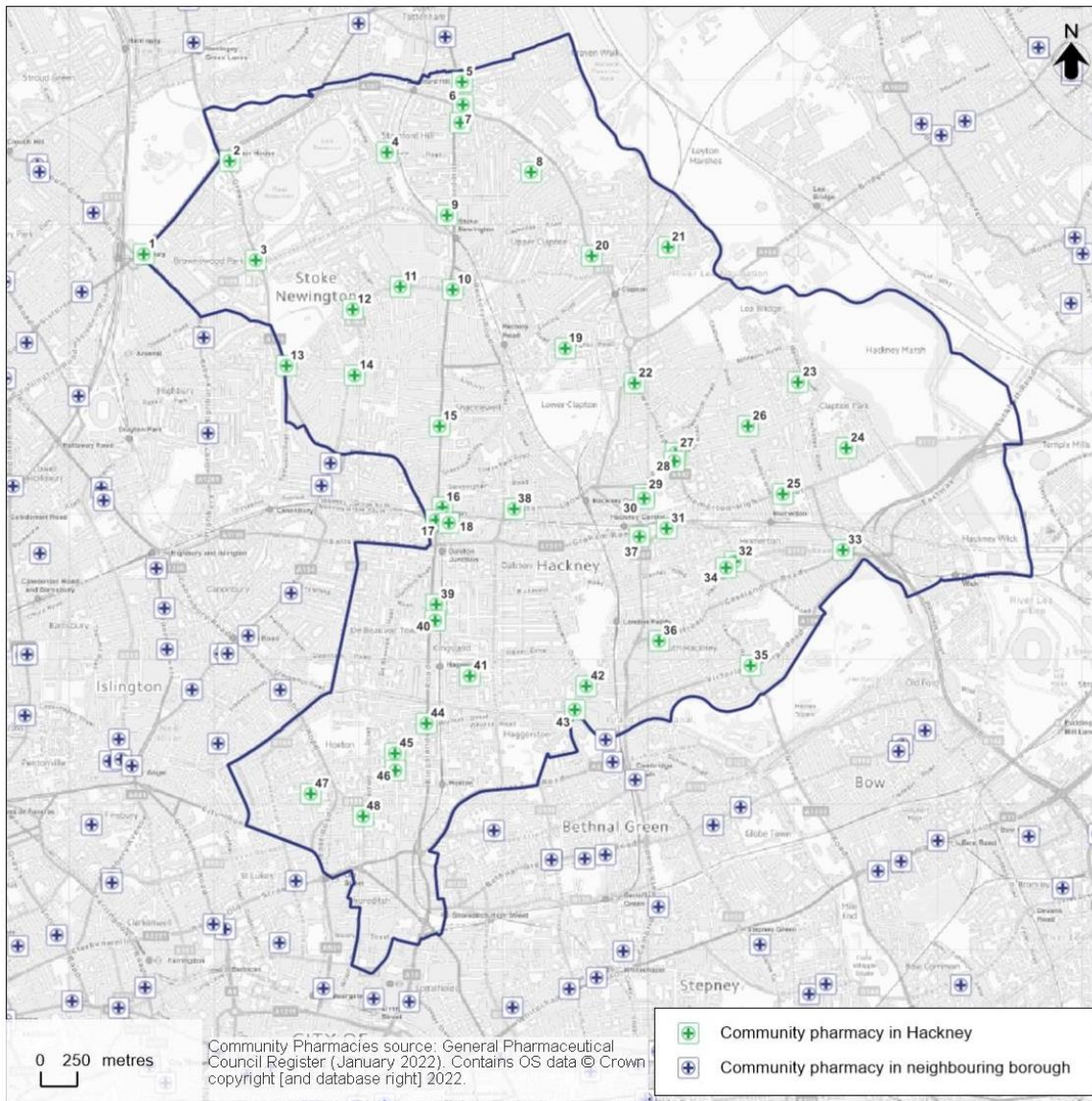
³⁰ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

³¹ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J*. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

³² NHS Long Term Plan. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

Section 3: NHS pharmaceutical services provision, currently commissioned



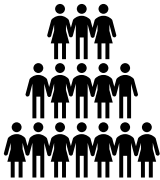
Figure 19: All contractors in Hackney HWB area



There are a total of 48 contractors in Hackney

- 48 x 40-hour contracted community pharmacies
- No 100-hour community pharmacy

3.1 Community pharmacies

<p>48 community pharmacies in Hackney</p> 	<p>278,986 population of Hackney</p> 	<p>17.2 pharmacies per 100,000 population*</p> 
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* Correct as of February 2022

During the COVID-19 pandemic there was a net loss of 215 pharmacies in England, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.³³

Since the previous PNA was published in 2018, there has been a decrease in the number of community pharmacies in Hackney by one. The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population. Hackney has 17.2 pharmacies per 100,000 population, which has decreased from 17.8 in 2018.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Hackney: City of London (137), Westminster (31.1), Islington (18.1), Tower Hamlets (15.7), Haringey (21.0), Waltham Forest (21.7) and Newham (20.0). It is considered that a number of residents and daytime workers will access pharmacies in neighbouring HWB areas or closer to home.

Table 9 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. Hackney is well served with community pharmacies and comparable to the London and national averages.

Table 9: Number of community pharmacies per 100,000 population

	England	London	Hackney
2020-21	20.6	20.7	17.2
2019-20	21.0	21.2	17.4
2018-19	21.2	20.7	17.8

Source: Office for National Statistics (ONS) Population

³³ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

Table 10 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 10: A breakdown of average community pharmacies per 100,000 population

Locality	Number of community pharmacies (Feb 2022)	Total population (ONS mid-year estimate 2020)	Average number of community pharmacies per 100,000 population
Clissold Park	8	34,081	23.5
Hackney Down	4	37,513	10.7
Hackney Marshes	8	33,970	23.6
London Fields	7	47,997	14.6
Shoreditch Park	5	41,628	12.0
Springfield Park	6	45,624	13.2
Well Street Common	6	28,519	21.0
Woodberry Wetlands	4	9,654	41.4
Hackney	48	278,986	17.2
London	1,873	8,965,488	20.7
England	11,636	56,760,975	20.6

**Data includes Distance-Selling (internet) Pharmacies, which do not provide face-to-face services*

The public questionnaire details the perception of access to community pharmacies and the services they provide, which is summarised in Section 5.

The full results of the public questionnaire are detailed in Appendix H.

Section 1.3 lists the Essential Services of the pharmacy contract. It is assumed that provision of all these services is available from all contractors. Further analysis of the pharmaceutical service provision and health needs for each locality is explored in Section 6.

3.1.1 Choice of community pharmacies

Table 11 shows the breakdown of community pharmacy ownership in Hackney. The data shows that pharmacy ownership is different from that seen in the rest of London, as Hackney has a much lower percentage of multiple pharmacies compared locally and nationally.

Table 11: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Hackney	25%	75%

3.1.2 Weekend and evening provision

There are 1,094 (9.4%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2018, where there were 1,161 100-hour pharmacies.

Hackney has no 100-hour pharmacies, however residents can access other 100-hour pharmacies in neighbouring HWB areas. Across London there are 104 100-hour pharmacies. Most 100-hour pharmacies are open late on weekdays.

3.1.3 Access to community pharmacies

Community pharmacies in Hackney are particularly located around areas with a higher density of population. Many also provide extended opening hours and/or weekend opening.

A previously published article³⁴ suggests:

- 89% of the population in England has access to a community pharmacy within a 20-minute walk
- This falls to 14% in rural areas
- Over 99% of those in areas of highest deprivation are within a 20-minute walk of a community pharmacy

A list of community pharmacies in Hackney and their opening hours can be found in Appendix A.

³⁴ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

3.1.3.1 Routine daytime access to community pharmacies

The following maps show travel times to community pharmacies using a variety of options.

Figure 20: Average walk times to community pharmacies in Hackney

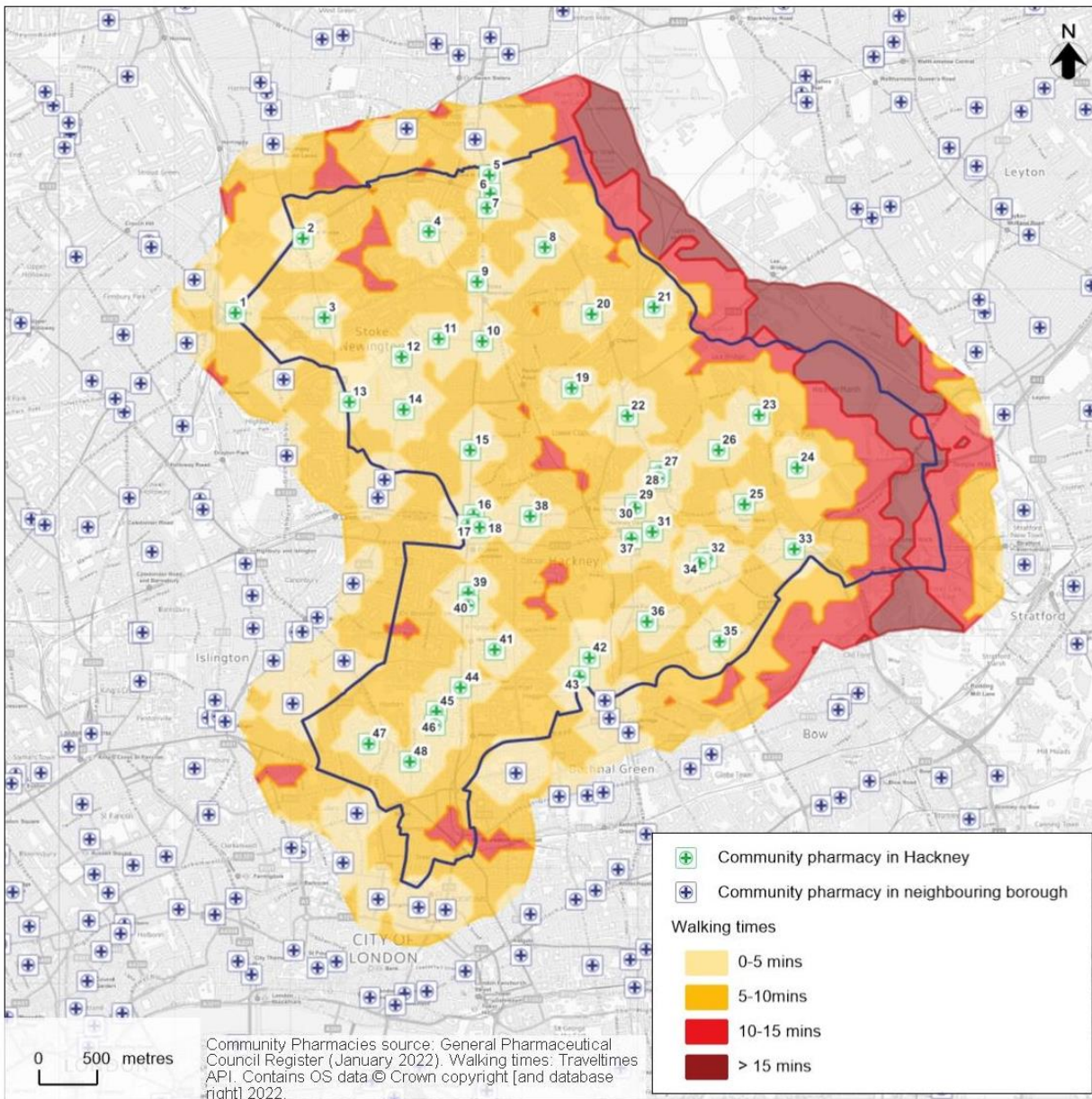


Figure 21: Average public transport times to community pharmacies in Hackney

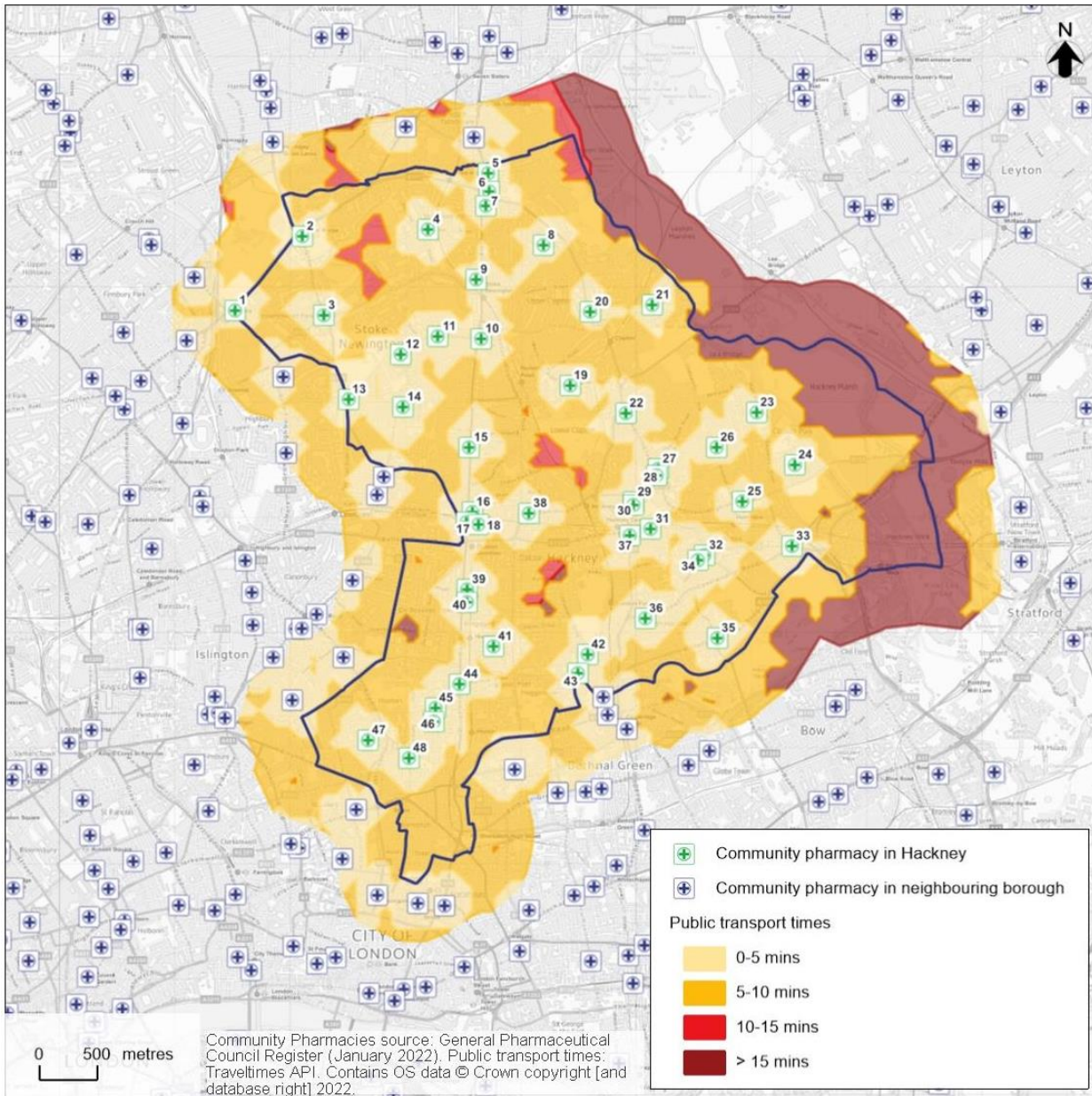
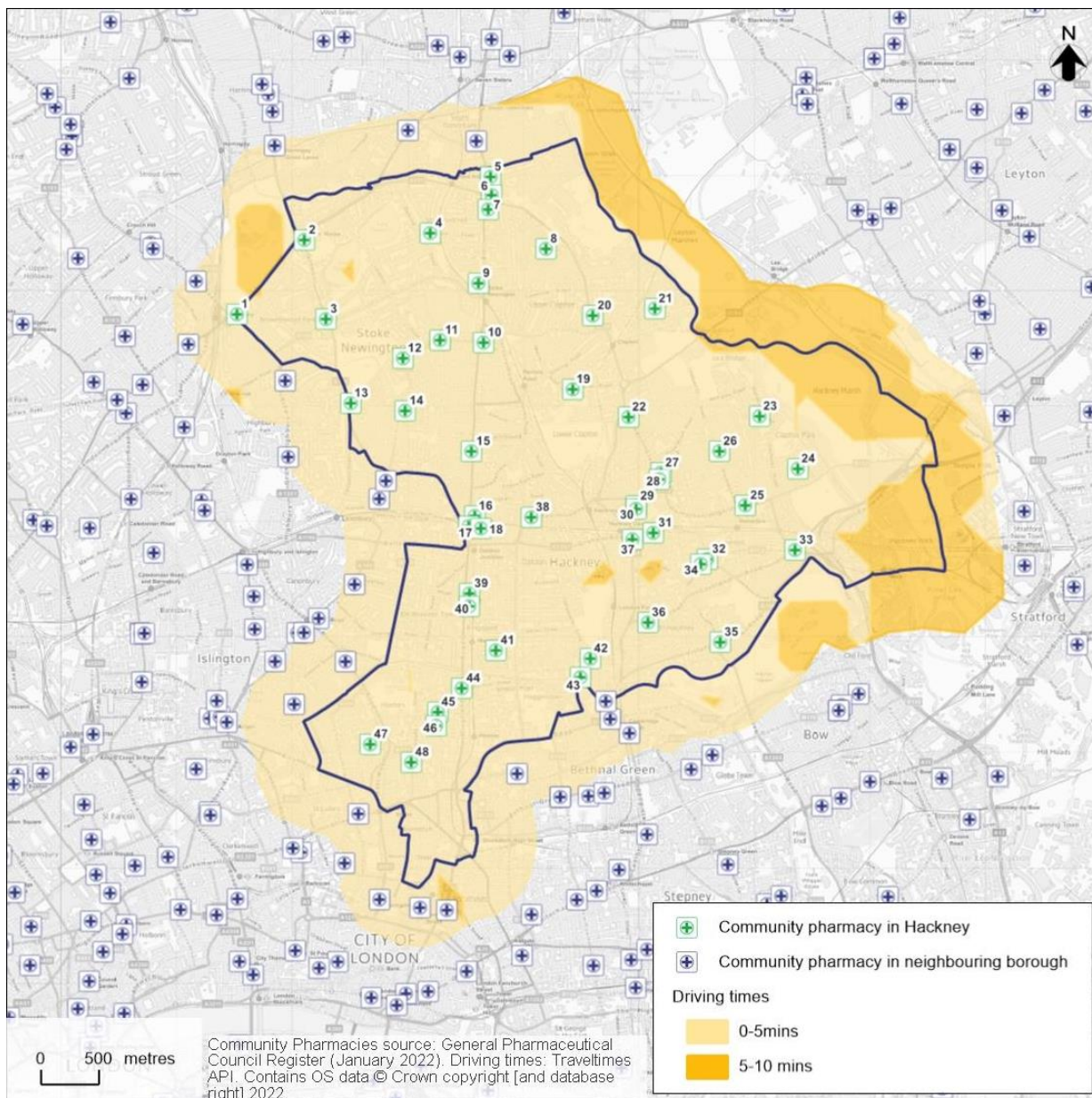


Figure 22: Driving times to community pharmacies in Hackney



In summary:

- Walking: 100% of the population can walk to a pharmacy within 15 minutes
- Public transport: large majority of the population can access a pharmacy via public transport within 15 minutes
- Driving: 100% of the population can access a pharmacy within 10 minutes by car

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays) varies within each locality; they are listed in the table below. Full details of all pharmacy opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and can be found from Table 12. The population of Hackney has good access to community pharmacies in the evening, as the majority of providers in Hackney are open after 6 pm.

Table 12: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on a Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
Clissold Park	100%	87.5%	12.5%
Hackney Down	100%	75%	0%
Hackney Marshes	87.5%	87.5%	12.5%
London Fields	86%	86%	0%
Shoreditch Park	60%	80%	0%
Springfield Park	100%	67%	50%
Well Street Common	83%	83%	17%
Woodberry Wetlands	75%	75%	0%
Hackney	85%	81%	12.5%

3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Hackney, 81% are open on Saturdays, some of which are open into the late afternoon. Access is therefore adequate. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sunday vary within each locality, which is discussed in Section 6.6 and 6.7. Fewer pharmacies are open on Sunday than any other day in Hackney but the short travel times within Hackney means that services can be easily accessed from pharmacies in neighbouring localities, which means that access is adequate. Full details of all pharmacies open on Sundays can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, a number of pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours.

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days; their location is near to the hubs and out-of-hours providers so patients can easily access medication if required. The current SLAs expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. In Hackney there are two pharmacies that are commissioned specifically for bank holiday coverage:

Bee's Pharmacy, 261 Wick Road, Hackney, London E9 5DG	Christmas Day and Easter Sunday: 10:00–18:00
	All other bank holidays: 10:00–14:00
Dev's Chemist, 103A Dalston Lane, Hackney, London E8 1NH	Christmas Day and Easter Sunday: 10:00–18:00
	All other bank holidays: 10:00–14:00

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services in Table 13 below. Details of individual pharmacy providers can be seen in Appendix A.

Note: Community pharmacy COVID-19 lateral flow distribution service stopped on 1 April 2022, and the COVID-19 medicine delivery service stopped on 5 March 2022 at 23:59.

Table 13: Providers of Advanced Services in Hackney

Locality (Number of community pharmacies)	NMS	CPCS	Flu vaccination	Smoking cessation	Hypertension case-finding
Clissold Park (8)	100%	75%	88%	13%	50%
Hackney Downs (4)	100%	100%	100%	50%	100%
Hackney Marshes (8)	88%	88%	63%	13%	63%
London Fields (7)	100%	100%	86%	14%	71%
Shoreditch Park (5)	100%	60%	100%	60%	100%
Springfield Park (6)	83%	100%	67%	0%	17%
Well Street Common (6)	83%	100%	100%	17%	50%
Woodberry Wetlands (4)	100%	100%	75%	0%	25%

There is no data on Appliance Use Review (AUR), or community pharmacy hepatitis C antibody-testing service (currently until 31 March 2023). The hepatitis service has had a very low uptake nationally and there are no providers in Hackney signed up at time of writing.

Section 1.3 lists all Advanced Services that may be provided under the pharmacy contract. As these services are discretionary, not all providers will provide them all of the time.

Table 14: Advanced Service activity data - Percentage of providers where activity is recorded

Advanced Service	England	London	Hackney
New Medicine Service (NMS)*	91%	82%	94%
Community pharmacy seasonal influenza vaccination*	85%	85%	83%
Community Pharmacist Consultation Service (CPCS and GP CPCS)*	81%	83%	90%
Hypertension case-finding service*	43%	71%	6%
Community pharmacy hepatitis C antibody-testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Appliance Use Review (AUR)*	0.5%	0.2%	0%
Stoma Appliance Customisation (SAC)*	8.6%	2%	2%

Source: NHS BSA Dispensing Data⁸⁰

* Data from NHS BSA 2021-22 10 months

Appendix A lists those community pharmacies who have provided these services as of 31 January 2022.

Table 14 provides information on the recorded activity of Advanced Services across Hackney and are based on 2021-2022 for a period of 10 months. Activity data shows that Advanced Services are used, but the information is skewed due to the COVID-19 pandemic. The COVID-19 pandemic will have affected this activity data in several ways:

- Face-to-face services needed to be adjusted to enable telephone consultations
- Some Advanced Services had delayed implementation dates
- Referral pathways from NHS 111 and GP practices were focused on the pandemic
- The increased workload and provision of pandemic-specific services will have affected the ability to provide other Advanced Services
- The effect of the extra workload on community pharmacies may have affected the timeliness of claims, which are used to measure activity

New services such as CPCS are being used, but data shows low uptake nationally.³⁵ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.³⁶ National data as of November 2021 shows that 77% of community pharmacies are using CPCS. However, Hackney is showing greater use of the CPCS, with 90% of community pharmacies providing this service.

The new hypertension case finding service started as of October 2021. Activity data is still low nationally, and in Hackney. The service was delayed in City and Hackney due to a delay

³⁵ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

³⁶ Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

in delivery of Ambulatory BP machines required to operate the service. This was especially acute in the London region where demand was particularly high.

The Smoking Cessation advanced service started on 10 March 2022, and therefore no activity data is available at time of writing.

To date, there has been no data recorded on the use of community pharmacy hepatitis C antibody-testing service (the service has had a low uptake nationally). There was a delay in introducing these services due to the coronavirus pandemic.

There has been no recorded provision of the AUR service from community pharmacy providers in Hackney up until October 2021 but has been in DACs. The number of providers of the AUR service is also very low regionally and nationally. There were only 65 community pharmacy or DAC providers nationally and three community pharmacies or DAC providers in London 2020-21.

3.1.5 Enhanced Service provision from community pharmacies

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I (Section 1.3). Therefore, any Locally Commissioned Services (LCS) commissioned by the CCG or the local authority are not considered here. They are outside the scope of the PNA but are considered in Section 4.

There are currently four Enhanced Services commissioned in Hackney:

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in the City of London. This Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations.
- Coverage on Easter Sunday and Christmas Day to ensure that there are pharmacies open on these days and their location is near to the hubs and out of hours providers so patients can easily access medication if required.
- Coverage on all other remaining Bank Holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out of hours providers so patients can easily access medication if required

3.2 Dispensing Appliance Contractors (DACs)

There are no Dispensing Appliance Contractors (DACs) in Hackney, however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 13 responses and 64% of respondents reported that they provide all types of appliances.

As part of the Essential Services of appliance contractors, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs

outside Hackney. There were 112 DACs in England in 2020-21. 0.74% of items prescribed in Hackney were dispensed by DACs in the period 2021/22 10 Months.³⁷

3.3 Distance-Selling Pharmacies (DSPs)

A Distance-Selling Pharmacy (DSP) provides services per the Pharmaceutical Regulations 2013. It may not provide Essential Services face-to-face and therefore provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England.

It is therefore likely that residents within Hackney will be receiving pharmaceutical services from a DSP outside Hackney. There are no DSPs in Hackney.

A DSP must not provide Essential Services to a person who is present at the pharmacy or in the vicinity of it. In addition, the pharmacy's standard operating procedures must provide for Essential Services to be provided safely and effectively without face-to-face contact with any member of staff on the premises.

A DSP may provide Advanced and Enhanced Services on the premises, as long as any Essential Service that forms part of the Advanced or Enhanced Service is not provided to persons present at the premises.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors. 1.64% of items prescribed in Hackney were dispensed by DSPs in 2021/22 10 Months.³⁸

3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in Hackney.

3.5 Dispensing GP practices

There are no dispensing GP practices in Hackney.

3.6 PhAS pharmacies

There are no PhAS pharmacies in Hackney.

3.7 Pharmaceutical service provision provided from outside Hackney

Hackney area is bordered by seven other HWB areas: City of London, Westminster, Islington, Tower Hamlets, Haringey, Waltham Forest and Newham. As previously mentioned, like most London boroughs, Hackney has a comprehensive transport system. As a result, it is anticipated that many residents in Hackney will have good access to pharmaceutical service providers in neighbouring HWB areas and beyond.

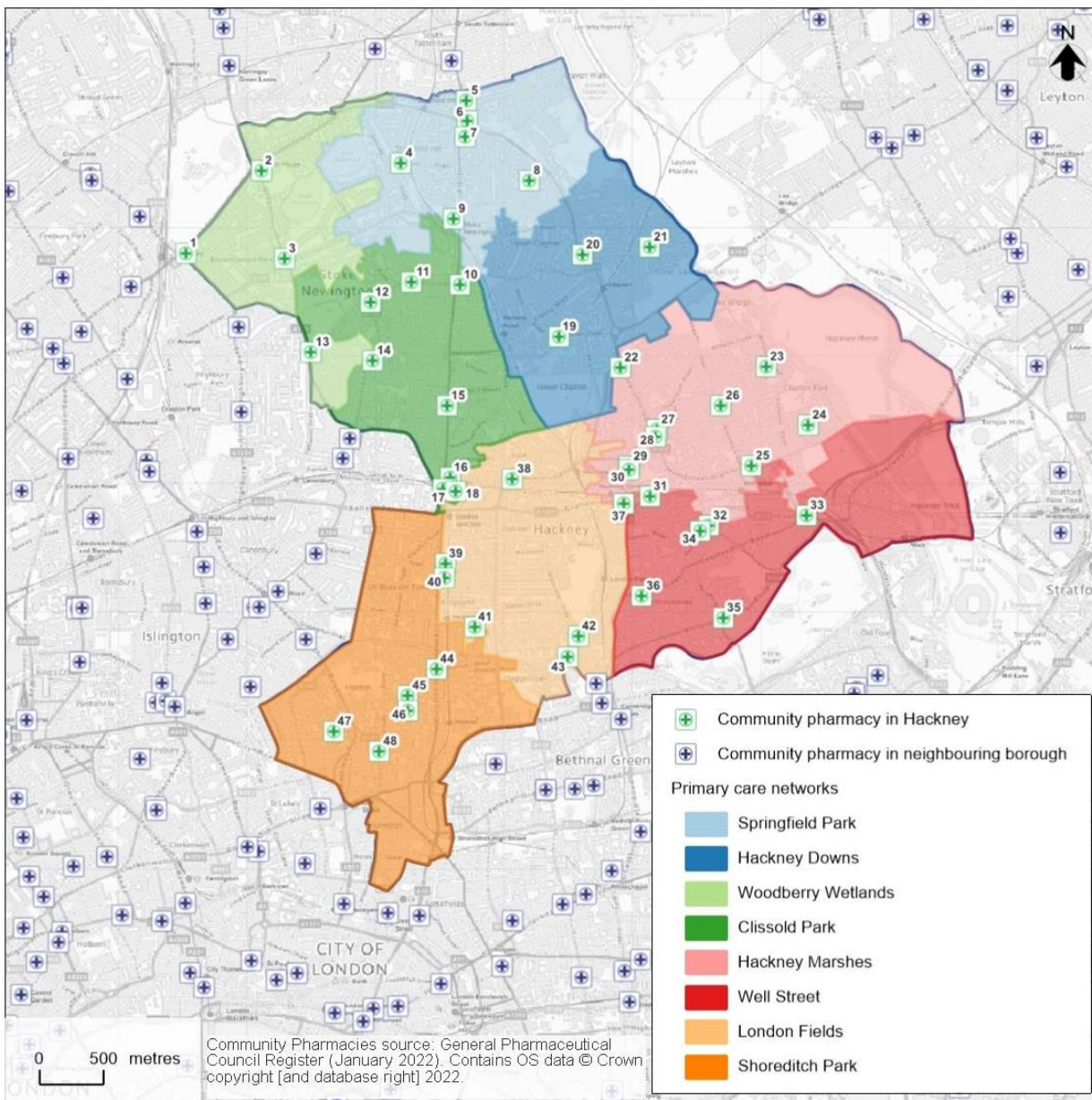
It is not practical to list here all those pharmacies outside Hackney by which Hackney residents will access pharmaceutical services. A number of providers lie within close

³⁷ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

³⁸ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

proximity of the borders of Hackney HWB area boundaries and are marked on Figure 23. Further analysis of cross-border provision is undertaken in Section 6.

Figure 23: Community pharmacies within Hackney and on the borders



Section 4: Other services that may impact on pharmaceutical services provision

Community pharmacies and GP practices provide a range of other services. These are not considered pharmaceutical services under the Pharmaceutical Regulations 2013 and may be either free of charge, privately funded or commissioned by the Local Authority or CCG.

Examples of such services include delivery services, allergy testing, care home services and sexual health services, although this is not an exhaustive list.

The services commissioned in Hackney are summarised in the table below. Descriptions of the services are below and in Section 6.

Table 15: Commissioned services from community pharmacies in Hackney

Commissioned service	CCG-commissioned service	LA-commissioned service
Emergency Hormonal Contraception Supply (EHC)		x
Chlamydia screening and treatment		x
Free condom distribution		x
Healthy Start vitamins		x
Stop smoking (supply only or advise and supply)		x
Supervised consumption		x
Needle exchange		x
Naloxone supply		x
Minor ailments	x	
Palliative care	x	

4.1 Local authority-commissioned services provided by community pharmacies in Hackney

See Table 15 for services currently commissioned. Service descriptions may be found in Section 6.5.

The following are services provided by NHS pharmaceutical providers in Hackney, commissioned by organisations other than NHSE&I or provided privately, and therefore out of scope of the PNA.

Hackney Council commissions eight services from community pharmacies:

- Emergency Hormonal Contraception (EHC) service
- Chlamydia screening and kits
- Free condom distribution
- Healthy Start vitamins
- Support to stop smoking services (supply only or advise and supply)

- Supervised consumption via Turning Point
- Needle exchange via Turning Point
- Naloxone supply via Turning point

These services may also be provided from other providers, e.g. GP practices or community health services. A full list of services and community pharmacy providers can be found in Appendix A.

4.2 CCG-commissioned services

See the table above for services currently commissioned. Service descriptions may be found in Section 6.5.

Hackney is part of North East London CCG, which currently commissions two services:

- Minor ailments
- Palliative care – medicines Supply and delivery

A full list of community pharmacy providers is listed in Appendix A.

CCGs are to be replaced by integrated care boards as part of the Integrated Care Systems (ICSs). It is anticipated that they will take on the delegated responsibility for pharmaceutical services (July 2022 for early adopters and for London ICS from April 2023) from NHSE&I and therefore some services commissioned from pharmacies by CCGs will fall within the definition of Enhanced Services.

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide.

Up to 82% of the 13 contractors in Hackney who responded to the questionnaire indicated that they would be willing to provide disease-specific services if commissioned (varied by disease).

A summary of the pharmacy contractor questionnaire responses is detailed in Appendix I.

4.4 Collection and delivery services

All pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 64% of pharmacies offer a free delivery service of dispensed medicines on request, while 36% provide a chargeable service. Depending on the area in question and the ability of residents to pay for a delivery service, this could affect individuals' ability to receive a delivery service and impact their access to medications.

Free delivery is required to be offered without restriction by all Distance-Selling (internet) Pharmacies to patients who request it throughout England. Free delivery of appliances is also offered by DACs. There are no DACs based in Hackney, however there are 110 throughout England.

4.5 Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, nine reported that they offer at least one additional language in addition to English. The most common spoken additional languages were Hindi, Bengali, Gujarati, Turkish, French and Swahili.

All community pharmacies in Hackney can access interpreting and translation services by Language Line UK. The service involves interpreting, transcription and translation of spoken and non-spoken languages.

4.6 Services for less-abled people

Under the Equality Act 2010,³⁹ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy contractor questionnaire, 67% have a consultation room with wheelchair access.

4.7 GP practices providing extended hours

There are a number of GP practices in Hackney that provide extended hours during weekdays. During weekends, GP confederation provides GP extended access hubs which operate from five different GP surgeries across Hackney. Identifying these allows the HWB to determine if there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services. The pharmacies usually have late opening hours in the evening and the latest time open is usually 7 pm. Details may be found in Appendix A.

4.8 Other providers

The following are providers of pharmacy services in Hackney but are not defined as pharmaceutical services under the Pharmaceutical Regulations 2013.

NHS Hospitals – pharmaceutical service provision is provided to patients by the hospitals:

- St Bartholomew's Hospital, West Smithfield, London EC1A 7BE
- Homerton University Hospital NHS Foundation Trust, Homerton Row, London E9 6SR
- East London NHS Foundation Trust, 9 Alie Street, London E1 8DE
- Royal London Hospital, Newark Street, London E1 2AA
- Royal Free Hospital, Pond Street, London, NW3 2QG
- Moorfield Eye Hospital, 162 City Road, London, EC1V 2PD
- Guys' Hospital, Great Maze Pond, London, SE1 9RT
- St Thomas's Hospital, Westminster Bridge Road, London, SE1 7EH

³⁹ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

Minor injury units and walk-in centres – residents of Hackney have access to a minor injuries unit based at:

- Homerton University Hospital NHS Foundation Trust, Homerton Row, London E9 6SR
- St Bartholomew's Hospital, West Smithfield, London EC1A 7BE
- Moorfield Eye Hospital, 162 City Road, London, EC1V 2PD

Out of hours GP services – residents of Hackney have access to an out of hour GP service based at:

- Homerton University Hospital NHS Foundation Trust, Homerton Row, London E9 6SR
- Home visits service part of London Central and West Unscheduled Care Collaborative (LCW)

There are no urgent treatment centre, however there is a GP/Primary care stream which is based at Homerton Hospital.

Mental health services – residents of Hackney have access to mental health services based at:

- East London NHS Foundation Trust
- Camden and Islington NHS Foundation Trust
- Barnet Enfield and Haringey Mental Health NHS Trust
- Tavistock and Portman NHS Foundation Trust
- North East London NHS Foundation Trust

Section 5: Findings from the public questionnaire

A public questionnaire about pharmacy provision was developed (Appendix C) and compiled by Hackney PNA Steering Group. This was circulated to a range of stakeholders listed below:

- All pharmacy contractors in Hackney, to distribute to the public
- All GP practices in Hackney, to distribute to the public
- Hackney Healthwatch, for onward distribution to its members and participation groups
- Hackney libraries, to distribute to the public
- Vaccination centres in Hackney, to distribute to the public and volunteers
- Council offices

The survey was promoted via:

- Targeted news release to local media outlets (e.g. included in 'Hackney Life' December issue)
- Promotion via organic social channels to raise awareness among residents and encourage them to fill in the survey
- Promoting to staff for advocacy
- Outreach to specific hard-to-reach groups
- Outreach via voluntary groups (e.g. Healthwatch)
- Hackney website promotion
- Healthwatch – newsletter and social media

From the 118 responses received from the public questionnaire:

5.1 Visiting a pharmacy

- 85% have a regular or preferred pharmacy
- 88% describe the service as good or excellent (only 1 respondent identified the service from their pharmacy as poor)
- 57% have visited a pharmacy once a month or more for themselves in the past six months
- Of the 8 respondents who have not visited a pharmacy in the last six months, 4 (50%) stated that they have used an internet pharmacy instead of visiting a community pharmacy

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'very important'
Quality of service	82%
Availability of medication	71%
Convenience	68%
Accessibility	29%

5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy by walking, with 78% using this method. The next most common methods are by car (9%), bicycle (4%), wheelchair/mobility scooter (2%) and public transport (2%).

96% of people report travelling to their pharmacy from home and 29% from work (respondents were able to give multiple answers to question).

5.4 Time to get to a pharmacy

0–15 minutes	16–30 minutes	Over 30 minutes
89%	7%	2%

- 94% report no difficulty in travelling to a pharmacy
- Of the 7 respondents (6%) who reported difficulty in travelling to a pharmacy:
 - 2 were due to parking
 - 1 due to location of pharmacy

5.5 Preference for when to visit a pharmacy

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy.

Of note: 89% of respondents suggest that the pharmacy is open on the most convenient day and 86% state it is open at the most convenient time.

5.6 Service provision from community pharmacies

There was generally an awareness of Essential Services provided from community pharmacies (over 90%) except for the Discharge Medicines Service (DMS) at 52% and disposal of unwanted medicines (63%).

Table 16 below shows the awareness of respondents for some non-Essential services and a second column that identifies the percentage that would wish to see the service provided.

Table 16: Public questionnaire respondents about non-Essential services

Service	% of respondents who were aware	% Of respondents who would like to see always provided
CPCS	40%	90%
Flu vaccination	81%	86%
NMS	52%	69%
Stop smoking/ Nicotine Replacement Therapy (NRT)	58%	68%
Supervised consumption	42%	55%
Sexual health services	44%	77%
Immediate access to specialist drugs	22%	79%
Needle exchange	24%	60%

Hepatitis testing	11%	54%
COVID-19 vaccination	71%	86%

It can be seen that there is some lack of awareness of some services that are currently available but a perceived wish to have these services from community pharmacy provided. Not all services may be required by all residents (e.g. needle exchange) but there is a wish to see provision from community pharmacies.

5.7 Other responses

- Most (55%) only buy an over-the-counter medicine when they need it
- Only 14% have used eRD
- 36% do not know if there is a consultation room available
- 9% identified that it was 'very important' to have other languages spoken
- 11 respondents (10%) identified that it was 'difficult' or 'very difficult' to speak to the pharmacy team during the pandemic
- Of the 38 'other' comments 25 were complimentary to the staff and service

A full copy of the results can be found in Appendix H.

Table 17 provides the demographic analysis of respondents.

Table 17a: Demographic analysis of the community pharmacy user questionnaire respondents - Sex

Sex	Male	Female
Percentage	96%	4%

Table 17b: Demographic analysis of community pharmacy user questionnaire respondents - Age

Age Range	Under 16	16–17	18–24	25–34	35–44	45–54	55–64	65–84	85+
Percentage	0%	0%	1%	7%	16%	29%	19%	26%	1%

Table 17c: Demographic analysis of community pharmacy user questionnaire respondents – Illness or disability

Illness or disability?	Yes	No
Percentage	20%	80%

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

Section 2 discusses City and Hackney's JSNA and local strategies. In addition, the priorities outlined in the NHS LTP (especially those where community pharmacies can have an impact) need consideration.

The following priorities can be supported by the provision of pharmaceutical services within Hackney.

Some of these services are Essential Services and already provided and some will be Advanced or Enhanced Services that are new or are yet to be commissioned.

To note: there have been temporary changes to the service requirements within the NHS Community Pharmacy Contractual Framework (CPCF) that were introduced during the pandemic.

The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE&I and the Department of Health and Social Care (DHSC) to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

These services were temporary, with the Advanced Services now stopped, however it should be noted how community pharmacy has contributed as a system provider and has been able to step up to national priorities to meet the needs of the population.

It should also be recognised that there was a significant increase in the demand for self care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.⁴⁰

The CCG during the pandemic connected community pharmacies with local volunteers to support City and Hackney residents to have their medication delivered. This service was available Monday to Saturdays to deliver medicines to those shielding, and those who were frail, older residents.

At present it is not clear what shape services locally commissioned by CCGs will take in the long-term future. The development of the Integrated Care System (ICS) across Hackney will conceivably lead to an alignment of these Locally Commissioned Services across the ICS area.

⁴⁰ <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

6.1.1 Hackney health needs

Causes of ill health in Hackney are discussed in detail in Section 2.8 of this document. Some of the key areas are as follows:

- Hackney is a relatively deprived area, ranking 18th most deprived in England
- Healthy Life Expectancy (HLE) is significantly lower than in England for both sexes
- Cancer caused the highest number of deaths, directly leading to 30% of all deaths registered (followed by Cardiovascular Disease, 20%)
- There were 207 per 100,000 population preventable deaths in City and Hackney between 2016 and 2018, compared with a London average of 161 and an England average of 181 deaths per 100,000 population
 - City and Hackney rank significantly badly for preventable cardiovascular and respiratory diseases
- The prevalence of diabetes in Hackney significantly increased from 5.4% in 2009-10 to 6% in 2019-20
- Between 2012 and 2019, Hackney recorded a 34.6% increase in newly diagnosed STIs; nationally, newly diagnosed STIs increased by 6.3% during this time frame
- Hackney recorded a significantly higher rate of conceptions leading to abortions in under-18s than both London and England between 2016 and 2019
- Hackney has a higher prevalence of smoking than the national and London averages
- Data for 2020 show that alcohol-related mortality in Hackney is higher than the national average: 58 per 100,000 versus 37.8 per 100,000 population, respectively

6.1.2 Hackney Joint Health and Wellbeing Strategy (JHWS)

This is discussed in detail in Section 2 of this document.

The JHWS identifies three key priorities:

- Mental Health
- Social Connection
- Financial Security

6.1.3 Priorities from the NHS Long Term Plan (LTP)

Table 18: LTP priorities that can be supported from community pharmacy

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular Disease (CVD)
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-

care and self-management. The Community Pharmacist Consultation Service (CPCS) has been available since 29 October 2019, as an Advanced Service.

'Pharmacist review' of medication as a method to reduce avoidable A&E attendances, admissions, and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over-medication, has been identified as an important part of the services that can be provided from community pharmacy and should include services that support patients to take their medicines to get the best from them, reduce waste and promote self-care.

The LTP also identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

Community pharmacy also has an important role in optimising the use of medicines and the LTP identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually.

Hackney has designated that all Essential Services are to be regarded as Necessary Services. The Advanced Services are all considered relevant.

6.2 Essential Services

The Essential Services (ES) of the community pharmacy contract must be provided by all contractors:

- ES 1: Dispensing of medicines
- ES 2: Repeat dispensing/electronic repeat dispensing (eRD)
- ES 3: Disposal of unwanted medicines
- ES 4: Public health (promotion of healthy lifestyles)
- ES 5: Signposting patients to other healthcare providers
- ES 6: Support for self-care
- ES 7: Discharge Medicines Service (DMS)

ES1 and ES2 support patients living with long-term conditions by providing timely supply of medicines and advice to patients. ES2 may be of particular benefit to patients on medicines as part of their treatment for long-term conditions, e.g. diabetes, CVD or respiratory conditions.

Using ES3, pharmacies can direct patients in the safe disposal of medicines and reduce the risk of hoarding medicines at home, which may increase the risk of error in taking medicines or the taking of out-of-date medicines.

ES4 can support local and national campaigns informing people of managing risk factors associated with many long-term conditions, such as smoking, diet, physical activity and alcohol consumption.

ES4 provides the ability to:

- Improve awareness of the signs and symptoms of conditions such as stroke, e.g. FAST campaign
- Promote validated information resources for patients and carers
- Collect data from the local population on their awareness and understanding of different types of disease and their associated risk factors
- Target at-risk groups within the local population to promote understanding and access to screening programmes, e.g. men in their 40s for NHS Health Checks

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and directing people to the most appropriate points of care for their symptoms. Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The coronavirus pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care, to improve the health outcomes and reduce inequalities.

Using ES5, pharmacies can signpost patients and carers to local and national sources of information and reinforce those sources already promoted. Appropriate signposting has a significant role in supporting the numerous outcomes highlighted as priorities in the Hackney JHWS. Essential Services may also identify other issues such as general mental health and wellbeing, providing an opportunity to signpost to other local services or services within the pharmacy, e.g. repeat dispensing.

Through ES6, pharmacy staff can advise patients and carers on the most appropriate choices for self-care, and direct queries to the pharmacist for further advice when purchasing over-the-counter medicines or general sales lists products. Some over-the-counter medicines are contraindicated, e.g. decongestant use in circulatory disease, and inappropriate use could increase the risk of an unplanned hospital admission. Equally, some symptoms can be much more significant in certain long-term conditions, e.g. foot conditions in diabetes, and the attempted purchase of an over-the-counter medicine by a patient or carer could alert a pharmacist and lead to an appropriate referral. Promotion of self-care is an important aspect to the management of many long-term conditions and a key element in the support of patients. Advanced Services provide a key opportunity for the pharmacist to help support patients in reaching their goals.

ES7: From 15 February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I's Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.

Underpinning the Essential Services is a governance structure for the delivery of pharmacy services. This structure is set out within the Pharmaceutical Regulations 2013 and includes:

- A patient and public involvement programme
- A clinical audit programme
- A risk management programme
- A clinical effectiveness programme
- A staffing and staff programme
- An information governance programme

It provides an opportunity to audit pharmacy services and to influence the evidence base for the best practice and contribution of pharmacy services, especially to meeting local health priorities within Hackney.

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost-saving for the commissioner.

6.3 Advanced Services

Advanced Services are not mandatory for providers to provide. In many cases, there are restrictions within the provision and/or availability of these services. The Advanced Services are listed below and the number of pharmacy participants for each service in Hackney can be seen in Section 3.1.4 and later in this section by locality. A description of each service is found below.

- A.1: Appliance Use Review (AUR)
- A.2: Stoma Appliance Customisation (SAC)
- A.3: C-19 lateral flow device distribution service (stops 1 April 2022)
- A.4: Pandemic delivery service (stopped 23:59 5 March 2022)
- A.5: Community Pharmacist Consultation Service (CPCS)
- A.6: Flu vaccination service
- A.7: Hepatitis C testing service
- A.8: Hypertension case-finding service
- A.9: New Medicine Service (NMS)
- A.10: Smoking Cessation Advanced Service

Although the Steering Group has determined that Advanced Services are relevant but not Necessary Services, Hackney HWB would wish to support all existing pharmaceutical service providers to make available all Advanced Services where a need exists.

Evidence shows that up to half of medicines may not be taken as prescribed or simply not taken at all. Advanced Services have a role in highlighting issues with medicines or appliance adherence and in reducing waste through inappropriate or unnecessary use of medicines or appliances. Polypharmacy is highly prevalent in long-term condition management.

A.1 Appliance Use Review (AUR)

AURs should improve the patient's knowledge and use of any 'specified appliance' by:

1. Establishing the way the patient uses the appliance and the patient's experience of such use;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
3. Advising the patient on the safe and appropriate storage of the appliance; and
4. Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

A.2 Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste. The stoma appliances that can be customised are listed in Part IXC of the Drug Tariff.

A.3 and A.4 Services provided to give support during the COVID-19 pandemic

From 16 March 2021, people who had been notified of the need to self-isolate by NHS Test and Trace were able to access support for the **delivery of their prescriptions from community pharmacies**.

C-19 lateral flow device distribution service was a service, pharmacy contractors could choose to provide, as long as they met the necessary requirements, aimed to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission.

From 24 February 2022, the government eased Covid-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. From 1 April, the Government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.⁴¹

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, GPs have been able to refer patients for a minor illness consultation via GP CPCS, once a local referral pathway has been agreed. As well as referrals from GPs, the service (CPCS) takes referrals to community pharmacy from NHS

⁴¹ [COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/covid-19-response-living-with-covid-19)

111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service, available since 29 October 2019.

PCNs across England have a funded target to work collaboratively with local community pharmacies to implement a plan to increase referrals to the CPCS, with referrals increasing no later than 31 March 2022.

A.6 Flu vaccination

The inclusion of flu vaccination as one of the Advanced Services contributes to improving access and opportunity for the public to receive their seasonal vaccine, thus reducing demand on GP practices and helping the HWB achieve its objectives. Community pharmacy has been providing flu vaccinations under a nationally commissioned service since September 2015. The accessibility of pharmacies, their extended opening hours and the option to walk in without an appointment have proved popular with patients seeking vaccinations – provided each year from September to March.

Vaccination is a key intervention to protect at-risk groups, such as older people, people living with diabetes, COPD or CVD, or carers, against diseases such as seasonal flu or shingles.

A.7 Hepatitis C testing service

The service is focused on provision of Point of Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. Recent developments in the treatment options for Hep C make the early identification of patients an important part of the management of the condition.

A.8 Hypertension case-finding service

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour Ambulatory Blood Pressure Monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

A.9 New Medicine Service

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

The service is split into three stages: 1. patient engagement, 2. intervention and 3. follow-up.

From 1 September 2021, the following conditions are covered by the service:

Asthma and COPD	Parkinson's disease
Diabetes (type 2)	Urinary incontinence/retention
Hypertension	Heart failure
Hypercholesterolaemia	Acute coronary syndromes
Osteoporosis	Atrial fibrillation
Gout	Long-term risks of venous thromboembolism/embolism
Glaucoma	Stroke/transient ischemic attack
Epilepsy	Coronary Heart Disease (CHD)

The antiplatelet/anticoagulant therapy eligibility continues, but it is now included in the above list by reference to the underlying condition/reason for prescribing.

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.⁴²

A.10 Smoking cessation

This service enables NHS trusts to refer patients discharged from hospital to a community pharmacy of their choice to continue their smoking cessation care pathway, including providing medication and behavioural support as required, in line with the NHS Long Term Plan care model for tobacco addiction.

6.4 Enhanced Services

6.4.1 COVID-19 vaccination

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I.

The number of pharmacies currently providing COVID-19 vaccination nationally under the terms of an Enhanced Service has doubled from October 2021 to January 2022, and the latest reports are that over 22 million doses have been provided by community pharmacies in the past 12 months (to 14 January 2022).

⁴² NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

6.4.2 London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless, as well as providing vaccination for those aged 2–18.

There is also provision for pneumococcal vaccination to eligible cohorts.

6.4.3 Bank holiday services

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so patients can easily access medication if required.

This service is provided by two pharmacies to cover the whole of Hackney.

6.4.4 Christmas Day and Easter Sunday services

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers so patients can easily access medication if required.

This service is provided by two pharmacies to cover the whole of Hackney.

6.5 Locally Commissioned Services

Locally commissioned community pharmacy services can be contracted via a number of different routes and by different commissioners, including local authorities, CCGs and NHSE&I's local teams. In Hackney, most commissioned services are public health services and hence are commissioned by the Hackney Public Health Team.

Appendix A provides a summary of Locally Commissioned Services (LCS) within Hackney pharmacies and Sections 4.1 and 4.2 provide a description of those services.

It is important to note the commissioning status of each service as this defines whether or not it is an LCS.

LCS are included within this assessment where they affect the need for pharmaceutical services or where the further provision of these services would secure improvements or better access to pharmaceutical services.

Hackney is part of North East London CCG, which currently commissions two CCG-commissioned services:

6.5.1 Palliative care medicines supply service

Good End of Life Care (EoLC) ensures all residents have a dignified, controlled and peaceful end to their life, regardless of age and cause of death. In order to achieve a good outcome, the needs of the patient, carer and family should be identified, and services provided to meet these needs.

The priorities for EoLC in City and Hackney, set by the City and Hackney EoLC Board are:

1. Earlier identification of people approaching end of life
2. Coordination of care
3. Improved quality of care at the end of life including improved collection of patient experience and engagement of communities

The service specification forms the basis of the network of community pharmacists (Pharmacy Services Partnership Ltd) to provide a pharmaceutical care service (both in and out of normal hours) to palliative care patients in City and Hackney with the aim:

To provide better, more timely access to End of Life Care medicines required for patients in City and Hackney (such that patients can receive a continuous supply of medications and devices for drug delivery; both in hours and out of hours), in order to improve their quality of life

The use and relevance of this service has substantially increased following COVID-19, with EoLC in the community being a key priority. EoLC patients with COVID-19 can deteriorate very rapidly so timely access to a range of medicines that enable symptom control is essential.

6.5.2 Minor Ailments

This service has been commissioned after NHSE&I decommissioned the Pharmacy First minor ailments service, which was in place in City and Hackney from 2004 until 31 March 2020.

This service has been designed so as to support the implementation of the national guidance on the prescribing of over-the-counter medicines by providing access to treatment for people in the community who are likely to be unable to afford to purchase over-the-counter medicines.

The aim is to provide timely access to advice, information and if necessary, a supply of medicines for minor ailments for socially vulnerable patients in City and Hackney who are unable to afford to purchase over-the-counter medicines.

The objectives are:

- To provide access to advice, information and if necessary, a medicine for patients unable to afford self-care for minor ailments
- To minimise demand on GP practices and urgent care providers, for care for minor ailments in patients who are unable to afford to purchase over-the-counter medicines
- To ensure patients are not referred back to GP practices unless there is a clinical need for the patient to be seen by a doctor
- To ensure community pharmacies are supporting self-care for all patients in City and Hackney
- To promote the principle that community pharmacies are the first port of call for minor ailments – to increase the supply of information to patients with minor ailments

Hackney commissions the following services from community pharmacies led by the London Borough of Hackney Public Health Team:

6.5.3 Sexual health services

The Public Health Outcomes Framework confirms the following indicators for sexual health:

- Under-18 conceptions
- Chlamydia diagnoses (among 15–24-year-olds)
- People presenting with Human Immunodeficiency Virus (HIV) at a late stage of infection

The London Borough of Hackney is commissioning community pharmacies to provide an Enhanced Service for sexual health and contribute to an improvement in the sexual and reproductive health and wellbeing of people in Hackney, with a particular emphasis on young people.

6.5.3.1 Emergency Hormonal Contraception (EHC)

The aim of the service is to increase access to Emergency Hormonal Contraception (EHC) for all women who need it.

6.5.3.2 Chlamydia screening and treatment

The National Chlamydia Screening Programme (NCSP), which started in 2008, specifically targets 15–24-year-olds.

There is a strong evidence base for the effectiveness of chlamydia screening programmes in reducing the prevalence of chlamydia within the population.

The aim of the service is to achieve high screening rates for chlamydia and gonorrhoea in sexually active young people aged 15–24, and to improve access to treatment of chlamydia and other STIs for sexually active young people aged 15–24.

The objectives of the service include:

- To supply chlamydia and gonorrhoea postal testing kits to sexually active young people aged 15–24
- To supply antibiotic treatment for chlamydia to young people who have received a definitive or equivocal diagnosis, as well as their sexual contacts (as evidenced by contact slip, text message, or other written confirmation)

6.5.3.3 Free condom distribution

The aim of the service is to increase the use of condoms by sexually active young people with free condom distribution to under-25s and 25+ in high-risk groups (gay/bisexual men, black African and black Caribbean, client of substance misuse service or involved in sex working).

This is funded by the City and Hackney Public Health team and delivered by Young Hackney (to under-25s) and Community African Network (CAN) (to 25+s in higher-risk groups).

6.5.4 Healthy Start vitamins

The service 'A Healthy Start for All in City and Hackney' aims to reach all families residing in City and Hackney or registered with a GP in City and Hackney, to dispense Healthy Start vitamin drops to children from birth to their fourth birthday, and Healthy Start vitamin tablets to women who are pregnant or have a child aged under 1.

The service will be provided free to all residents who meet the criteria.

6.5.5 Stop smoking services

Smoking remains one of the leading causes of preventable death and disease in the UK and one of the largest causes of health inequalities. Many diseases and conditions are caused by cigarette smoking, including cancers, respiratory diseases, circulatory diseases, stomach and duodenal ulcers, osteoporosis, cataracts and age-related macular degeneration. Tobacco smoking harms others too, through second-hand smoke, while smoking in pregnancy impairs foetal growth and development and increases the risk of stillbirth and infant mortality.

Estimates suggest that there were around 31,900 current smokers in Hackney in 2018.⁴³ However, only 2,114 (around 7% of smokers) accessed stop smoking services and had a set quit date. Out of these, the number not smoking after four weeks was 1,135 (around 4% of smokers).

The latest available data (2019-20) shows a significant variation in smoking prevalence across the PCNs, with the highest prevalence observed for Well Street Common PCN (13%) and the lowest for Springfield Park (7.8%).

The London Borough of Hackney has commissioned the Whittington to manage Smokefree City & Hackney, the stop smoking service for adults who live, work or study in the London Borough of Hackney or in the City of London, or who are registered with a Hackney or City of London GP.

The Whittington subcontracts some of this stop smoking work to City and Hackney community pharmacies. Under the subcontract, community pharmacies:

- Provide stop smoking advice to individual clients (stop smoking clinics)
- Supply Champix (under a PGD) and NRT
- Promote Smokefree City & Hackney

City and Hackney have two different aspects to the Stop Smoking Service-Level Agreements (SLAs):

- The Supply-Only SLA – these pharmacies sign up to process eVouchers only, i.e. supply stop smoking medication
- The A&S (Advise & Supply) SLA – these pharmacies are signed up to supply stop smoking medication via an eVoucher, but also do stop smoking advice

⁴³ Public Health England. Public Health Profiles [Internet]. [cited 2019 Dec 17]. Available from: <https://fingertips.phe.org.uk/>

6.5.6 Supervised consumption, needle exchange and naloxone supply

The substance misuse provider, Turning Point, provides a range of interventions for City and Hackney residents which includes: testing for blood borne viruses, including a Hepatitis C pathway; HIV testing and a pathway to secondary care; opiate substitution therapy, which includes supervised consumption and GP shared care; provision of buprenorphine and Buprenex, this being a longer acting form of buprenorphine; needle exchange; pabrinex injections for harmful alcohol use. The clinical team also provides regular medical reviews.

There are four pharmacies in neighbouring boroughs commissioned by Hackney to provide supervised consumption.

6.6 PNA localities

There are 48 pharmacies within Hackney. Pharmacy opening times are listed in Appendix A.

As described within Section 1.5, the PNA Steering Group decided that the Hackney PNA should be split into the eight PCN localities.

Substantial health data is available at this level and populations and their health needs vary widely between wards. This is illustrated and discussed in detail in Section 2.

Community pharmacy information is summarised in the following three tables in terms of opening hours and availability of services.

Table 19: Opening hours of community pharmacies by number and type of contractor per locality

Opening times	Clissold Park (8)	Hackney Downs (4)	Hackney Marshes (8)	London Fields (7)	Shoreditch Park (5)	Springfield Park (6)	Well Street Common (6)	Woodberry Wetlands (4)
After 18:30 weekday	3 (37.5%)	3 (75%)	5 (62.5%)	5 (71%)	1 (20%)	4 (67%)	3 (50%)	3 (75%)
Saturday	7 (87.5%)	3 (75%)	7 (87.5%)	7 (100%)	5 (100%)	4 (67%)	5 (83%)	3 (75%)
Sunday	0	0	1 (12.5%)	0	0	3 (50%)	1 (17%)	0

Table 20: Provision of NHSE&I Advanced and Enhanced Services by locality (number of community pharmacies)

NHSE&I Advanced or Enhanced Service	Clissold Park (8)	Hackney Down (4)	Hackney Marshes (8)	London Fields (7)	Shoreditch Park (5)	Springfield Park (6)	Well Street Common (6)	Woodberry Wetlands (4)
NMS	8 (100%)	4 (100%)	7 (88%)	7 (100%)	5 (100%)	5 (83%)	5 (83%)	4 (100%)

NHSE&I Advanced or Enhanced Service	Clissold Park (8)	Hackney Down (4)	Hackney Marshes (8)	London Fields (7)	Shoreditch Park (5)	Springfield Park (6)	Well Street Common (6)	Woodberry Wetlands (4)
CPCS	6 (75%)	4 (100%)	7(88%)	7 (100%)	3 (60%)	6 (100%)	6 (100%)	4 (100%)
Flu vaccination	7(88%)	4 (100%)	5 (63%)	6 (86%)	5 (100%)	4 (67%)	6 (100%)	3 (75%)
SAC	0	0	0	0	0	0	0	1 (25%)
AUR	0	0	0	0	0	0	0	0
Hep C testing	No providers at time of writing	No providers at time of writing	No providers at time of writing	No providers at time of writing	No providers at time of writing	No providers at time of writing	No providers at time of writing	No providers at time of writing
Hypertension finding	4 (50%)	4 (100%)	5 (63%)	5 (71%)	5 (100%)	1 (17%)	3 (50%)	1 (25%)
Smoking cessation	1 (13%)	2 (50%)	1 (13%)	1 (14%)	3 (60%)	0	1 (17%)	0
C-19 vaccination*	2 (25%)	1 (25%)	3 (38%)	2 (29%)	2 (40%)	0	0	0
London Vaccination*	5 (63%)	4 (100%)	5 (63%)	6 (86%)	4 (80%)	4 (67%)	6 (100%)	3 (75%)
Bank holiday opening	0	0	0	1 (14%)	0	0	1 (17%)	0

*Enhanced

The Enhanced service for Bank Holiday opening is provided for residents across Hackney rather than on a locality basis.

Table 21: Provision of Locally Commissioned Services (CCG and LA) by locality (number of community pharmacies)

LCS	Clissold Park (8)	Hackney Down (4)	Hackney Marshes (8)	London Fields (7)	Shoreditch Park (5)	Springfield Park (6)	Well Street Common (6)	Woodberry Wetlands (4)
CCG								
Minor Ailment	8 (100%)	4 (100%)	8 (100%)	7 (100%)	5 (100%)	6 (100%)	6 (100%)	4 (100%)
Palliative Care	0	1 (25%)	1 (12.5%)	3 (43%)	3 (60%)	0	1 (17%)	2 (50%)
LA								

LCS	Clissold Park (8)	Hackney Down (4)	Hackney Marshes (8)	London Fields (7)	Shoreditch Park (5)	Springfield Park (6)	Well Street Common (6)	Woodberry Wetlands (4)
EHC	3 (37.5%)	2 (50%)	5 (63%)	3 (43%)	4 (80%)	1 (17%)	5 (83%)	2 (50%)
Chlamydia screening and treatment	7 (87.5%)	4 (100%)	6 (75%)	6 (86%)	5 (100%)	4 (67%)	5 (83%)	4 (100%)
Free condom	3 (37.5%)	1 (25%)	6 (75%)	4 (57%)	5 (100%)	1 (17%)	4 (67%)	2 (50%)
Healthy Start vitamins	7 (87.5%)	3 (75%)	7 (87.5%)	6 (86%)	5 (100%)	4 (67%)	4 (67%)	4 (100%)
Stop smoking	6 (75%)	3 (75%)	7 (87.5%)	6 (86%)	5 (100%)	2 (33%)	4 (67%)	3 (75%)
Supervised consumption	7 (87.5%)	4 (100%)	7 (87.5%)	7 (100%)	3 (60%)	3 (50%)	5 (83%)	3 (75%)
Needle exchange	3 (37.5%)	1 (25%)	1 (12.5%)	3 (43%)	2 (40%)	2 (33%)	3 (50%)	1 (25%)
Naloxone supply	3 (37.5%)	1 (25%)	2 (25%)	5 (71%)	2 (40%)	2 (33%)	4 (67%)	2 (50%)

Taking the health needs highlighted in each locality into consideration, this section considers the pharmaceutical service provision within each locality.

For the purposes of the PNA, Necessary Services for Hackney are:

- All **Essential** Services

The following **Advanced** Services are considered **relevant**:

- CPCS
- NMS
- Flu vaccination
- Appliance Use Review
- Stoma Appliance Customisation
- Hepatitis C antibody-testing service
- Hypertension case-finding service
- Smoking Cessation Advanced Service
- C-19 LFD distribution service
- Pandemic delivery service

City and Hackney HWB has identified **Enhanced** Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

City and Hackney HWB has identified **Locally Commissioned Services (LCS)** that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the area of HWB.

6.6.1 Clissold Park

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.1.1 Necessary Services: current provision

Clissold Park's population is 34,081. Hackney is a relatively deprived area, ranking 18th most deprived in England, although Clissold Park has the lowest proportion (18.8%) of LSOAs in the two most deprived deciles in Hackney, making it the least deprived locality.

There are 8 community pharmacies in Clissold Park and the estimated average number of community pharmacies per 100,000 resident population is 23.5, significantly higher than the England average of 20.6 and the Hackney average of 17.2.

Of the 8 community pharmacies:

- 3 pharmacies (38%) are open after 6.30 pm on weekdays
- 7 pharmacies (88%) are open on Saturdays
- No pharmacies are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.1.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period, but from the information in Section 2 this will not impact significantly on this locality.

Clissold Park is densely populated, with 17,861 people per square kilometre, but there are pharmacies spread over the geography of the locality

There are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. Although no pharmacies open on a Sunday there are pharmacies open on Sundays in Springfield Park and other neighbouring localities.

Generally, there is good Necessary Service provision across Clissold Park, with a high ratio of community pharmacies per unit of resident population.

No gaps in the provision of Necessary Services have been identified for Clissold Park.

6.6.1.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Clissold Park.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 8 (100%)
- NMS – 8 (100%)
- Flu vaccination – 7 (88%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – 4 pharmacies (50%)
- Smoking Cessation Advanced Service – 1 (13%)

6.6.1.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 5 pharmacies (63%) provide the London Vaccination Service
- 2 pharmacies (25%) provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 8 pharmacies:

- No pharmacies provide the access to palliative medicines service commissioned via the CCG but there are providers in neighbouring localities
- All 8 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 3 (37.5%) provide EHC
 - 7 (88%) provide chlamydia screening and treatment
 - 3 (38%) provide free condoms
- 7 pharmacies (88%) provide the Healthy Vitamins service commissioned via Public Health
- 6 pharmacies (75%) provide the Stop Smoking Service
- 7 pharmacies (87.5%) provide supervised consumption
- 3 (37.5%) pharmacies provide needle exchange and naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney. Clissold Park does not have any significant adverse variances in health identified when compared with the Hackney averages.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered as cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services in Clissold Park.

6.6.2 Hackney Downs

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.2.1 Necessary Services: current provision

The population of Hackney Downs is 37513.

There are 4 community pharmacies in the Hackney Downs locality and the estimated average number of community pharmacies per 100,000 resident population is 10.7, significantly lower than the England average of 20.6 and the Hackney average of 17.2.

Of the 4 community pharmacies:

- 3 pharmacies (75%) are open after 6.30 pm on weekdays
- 3 pharmacies (75%) are open on Saturdays
- No pharmacies are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.2.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period, but from the information in Section 2 this will not impact significantly on this locality (proposed small population reduction).

Hackney Downs is the most densely populated locality in Hackney, with 18.888 people per square kilometre.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. There are pharmacies open on Sunday in the neighbouring locality Springfield Park.

Generally, there is adequate pharmaceutical service provision across Hackney Downs and although there is a lower ratio of community pharmacies per unit of resident population, there is further provision in other localities to the north (Springfield Park) and south-east (Clissold Park).

No gaps in the provision of Necessary Services have been identified for Hackney Downs.

6.6.2.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Hackney Downs.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 4 (100%)
- NMS – 4 (100%)
- Flu vaccination – 4 (100%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – all 4 pharmacies
- Smoking Cessation Advanced Service – 2 (50%)

6.6.2.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 4 pharmacies (100%) provide the London Vaccination Service
- 1 pharmacy provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 4 pharmacies:

- 1 pharmacy provides the access to palliative medicines service commissioned via the CCG
- 4 pharmacies (100%) provide Minor Ailments Services
- Sexual health services:
 - 2 (50%) provide EHC
 - 4 (100%) provide chlamydia screening and treatment
 - 1 (25%) provide condoms

- 3 pharmacies (75%) provide the Healthy Vitamins service commissioned via Public Health
- 3 pharmacies (75%) provide the Stop Smoking Service
- All pharmacies provide supervised consumption
- 1 (25%) pharmacy provides needle exchange and naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney. Hackney Downs has a significantly higher prevalence of diabetes than the Hackney average. The latest available data (2018-20) shows that the highest percentage of obesity was observed for Hackney Downs PCN (10.4%). Appendix O identifies examples of services that may benefit these aspects of ill health within the locality.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered as cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future, would secure improvements or better access to services in Hackney Downs.

6.6.3 Hackney Marshes

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.3.1 Necessary Services: current provision

The population of Hackney Marshes is 33,970.

There are 8 community pharmacies in the Hackney Marshes locality and the estimated average number of community pharmacies per 100,000 resident population is 23.6, significantly higher than the England average of 20.6 and the Hackney average of 17.2.

Of the 8 community pharmacies:

- 5 pharmacies (63%) are open after 6.30 pm on weekdays
- 7 pharmacies (88%) are open on Saturdays
- One (13%) pharmacy is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.3.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period, but from the information in Section 2 this will not impact significantly on this locality (proposed small population growth of 1.2%).

Hackney Marshes is one of the least densely populated localities in Hackney, with 16,552 people per square kilometre, but this is still a very high density of population.

There are pharmacies open beyond what may be regarded as normal hours, in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good Necessary Service provision across Hackney Marshes.

No gaps in the provision of Necessary Services have been identified for Hackney Marshes.

6.6.3.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Hackney Marshes.

Regarding Advanced Services that are considered relevant; there are the following numbers of providers:

- CPCS – 7 (88%)
- NMS – 7 (88%)
- Flu vaccination – 5 (63%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – 5 pharmacies (63%)
- Smoking Cessation Advanced Service – 1 (13%)

6.6.3.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 5 pharmacies (63%) provide the London Vaccination Service
- 3 pharmacies (38%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 8 pharmacies:

- 1 pharmacy provides the access to palliative medicines service commissioned via the CCG
- All 8 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 5 (63%) provide EHC
 - 6 (75%) provide chlamydia screening and treatment
 - 6 (75%) provide free condoms
- 3 pharmacies (75%) provide the Healthy Vitamins service commissioned via Public Health
- 3 pharmacies (75%) provide the Stop Smoking Service
- 7 pharmacies (87.5%) provide supervised consumption
- 1 (12.5%) pharmacy provides needle exchange
- 2 pharmacies (25%) provide naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney.

In 2019, the highest age-standardised mortality rates were recorded in Hackney Marshes, at 955 deaths per 100,000 population (compared with the London average of 809). Specifically, when compared to Hackney as a whole:

- Hackney Marshes PCN had the highest prevalence of diabetes
- Highest recorded prevalence of hypertension observed for Hackney Marshes PCN (11.4%)
- The highest percentage of cancer diagnoses observed for Hackney Marshes PCN

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered as cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services in Hackney Marshes.

6.6.4 London Fields

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.4.1 Necessary Services: current provision

The population of London Fields 47,997.

There are 7 community pharmacies in the London Fields locality and the estimated average number of community pharmacies per 100,000 resident population is 14.6, significantly lower than the England average of 20.6 and the Hackney average of 17.2.

Of the 7 community pharmacies:

- 5 pharmacies (71%) are open after 6.30 pm on weekdays
- 7 pharmacies (100%) are open on Saturdays
- No pharmacy is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.4.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period but from the information in Section 2 this will not impact significantly on this locality (proposed small population reduction of 1.5%).

London Fields has a population density of 17,215 people per square kilometre: a very high density of population.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. While there are no pharmacies open on Sunday in this locality, there are pharmacies open in the neighbouring localities of Well Street Common and Hackney Marshes.

Generally, there is good Necessary Service provision across London Fields.

No gaps in the provision of Necessary Services have been identified for London Fields.

6.6.4.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in London Fields.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 7 (100%)
- NMS – 7 (100%)
- Flu vaccination – 6 (86%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing Service – no data

- Hypertension case-finding service – 5 pharmacies signed up (71%)
- Smoking Cessation Advanced Service – 1 (14%)

6.6.4.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 6 pharmacies (86%) provide the London Vaccination Service
- 2 pharmacies (29%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 7 pharmacies:

- 3 pharmacies (43%) provide the access to palliative medicines service commissioned via the CCG
- All 7 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 3 (43%) provide EHC
 - 6 (86%) provide chlamydia screening and treatment
 - 4 (57%) provide condoms
- 6 pharmacies (86%) provide the Healthy Vitamins service commissioned via Public Health
- 6 pharmacies (86%) provide the Stop Smoking Service
- All pharmacies provide supervised consumption
- 3 pharmacies (43%) provide needle exchange
- 5 pharmacies (71%) provide naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney.

Compared to Hackney, London Fields ranks in the middle tier of localities in terms of ill health (i.e. neither the highest of lowest for any indicator). However, the major health issues that impact Hackney as an HWB area are equally significant at locality level, e.g. cancer, cardiovascular and respiratory disease. London Fields does have the lowest male Life Expectancy.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered as cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

One pharmacy in this locality participates in the bank holiday opening Enhanced Service.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future, would secure improvements, or better access to services in London Fields.

6.6.5 Shoreditch Park

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.5.1 Necessary Services: current provision

The population of Shoreditch Park is 41,628.

There are 5 community pharmacies in the Shoreditch Park locality and the estimated average number of community pharmacies per 100,000 resident population is 12.0, significantly lower than the England average of 20.6 and the Hackney average of 17.2.

Of the 5 community pharmacies:

- 1 pharmacy (20%) is open after 6.30 pm on weekdays
- 4 pharmacies (80%) are open on Saturdays
- No pharmacy is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.5.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period and from the information in Section 2 this will impact significantly on this locality (proposed population increase of 9.7% to 45,669). This would affect the number of community pharmacies per 100,000 population, reducing it to 10.9.

Shoreditch Park has a population density of 18,728 people per square kilometre, the second highest locality in Hackney.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. There is one pharmacy opening after 18:30 on weekdays, but a further 5 are open into the evening in London Fields, which is adjacent to the north-west. While there are no pharmacies open on Sunday in this locality, there are 3 pharmacies open in the City of London, which has a border to the south of Shoreditch Park.

Generally, there is adequate Necessary Service provision across Shoreditch Park.

No gaps in the provision of Necessary Services have been identified for Shoreditch Park.

6.6.5.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Shoreditch Park.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 3 (60%)
- NMS – 5 (100%)
- Flu vaccination – 5 (100%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – all 5 pharmacies signed up
- Smoking Cessation Advanced Service – 3 (60%)

6.6.5.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 4 pharmacies (80%) provide the London Vaccination Service
- 2 pharmacies (40%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 5 pharmacies:

- 3 pharmacies (60%) provide the access to palliative medicines service commissioned via the CCG
- All 5 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 4 (80%) provide EHC
 - 5 (100%) provide chlamydia screening and treatment
 - 5 (100%) provide condoms
- 5 pharmacies (100%) provide the Healthy Vitamins service commissioned via Public Health
- 5 pharmacies (100%) provide the Stop Smoking Service
- 3 pharmacies (60%) provide supervised consumption
- 2 pharmacies (40%) provide needle exchange and naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney.

Compared with Hackney HWB area, Shoreditch Park ranks in the lower tier of localities in terms of ill health (the lowest in some indicators):

- Obesity is the lowest of the localities in Hackney at 6.4%
- Significantly lower levels of diabetes than the Hackney average
- Preventable deaths in cardiology and respiratory are high in all PCN localities in Hackney

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered as cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

A relatively high proportion of pharmacies in Shoreditch Park are engaged in providing services.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future, would secure improvements, or better access to services in Shoreditch Park.

6.6.6 Springfield Park

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.6.1 Necessary Services: current provision

The population of Springfield Park is 45,624.

There are 6 community pharmacies in the Springfield Park locality and the estimated average number of community pharmacies per 100,000 resident population is 13.2, significantly lower than the England average of 20.6 and the Hackney average of 17.2.

Of the 6 community pharmacies:

- 4 pharmacy (67%) are open after 6.30 pm on weekdays
- 4 pharmacies (67%) are open on Saturdays
- 3 pharmacies (50%) are open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.6.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period and from the information in Section 2 this will impact significantly on this locality (proposed population increase of 13% to 51,576). This would affect the number of community pharmacies per 100,000 population, reducing it to 11.6.

Springfield Park has a population density of 16,577 people per square kilometre. Springfield Park has the smallest proportion of the white British population and the highest proportion of residents identifying as 'Other' (not Asian, black, mixed or white). This locality is home to a large community of Orthodox Jewish population, with around 40% of people in this area identifying their religion as Jewish.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. This provision may extend to the population of neighbouring localities.

Generally, there is good Necessary Service provision across Springfield Park.

No gaps in the provision of Necessary Services have been identified for Springfield Park.

6.6.6.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Springfield Park.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 6 (100%)
- NMS – 5(83%)
- Flu vaccination – 4 (67%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – 1 pharmacy (17%) signed up
- Smoking Cessation Advanced Service – no pharmacies signed up

6.6.6.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 4 pharmacies (67%) provide the London Vaccination Service
- No pharmacies provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 6 pharmacies:

- No pharmacies provide the access to palliative medicines service commissioned via the CCG
- All 6 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 1 (17%) provide EHC
 - 4 (67%) provide chlamydia screening and treatment
 - 1 (17%) provide free condoms

4 pharmacies (67%) provide the Healthy Vitamins service commissioned via Public Health

- 2 pharmacies (33%) provide the Stop Smoking Service
- 3 pharmacies (50%) provide supervised consumption
- 2 pharmacies (33%) provide needle exchange and naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney.

Compared to Hackney HWB area, Springfield Park can be considered one of the healthiest localities (having the lowest indicators of poor health in many instances).

- Springfield Park has the lowest age-standardised mortality rates in Hackney (734 deaths per 100,000 population) and lower rates than the London (809) and England (918) averages
- It has the highest Life Expectancy for both sexes
- Lowest level of hypertension (6.6%)
- Lowest level of cancer diagnosis (1.2%)
- Lowest levels of respiratory disease (COPD 0.4%)
- Lowest rates of smoking prevalence (7.8%)

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services in Springfield Park.

6.6.7 Well Street Common

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.7.1 Necessary Services: current provision

Well Street Common population is 28,519. Well Street Common has the highest proportion of LSOAs in the two most deprived deciles (62.5%) in Hackney.

There are 6 community pharmacies in the Well Street Common locality and the estimated average number of community pharmacies per 100,000 resident population is 21.0, similar to the England average of 20.6 and higher than the Hackney average of 17.2.

Of the 6 community pharmacies:

- 3 pharmacies (50%) are open after 6.30 pm on weekdays
- 5 pharmacies (83%) are open on Saturdays
- 1 pharmacy (17%) is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.7.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period and from the information in Section 2 this will impact significantly on this locality (proposed population increase of 18.2% to 33,722). This would affect the number of community pharmacies per 100,000 population, reducing it to 17.8 in the locality with the highest levels of deprivation.

Well Street Common has a population density of 15,689 people per square kilometre, the lowest locality in Hackney but still very high when compared to:

- 5,701 people per square kilometre in London
- 4,541 people per square kilometre in England

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. This provision may extend to the population of neighbouring localities.

There is good provision of Necessary Services provided in Well Street Common, which is needed for the high levels of deprivation. The impact of the planned population growth will be monitored during the period of the PNA.

No gaps in the provision of Necessary Services have been identified for Well Street Common.

6.6.7.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Well Street Common.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 6 (100%)
- NMS – 5 (83%)
- Flu vaccination – 6 (100%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – 3 pharmacies (50%) signed up
- Smoking Cessation Advanced Service – 1 (17%)

6.6.7.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced Services**:

- 6 pharmacies (100%) provide the London Vaccination Service
- No pharmacies provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 6 pharmacies:

- One pharmacy (17%) provides the access to palliative medicines service commissioned via the CCG
- All 6 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 5 (83%) provide EHC
 - 5 (83%) provide chlamydia screening and treatment
 - 4 (67%) provide free condoms
- 4 pharmacies (67%) provide the Healthy Vitamins service commissioned via Public Health
- 4 pharmacies (67%) provide the Stop Smoking Service
- 5 pharmacies (83%) provide supervised consumption
- 3 pharmacies (50%) provide needle exchange
- 4 pharmacies (67%) provide naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney.

Well Street Common has the highest prevalence of COPD (1.7%) in Hackney coupled with the highest prevalence of smoking (13%).

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered, based on the prevalence data above and more generally that cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

One pharmacy provides the Enhanced Service on the bank holiday rota.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future, would secure improvements or better access to services in Well Street Common.

6.6.8 Woodberry Wetlands

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

6.6.8.1 Necessary Services: current provision

Woodberry Wetlands population is 9,654, the lowest of all the Hackney localities by a considerable margin.

There are 4 community pharmacies in the Woodberry Wetlands locality and the estimated average number of community pharmacies per 100,000 resident population is 41.4, significantly higher than the England average of 20.6 and the Hackney average of 17.2.

Of the 4 community pharmacies:

- 3 pharmacy (75%) are open after 6.30 pm on weekdays
- 3 pharmacies (75%) are open on Saturdays
- No pharmacy is open on Sundays

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.8.2 Necessary Services: gaps in provision

There is expected to be a growth in population in Hackney of 5% over the next ten-year period and from the information in Section 2 this will not significantly affect this locality (proposed population reduction of 1.8% to 9,484).

Woodberry Wetlands has a population density of 16,868 people per square kilometre.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday. This provision may extend to the population of neighbouring localities. While there are no pharmacies open on a Sunday, there are 3 in the neighbouring locality of Springfield Park.

There is good provision of Necessary Services provided in Woodberry Wetlands.

No gaps in the provision of Necessary Services have been identified for Woodberry Wetlands.

6.6.8.3 Other relevant services: current provision

Table 13 shows the pharmacies providing Advanced and Enhanced Services in Woodberry Wetlands.

Regarding **Advanced** Services that are considered relevant; there are the following numbers of providers:

- CPCS – 4 (100%)
- NMS – 4 (100%)
- Flu vaccination – 3 (75%)
- Appliance Use Review – none
- Stoma Appliance Customisation – 1 (25%)
- Hepatitis C antibody-testing service – no data
- Hypertension case-finding service – 1 pharmacy (25%) signed up
- Smoking Cessation Advanced Service – no pharmacies signed up

6.6.8.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

Regarding access to **Enhanced** Services:

- 3 pharmacies (75%) provide the London vaccination service
- No pharmacies provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 4 pharmacies:

- 2 pharmacies (50%) provide the access to palliative medicines service commissioned via the CCG
- All 4 pharmacies provide Minor Ailments Services
- Sexual health services:
 - 2 (50%) provide EHC
 - 4 (100%) provide chlamydia screening and treatment

- 2 (50%) provide free condoms
- 4 pharmacies (67%) provide the Healthy Vitamins service commissioned via Public Health
- 4 pharmacies (67%) provide the Stop Smoking Service
- 3 pharmacies (75%) provide supervised consumption
- 1 pharmacy (25%) provides needle exchange
- 2 pharmacies (50%) provide naloxone supply

Ill health and the causes of ill health are discussed in Section 6.1 and expanded upon in Section 6.8 regarding improvements and better access to pharmacy services across Hackney.

Woodberry Wetlands has the highest prevalence of asthma in Hackney and the highest prevalence of cancer diagnosis. This locality has the lowest prevalence of diabetes.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the recently introduced Advanced Services – hypertension case-finding service and Smoking Cessation Advanced Service – could be considered as cancer and Cardiovascular Disease are the most important causes of death in every locality in Hackney.

There is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to services in Woodberry Wetlands.

6.7 Necessary Services: gaps in provision in Hackney

For the purposes of the PNA, Necessary Services for Hackney are:

- All **Essential** Services

The following **Advanced** Services are considered **relevant**:

- CPCS
- NMS
- Flu vaccination
- Appliance Use Review
- Stoma Appliance Customisation
- Hepatitis C antibody-testing service
- Hypertension case-finding service
- Smoking Cessation Advanced Service
- C-19 LFD distribution service (stopped)
- Pandemic delivery service (stopped)

City and Hackney HWB has identified **Enhanced Services** as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

City and Hackney HWB has identified **Locally Commissioned Services** that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the HWB area.

The following have been considered when assessing the provision of Necessary Services in Hackney and each of the eight localities:

- The health needs of the population of Hackney from the JNSA, JHWS and nationally from the NHS LTP
- IMD and deprivation by locality
- Population changes and housing developments (Section 2)
- Section 3.1.3 discusses access to community pharmacies including:
 - Walking: 100% of the population can walk to a pharmacy within 15 minutes
 - Public transport: large majority of the population can access a pharmacy via public transport within 15 minutes
 - Driving: 100% of the population can access a pharmacy within 10 mins by car
- The location of pharmacies the Hackney (Section 3, Figure 19)
- The number, distribution and opening times of pharmacies within each of the eight localities and across the whole of Hackney (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix H)
- Results of the contractor questionnaire (Appendix I)

Over the next ten-year period there is planned population growth of 5% within Hackney from 278,986 to 292,824. Some localities will have small or negative growth, except Well Street Common 18.2%, Springfield Park 13% and Shoreditch Park 9.7%. There is a proposed increase in housing of 7,000–8,000 dwellings to 2025.

There are some localities with limited or no opening outside of 'normal' hours but the short travel times within Hackney means that services can be easily accessed from pharmacies in neighbouring localities. In Hackney 85% of pharmacies are open later than 6 pm on weekdays, with 83% of community pharmacies open on Saturday and 13% open on Sunday.

There is adequate provision of Necessary Services within Hackney.

6.8 Improvements and better access: gaps in provision in Hackney

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

The health needs of the population of Hackney were outlined in Section 2 and summarised in Section 6.1. Hackney has very high population density and deprivation.

The table below summarises the highest risk factors for causing death and disease for the Hackney population.

Factor or area of ill health	
Smoking	Cancer
Diabetes (increased prevalence)	Cardiovascular Disease (CVD)
STIs	Respiratory disease
Abortions in under-18 population	Alcohol-related mortality

Should these be priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

The results of the commissioner questionnaire can be seen in Appendix J. There were some services identified as 'would consider commissioning' from community pharmacies, including diabetes, asthma and COPD. Up to 82% of the 13 contractors in Hackney who responded to the questionnaire indicated that they would be willing to provide disease-specific services if commissioned (varied by disease).

There is good access to the Advanced Services designated as relevant, i.e. NMS and CPCS, with 90% and 85% of community pharmacies providing these services respectively across Hackney.

While the uptake of existing services (e.g. NMS, CPCS) has been difficult to assess completely, methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the pandemic impact. The public questionnaire does indicate a lack of awareness of some of these services from community pharmacies.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Delivery of the recently implemented Advanced Services – Smoking Cessation and hypertension case-finding service – would seem appropriate. Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across the Hackney. This will mean that more eligible patients are able to access and benefit from these services.

The public questionnaire did not record any specific themes relating to pharmacy opening times (Section 5). This and other information on current provision allows us to conclude, therefore, that there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available.

It is anticipated that, in all cases, pharmaceutical service providers will make reasonable adjustments under the Equality Act 2010 to ensure services are accessible to all populations. The PNA was not provided with any evidence to identify a gap in service provision for any specific population.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. Lateral Flow Test (LFT) distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacy or other healthcare providers, which would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Hackney, this has been included within the document. Appendix O discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognise that the burden of health needs in Hackney will increase as the population grows and ages, and would welcome proactive proposals from commissioners, including NHSE&I and the CCG to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

Section 7: Conclusions

The HWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for Hackney HWB are defined as Essential Services.

Other Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Hackney HWB area.

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Hackney HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.1 Current Provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in Section 6.2.

Access to Necessary Service provision in Hackney are provided by locality in Section 6.6.

In reference to Section 6, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across Hackney to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across Hackney to meet the needs of the population.

7.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the whole of Hackney.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or which that contributed towards meeting the need for pharmaceutical services in Hackney HWB area.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in Hackney HWB area, and are commissioned by the CCG or local authority, rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of Advanced Services are outlined in Section 6.3 and the provision in each locality discussed in Section 6.6. Section 6.8 discusses improvements and better access to services in relation to the health needs of Hackney.

There are no gaps in the provision of Advanced Services across the whole of Hackney HWB area.

Appendix O discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Hackney.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services across the whole of Hackney.

7.3.2 Current and future access to Enhanced Services

Details of the services are outlined in Section 6.4 and the provision in each locality discussed in Section 6.6. Section 6.8 discusses improvements and better access to services in relation to the health needs of Hackney.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across the whole of Hackney.

7.3.3 Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council or local authority; these services are described in Section 6.5 and their provision by locality discussed in Section 6.6. Section 6.8 discusses improvements and better access to LCS in relation to the health needs of Hackney.

Appendix O discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of Hackney.

Based on current information, the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit as this is out of the scope of the PNA.

Based on current information, no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services either now or in specific future circumstances across Hackney to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in Hackney HWB area

Clissold Park locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG		LA							
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking Naxalone	Supervised consumption	Needle exchange
Day Lewis Pharmacy	FCW59	Community	75-77 Stoke Newington Road, Stoke Newington, London	N16 8AD	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	-	Y	-	-	Y	-	Y	-
Safedale Ltd	FEG25	Community	100 Stoke Newington Church Street, Stoke Newington, London	N16 0AP	09:00-19:00 (Wed 09:00-18:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	-	-	Y	Y	-	-
Safedale Ltd	FGL56	Community	2-3 Kingsway Parade, Albion Road, London	N16 0TA	09:00-18:30 (Wed 09:00-19:30)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	-	Y	-
Boots	FJ798	Community	82-84 Kingsland High Street, Dalston, London	E8 2NS	09:00-19:00	09:00-19:00	10:00-18:00	-	-	Y	-	-	-	-	Y	-	-	-	-	Y	-	Y	-	-	Y	-	Y	Y	Y
Superdrug Pharmacy	FLP16	Community	Unit 10-11 Dalston Cross Shopping Centre, Kingsland High Street, London	E8 2LX	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	Y	-	Y	-
J Edmunds Pharmacy	FR966	Community	47 Kingsland High Street, London	E8 2JS	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	-	-	-	-	Y	Y	-	-	-
Benjamin Chemist	FRD47	Community	190 Stoke Newington High Street, Stoke Newington, London	N16 7JD	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	-	Y	-	Y	Y	-	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Allen Pharmacy	FXW48	Community	150 Albion Road, Stoke Newington, London	N16 9PA	09:30-18:30	09:30-16:30	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y

Hackney Downs locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption	Needle exchange	
F A Strange Chemist	FA049	Community	185 Lower Clapton Road, Upper Clapton, London	E5 8EQ	09:00-19:00 (Thu 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Safedale Ltd (Asvacare)	FJV08	Community	97 Upper Clapton Road, London	E5 9BU	09:00-19:00	09:30-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	-	Y	-	Y	Y	Y	Y	-	Y	-
Hackney Pharmacy	FQA73	Community	15A Urban Hive, Theydon Road, Clapton, London	E5 9BQ	09:00-19:00 (Mon 09:00-18:30; Wed 09:00-17:30)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	-	-	-	-	-	Y	-	
Abc Pharmacy	FW281	Community	Unit 1&2 Millenium PH3, 14 Kenninghall Road, Hackney, London	E5 8BY	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	-	Y	-	-	Y	Y	Y	Y	Y	

Hackney Marshes locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced		CCG		LA								
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption
Silverfields Chemists	FDL21	Community	141 Homerton High Street, London	E9 6AS	09:15-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-
Friends Pharmacy	FEJ54	Community	46 Lower Clapton Road, London	E5 0RN	09:00-18:00	10:00-14:00	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	Y	-	
Safedale Ltd	FJL58	Community	59 Lower Clapton Road, Upper Clapton, London	E5 0NS	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	Y	-	
Clockwork Pharmacy	FM050	Community	398-400 Mare Street, Hackney, London	E8 1HP	09:00-19:00	09:00-18:00	Closed	-	-	-	-	Y	-	Y	Y	-	Y	Y	-	Y	-	Y	Y	Y	-	Y	-		
Boots	FPQ52	Community	386-388 Mare Street, Hackney, London	E8 1HR	09:00-19:00	09:00-19:00	10:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	Y	-	Y	-	Y	-	Y	-	Y	-		
Bees Pharmacy	FR228	Community	199-201 Rushmore Road, Upper Clapton, London	E5 0HD	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	-	Y	-	Y	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	
Regal Pharmacy	FVG39	Community	48-50 Chatsworth Road, Upper Clapton, London	E5 0LP	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	
Silverfields Chemists	FVX01	Community	5 Kingsmead Way, Hackney, London	E9 5QG	09:15-18:30 (Thu 09:15-13:00)	Closed	Closed	-	-	Y	-	-	Y	-	-	-	-	-	Y	-	-	Y	-	Y	-	-	-	-	

London Fields locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA												
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption	Needle exchange				
Clarks Chemist	FAK32	Community	68 Broadway Market, Hackney, London	E8 4QJ	09:00-18:50 (Fri 09:00-18:00)	10:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	-	Y	-	Y	-	Y	-	Y	-	Y	-	Y	-
Kingsland Pharmacy	FH739	Community	406 Kingsland Road, London	E8 4AA	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	-	
Norlington Chemist Ltd	FJ119	Community	3 Broadway Market, Dalston, London	E8 4PH	09:00-19:00 (Thu 09:00-16:00)	09:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-	
Carsil Pharmacy (Marijak Ltd)	FMH45	Community	317-319 Mare Street, Hackney, London	E8 1EJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	Y	-	Y	Y	Y	-	Y	-	Y	-	
Guardian Pharmacy	FMW48	Community	448 Kingsland Road, Dalston, London	E8 4AE	09:00-20:00	09:00-15:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Haggerston Pharmacy	FQT86	Community	Unit 2, 197-215 Haggerston Road, Hackney, London	E8 4HU	09:00-18:15	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Dev's Chemist	FR817	Community	103A Dalston Lane, Hackney, London	E8 1NH	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	Y	Y	Y	Y	Y	-	-	-	Y	Y	Y	Y	Y	Y	Y

Shoreditch Park locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced							NHSE&I Enhanced			CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption	Needle exchange	
Spring Pharmacy	FE438	Community	233 Hoxton Street, Hoxton, London	N1 5LG	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Judd's Pharmacy	FKE26	Community	73 Pitfield Street, London	N1 6BT	09:00-18:30 (Thu 09:00-13:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	-	-	-	
Unipharm Pharmacy	FN141	Community	253 Kingsland Road, London	E2 8AN	09:00-19:00	09:30-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	Y	Y	Y	-	Y	Y	-	Y	-		
Finstead Pharmacy	FNH97	Community	193 Hoxton Street, London	N1 6RA	09:00-18:30 (Fri 09:00-19:00)	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	
Murray's Chemist	FW125	Community	96-98 Murray Grove, Hackney, London	N1 7QP	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	-	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	

Springfield Park locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced			CCG		LA									
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hyperfension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption	Needle exchange		
Dunsmure Pharmacy	FG700	Community	90 Dunsmure Road, Stoke Newington, London	N16 5JY	09:00-18:15 (Fri 09:00-17:00)	Closed	Closed	-	-	-	-	-	Y	-	-	-	-	-	-	-	Y	-	Y	-	-	-	Y	-	-	-	-	-
Land Chemist	FGK75	Community	272 Stamford Hill, London	N16 6TY	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-	
Green Light Pharmacy	FQJ85	Community	51 Oldhill Street, Stoke Newington, London	N16 6LU	09:00-19:00 (Wed 09:00-17:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	-	Y	Y	-	Y	Y	Y	Y	
Morrisons pharmacy	FQP06	Community	47-49 Stamford Hill, Stoke Newington, London	N16 5SR	09:00-20:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	Y	-	Y	Y	-	-	-	-	
Boots	FVX51	Community	222-224 Stamford Hill, Stoke Newington, London	N16 6TT	08:30-19:00	09:00-17:30	11:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	
Green Light Pharmacy	FEJ93	Community	170-172 Stamford Hill, London	N16 6QX	09:00-19:00	10:00-14:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	-	-	-	Y	-	

Well Street locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA								
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption	Needle exchange
Sonigra Pharmacy	FG591	Community	44 Well Street, Hackney, London	E9 7PX	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	-	Y	Y	Y	-	Y	-
Victoria Park Pharmacy	FNX01	Community	215-217 Victoria Park Road, Hackney, London	E9 7HD	09:00-17:30	09:00-17:30	Closed	-	-	-	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	-
Tesco Pharmacy	FQV62	Community	55 Morning Lane, Hackney, London	E9 6ND	08:00-20:00	08:00-20:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-
Clockwork Pharmacy	FR127	Community	236-238 Well Street, Hackney, London	E9 6QT	09:00-19:00 (Thu 09:00-18:00)	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	Y	Y	-	Y	Y	Y	Y
Bee's Pharmacy	FV223	Community	261 Wick Road, Hackney, London	E9 5DG	09:00-18:30 (Thu 09:00-13:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Clockwork Pharmacy	FXG01	Community	239 Well Street, Hackney, London	E9 6RG	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	Y	Y	Y	Y	-	Y	Y	Y

Woodberry Wetlands locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	NHSE&I Advanced								NHSE&I Enhanced		CCG		LA									
									PhAS	NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxolone	Supervised consumption	Needle exchange
Safedale Ltd	FE884	Community	162 Green Lanes, London	N16 9DL	09:00-19:00 (Thu-Fri 09:00-17:00)	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	Y	-	Y	Y	-	-	-
Armstrongs Pharmacy	FLK24	Community	279 Green Lanes, London	N4 2EX	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y	
Park Pharmacy	FRN23	Community	286 Seven Sisters Road, Finsbury Park, London	N4 2AA	09:00-19:00	09:30-17:30	Closed	-	-	Y	-	-	Y	-	-	-	-	-	-	Y	Y	Y	Y	Y	Y	Y	-	Y	-	
Rowlands Pharmacy	FTE02	Community	5 Malborough Parade, 274 Green Lanes, Manor House, London	N4 2HE	09:00-13:30, 13:50-18:30 (Thu-Fri 09:00-13:00, 13:50-19:00)	09:00-13:00	Closed	-	-	Y	-	Y	Y	-	Y	-	-	-	Y	-	Y	-	Y	-	Y	Y	Y	-	-	

Appendix B: PNA Steering Group terms of reference

Purpose

Ensure the development of 2022 Hackney's Pharmaceutical Needs Assessment (PNA) so that Hackney Health and Wellbeing Board (HWB) meets its statutory responsibility for publishing its PNA in line with the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations.

Objectives

- To oversee the development of the PNA in accordance with, and ensure the PNA complies with, the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNA takes into account the local demography within Hackney and ascertains whether there is sufficient choice and accessibility (e.g. physical access, language etc.) with regard to obtaining pharmaceutical services.
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, the CCG's Commissioning Strategy Plans and other relevant strategies.
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in Hackney are aware, engaged and involved in the development of the PNA.
- Present the PNA's first draft and final draft to the HWB.
- Publish the PNA on the Council's website by October 2022.
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring a direct link to the health and wellbeing vision for the borough.
- Horizon-scan for future policy direction and identify system decision-makers to transform the vision into a reality for Hackney residents.
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in Hackney.

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to HWBs from 1 April 2013, with a requirement to publish a revised assessment at least every three years.
- This Steering Group has been established to oversee the production of the 2022 PNA for the London Borough of Hackney, reporting progress and presenting the final report to the HWB on or before its Summer 2022 meeting.
- The HWB will be informed of progress towards the production of the PNA and relevant milestones through the HWB programme manager's quarterly updates. A summary report will be submitted to update the HWB at suitable stages of the development process.

- If a statement or decision from the HWB is needed in relation to the production of the draft PNA, the Chair of the Steering Group is welcome to draft a formal report for consideration.
- The Steering Group will report directly to the Director of Public Health and is accountable to the London Borough of Hackney HWB.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the 2022 PNA for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any Local Pharmaceutical Committee (LPC) for its area.
 - Any Local Medical Committee for its area.
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area.
 - Any LPS chemist in its area.
 - Any Local Healthwatch organisation for its area.
 - Any NHS trust or NHS foundation trust in its area.
 - The NHS Commissioning Board (NHSE&I)
 - Any neighbouring HWB.
- Ensure that due process is followed.
- Report to each HWB on both a draft and a final PNA.
- Publish a final PNA for the HWB by end 1 October 2022.

Membership

Job title	Organisation
Public Health Registrar	Hackney Public Health Team
Principal Public Health Analyst	Hackney Public Health Team
Senior Procurements and Contracts Officer	Hackney Public Health Team
Deputy Director of Public Health	Hackney Public Health Team
Consultant in Public Health	Hackney Public Health Team
Head of Medicines Management	Hackney CCG
Chief Executive	Hackney LPC

Job title	Organisation
Director	Healthwatch Hackney
Strategic Communications Advisor	London Borough of Hackney
Senior Public Health Specialist	Hackney
Public Health Intelligence	London Borough of Hackney
Chair	Hackney LMC
Assistant Director of Primary Care	Hackney LMC
Senior Commissioning Manager Market Entry/Pharmacy	NHSE&I – London Region
Director of Pharmacist Services	Soar Beyond Ltd
Associate Director	Soar Beyond Ltd
Senior Project Executive	Soar Beyond Ltd

Soar Beyond are not to be a core member, although the meeting will be chaired by Soar Beyond. Each core member has one vote. The Consultant in Public Health, Hackney Public Health Team, will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core members from each representative organisation in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies') attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd who have been commissioned by the London Borough of Hackney to support the development of the PNA. Other additional members may be co-opted if required.

Appendix C: Public questionnaire



PNA Public Questionnaire 2022 Hackney Health and Wellbeing Board

Tell us what you think of pharmacy services in Hackney

We want to hear what you think of pharmacy services in the London Borough of Hackney to help us develop services in the future. Everybody's views are important to ensure the pharmacy services in Hackney meet your needs. Your views will help us to develop future pharmacy services and how these are accessed.

The information you give us will enable us to:

- check whether or not our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver.

We would be grateful if you would take your time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

The information in the questionnaire you provide is confidential. Please see the privacy statement below (on p 2) to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from your questionnaire response.

This questionnaire is available in other formats upon request, if you require an Easy Read copy please contact Public Health Team on 020 8356 7100 (Monday to Friday 9–5 pm)

If you would like to complete this online please follow the link or scan the QR code:

<https://www.surveymonkey.co.uk/r/HackneyPNA2022Public>



Closing date for this questionnaire is 17 December 2021

Please return the completed questionnaire to your Pharmacist, Librarian, Vaccination Centre or
send by post to: City & Hackney Pharmaceutical Needs Assessment

Public Health, Hackney Service Centre, 1 Hillman St, London E8 1DY

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: <https://www.cityoflondon.gov.uk/footer/privacy-notice>

1) What could a pharmacy offer to make it your first point of call for your health needs? (Please note this question is mandatory)

2) Do you have a regular or preferred pharmacy that you visit/contact? (Please note this question is mandatory)

Yes – if happy to do so, please provide the name and address if you have it

No, I use different pharmacies

I regularly prefer to use an online pharmacy – if happy to do so, please provide the website

3) How would you rate your overall satisfaction with your regular/preferred pharmacy? (Please note this question is mandatory)

Excellent Good Fair Poor

Why have you given this rating?

4) How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic? (Please note this question is mandatory)

Very easy Easy Difficult Very difficult

Why have you given this rating?

5) On a scale from 1 to 10 how well does your local community pharmacy meet your need for treating a minor illness? (1 = Extremely poor, 10 = Extremely well) (Please note this question is mandatory)

- 1 2 3 4 5 6 7 8 9 10

6) When considering a choice of pharmacy, please select the importance of each of the following aspects:

	Very important	Important	Neutral	Not important	Completely irrelevant
Quality of service (friendly staff, expertise)					
Other languages spoken					
Convenience (e.g. location, opening times)					
Accessibility (e.g. parking, clear signage, wheelchair access)					
Availability of medication/ services (e.g. stocks, specific services)					
Other, please specify ____ _____					

7) How often have you visited/contacted (spoken to, emailed or visited in person) a pharmacy in the last six months?

For yourself:

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months

For someone else:

- Once a week or more
- Once a month
- Once every few months
- Once in six months
- I haven't visited/contacted a pharmacy in the last 6 months

8) If you have not visited/contacted a pharmacy in the last six months, is there a reason why?

- I regularly prefer to use an internet/online pharmacy (An internet pharmacy is one which operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home) If happy to do so, please provide the name of the online pharmacy/website _____
- Other, please specify _____

9) Who would you normally visit/contact a pharmacy for? (Please select all that apply)

- Yourself A family member Neighbour / friend Someone you are a carer for
- All of the above
- Other, please specify _____

10) If you visit/contact a pharmacy regularly *on behalf of someone else*, please give a reason why? (Please select all that apply)

- Opening hours of the pharmacy not suitable for the person
- More convenient
- Access (for example disability/transport)
- The person cannot use the delivery service
- For a child/dependant
- The person is too unwell
- The person does not have access to digital or online services
- All of the above
- Other, please specify _____

11) How would you usually travel to the pharmacy? (Please select one answer)

- Car Taxi Public transport Walk Bicycle Wheelchair/mobility scooter
- I don't, someone goes for me.
- I don't, I use an online pharmacy or delivery service
- I don't, I utilise a delivery service
- Other, please specify _____

If you have answered that you don't travel to the pharmacy, please go to question 16.

12) If you travel to the pharmacy, where do you travel from? (Please select all that apply)

- Home Work Other, please specify _____

13) On average, how long would it take you to travel to a pharmacy? (Please select one answer)

- 0 to 15 minutes 16 to 30 minutes Over 30 minutes Varies

14) Do you have any difficulties when travelling to a pharmacy?

- Yes No

If you have answered No, please go to question 16.

15) If you have any difficulties when travelling to a pharmacy, please select one of the following reasons:

- Location of pharmacy Parking difficulties Public transport availability
 It's too far away Access issues I don't, someone goes on my behalf
 Other, please specify _____

16) What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

- Monday to Friday Saturday Sunday Varies I don't mind

17) Is your preferred pharmacy open on the most convenient day for you?

- Yes No

18) When do you prefer to visit/contact a pharmacy? (Please select one answer)

- Morning (8 am–12 pm) Lunchtime (12 pm–2 pm) Afternoon (2 pm–6 pm)
 Early evening (6 pm–8 pm) Late evening (after 8 pm) Varies
 I don't mind/no preference

19) Is your preferred pharmacy open at the most convenient time for you/at your preferred time?

- Yes No

20) How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- Varies – when I need it
 Daily Weekly Fortnightly Monthly Yearly Rarely Never

21) Which of the following [pharmacy services](#) are you aware that a pharmacy may provide? (Please select all that apply - even if you do not use the service)

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Covid testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service	Are you aware that a pharmacy may provide this?	
Buying over-the-counter medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dispensing medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repeat dispensing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home delivery and prescription collection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes	<input type="checkbox"/> No
New medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discharge from hospital medicines service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community Pharmacist Consultation Service (CPCS) (Emergency supply of prescribed medicine or minor illness referral to community pharmacy via NHS 111 or GP practice)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stoma appliance customisation service	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stopping smoking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, please specify _____		

22) Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select all that apply)

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge from hospital medicines service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (CPCS) (Emergency supply of prescribed medicine or minor illness referral to community pharmacy via NHS 111 or GP practice)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma appliance customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

Service	Would you like to see this service always provided?
Immediate access to specialist drugs e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Other, please specify _____	

23) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?

- Yes No I don't know

If you have answered No or I don't know, please go to question 25.

24) If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?

- Yes No I don't know

Any other comments you would like to make about the consultation room?

25) Is your pharmacy able to provide medication on the same day that your prescription is sent to it?

- Yes
 No – it normally takes one day
 No – it normally takes two or three days
 No – it normally takes more than three days
 I don't know

26) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (Please select all that apply)

- Paper request form to my GP practice
 Paper request form through my pharmacy
 Telephone request to my pharmacy
 By email to my GP practice
 Online request to my GP practice
 My pharmacy orders on my behalf without me asking them

- Electronic Repeat Dispensing (eRD)
- NHS app
- Varies
- Other (Please specify) _____

27) Have you ever used [Electronic Repeat Dispensing](#) (eRD)

- Yes – do you have any comments about it?

- No
- I don't know/I have never heard of it

28) Do you have any other comments you would like to make about your pharmacy?

Thank you for completing this questionnaire

For more information about the Pharmaceutical Needs Assessment please visit

<https://hackney.gov.uk/pna>

A bit about you

Why do we monitor?

To help us continually improve our services. You can help us find out who we're reaching by providing the following details.

It is your choice whether you answer these questions. Your replies will not be used in a way that identifies you however they will help us to understand how community needs may vary; and helps us make informed decisions on how we develop services and target resources.

29) Age: What is your age group?

- Under 16 16–17 18–24 25–34 35–44
 45–54 55–64 65–84 85+

30) Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Do you regularly provide unpaid support caring for someone?

- Yes No

31) Disability: Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Do you consider yourself to be disabled?

- Yes No

32) Ethnicity: Are you:

White:

- | | |
|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Italian |
| <input type="checkbox"/> English | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> North American |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Other Eastern European |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Other Western European |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Australian/New Zealander | <input type="checkbox"/> Turkish Cypriot |
| <input type="checkbox"/> European Mixed | <input type="checkbox"/> Other white, please describe _____ |

Mixed or multiple background:

- | | |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Any other mixed background, please describe _____ |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> White and Asian | |

Asian or Asian British:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan Sinhalese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Sri Lankan Tamil |

- Bangladeshi
- Chinese
- Nepali
- Sri Lankan other
- Vietnamese
- Other Asian, please describe _____

Black or Black British:

- Black British
- Black – Angolan
- Black – Caribbean
- Black – Congolese
- Black – Ghanaian
- Black – Nigerian
- Black – Sierra Leonean
- Black – Somali
- Black – Sudanese
- Other Black African, please describe _____

Other ethnic group:

- Arab
- Afghan
- Egyptian
- Filipino
- Iranian
- Iraqi
- Japanese
- Korean
- Kurdish
- Latin/South/Central American
- Lebanese
- Libyan
- Malay
- Moroccan
- Polynesian
- Thai
- Turkish
- Vietnamese
- Yemeni
- Jewish/Charedi Jew
- Any other ethnic group, please describe _____
- Prefer not to say
- Information not yet obtained

33) Gender: Are you:

- Male
- Female

If you prefer to use your own term, please provide this here: _____

34) Gender: Is your gender identity different to the sex you were assumed to be at birth?

- Yes, it's different
- No, it's the same

35) Religion or belief: Are you or do you have:

- Atheist/no religious belief
- Buddhist
- Charedi
- Christian
- Hindu
- Jewish
- Muslim
- Secular beliefs
- Sikh
- Other, please state if you wish: _____

36) Sexual orientation: Are you:

- Bisexual
- Gay man
- Lesbian or Gay woman
- Heterosexual
- Other, please state if you wish: _____

37) Pregnancy or maternity: Have you been pregnant and/or on maternity leave during the past 2 years?

- Yes
- No

Appendix D: Pharmacy contractor questionnaire

PNA Pharmacy Contractor Questionnaire 2022 Hackney Health and Wellbeing Board

Soar Beyond are supporting the London Borough of Hackney to produce its 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within Hackney.

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/HackneyPNA2022PharmacyContractor>



Please complete this questionnaire by 10 December 2021

Premises and contact details

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes
Pharmacy premises shared NHSmail account	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
May the LPC update its premises and contact details for you with the above information?	<input type="checkbox"/> Yes

Opening hours and related matters**Core hours of opening**

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Consultation facilities

There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate)

On Premises	
None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	<input type="checkbox"/>
None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	<input type="checkbox"/>
None (Distance-Selling Pharmacy)	<input type="checkbox"/>
Available (including wheelchair access)	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned before 1 April 2023, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area, is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria becoming Terms of Service requirements **from 1 January 2021**, almost all pharmacies will need to have a consultation room.

<https://psnc.org.uk/our-news/regs-reminder-14-consultation-rooms-and-remote-consultations/>

During consultations are there hand-washing facilities	In the consultation area	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>
Patients attending for consultations have access to toilet facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Languages spoken (in addition to English)		

Services

Does the pharmacy dispense appliances?

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Advanced Services

Does the pharmacy provide the following services?

Service	Yes	Intending to begin within next 12 months	No – not intending to provide
Appliance Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu Vaccination Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C Testing Service (Until 31 March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension Case Finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic Delivery Service (Until 31 March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Service	NHSE&I regional team commissioned	CCG commissioned	Local Authority commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾					
Disease Specific Medicines Management Service						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHSE&I regional team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Service	NHSE&I regional team commissioned	CCG commissioned	Local Authority commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?						
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service	NHSE&I regional team commissioned	CCG commissioned	Local Authority commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?						
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction (PGD) Service (name the medicines)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						

Service	NHSE&I regional team commissioned	CCG commissioned	Local Authority commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccinations⁽¹⁾						
Childhood vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service	NHSE&I regional team commissioned	CCG commissioned	Local Authority commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (list criteria)		
Delivery of dispensed medicines – Selected areas (list areas)		
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored Dosage Systems – With charge	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a particular need for a Locally Commissioned Service in your area? If so, what is the service requirement and why?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is currently being delivered – is this business as usual or have supplementary services such as opening hours flexibilities been deployed due to the pandemic?		
Is there anything you would consider providing if commissioned whilst reflecting on the last 18 months		
What communication methods do you currently use to liaise with General Practice and how do you think it could be improved?		

May the LPC update its opening hours and related matters and services details for you with the above information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Details of the person completing this form:

Contact name of person completing questionnaire on behalf of the contractor if questions arise	Contact telephone number

Appendix E: Commissioner questionnaire

PNA Commissioner Questionnaire 2022 Hackney Health and Wellbeing Board

Soar Beyond are supporting the London Borough of Hackney to produce its 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in Hackney (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/HackneyPNA2022Commissioner>



Please complete the questionnaire by Friday 10 December 2021

Community pharmacy services overview

Community Pharmacy Contractual Framework (CPCF)¹

Community pharmacies are contracted and commissioned in England under the national Community Pharmacy Contractual Framework (CPCF). This sets out the services that need to be provided, how quality is assured and other expectations, such as safety. CPCF is made up of three different service types and below are examples of what is already commissioned in community pharmacy:

1. Essential Services – provided by all pharmacy contractors and are commissioned by NHS England:
 - a. Dispensing Medicines and Appliances
 - b. Repeat Dispensing
 - c. Discharge Medicines Service (DMS)
 - d. Disposal of Unwanted Medicines
 - e. Promotion of Health Lifestyles – Public Health
 - f. Signposting to other healthcare providers
 - g. Clinical Governance
 - h. Support for self-care

2. Advanced Services – provided by all contractors once accreditation requirements have been met and are commissioned by NHS England:
 - a. Appliance Use Reviews (AUR)
 - b. Community Pharmacist Consultation Service (CPCS)
 - c. COVID-19 Lateral Flow Device Distribution Service
 - d. Flu Vaccination Service
 - e. Hepatitis C Testing Service
 - f. Hypertension Case-finding Service
 - g. New Medicines Service (NMS)
 - h. Pandemic Delivery Service – active until 31 March 2022
 - i. Stoma Appliance Customisation
 - j. Stop Smoking Advanced Service – will be commissioned from January 2022

3. Locally Commissioned Services – services commissioned by Local Authorities, Clinical Commissioning Groups and NHS England in response to the needs of the local populations.

Pharmacy Quality Scheme (PQS)

The Pharmacy Quality Scheme (PQS) forms part of the CPCF. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.²

The new PQS for 2021/22 from September 2021 will focus on priorities supporting recovery from COVID-19 and examples of criteria include:³

¹ **PSNC, Pharmaceutical Services Negotiating Committee.** Community Pharmacy Contractual Framework. *PSNC*. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/contract-it/the-pharmacy-contract/>

² **PSNC, Pharmaceutical Services Negotiating Committee.** Pharmacy Quality Scheme. *PSNC*. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

³ **NHSBA, NHS Business Services Authority.** Pharmacy Quality Scheme (PQS) 2021/22. *NHSBA*. [Online] [Cited: October 06, 2021.] www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy_Quality_Scheme_Announcement_September_2021-2022.pdf

- 20 new NMS provisions
- Identifying people who would benefit from weight management advice and onward referral, including to the recently introduced NHS Digital Weight and/or Local Authority funded tier 2 weight management service
- Checking inhaler technique, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment

Full details of PQS 2021/21 can be found here:

[Pharmacy Quality Scheme Announcement September 2021-2022.pdf \(nhsbsa.nhs.uk\)](https://www.nhs.uk/medicines/pharmacy-quality-scheme/announcement-september-2021-2022.pdf)

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

(A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Service	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Influenza Distribution Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacy Care Home Service ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension Case-finding Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Medicines Service (DMS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-Specific Medicines Management Service:			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

² This service provides advice and support to the residents and staff within the care home over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost-effective use, their safe storage, supply and administration, disposal and correct record-keeping.

Service	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Start Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning an Independent Prescribing Service, what therapeutic areas are covered?			
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning a Medicines Optimisation Service, which therapeutic areas are covered?			
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-exposure Prophylaxis (PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments:

Details of the Person Completing this Questionnaire - if questions arise

Contact name	Job Role	Contact telephone number

Appendix F: PCN questionnaire

PNA Primary Care Network (PCN) Questionnaire 2022 Hackney Health and Wellbeing Board

What is this questionnaire about?

Soar Beyond are supporting the London Borough of Hackney to produce its 2022 Pharmaceutical Needs Assessment. Information is being collated on the population and health needs of each of the localities in Hackney. Alongside that, information is being collated on the pharmaceutical services that are currently available. All PCNs will be invited to comment as part of the consultation.

To help us form a clearer picture of the services available to patients living in the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions by **Friday 10 December 2021 at the latest**, so that the information can be incorporated into the needs assessment.

Who should complete the questionnaire?

This questionnaire should be completed by the PCN Clinical Director / Senior Pharmacist. The responses should be about the pharmaceutical services provided by the PCN.

Please note, we are aware that activities and priorities have changed significantly in the last year with the impact of COVID-19, and therefore would like to emphasise there is not right or wrong answer for these questions. The answers will provide a clear understanding of the current provision of pharmaceutical services within your PCN as well as the needs for future developments.

If you do not wish to answer a question for any reason, then leave it blank.

If you would like to complete this online please go to:

<https://www.surveymonkey.co.uk/r/HackneyPNA2022PCN>



Please complete the questionnaire by **Friday 10 December 2021**

1) Are you or your PCN Clinical Pharmacists in contact with your local community pharmacies within your PCN? If so, what is the nature of these discussions?

2) Have your PCN employed a PCN Clinical Pharmacist(s)?

- Yes No I don't know

If you have answered No or Don't know, please go to question 5.

3) If yes to the previous question, how many?

- 1 2 3 4 5 6 7 8+

4) How do you see the role of the PCN Clinical Pharmacist(s) working with the community pharmacists within your PCN to provide comprehensive pharmaceutical service provision for all residents?

I don't know

5) Who is leading your pharmacy integration strategy at a local level?

I don't know

6) Do you know who your Community Pharmacy PCN Lead is?

- Yes No

7) Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?

- Yes No I don't know

8) Is the community pharmacy contract integrated into the way the PCN operates?

- Yes No I don't know

9) How do you rate the quality of the service in your local pharmaceutical provision in City of London?

- Excellent Very Good Good Adequate Poor Very Poor I don't know

Why have you given this rating?

10) Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)

- Community Pharmacist Consultation Service (CPCS)
 New Medicines Service (NMS)
 Flu Vaccination Service
 Appliance Use Review (AUR)
 Stoma Appliance Customisation (SAC)
 Discharge Medicines Service (DMS)
 Pandemic Delivery Service (commissioned until 31 March 2022)

11) Is the technology suitable to provide effective pharmaceutical services across your PCN? (e.g. Discharge Medicine Service – access and permissions to edit summary care records in community pharmacy)

- Yes No I don't know

12) Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?

Thank you for completing this questionnaire

Appendix G: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning & Governance <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
Stage 2: Research & analysis <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group Meeting Two Draft Update for HWB 													
Stage 3: PNA development <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for Consultation Steering Group Meeting Three Draft update for HWB 													
Stage 4: Consultation & final draft production <ul style="list-style-type: none"> Coordination and management of Consultation Analysis of Consultation responses Production of Consultation findings report Draft Final PNA for approval Steering Group Meeting Four Minutes to meetings Edit and finalise Final PNA 2022 Draft update for HWB 													

Appendix H: Results of the public questionnaire

Total responses received:¹ 118

1 - What could a pharmacy offer to make it your first point of call for your health needs?	Responses
Friendly, knowledgeable staff	32
Minor Ailment Service	29
Offer health advice	18
Better stock	7
Nurse on staff	5
Close links to GP	4
Phone	3
24/7 service	3

Answered: 118; Skipped: 0

2 - Do you have a regular or preferred pharmacy that you visit/contact?	%	Responses
Yes	85%	100
No	15%	18
I prefer to use an online pharmacy	0%	0

Answered: 118; Skipped: 0

Comments:

Provided name and address of pharmacy	92
Provided name and website of online pharmacy	0

3 - How would you rate your overall satisfaction with your regular/preferred pharmacy?	%	Responses
Excellent	48%	57
Good	40%	47
Fair	11%	13
Poor	1%	1

Answered: 118; Skipped: 0

Comments:

Friendly and welcoming staff	59	Excellent knowledge	18
Good Service	11	Good products on sale	5
eRD service is excellent	3	Prescriptions wrong	2

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

4 - How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic?	%	Responses
Very easy	52%	61
Easy	39%	46
Difficult	8%	9
Very difficult	2%	2

Answered: 118; Skipped: 0

Why have you given this rating?

They always have time, no matter how busy, either in person or phone	25	Staff has been very caring	13
They have stayed open	10	Felt safe with the measures	7
Sometimes there is waiting time, but they always answer the phone	7	Queues, so not good to talk	7
I haven't had any need	6	Too busy, can't answer phone	4
Good opening hours	2	Very accessible – unlike GP	2
Client flow control not appropriate	1	Sometimes opening hours were confusing	1

5 - On a scale from 1 to 10 (1 = poorly, 10 = very well) how well does your local community pharmacy meet your need for treating a minor illness?	%	Responses
1	4%	5
2	2%	2
3	4%	5
4	1%	1
5	14%	16
6	6%	7
7	10%	12
8	25%	29
9	12%	14
10	23%	27

Answered: 118; Skipped: 0

6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:	%	Responses
Quality of service (friendly staff, expertise)		
Very important	82%	93
Important	15%	17
Neutral	2%	2

6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:	%	Responses
Not important	0%	0
Completely irrelevant	1%	1
Other languages spoken		
Very important	9%	10
Important	15%	16
Neutral	43%	47
Not important	17%	18
Completely irrelevant	17%	18
Convenience (e.g. location, opening times)		
Very important	68%	77
Important	29%	33
Neutral	2%	2
Not important	0%	0
Completely irrelevant	1%	1
Accessibility (e.g. parking, clear signage, wheelchair access)		
Very important	29%	33
Important	20%	22
Neutral	29%	32
Not important	13%	14
Completely irrelevant	10%	11
Availability of medication / services (e.g. stocks, specific services)		
Very important	71%	80
Important	27%	30
Neutral	2%	2
Not important	0%	0
Completely irrelevant	1%	1

Answered: 114; Skipped: 4

Comments:

Expertise	7	Friendly staff	4
Contact methods: answering phone, chat, option to email	2	Location and parking	2
Delivery of medications	1	Privacy	1
Size of the pharmacy	1	Repeat prescription service	1
Prompt turnaround of medication	1	No need for appointment	1

Treatment of minor conditions and fast triage	1	Cleanliness and respect of COVID measures	1
Provision of exact brand of prescribed medication	1		

7a - How often have you visited/contacted a pharmacy in the last six months for yourself?	%	Responses
Once a week or more	13%	15
Once a month	44%	50
Once every few months	34%	39
Once in six months	6%	7
I haven't visited/contacted a pharmacy in the last 6 months	3%	3

Answered: 114; Skipped: 4

7b - How often have you visited/contacted a pharmacy in the last six months for someone else?	%	Responses
Once a week or more	7%	6
Once a month	22%	18
Once every few months	24%	20
Once in six months	13%	11
I haven't visited/contacted a pharmacy in the last 6 months	34%	28

Answered: 83; Skipped: 35

8 - If you have not visited/contacted a pharmacy in the last six months, is there a reason why?	%	Responses
I regularly prefer to use an internet/online pharmacy	50%	4
Other (please specify below)	50%	4

Answered: 8; Skipped: 110

Comments:

It hasn't been necessary	4
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9 - Who would you normally visit/contact a pharmacy for? (Please select all that apply)	%	Responses
Yourself	89%	100
A family member	39%	44
A neighbour/friend	5%	6
Someone you are a carer for	6%	7
All of the above	3%	3
Other	2%	2

Answered: 113; Skipped: 5

Comments:

Delivering medicines to the neighbourhood during lockdown	1
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10 - If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)	%	Responses
Opening hours not suitable for the person	17%	10
Most convenient	26%	15
Access (e.g. disability/transport)	12%	7
The person cannot use the delivery service	2%	1
For a child/dependant	43%	25
The person is too unwell	29%	17
The person does not have access to digital or online services	21%	12
All of the above	2%	1
Other	14%	8

Answered: 58; Skipped: 60

Comments:

Family member	3	Volunteer for the community	1
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11 - How would you usually travel to the pharmacy?	%	Responses
Car	9%	10
Taxi	1%	1
Public transport	2%	2
Walk	78%	91
Bicycle	4%	5
Scooter	0%	0
Wheelchair/mobility scooter	2%	2
I don't, someone goes for me	0%	0
I don't, I use an online pharmacy or delivery service	0%	0
I don't, I utilise a delivery service	3%	3
Other	2%	2

Answered: 115; Skipped: 3

12 - If you travel, where do you travel from?	%	Responses
Home	96%	103
Work	29%	31

12 - If you travel, where do you travel from?	%	Responses
Other	4%	4

Answered: 107; Skipped: 11

Comments:

Depends on the day and time	2	From running other errands	1
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13 - On average, how long would it take you to travel to a pharmacy?	%	Responses
0 to 15 minutes	89%	97
16 to 30 minutes	7%	8
Over 30 minutes	2%	2
Varies	2%	2

Answered: 109; Skipped: 9

14 - Do you have any difficulties when travelling to a pharmacy?	%	Responses
Yes	6%	7
No	94%	102

Answered: 109; Skipped: 9

15 - If you have any difficulties when travelling to a pharmacy please select one of the following reasons:	%	Responses
Location of pharmacy	14%	1
Parking difficulties	29%	2
Public transport availability	0%	0
It's too far away	0%	0
Access issues	0%	0
I don't, someone goes on my behalf	0%	0
Other (please specify)	57%	4

Answered: 7; Skipped: 111

Comments:

Parking	1	Bike lane obstructs bus stop	1
Walking difficulties	1	Hard to cross the road safely	1

16 - What is the most convenient day for you to visit / contact a pharmacy?	%	Responses
Monday to Friday	26%	27
Saturday	11%	12

16 - What is the most convenient day for you to visit / contact a pharmacy?	%	Responses
Sunday	5%	5
Varies	29%	30
I don't mind	30%	31

Answered: 105; Skipped: 13

17 - Is your preferred pharmacy open on the most convenient day for you?	%	Responses
Yes	89%	92
No	11%	11

Answered: 103; Skipped: 15

18 - When do you prefer to visit/contact a pharmacy?	%	Responses
Morning (8 am–12 pm)	19%	20
Lunchtime (12 pm–2 pm)	6%	6
Afternoon (2 pm–6 pm)	11%	12
Early evening (6 pm–8 pm)	10%	11
Late evening (after 8 pm)	6%	6
Varies	31%	33
I don't mind/No preference	17%	18

Answered: 106; Skipped: 12

19 - Is your preferred pharmacy open at the most convenient time for you/at your preferred time?	%	Responses
Yes	86%	90
No	14%	15

Answered: 105; Skipped: 13

20 - How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy)	%	Responses
Varies – when I need it	55%	58
Daily	0%	0
Weekly	1%	1
Fortnightly	3%	3
Monthly	15%	16
Yearly	8%	9
Rarely	17%	18
Never	1%	1

Answered: 106; Skipped: 12

21 - Which of the following pharmacy services are you aware that a pharmacy may provide?	%	Responses
Advice from your pharmacist		
Yes	94%	98
No	6%	6
COVID-19 testing		
Yes	63%	64
No	37%	38
COVID-19 vaccination		
Yes	71%	72
No	29%	29
Flu vaccination		
Yes	81%	83
No	19%	19
Buying over-the-counter medicines		
Yes	98%	103
No	2%	2
Dispensing medicines		
Yes	98%	103
No	2%	2
Dispensing appliances		
Yes	62%	61
No	38%	38
Repeat dispensing services		
Yes	91%	92
No	9%	9
Home delivery and prescription collection services		
Yes	76%	76
No	24%	24
Medication review		
Yes	34%	31
No	66%	61
Appliance Use Review		
Yes	20%	17
No	80%	69
New medicine		

21 - Which of the following pharmacy services are you aware that a pharmacy may provide?	%	Responses
Yes	52%	49
No	48%	45
Discharge from hospital medicines service		
Yes	30%	26
No	70%	62
Emergency supply of prescription medicines		
Yes	49%	47
No	51%	48
Disposal of unwanted medicines		
Yes	63%	61
No	37%	36
Community Pharmacist Consultation Service (urgent care referral)		
Yes	40%	36
No	60%	55
Hepatitis testing service		
Yes	11%	10
No	89%	80
Stoma appliance customisation service		
Yes	8%	7
No	92%	83
Needle exchange		
Yes	24%	22
No	76%	68
Stopping smoking		
Yes	58%	55
No	42%	40
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)		
Yes	44%	42
No	56%	53
Immediate access to specialist drugs e.g. palliative care medicines		
Yes	22%	20
No	78%	70
Supervised consumption of methadone and buprenorphine		
Yes	42%	39

21 - Which of the following pharmacy services are you aware that a pharmacy may provide?	%	Responses
No	58%	54

Answered: 106; Skipped: 12

Other:

Weight management service	1	Recycling of blister packs	1
Instructions on how to use inhalers	1		

22 - Which of the following pharmacy services would you like to see always provided by your pharmacy?	%	Responses
Advice from your pharmacist		
Yes	92%	94
No	2%	2
No opinion	6%	6
COVID-19 testing		
Yes	82%	82
No	6%	6
No opinion	12%	12
COVID-19 vaccination		
Yes	86%	84
No	4%	4
No opinion	10%	10
Flu vaccination		
Yes	86%	87
No	4%	4
No opinion	10%	10
Buying over-the-counter medicines		
Yes	97%	98
No	1%	1
No opinion	2%	2
Dispensing medicines		
Yes	97%	98
No	1%	1
No opinion	2%	2
Dispensing appliances		
Yes	70%	70

22 - Which of the following pharmacy services would you like to see always provided by your pharmacy?	%	Responses
No	5%	5
No opinion	25%	25
Repeat dispensing		
Yes	97%	98
No	1%	1
No opinion	2%	2
Home delivery and prescription collection		
Yes	85%	86
No	3%	3
No opinion	12%	12
Medication review		
Yes	69%	68
No	15%	15
No opinion	15%	15
Appliance Use Review		
Yes	53%	51
No	8%	8
No opinion	39%	38
New medicine service		
Yes	69%	69
No	9%	9
No opinion	22%	22
Discharge from hospital medicines service		
Yes	76%	75
No	2%	2
No opinion	22%	22
Emergency supply of prescription medicines		
Yes	93%	93
No	3%	3
No opinion	4%	4
Disposal of unwanted medicines		
Yes	93%	93
No	3%	3
No opinion	4%	4

22 - Which of the following pharmacy services would you like to see always provided by your pharmacy?	%	Responses
Community Pharmacist Consultation Service (urgent care referral)		
Yes	90%	91
No	2%	2
No opinion	8%	8
Hepatitis testing service		
Yes	54%	52
No	3%	3
No opinion	43%	42
Stoma appliance customisation service		
Yes	43%	42
No	3%	3
No opinion	54%	52
Needle exchange		
Yes	60%	58
No	4%	4
No opinion	36%	35
Stopping smoking		
Yes	68%	67
No	5%	5
No opinion	27%	26
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)		
Yes	77%	76
No	4%	4
No opinion	19%	19
Immediate access to specialist drugs e.g. palliative care medicines		
Yes	79%	77
No	2%	2
No opinion	19%	19
Supervised consumption of methadone and buprenorphine		
Yes	55%	53
No	4%	4
No opinion	41%	39

Answered: 103; Skipped: 15

Other:

Recycling blister packs	2	Private space for consultation	1
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23 - Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?	%	Responses
Yes	50%	53
No	13%	14
I don't know	36%	38

Answered: 105; Skipped: 13

24 - If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?	%	Responses
Yes	45%	23
No	10%	5
I don't know	45%	23

Answered: 51; Skipped: 67

Any other comments about the consultation room:

Small size	8	Not private	1
Not wheelchair accessible	2	Easy access	1

25 - Is your pharmacy able to provide medication on the same day that your prescription is sent to it?	%	Responses
Yes	40%	41
No – it normally takes one day	25%	26
No – it normally takes 2–3 days	21%	21
No – it normally takes 3+ days	2%	2
I don't know	12%	12

Answered: 102; Skipped: 16

26 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (please select all that apply)	%	Responses
Paper request to my GP practice	11%	11
Paper request through pharmacy	6%	6
Telephone request to pharmacy	16%	15
By email to my GP practice	8%	8
Online request to my GP practice	41%	39
My pharmacy orders on my behalf without me asking them	4%	4
Electronic Repeat Dispensing (eRD)	7%	7

26 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (please select all that apply)	%	Responses
NHS app	11%	11
Varies	10%	10
Other	14%	13

Answered: 96; Skipped: 22

Comments:

Pharmacy orders on request	4	Telephone request to GP	3
Patient access	2	eRD is unreliable	1

27 - Have you ever used Electronic Repeat Dispensing (eRD)?	%	Responses
Yes	14%	14
No	44%	44
I don't know/have never heard of it	42%	42

Answered: 100; Skipped: 18

Comments:

I wouldn't like to use this service	4	Very convenient	4
NHS app doesn't have all my scripts	2	Needs GP to action on time	1
It should notify when it expires	1	Medications got out of sync	1

28 - Do you have any other comments you would like to make about your pharmacy?	Responses
Excellent service	11
Efficient and friendly staff	8
Great caring support, essential in the community	6
I would like them to get repeat prescriptions for me without asking	2
Better if medication was offered the same day	1
Prefer them to open on Sunday	1
Hit and miss for getting the correct prescribed medication	1
Bigger range of necessary cold and flu medicines	1
They really need improvement	1
Facilitate parking nearby for the elderly	1
Messy pharmacy and staff are not professional	1
Pharmacists can't replace GPs, and apps can't replace pharmacists	1

Answered: 38; Skipped: 80

A bit about you

29 - Age: What is your age group?	%	Responses
Under 16	0%	0
16–17	0%	0
18–24	1%	1
25–34	7%	7
35–44	16%	16
45–54	29%	29
55–64	19%	19
65–84	26%	26
85+	1%	1

Answered: 99; Skipped: 19

30 - Caring responsibilities: Do you regularly provide unpaid support caring for someone?	%	Responses
Yes	19%	19
No	81%	80

Answered: 99; Skipped: 19

31 - Disability: Do you consider yourself to be disabled?	%	Responses
Yes	20%	20
No	80%	79

Answered: 99; Skipped: 19

32 - Ethnicity: Are you:	%	Responses
White – British	40%	40
White – English	8%	8
White – Welsh	1%	1
White – Scottish	3%	3
White – Northern Irish	1%	1
Irish	3%	3
Gypsy or Irish Traveller	0%	0
White – Australian/New Zealander	1%	1
White – European Mixed	2%	2
White – Italian	2%	2
White – Kurdish	0%	0
White – North American	0%	0

32 - Ethnicity: Are you:	%	Responses
White – Other Eastern European	0%	0
White – Other Western European	3%	3
White – Polish	1%	1
White – Turkish	1%	1
White – Turkish Cypriot	2%	2
White – Other	3%	3
White and Black Caribbean	0%	0
White and Black African	0%	0
White and Asian	0%	0
Any other Mixed Background	0%	0
Asian or Asian British – Indian	3%	3
Asian or Asian British – Pakistani	1%	1
Asian or Asian British – Bangladeshi	4%	4
Asian or Asian British – Chinese	0%	0
Asian or Asian British – Nepali	0%	0
Asian or Asian British – Sri Lankan Sinhalese	0%	0
Asian or Asian British – Sri Lankan Tamil	0%	0
Asian or Asian British – Sri Lankan other	0%	0
Asian or Asian British – Vietnamese	0%	0
Other Asian or Asian British	0%	0
Black British	2%	2
Black – Angolan	0%	0
Black – Caribbean	6%	6
Black – Congolese	0%	0
Black – Ghanaian	0%	0
Black – Nigerian	1%	1
Black – Sierra Leonean	0%	0
Black – Somali	0%	0
Black – Sudanese	0%	0
Other Black African	0%	0
Arab	0%	0
Afghan	0%	0
Egyptian	0%	0
Filipino	0%	0

32 - Ethnicity: Are you:	%	Responses
Iranian	0%	0
Iraqi	0%	0
Japanese	1%	1
Korean	0%	0
Kurdish	0%	0
Latin/South/Central American	1%	1
Lebanese	0%	0
Libyan	0%	0
Malay	0%	0
Moroccan	0%	0
Polynesian	0%	0
Thai	0%	0
Turkish	0%	0
Vietnamese	0%	0
Yemeni	0%	0
Jewish / Charedi Jew	3%	3
Any other ethnic group	1%	1
Information not yet obtained	0%	0
Prefer not to say	5%	5

Answered: 99; Skipped: 19

Other:

Jewish	2	Cornish	1
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33 - Gender: Are you:	%	Responses
Female	73%	72
Male	24%	24

Answered: 98; Skipped: 20

34 - Gender: Is your gender identity different to the sex you were assumed to be at birth?	%	Responses
Yes, it's different	4%	4
No, it's the same	96%	89

Answered: 93; Skipped: 25

35 - Religion or belief: Are you or do you have:	%	Responses
Atheist/no religious belief	48%	46
Buddhist	1%	1
Charedi	2%	2
Christian	20%	19
Hindu	1%	1
Jewish	2%	2
Muslim	11%	10
Secular beliefs	3%	3
Sikh	0%	0
Other	12%	11

Answered: 95; Skipped: 23

Other:

Prefer not to say	3	Humanist	3
Shinto	1	Rastafarian	1
Catholic	1	All	1

36 - Sexual orientation: Are you	%	Responses
Bisexual	10%	9
Gay man	5%	5
Lesbian or Gay woman	7%	6
Heterosexual	76%	69
Other, please state if you wish:	2%	2

Answered: 91; Skipped: 27

37 - Pregnancy or maternity: Have you been pregnant and/or on maternity leave during the past 2 years?	%	Responses
Yes	3%	3
No	97%	94

Answered: 97; Skipped: 21

Appendix I: Results of the pharmacy contractor questionnaire

Total responses received:¹ 13

1 - Pharmacy-specific questions: ODS code, trading name, etc	N/A
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Answered: 13; Skipped: 0

2 - Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	%	Responses
Yes	8%	1
No	77%	10
Possibly	15%	2

Answered: 13; Skipped: 0

3 - Is this pharmacy a 100-hour pharmacy?	%	Responses
Yes	0%	0
No	100%	13

Answered: 13; Skipped: 0

4 - Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	%	Responses
Yes	31%	4
No	69%	9

Answered: 13; Skipped: 0

5 - Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	%	Responses
Yes	0%	0
No	100%	13

Answered: 13; Skipped: 0

6 - May the LPC update its premises and contact details for you with the above information?	%	Responses
Yes	92%	12
No	8%	1

Answered: 13; Skipped: 0

7-10 - Questions relating to opening hours: core and total hours of opening, including lunchtime closures	N/A
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Answered: 12; Skipped: 1

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

11 - There is a consultation room (distinct from the public area, clearly designated and confidential) on premises:	%	Responses
None, have submitted a request to NHSE&I that premises are too small	0%	0
None, NHSE&I has approved my request that premises are too small	0%	0
None (Distance-Selling Pharmacy)	0%	0
Available (wheelchair access)	67%	8
Available (no wheelchair access)	33%	4
Planned before 1 April 2023	0%	0
Other (please specify)	0%	0

Answered: 12; Skipped: 1

12 - Where there is a consultation area, is it a closed room?	%	Responses
Yes	100%	12
No	0%	0

Answered: 12; Skipped: 1

13 - During consultations are there hand-washing facilities?	%	Responses
In the consultation area	42%	5
Close to the consultation area	25%	3
None	33%	4

Answered: 12; Skipped: 1

14 - Do patients attending for consultations have access to toilet facilities?	%	Responses
Yes	8%	1
No	92%	11

Answered: 12; Skipped: 1

15 - Languages spoken (in addition to English)

Gujarati	7	Hindi	5	Bengali	5
Swahili	3	French	3	Punjabi	3
Turkish	3	Urdu	2	Polish	2
Ghanaian	1	Cantonese	1	Spanish	1
Greek	1	Tui	1	Acholi	1

Answered: 9; Skipped: 4

16 - Does the pharmacy dispense appliances?	%	Responses
None	9%	1

16 - Does the pharmacy dispense appliances?	%	Responses
Yes – All types	64%	7
Yes, excluding stoma appliances	0%	0
Yes, excluding incontinence appliances	0%	0
Yes, excluding stoma and incontinence appliances	0%	0
Yes, just dressings	27%	3
Other	0%	0

Answered: 11; Skipped: 2

17 - Does the pharmacy provide the following Advanced Services?	%	Responses
Appliance Use Review Service (AUR)		
Yes	0%	0
Intending to begin within 12 months	22%	2
No – not intending to provide	78%	7
Community Pharmacist Consultation Service (CPCS)		
Yes	91%	10
Intending to begin within 12 months	9%	1
No – not intending to provide	0%	0
C-19 Lateral Flow Device (LFD) Distribution		
Yes	100%	11
Intending to begin within 12 months	0%	0
No – not intending to provide	0%	0
Flu Vaccination Service		
Yes	100%	11
Intending to begin within 12 months	0%	0
No – not intending to provide	0%	0
Hepatitis C Testing Service (until 31 March 2022)		
Yes	9%	1
Intending to begin within 12 months	18%	2
No- not intending to provide	73%	8
Hypertension Case Finding		
Yes	9%	1
Intending to begin within 12 months	64%	7
No – not intending to provide	27%	3
New Medicine Service (NMS)		
Yes	100%	11

17 - Does the pharmacy provide the following Advanced Services?	%	Responses
Intending to begin within 12 months	0%	0
No – not intending to provide	0%	0
Pandemic Delivery Service (until 31 March 2022)		
Yes	55%	6
Intending to begin within 12 months	0%	0
No – not intending to provide	45%	5
Stoma Appliance Customisation Service		
Yes	0%	0
Intending to begin within 12 months	18%	2
No – not intending to provide	82%	9

Answered: 11; Skipped: 2

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Anticoagulant Monitoring Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Antiviral Distribution Service		
Providing (contract with NHSE&I)	9%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	9%	1
Willing to provide if commissioned	64%	7
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
Care Home Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	9%	1
Willing to provide if commissioned	55%	6
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Chlamydia Testing Service		

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	9%	1
Providing (contract with LA)	36%	4
Willing to provide if commissioned	27%	3
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Chlamydia Treatment Service		
Providing (contract with NHSE&I)	0%	
Providing (contract with CCG)	9%	1
Providing (contract with LA)	36%	4
Willing to provide if commissioned	27%	3
Not able or willing to provide	18%	2
Willing to provide privately	9%	1
Contraceptive Service (not EC)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0

Answered: 11; Skipped: 2

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Allergies		
Providing (contract with NHSE&I)	9%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Alzheimer's/dementia		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Asthma		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	82%	9
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
CHD		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
COPD		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	82%	9
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
Depression		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Diabetes type I		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Providing (contract with LA)	0%	0
Willing to provide if commissioned	82%	9
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
Diabetes type II		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	82%	9
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
Epilepsy		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Heart Failure		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Hypertension		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Parkinson's disease		
Providing (contract with NHSE&I)	0%	0

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Other		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	63%	5
Not able or willing to provide	38%	3
Willing to provide privately	0%	0

Answered: 11; Skipped: 2

Other:

Eczema and skin allergies	1	Open to all services	1
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20 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Emergency Contraception Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	9%	1
Providing (contract with LA)	73%	8
Willing to provide if commissioned	0%	0
Not able or willing to provide	9%	1
Willing to provide privately	9%	1
Emergency Supply Service		
Providing (contract with NHSE&I)	45%	5
Providing (contract with CCG)	0%	0
Providing (contract with LA)	9%	1
Willing to provide if commissioned	27%	3
Not able or willing to provide	9%	1
Willing to provide privately	9%	1
Gluten-Free Food Supply Service (i.e. not via FP10)		
Providing (contract with NHSE&I)	0%	0

20 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with CCG)	0%	0
Providing (contract with LA)	9%	1
Willing to provide if commissioned	73%	8
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
Home Delivery Service (not appliances)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Independent Prescribing Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	9%	1

Answered: 11; Skipped: 2

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Asthma	1
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21 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Language Access Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Medication Review		

21 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	9%	1
Providing (contract with LA)	9%	1
Willing to provide if commissioned	73%	8
Not able or willing to provide	9%	1
Willing to provide privately	0%	0
Medicines Assessment and Compliance Support Service		
Providing (contract with NHSE&I)	18%	2
Providing (contract with CCG)	9%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	45%	5
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Minor Ailment Scheme		
Providing (contract with NHSE&I)	9%	1
Providing (contract with CCG)	55%	6
Providing (contract with LA)	0%	0
Willing to provide if commissioned	18%	2
Not able or willing to provide	0%	0
Willing to provide privately	0%	0
Medicines Optimisation Service		
Providing (contract with NHSE&I)	18%	2
Providing (contract with CCG)	27%	3
Providing (contract with LA)	0%	0
Willing to provide if commissioned	27%	3
Not able or willing to provide	27%	3
Willing to provide privately	0%	0

Answered: 11; Skipped: 2

If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?

All areas are covered in order to make sure all the medicines are taken appropriately and patient is compliant	1
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22 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Needle and Syringe Exchange Service		

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	45%	5
Willing to provide if commissioned	18%	2
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Obesity Management (adults and children)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Not-Dispensed Scheme		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	70%	7
Not able or willing to provide	30%	3
Willing to provide privately	0%	0
On-Demand Availability of Specialist Drugs Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	10%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	50%	5
Not able or willing to provide	40%	4
Willing to provide privately	0%	0
Out-of-Hours Services		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	9%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	45%	5
Not able or willing to provide	45%	5
Willing to provide privately	0%	0

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Patient Group Direction Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	9%	1
Willing to provide if commissioned	55%	6
Not able or willing to provide	9%	1
Willing to provide privately	27%	3
Phlebotomy Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	55%	6
Not able or willing to provide	45%	5
Willing to provide privately	0%	0
Prescriber Support Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Schools Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0

Answered: 11; Skipped: 2

Please name the medicines for your Patient Group Direction Service:

Minor ailment e.g. urine infection	1	Cystitis – Nitrofurantoin	1
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23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:	%	Responses
Alcohol		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Cholesterol		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	9%	1
Diabetes		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	9%	1
Gonorrhoea		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	9%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
H. pylori		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3

23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:	%	Responses
Willing to provide privately	0%	0
HbA1C		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Hepatitis		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
HIV		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Other		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	63%	5
Not able or willing to provide	38%	3
Willing to provide privately	0%	0

Answered: 11; Skipped: 2

Other:

Provide prescribed antibiotics	1	Sore throat test and treat	1
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24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations	%	Responses
Seasonal Influenza Vaccination Service		
Providing (contract with NHSE&I)	91%	10
Providing (contract with CCG)	0%	0
Providing (contract with LA)	9%	1
Willing to provide if commissioned	0%	0
Not able or willing to provide	0%	0
Willing to provide privately	0%	0
Childhood vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	70%	7
Not able or willing to provide	30%	3
Willing to provide privately	0%	0
COVID-19 vaccinations		
Providing (contract with NHSE&I)	18%	2
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	45%	5
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Hepatitis (at-risk workers or patients) vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
HPV vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	73%	8
Not able or willing to provide	27%	3

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations	%	Responses
Willing to provide privately	0%	0
Meningococcal vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	9%	1
Pneumococcal vaccinations		
Providing (contract with NHSE&I)	18%	2
Providing (contract with CCG)	9%	1
Providing (contract with LA)	9%	1
Willing to provide if commissioned	45%	5
Not able or willing to provide	18%	2
Willing to provide privately	0%	0
Travel vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3
Willing to provide privately	9%	1
Other vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	50%	3
Not able or willing to provide	50%	3
Willing to provide privately	0%	0

Answered: 11; Skipped: 2

Other:

Shingles	1	Chicken pox	1
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25 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Sharps Disposal Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	18%	2
Willing to provide if commissioned	45%	5
Not able or willing to provide	36%	4
Willing to provide privately	0%	0
Stop Smoking Service		
Providing (contract with NHSE&I)	9%	1
Providing (contract with CCG)	9%	1
Providing (contract with LA)	36%	4
Willing to provide if commissioned	18%	2
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Supervised Administration Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	9%	1
Providing (contract with LA)	45%	5
Willing to provide if commissioned	18%	2
Not able or willing to provide	27%	3
Willing to provide privately	0%	0
Supplementary Prescribing Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	55%	6
Not able or willing to provide	45%	5
Willing to provide privately	0%	0
Vascular Risk Assessment Service (NHS Health Check)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	64%	7
Not able or willing to provide	27%	3

25 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Willing to provide privately	9%	1

Answered: 11; Skipped: 2

26 - Non-commissioned services: Does the pharmacy provide any of the following?	%	Responses
Collection of prescriptions from GP practices		
Yes	82%	9
No	18%	2
Delivery of dispensed medicines – Selected patient groups		
Yes	55%	6
No	45%	5
Delivery of dispensed medicines – Selected areas		
Yes	64%	7
No	36%	4
Delivery of dispensed medicines – Free of charge on request		
Yes	64%	7
No	36%	4
Delivery of dispensed medicines – With charge		
Yes	36%	4
No	64%	7
Monitored Dosage Systems – Free of charge on request		
Yes	64%	7
No	36%	4
Monitored Dosage Systems - With charge		
Yes	40%	4
No	60%	6

Answered: 11; Skipped: 2

Please list patient groups and areas for your delivery service:

Housebound, elderly or vulnerable	4	Locally	2
Delivery service not funded by NHS so will become a private chargeable service	1		

27 - Is there a particular need for a Locally Commissioned Service in your area? If so, what is the service requirement and why?	%	Responses
Yes	40%	4
No	60%	6

Answered: 10; Skipped: 3

Please state the service requirement:

Weight management	1	Contraceptive services	1
Provide antibiotics prescribing	1	Free delivery service	2
Free over-the-counter medicines to treat minor ailments in children	1		

28 - What is currently being delivered – is this business as usual or have supplementary services such as opening hours flexibilities been deployed due to the pandemic?	Responses
Open as usual	6
Occasional delivery of medicines to patient's home	1
Back to usual now (reduced hours for some time during the pandemic)	1
Back to usual now (extended hours during the pandemic when very busy)	1
Different	1

Answered: 11; Skipped: 2

29 - Is there anything you would consider providing if commissioned whilst reflecting on the last 18 months?	Responses
No	4
Wrapping services around patient to provide a seamless care	1
Ear syringe and treatment service	1
Prescribing on NHS, as it would reduce pressure for GPs and facilitate access	1
Delivery needs to be funded, it can't be carried out without being paid for	1

Answered: 8; Skipped: 5

30 - What communication methods do you currently use to liaise with General Practice and how do you think it could be improved?	Responses
Email	10
Telephone	8
In person	4
Communication could be improved by having a separate telephone number for healthcare professionals; it's too difficult to get through	2

Answered: 11; Skipped: 2

31 - May the LPC update its opening hours and related matters and services details for you with the above information?	%	Responses
Yes	91%	10
No	9%	1

Answered: 11; Skipped: 2

Appendix J: Results of the commissioner questionnaire

Total responses received: 1

1 - Which of the following services do you commission or may consider commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Anticoagulant Monitoring Service	Not likely to commission in the future	1
Antiviral Influenza Distribution Service	Would consider commissioning in the future	1
Community Pharmacy Care Home Service	Not likely to commission in the future	1
Chlamydia Testing Service	Not likely to commission in the future	1
Chlamydia Treatment Service	Not likely to commission in the future	1
Contraceptive Service (not EC)	Would consider commissioning in the future	1
Community Pharmacist Consultation Service (CPCS)	Not likely to commission in the future	1
Discharge Medicines Service (DMS)	Not likely to commission in the future	1

2 - Which of the following Disease Specific Medicines Management Services (DSMMS) do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Allergies	Not likely to commission in the future	1
Alzheimer's / dementia	Not likely to commission in the future	1
Asthma	Would consider commissioning in the future	1
CHD	Not likely to commission in the future	1
COPD	Would consider commissioning in the future	1
Depression	Not likely to commission in the future	1
Diabetes type I	Not likely to commission in the future	1
Diabetes type II	Would consider commissioning in the future	1
Epilepsy	Not likely to commission in the future	1
Heart Failure	Not likely to commission in the future	1
Hypertension	Would consider commissioning in the future	1
Parkinson's disease	Not likely to commission in the future	1
Other	Not likely to commission in the future	1

Comment:

'Would like to consider for commissioning' reflects current borough view; this may not reflect wider ICS priority to commission from pharmacies	1
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3 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Emergency Contraception Service	Not likely to commission in the future	1
Emergency Supply Service	Not likely to commission in the future	1
Gluten-Free Food Supply Service (i.e. not via FP10)	Not likely to commission in the future	1
Home Delivery Service (not appliances)	Not likely to commission in the future	1
Healthy Start Vitamins	Not likely to commission in the future	1
Independent Prescribing Service	Not likely to commission in the future	1

Comment:

Not likely to commission may reflect CCG vs Local Authority or NHSE areas of responsibility to commission	1
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4 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Language Access Service	Not likely to commission in the future	1
Medication Review Service	Not likely to commission in the future	1
Medicines Assessment and Compliance Support Service	Not likely to commission in the future	1
Minor Ailment Scheme	Currently commissioning	1
Medicines Optimisation Service	Not likely to commission in the future	1

5 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Needle and Syringe Exchange Service	Not likely to commission in the future	1
Obesity Management (adults and children)	Not likely to commission in the future	1
Pre-exposure Prophylaxis (PrEP)	Not likely to commission in the future	1
Not-Dispensed Scheme	Not likely to commission in the future	1
On-Demand Availability of Specialist Drugs Service	Not likely to commission in the future	1

Out-of-Hours Services	Currently commissioning	1
Patient Group Direction Service	Not likely to commission in the future	1
Phlebotomy Service	Not likely to commission in the future	1
Prescriber Support Service	Not likely to commission in the future	1
Schools Service	Not likely to commission in the future	1

6 - Which of the following Screening Services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Alcohol	Not likely to commission in the future	1
Cholesterol	Not likely to commission in the future	1
Diabetes	Not likely to commission in the future	1
Gonorrhoea	Not likely to commission in the future	1
H. pylori	Not likely to commission in the future	1
HbA1C	Not likely to commission in the future	1
Hepatitis	Not likely to commission in the future	1
HIV	Not likely to commission in the future	1
Other	Not likely to commission in the future	1

7 - Which of the following Vaccination Services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Seasonal Influenza Vaccination Service	Not likely to commission in the future	1
Childhood Vaccinations	Not likely to commission in the future	1
COVID-19 Vaccinations	Not likely to commission in the future	1
Hepatitis (at-risk workers or patients) Vaccinations	Not likely to commission in the future	1
HPV Vaccinations	Not likely to commission in the future	1
Meningococcal Vaccinations	Not likely to commission in the future	1
Pneumococcal Vaccinations	Not likely to commission in the future	1
Travel Vaccinations	Not likely to commission in the future	1
Other Vaccinations	Not likely to commission in the future	1

8 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Sharps Disposal Service	Not likely to commission in the future	1
Stop Smoking Service	Not likely to commission in the future	1
Supervised Administration Service	Not likely to commission in the future	1
Supplementary Prescribing Service	Not likely to commission in the future	1
Vascular Risk Assessment Service (NHS Health Check)	Not likely to commission in the future	1

9 - Other comments

Not likely to commission responses may reflect what CCGs are responsible commissioner for, vs other responsible commissioners i.e. Local Authority / NHSE	1
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Appendix K: Results of the PCN Questionnaire

Total responses received:¹ 5

1 - Are you or your PCN Clinical Pharmacists in contact with your local community pharmacies within your PCN? If so, what is the nature of these discussions?	Responses
Yes	5
Patient's medications	1
Local protocols and procedures, pharmacy services and updates	1
Informal relationships with local pharmacies	1
To improve local pharmaceutical services and improve dialogue between GP practises and community pharmacies	1

Answered: 5; Skipped: 0

2 - Has your PCN employed a PCN Clinical Pharmacist(s)?	%	Responses
Yes	100%	5
No	0%	0
I don't know	0%	0

Answered: 5; Skipped: 0

3 - If your PCN has employed PCN Clinical Pharmacist(s), how many?	%	Responses
1	0%	0
2	20%	1
3	20%	1
4	40%	2
5	0%	0
6	20%	1
7	0%	0
8+	0%	0

Answered: 5; Skipped: 0

4 - How do you see the role of the PCN Clinical Pharmacist(s) working with the community pharmacists within your PCN to provide comprehensive pharmaceutical service provision for all residents?	%	Responses
Please provide description below	60%	3
I don't know	40%	2

Answered: 5; Skipped: 0

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

Description:

Coordination for individual care	1
Building relationships. Ensuring processes are smooth for the patient experience. Building links in to practices for the community pharmacies. Helping practices to better utilise the expanding services within pharmacies	1
Improving dialogue between practices and pharmacies. Named contacts for more efficient resolution of queries/issues. Improvement of services and two-way information sharing.	1

5 - Who is leading your pharmacy integration strategy at a local level?	%	Responses
Please provide details below	20%	1
I don't know	80%	4

Answered: 5; Skipped: 0

Description:

LPC Representative, PCN Business Development Manager, PCN CD, PCN Clinical Pharmacists	1
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6 - Do you know who your Community Pharmacy PCN Lead is?	%	Responses
Yes	80%	4
No	20%	1

Answered: 5; Skipped: 0

7 - Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?	%	Responses
Yes	20%	1
No	60%	3
I don't know	20%	1

Answered: 5; Skipped: 0

8 - Is the community pharmacy contract integrated into the way the PCN operates?	%	Responses
Yes	0%	0
No	60%	3
I don't know	40%	2

Answered: 5; Skipped: 0

9 - How do you rate the quality of the service in your local pharmaceutical provision in Hackney?	%	Responses
Excellent	0%	0
Very Good	80%	4

9 - How do you rate the quality of the service in your local pharmaceutical provision in Hackney?	%	Responses
Good	20%	1
Adequate	0%	0
Poor	0%	0
Very Poor	0%	0
I don't know	0%	0

Answered: 5; Skipped: 0

Why have you given this rating?

Regular communication is encouraged high level of engagement	1
Most of the local pharmacies are very responsive and very helpful	1

10 - Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)	%	Responses
Community Pharmacist Consultation Service (CPCS)	100%	5
New Medicines Service (NMS)	60%	3
Flu Vaccination Service	80%	4
Appliance Use Review (AUR)	0%	0
Stoma Appliance customisation (SAC)	0%	0
Discharge Medicines Service (DMS)	20%	1
Pandemic Delivery Service (commissioned until 31 March 2022)	20%	1

Answered: 5; Skipped: 0

11 - Is the technology suitable to provide effective pharmaceutical services across your PCN?	%	Responses
Yes	60%	3
No	40%	2
I don't know	0%	0

Answered: 5; Skipped: 0

12- Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?	Responses
Emis integration at community pharmacies	1

Answered: 1; Skipped: 4

Appendix L: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
LPC City and Hackney	Y	Y	All	Y
LMC City and Hackney	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Healthwatch Hackney	Y	Y	All	Y
St Bartholomew's Hospital	-	-	-	Y
Homerton University Hospital	-	-	-	Y
East London NHS Foundation	-	-	-	Y
Royal London Hospital	-	-	-	Y
Royal Free Hospital	-	-	-	Y
Moorfield Eye Hospital	-	-	-	Y
Guys' Hospital	-	-	-	Y
St Thomas' Hospital	-	-	-	Y
NHSE&I	Y	Y	All	Y
Hackney HWB	-	-	All	Y
City of London HWB	-	-	-	Y
Westminster HWB	-	-	-	Y

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
Islington HWB	-	-	-	Y
Tower Hamlets HWB	-	-	-	Y
Haringey HWB	-	-	-	Y
Waltham Forest HWB	-	-	-	Y
Newham HWB	-	-	-	Y
Hackney Council Website	-	-	Public	Y
Hackney Social Media Channels	-	-	Public	Y
Targeted news release to local Hackney media outlets	-	-	Public	-
Circulated to all Hackney Council employees	-	-	Public	-
Outreach to specific Hard to Reach groups	-	-	Public	-
Outreach via voluntary groups (e.g. Hackney CVS)	-	-	Public	-
Hackney Healthwatch Newsletter and social media	-	-	Public	Y
Circulated to Partners: CCG, NHS, District Comms Teams, Healthwatch for onward distribution	-	-	Public	Y
Posters and Questionnaires distributed to 40x GP practises, 47x Pharmacies, 8x Libraries, 3x Vaccination Centres, Healthwatch & Hackney Council Offices	-	-	Public	-

Other Consultees

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
GP Practices	-	-	Public	-
Hackney CCG	Y	Y	All	Y
City of London LMC	-	-	-	Y
Westminster LMC	-	-	-	Y
Islington LMC	-	-	-	Y
Tower Hamlets LMC	-	-	-	Y
Haringey LMC	-	-	-	Y
Waltham Forest LMC	-	-	-	Y
Newham LMC	-	-	-	Y
City of London LPC	-	-	-	Y
Westminster LPC	-	-	-	Y
Islington LPC	-	-	-	Y
Tower Hamlets LPC	-	-	-	Y
Haringey LPC	-	-	-	Y
Waltham Forest LPC	-	-	-	Y
Newham LPC	-	-	-	Y
Principal Public Health Analyst, City of London & London Borough of Hackney Public Health Service (PH)	Y	Y	All	Y

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
Senior Procurements and Contracts Officer, PH	-	-	Public	Y
Procurements and Contracts, PH	Y	Y	All	Y
Public Health Registrar, PH	-	-	Public and Commissioner	Y
Consultant in Public Health, PH	Y	Y	All	Y
Deputy Director of Public Health, PH	Y	Y	All	Y
Public Health Analyst	Y	Y	All	Y
Senior Public Health Specialist, PH	Y	Y	All	Y
Procurements and Contracts Officer	Y	Y	All	Y
Director of Comms, City of London	-	-	Public	-
Assistant Director of Commissioning and Partnerships, City of London	Y	Y	All	Y
Interim Strategic Communications Advisor, LBH	Y	Y	All	Y
Engagement strategy advisor, LBH	-	-	Public	Y
Library and Heritage Services Manager, Hackney	-	-	Public	Y
City of London Housing	-	-	Public	Y
Digital Content Officer, Hackney	-	-	Public	Y

Appendix M: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,¹ Hackney HWB held a 60-day consultation on the draft PNA from 9 May 2022 to 8 July 2022.

The draft PNA was hosted on the Hackney Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Hackney. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Hackney as identified by Hackney Council and Hackney Healthwatch. Responses to the consultation were possible via an online survey or email.

There were in total **6 responses**, all of them from the internet survey; responses received:

- 3 (50%) from the public
- 3 (50%) from organisations, businesses and 'other'

All responses were considered by the PNA Steering Group at its meeting on 27 July 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are found in the consultation comments report in Appendix N.

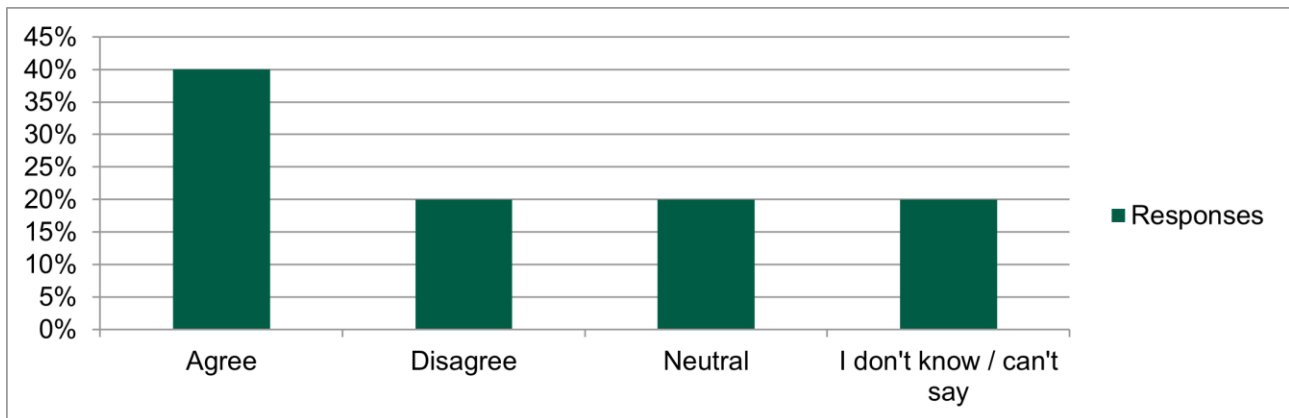
Below is a summary of responses to specific questions, asked during the consultation.²

¹ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

² Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

Consultation questions and responses:

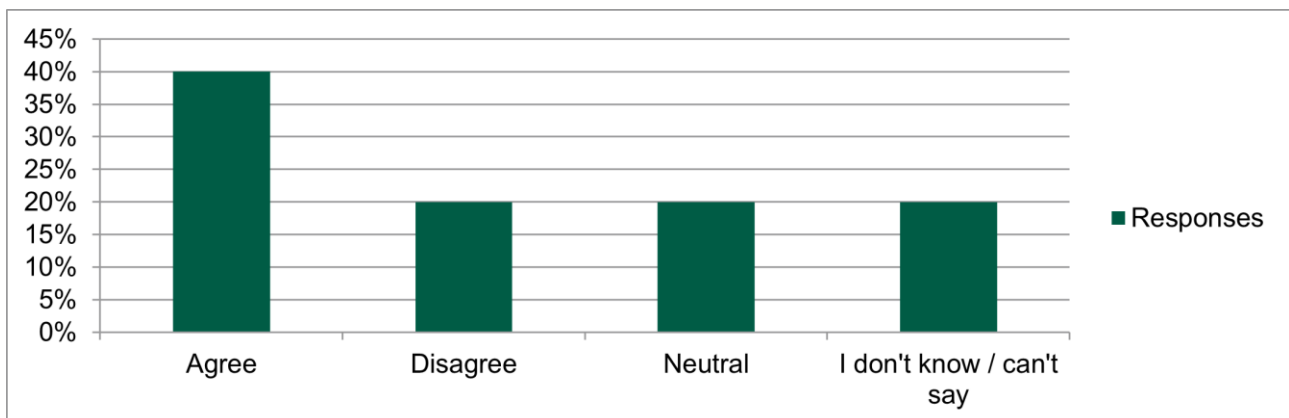
Q1- The Draft Hackney PNA does not identify any gaps in the provision of pharmaceutical services.



Answer Choices	Percentage	Responses
Agree	40%	2
Disagree	20%	1
Neutral	20%	1
I don't know / can't say	20%	1

Answered: 5, Skipped: 1

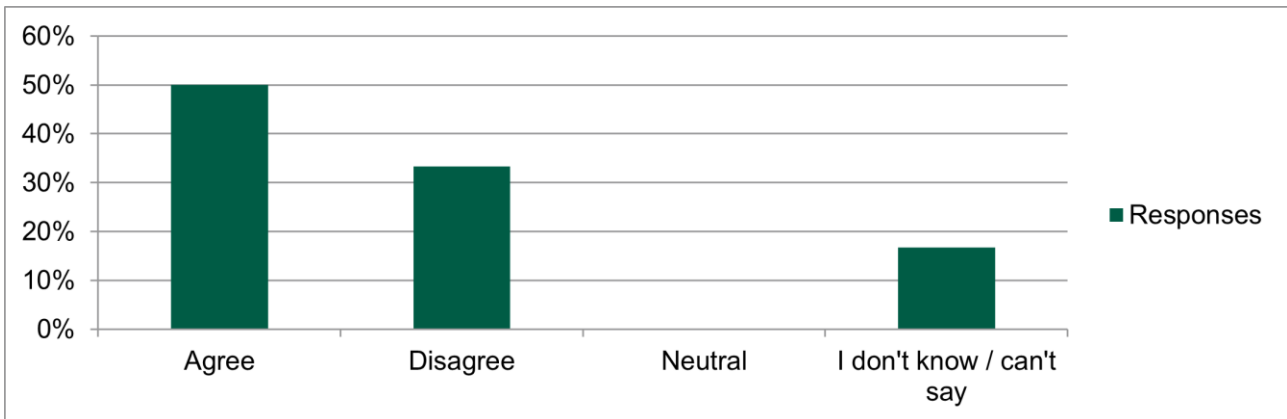
Q2- The Draft Hackney PNA reflects the current provision (supply) of pharmaceutical services within Hackney. (See Sections 3, 4, and 6 of the Draft Hackney PNA)



Answer Choices	Percentage	Responses
Agree	40%	2
Disagree	20%	1
Neutral	20%	1
I don't know / can't say	20%	1

Answered: 5, Skipped: 1

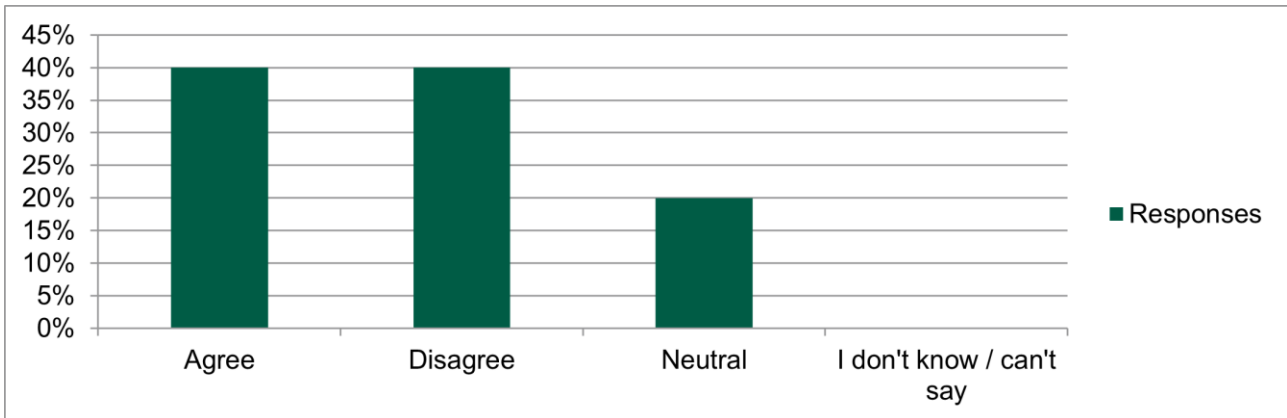
Q3- The Draft Hackney PNA reflects the current pharmaceutical needs of Hackney residents. (See Section 6 of the Draft Hackney PNA)



Answer Choices	Percentage	Responses
Agree	50%	3
Disagree	33%	2
Neutral	0%	0
I don't know / can't say	17%	1

Answered: 6, Skipped: 0

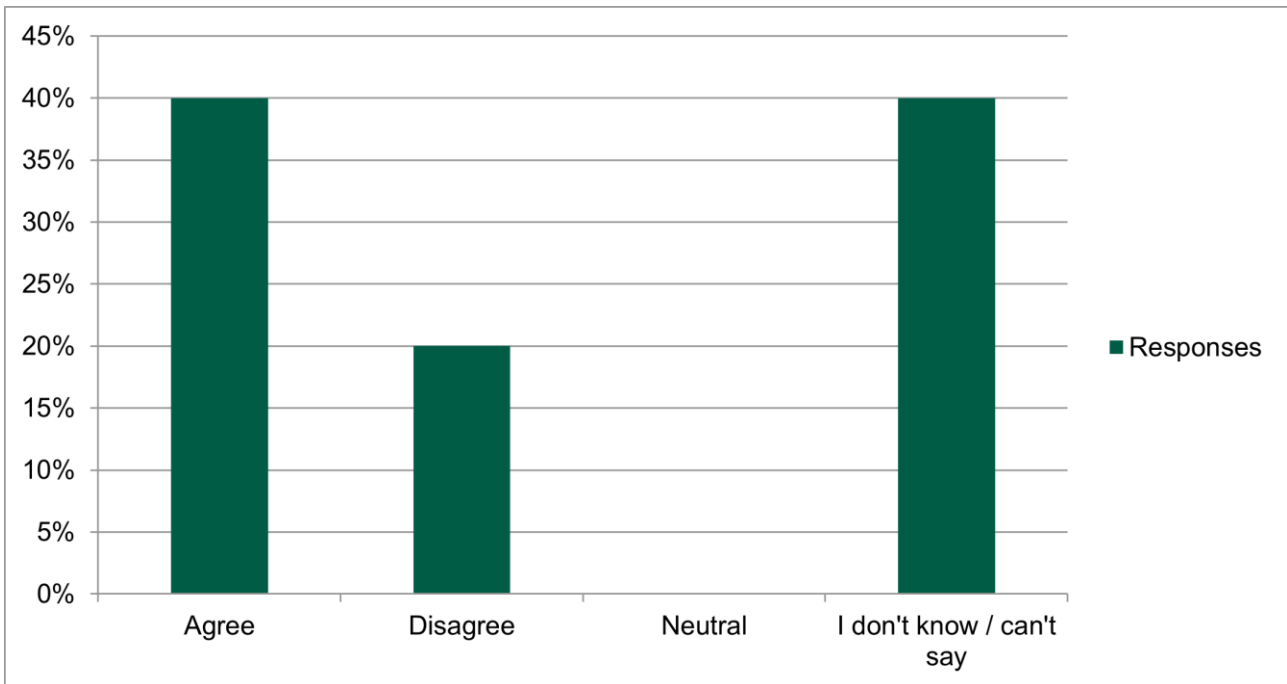
Q4- The Draft Hackney PNA reflects the future (over the next three years) pharmaceutical needs of Hackney residents. (See Section 6 of the Draft Hackney PNA)



Answer Choices	Percentage	Responses
Agree	40%	2
Disagree	40%	2
Neutral	20%	1
I don't know / can't say	0%	0

Answered: 5, Skipped: 1

Q5- What is your opinion on the conclusions within the Draft Hackney PNA? (See the Executive Summary of the Draft Hackney PNA)



Answer Choices	Percentage	Responses
Agree	40%	2
Disagree	20%	1
Neutral	0%	0
I don't know / can't say	40%	2

Answered: 5, Skipped: 1

All free text comments, including question 6, are included in the full consultation report available under request.

Appendix N: Consultation comments report

Comment number	Question	Responding as	Comment	SG response
1	1- Gaps in provision	Member of the public who is a resident	In a diverse community not everyone will understand what the role is for the PNA. Having said that it would be in their own interest to find out and shouldn't be down to the PNA to spend money on various translation.	Noted, there is an explanation of the PNA in Section 1.
2	1- Gaps in provision	Other	Don't understand the question, what is the draft Hackney PNA	Noted, there is an explanation of the PNA in Section 1.
3	1- Gaps in provision	Member of the public who is a resident	There are a lot of mistakes and gaps in the report. It seems like it hasn't been checked over which is disappointing as there is a big team working on it	Noted, a further round of corrections were made following the draft PNA completing consultation.
4	1-5	Member of the public who is a resident	True dat.	Noted.
5	2- Current provision	Member of the public who is a resident	Pharmacist should be proactive to the needs of the service users. At present my pharmacy used is.	Noted.

Comment number	Question	Responding as	Comment	SG response
6	2- Current provision	Member of the public who is a resident	Page 167 - Only 13 pharmacy complete the survey. This is not representative. How many PCN were covered? Page 188 - 40% of pharmacies thought more locally commissioned services were needed. This is important for the conclusions. Page 189 - 20% of pharmacies say problems communicating with GPs and need dedicated phone lines. That's worrying and you need to put it in conclusions. Use the excellent Health Watch Hackney Experience of Services reports to make up for the small samples?	Healthwatch Hackney are part of the steering group. All reasonable efforts were made to encourage uptake during the engagement for the surveys. Free text opportunities were available as part of both engagement activities.
7	3- Current needs	Member of the public who is a resident	I wouldn't know as I don't speak to other users.	Noted.
8	3- Current needs	Member of the public who is a resident	Page 21-23 - Population figures are 2020 so don't account for the impact of the pandemic. Page 24 Ethnicity figures are 2021 so not same as 2020 population figures. The life expectancy figures are different years also. Hackney has a much lower population in the new Census figures so this needs to be checked and changed to be consistent before you make conclusions. Page 21 - No figures given on social connection though this is a priority? What needs can pharmacists help with? Page 21 - nothing about financial security though this is a priority? This is not the same as	Population figures that were available at the time of writing were used. Some of these activities described are out of scope of the PNA process.

Comment number	Question	Responding as	Comment	SG response
			deprivation. Page 36 - The section on mental health should be expanded as you have said this is a priority. Depression is one measure but you really need more information to consider this properly. What about dementia. Page 58 - 118 respondents is small and not representative. Page 58 - 8 respondents who didn't currently use a pharmacy is not representative of this is the most important group Page 60 - 94% survey respondents are male which isn't representative. Page 165 says something different. Check these figures Page 165 - Survey sample skewed to older white females with no health problems. Not reflecting Hackney community. Page 60 - Show how many surveyed from each PCN in Hackney please. They all need to be covered for an adequate sample. Did satisfaction vary across PCN?	All reasonable efforts were made to encourage uptake during the engagement for the surveys. We do have a structured approach to local needs assessments and local commissioning intentions which is articulated within local strategies and were reviewed as part of the PNA.
9	4- Future needs	Member of the public who is a resident	As long as I receive my prescribed items, this is not a relevant to my needs.	Noted.
10	4- Future needs	Member of the public who is a resident	Page 71 - Can you show if the increased demand for end of life service being met now and in future waves of COVID-19 The population figures are so much wrong you can't say the next three years confidently	Noted.

Comment number	Question	Responding as	Comment	SG response
11	4- Future needs	A business – Boots	Agree – However there has been reference to increased population and therefore need for services will need to be reviewed – clarity around if existing infrastructure will be sufficient	Noted. The PNA assesses the population and future population in the lifetime of the PNA. No gaps were identified.
12	5- Conclusions	Member of the public who is a resident	There are a lot of mistakes and gaps in the report. Check and expand the information then see if conclusions OK	Noted, a further round of corrections were made following the draft PNA completing consultation.
13	5- Conclusions	A business – Boots	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA	NHS England has notified as updated opening hours for some pharmacies in Hackney, but none were Boots.
14	6- Other comments	Member of the public who is a resident	Page 15 - Hackney first PNA is 2018. This is another mistake? On Page 9 you said all PNA had to publish before in 2015	Noted, a further round of corrections were made following the draft PNA completing consultation.

Comment/recommendation	Response from	SG Response
Typo section 3.7 HWB neighbouring areas says Hackney instead of City	NHSE&I	Noted, amended to say City of London.
Some of the relevant services listed are no longer being commissioned, the HWBB should consider removing these as they will not be relevant at the time of the PNA being published	NHSE&I	Noted, a statement is included in the PNA to reflect this at each stage.
Page 96. There is an error in one of the sentences regarding advanced services. There is good access to the Advanced Services designated as Necessary, i.e. NMS and CPCS, with 90% and 85% of community pharmacies providing these services respectively across Hackney. The HWBB has determined that advanced services are relevant services” and not “necessary services” This should be corrected.	NHSE&I	Noted, a further round of corrections were made following the draft PNA completing consultation.
pp43-44. The presence of 100. hour pharmacies not the only point regarding access in evenings and weekends. Access to other late night or weekend pharmacies should be assessed.	NHSE&I	Access to evening and weekends is assessed in section 3.
There are a number of areas that do not appear to have been identified, this maybe because there is nothing to identify. The HWBB is asked to check that there is nothing that could be added to cover these areas as these all relate to plans for the future. If there are plans and these have been taken account of but not clearly defined, this could mean that an unforeseen benefit application is made and potentially granted based on the information not being clear.	NHSE&I	Noted. We do have a structured approach to local needs assessments and local commissioning intentions which is articulated within local strategies and were reviewed as part of the PNA. Nothing further to add.

Comment/recommendation	Response from	SG Response
<ol style="list-style-type: none"> 1. What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves? 2. Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups? 3. Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies? 4. Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area? 5. Are there plans for the development of NHS services? 6. Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks? 7. Are there plans for introduction of special services commissioned by clinical commissioning groups? 8. Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors? 		

Appendix O: Opportunities for service provision from community pharmacies in City and Hackney

Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of the requirements of a PNA; it is considered as being additional to any Necessary Services required under the regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for City and Hackney as part of the PNA process it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively affect the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively impacted by services provided from community pharmacies albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

Across City and Hackney there were 24 responses to the contractor questionnaire. When asked if they would be willing to provide specific services if they were commissioned to do so the responses varied by disease, however, some of the positive responses were as high as 86%, indicating that the possibility for a broader provision of services is possible.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. Lateral Flow Test (LFT) distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

Health needs identified in the NHS Long Term Plan

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions including high blood pressure. The **Hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including for respiratory conditions, diabetes and cancer. For example, the LTP states 'We will do more to support those with respiratory disease to receive and use

the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy

Prevention	Better care for major health conditions
Smoking	Cancer
Obesity	Cardiovascular Disease (CVD)
Alcohol	Stroke care
Antimicrobial resistance	Diabetes
Stronger NHS action on health inequalities	Respiratory disease
	Adult mental health services

Health needs in City and Hackney

The health needs of the population of City and Hackney were briefly outlined in Section 2 and summarised in Section 6.1 of each of the individual PNAs. There are some factors of particular note:

- The workday population of the City is 50-fold higher than the resident population
- Hackney has very high population density and deprivation
- Hackney has significantly more indicators and incidences of ill-health when compared to City of London

The table below summarises the highest risk factors for causing death and disease for the City and Hackney population.

Factor or Area of Ill health	Factor or Area of Ill health
Smoking	Cancer
Diabetes (increased prevalence)	Cardiovascular Disease (CVD)
STIs and HIV	Respiratory disease
Abortions in under-18 population	Alcohol related mortality

Opportunities for further Community Pharmacy provision

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help manage and support in these areas.

A. Existing Services

Essential Services

Signposting for issues such weight management and health checks.

Advanced Services

Some of the existing Advanced Services could be better utilised within City and Hackney, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services e.g. diabetes, respiratory and CHD.

Locally Commissioned Services

Sexual health services are provided in many community pharmacies, although only about half of the respondents to the public questionnaire were aware that they were available. Based on the identified health needs around sexual health, promotion or expansion of these services may be beneficial. In addition, coupling such services with the advanced hepatitis C testing service could be advantageous.

B. New services

From the public questionnaire there is a wish that a variety of services are provided from community pharmacies. From the contractor questionnaire there is also a willingness to deliver some services if commissioned, albeit not in all pharmacies.

Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced Services being implemented that could be beneficial to the population of City and Hackney, based on the identified health needs, including:

- **Hypertension case-finding service**

This is a recently introduced Advanced Service. The service has two stages – the first is identifying people at risk of hypertension and offering them blood pressure measurement (a 'clinic check'). The second stage, where clinically indicated, is offering 24-hour Ambulatory Blood Pressure Monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to inform a potential diagnosis of hypertension.

- **Hepatitis C testing service**

The service is focused on provision of Point of Care Testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- **Stop Smoking**

There is a new Stop Smoking Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The

service is aimed at 'stop smoking support' for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of this service as an **Advanced Service**.

Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40–74 that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As hypertension, stroke and circulatory disease are all priority health areas in City and Hackney, and the rates of diabetes are increasing, then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in City and Hackney or in the NHS LTP.

Possible Disease Specific Services

- **Weight management**

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. Cardiovascular Disease or diabetes.

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team, 2. Prevention and lifestyle, 3. Complications of diabetes, 4. Education programmes, 5. Medicines adherence, 6. Signposting.

- **Cardiovascular**

In addition to the hypertension case-finding Advanced Service, the following is possible.

AF screening service (multiple LPC areas). This service provides patients at high risk of atrial fibrillation with a consultation that gathers information and screens them for AF using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the

implications of the diagnosis and referred to their GP for ongoing management. The pharmacy consultation will: 1. Screen identified cohorts for atrial fibrillation using a portable heart monitor device; 2. Counsel the patient on the results of the analysis; 3. Where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. Offer advice on a healthier lifestyle; and 5. Signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.

- **HIV**

The Advanced Service for Hepatitis C testing utilises a POCT methodology, and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the existing **Emergency Hormonal Contraception** service.

- **Respiratory**

Six pharmacies in north-east Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different to other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved utilisation
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided (Section 5)

2. Identify the best way to deliver the new Advanced Services

Smoking cessation and hypertension case-finding can all meet the health needs of City and Hackney, albeit in targeted localities.

3. Consider the provision of new Locally Commissioned Services

To meet specific health needs in City and Hackney, e.g. Diabetes, HIV, cardiovascular or respiratory services.

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring
AUR – Appliance Use Review
BSA – Business Services Authority
C-19 – COVID-19
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
COPD – Chronic Obstructive Pulmonary Disease
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CPPE – Centre for Pharmacy Postgraduate Education
CVD – Cardiovascular Disease
DAC – Dispensing Appliance Contractor
DHSC – Department of Health and Social Care
DMIRS – Digital Minor Illness Referral Service
DMS – Discharge Medicines Service
DSP – Distance-Selling Pharmacy
EHC – Emergency Hormonal Contraception
EoLC – End of Life Care
ES – Essential Services
GLA – Greater London Authority
GP – General Practitioner
HIV – Human Immunodeficiency Virus
HLE – Healthy Life Expectancy
HWB – Health and Wellbeing Board
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LARC – Long-Acting Reversible Contraception
LASA – Look Alike Sound Alike

LCS – Locally Commissioned Services
LE – Life Expectancy
LFD – Lateral Flow Device
LFT – Lateral Flow Test
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Areas
LTP – Long Term Plan
MUR – Medicines Use Review
NCSP – National Chlamydia Screening Programme
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NIMS – National Immunisation Management System
NMS – New Medicine Service
NRT – Nicotine Replacement Therapy
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PCN – Primary Care Network
PCT – Primary Care Trust
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
PQS – Pharmacy Quality Scheme
PrEP - Pre-exposure Prophylaxis
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs
SAC – Stoma Appliance Customisation
SLA – Service-Level Agreement
STI – Sexually Transmitted Infection

Health and Wellbeing Board Forward Plan

22 September 2022

Theme: Climate change and health

Question from the public
Health in all Policies
Climate Change (Health in all Policies item)
Parks and Green Spaces- 1 year update
Wider updates
HWB Strategy Action Plan Update
PNA update (10 mins)
NHS funding on health inequalities
Anchor Collaboration update

9th November 2022

Theme: Ageing Well

Questions from the public
Terms of Reference update
Community Voice (Ageing Well)
Ageing Well Strategy update
Connect Hackney recommendations: NHS Update on Progress (TBC)
CHSAB Annual Report
HWB Strategy Action Plan sign off
Better Care Fund Update

26th January 2023

Theme: Children and Young People

Questions from the public
Community Voice

Child Q safeguarding panel update

CYP update

- Whole System Approach To Violence Reduction Update
- Children's Partnership Plan
- Start for Life and Family Hubs update
- Recommissioning children's and families health and care services
- Young Black Men Deep Dive
- Growing Up In Hackney Child Friendly SPD

Children's & Families Health Framework

Discussion and questions

Connect Hackney update

8th March 2023

Theme: TBC

Questions from the Public

Community Voice

Suicide Prevention Annual Update (Jenni Millimore)
