

Overview & Scrutiny

Health in Hackney Scrutiny Commission

All Members of the Health in Scrutiny Commission are requested to attend the meeting of the Commission to be held as follows

Wednesday 20 December 2023

7.00 pm

Council Chamber, Hackney Town Hall, Mare Street, London E8 1EA

The press and public are welcome to join this meeting remotely via this link:

<https://youtube.com/live/mfo90ekBCXo>

Back up live stream link: <https://youtube.com/live/DwSnk3BRv64>

If you wish to attend please give notice and note the guidance below.

Contact:

Jarlath O'Connell

☎ 020 8356 3309

✉ jarlath.oconnell@hackney.gov.uk

Dawn Carter-McDonald

Interim Chief Executive, London Borough of Hackney

Members: Cllr Ben Hayhurst (Chair), Cllr Kam Adams, Cllr Grace Adebayo, Cllr Frank Baffour, Cllr Sharon Patrick (Vice-Chair), Cllr Ifraax Samatar, Cllr Claudia Turbet-Delof and Cllr Humaira Garasia

Agenda

ALL MEETINGS ARE OPEN TO THE PUBLIC

- 1 Apologies for Absence (19.00)**
- 2 Urgent Items / Order of Business (19.00)**
- 3 Declarations of Interest (19.01)**
- 4 City and Hackney Sexual and Reproductive Health Strategy update (19.03)** (Pages 9 - 62)

- 5 **Community Pharmacies in Hackney - discussion (19.30)** (Pages 63 - 190)
- 6 **Adult Social Care Transforming Outcomes Programme (20.15)** (Pages 191 - 206)
- 7 **Executive Response to Scrutiny Panel report on Net Zero FOR NOTING (20.55)** (Pages 207 - 220)
- 8 **Minutes of the Previous Meeting (20.56)** (Pages 221 - 236)
- 9 **Health in Hackney Scrutiny Commission Work Programme (20.57)** (Pages 237 - 242)
- 10 **Any Other Business (20.59)**

ACCESS AND INFORMATION

Public Involvement and Recording

Public Attendance at the Town Hall for Meetings

Scrutiny meetings are held in public, rather than being public meetings. This means that whilst residents and press are welcome to attend, they can only ask questions at the discretion of the Chair. For further information relating to public access to information, please see Part 4 of the council's constitution, available at <https://hackney.gov.uk/council-business> or by contacting Governance Services (020 8356 3503)

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.

Advice to Members on Declaring Interests

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.

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

Getting to the Town Hall

For a map of how to find the Town Hall, please visit the council's website <http://www.hackney.gov.uk/contact-us.htm> or contact the Overview and Scrutiny Officer using the details provided on the front cover of this agenda.

Accessibility

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

Induction loop facilities are available in the Assembly Halls and the Council Chamber. Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

Further Information about the Commission

If you would like any more information about the Scrutiny Commission, including the membership details, meeting dates and previous reviews, please visit the website or use this QR Code (accessible via phone or tablet 'app')

[Health in Hackney Scrutiny Commission](#)



This page is intentionally left blank



| | |
|---|--------------------------------|
| <p>Health in Hackney Scrutiny Commission</p> <p>20th December 2023</p> <p>Update on the development of the City and Hackney Sexual and Reproductive Health Strategy</p> | <p>Item No</p> <p>4</p> |
|---|--------------------------------|

PURPOSE

To consider the progress made on the development of the **City and Hackney Sexual and Reproductive Health Strategy** and the development of the accompanying action plan.

OUTLINE

The Council is nationally mandated to make provision for contraception and testing and treatment of sexually transmitted infections (STI). Hackney has some of the highest levels of STIs in England and significant inequalities in provision of contraception services.

In addition, NHS NEL (the local ICB) commissions key services relating to fertility services, termination of pregnancy, and menopause services. NHS England also commissions other services such as sexual assault referral services (SARS) and HIV treatment and care services.

This 5 year strategy proposes 5 areas of focus that will address local needs. A public consultation was undertaken on the strategy which ended in November and the finalised document and the 1st year action plan will be formally adopted by partners at the Health and Wellbeing Board on 24 Jan.

Attached please find:

- b) Overview report from Public Health on the progress of the strategy
- c) Slide presentation update on the strategy
- d) A copy of the original Draft Strategy which went out to consultation.

For your information an Easy Read version of the consultation document was also produced and it can be found [here](#).

Attending for this item will be:

Chris Lovitt, Deputy Director of Public Health

Froeks Kamminga, Senior Public Health Specialist

ACTION

The Commission is requested to give consideration to the reports and discussion and make any recommendations as necessary.

| | | | |
|-------------------------------|--|---------------------|--------------------|
| Title of Report | | | |
| Title of Report | Update on the development of the City and Hackney Sexual and Reproductive Health Strategy | | |
| Author(s) | Chris Lovitt, Deputy Director of Public Health Froeks Kamminga, Senior Public Health Specialist | | |
| Group Director Sponsor | Helen Woodland Group Director AH&I | | |
| Meeting Title | Health in Hackney Scrutiny Commission | Meeting Date | 20th December 2023 |

| | |
|-----------------------------------|--|
| Purpose of the Report | |
| For Discussion & Input | Health in Hackney are asked to note:- a) the progress on the development of the City and Hackney Sexual and Reproductive Health Strategy and b) the development of the accompanying action plan for formal adoption at the Hackney Health and Wellbeing Board in January 2024. |

| |
|--|
| Summary |
| <ul style="list-style-type: none"> ● Hackney council is mandated to make provision for contraception, testing and treatment of sexually transmitted infections (STI) ● Hackney has some of the highest levels of STIs in England and significant inequalities in provision of contraception services ● The NEL Integrated Care Board commissions key services relating to fertility services, termination of pregnancy and menopause services ● NHS England commissions other services such as sexual assault referral services (SARS) and also HIV treatment and care services ● The 5 year strategy proposes 5 areas to focus on that will address the need and consultation was undertaken on the strategy which ended in November ● The strategy and 1st year action plan will be considered at the 24th January 2024 Health and Wellbeing Board for formal adoption by all partners |

| | |
|-------------------|--|
| Key Issues | |
| 1 | Fragmented Services: Current commissioning arrangements are fragmented. There are opportunities to better align and join up service provision across the wider sexual and reproductive health services. |
| 2 | Stigma and discrimination: We need to strengthen our work with communities where there are high levels of need to ensure that health literacy, health promotion and increased testing do not increase but reduce discrimination. Sexual health and contraception can still be a taboo subject for some communities which can be contrary to the strategic objectives of increasing health literacy and improving sex education provided to children, young people and adults of all ages. |

1. Background

1.1 The London Borough of Hackney has a statutory responsibility to protect and promote the sexual and reproductive health of our local populations. We invest approximately £8m per year in clinical services as well as services to promote good sexual health from the NHS, local voluntary sector and council insourced services.

1.2 Other key services such as fertility, terminations, sexual assault referral services and HIV treatment and care are commissioned and provided by the NHS.

1.3 Hackney continues to have a very high level of unmet need with significant inequalities in sexual and reproductive health which were exacerbated by the COVID-19 pandemic and reduced access to services.

1.4 Hackney has a young population, a high proportion of people who identify as gay or bisexual and large global majority communities. Within these communities there can be a concentration of particular "at risk" sexual behaviours such as frequent partner change, multiple and concurrent sexual partners, stigma and health care seeking behaviours which together lead to higher rates of sexually transmitted infections (STIs).

1.5 Increasing health literacy, health promotions and reducing barriers to accessing services are all key to addressing these very high levels of need both to reduce rates of STIs and improve access to contraception. More detail is provided in the Sexual Health Needs Assessment.

1.6 A five-year strategy for Hackney and the City (sitting alongside a North East London Strategy) will enable a more joined up and coherent approach to address need and inequalities, bringing together commissioned services and providers, including the NHS and the voluntary sector as well as cross-local authority initiatives, to address the most pressing issues and gaps in provision and uptake of care.

2. Strategy and consultation

2.1 The strategy is built around five themes:

- a) Healthy and fulfilling sexual relationships
- b) Good reproductive health across the life course
- c) STI prevention and treatment
- d) Getting to Zero new HIV transmissions
- e) Vulnerable populations and those with complex needs

2.2 The draft strategy was approved for consultation by the Hackney and City Health and Wellbeing Boards in June 2023. The formal consultation period was from 1 July to 20 September and consisted of a) an online survey that asked residents and others to provide feedback on the identified priority areas and b) online and in-person engagement sessions. Some of these were theme-based and others were with a specific audience or population group, including for example young people, people with learning disabilities, commissioned providers and other key stakeholders. The last of these sessions was held in November 2023.

2.3 The Boards also approved an action planning process to take place during the consultation period, meaning consultation feedback would feed directly into action plan development.

2.4 The strategy and action plan, once finalised, will inform future commissioning decisions and will shape the provision of services over the next five years, with a renewed annual action plan outlining priority areas.

3. Feedback from the consultation

A total of 102 responses were received to the online survey, while a further 13 people completed the Easy Read survey. Online consultations were attended by 71 people, and in-person consultations had a total of 23 attendees while the workshops with commissioned providers and key stakeholders had 20 participants.

The online survey asked respondents whether they agreed with priorities and key outcomes that were proposed. There was strong agreement on priorities and outcomes across the five themes. For example, 95% of respondents (strongly) agreed with the proposed priority that all young people should have access to high quality Relationship and Sex Education (RSE). Even higher was the agreement (98%) for the aim that all residents should be able to recognise whether a relationship is abusive or unhealthy.

On average, proposed priorities and outcomes received around 80-90% agreement on importance. Although agreement was still high there were lower levels of agreement related to reducing reinfection of sexually transmitted infections (72%) and making tailored sexual and reproductive health services available for transgender and non-binary residents (72.5%).

Respondents also had the opportunity to provide written comments which provided an important insight into issues that are important to people, as they often reflected personal experiences. Access to services was an often mentioned barrier, balanced by many comments that the quality of service received was friendly, professional, confidential and non-judgemental. This is consistent with other sources of insight e.g. from mystery shopping exercises that access to services continues to be an area for further consideration.

Online and in-person sessions allowed deeper engagement on the themes and the proposed outcomes. Feedback received included:-

- a) making outcomes more ambitious (Increase access to services by those with higher or more complex needs, rather than improve understanding and functioning of pathways to support those with higher or more complex needs)

- b) having more concrete suggestions on actions to undertake to achieve proposed outcomes (joint online information resource on sexual and reproductive health with booking options and direct links to relevant services).

Following the consultation and feedback the sections on fertility services and menopause will be expanded to reference the recent motions passed by Hackney Council. The action plan will also include additional actions to ensure the motions recommendations are included.

4. Governance

4.1 In January and February 2024, the finalised strategy and action plan will be submitted to Hackney and then the City of London Health and Wellbeing Boards for adoption. The Boards will then be updated annually on progress and asked to approve the next year's action plan.

4.2 As many of the services are commissioned and provided by the NHS either at a North East London (NEL) or pan London level it is essential that the NEL Integrated Care Partnership Board adopt the overarching North East London strategy. The governance of the NEL level strategy and reporting mechanisms are still being developed. The presentation of the NEL ICB Strategic Framework at the January 2024 Health and Wellbeing Board will provide a further opportunity to consider this. Updates on the strategy development have been provided to the City and Hackney Neighbourhood Care Partnership Board and it is envisaged that this board will assist in delivering on the action plan.

4.3 Each of the NEL place partnerships, including City and Hackney, have participated in the development of the overarching NEL Sexual and Reproductive Health Strategy and opportunities for this to be formally adopted by the ICB are being explored.

4.3. Further opportunities to join up the approach to commissioning and provision of services are being explored with the ICB and NHS England.

Appendix:-

- 1) [Presentation on consultation](#)
- 2) [Easy Read Strategy](#)
- 3) [Pre-consultation draft strategy](#)



City & Hackney Sexual and Reproductive Health Strategy Consultation

Page 15

Progress update, December 2023



Froeks Kamminga
City & Hackney Public Health



Overview



- Themes of the strategy
- Process and timeline
- Consultation
- Action planning
- Governance
- Implementation

Themes



1. Healthy and fulfilling sexual relationships
2. Good reproductive health across the life course
3. STI prevention and treatment
4. Getting to Zero new HIV transmissions
5. Vulnerable populations and those with complex needs

Page 17
Themes 1-4 align with the priorities of a NEL-wide strategy on Sexual and Reproductive Health (SRH) that is also under development

Process and timeline for strategy and consultation



- June 2023, City HWB & Hackney HWB decide to approve the consultation and action planning process
- Online survey consultation period: 1 July - 20 September
- Online and in person engagement: July - November
- Collate survey and consultation findings and feedback (November)
- Revise strategy and finalise action plan (November - December)
- Adoption by HWB: January / February 2024
- ICB (NEL strategy)

Consultation



- Online survey for any resident, service user or partner to complete (promoted via comms and social media)
 - Easy Read version of the online survey
- Attending meetings to promote the survey and inform and involve a broad range of stakeholders
 - Health Inequalities Steering Group
 - Healthwatch Hackney: Community Voice in Health & Care Public Forum
 - Hackney CVS Special Interest Group on Sexual Health
 - Place Based Partnership Delivery Group
- Theme-based online consultations (8) plus audience focused sessions
 - Community African Network (CAN) members and volunteers
 - Healthwatch Hackney public reps
 - LGBTQ+ representatives

Consultation



- Face to face focus group discussions/informal engagement
 - Barbican Library, CoL residents/service users
 - Hackney People First (adults with learning disabilities)
 - STEPS brunch drop-in (service users)
 - Young People

Page 20

Workshops with commissioned services and key partners with thematic focus (hybrid of in person and online)

- Young people and sexual health
 - Contraception and reproductive health
-
- NEL strategy workshops

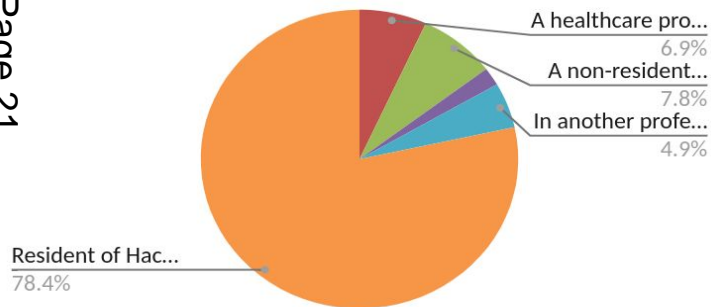
Consultation survey



- 102 responses to online survey
- 13 completed Easy Read surveys and 13 C&H responses to the NEL survey
- Analysis of findings ongoing, including of written feedback

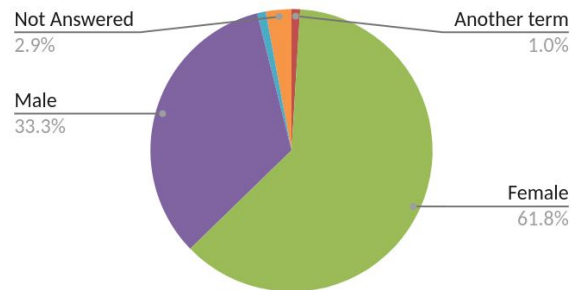
Survey respondents

Page 21



A healthcare provider or health related professional: 7
A non-resident of City or Hackney who uses local C&H services: 8
A representative of a community or voluntary service organisation (CVS): 2
In another professional capacity: 5
Resident of Hackney or City of London: 80

Gender

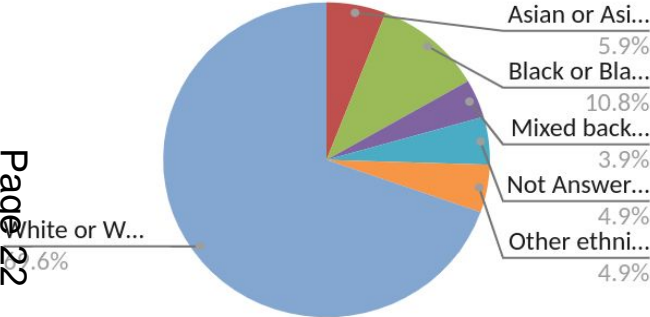


Another term: 1
Female: 63
Male: 34
Non Binary: 1
Not Answered: 3

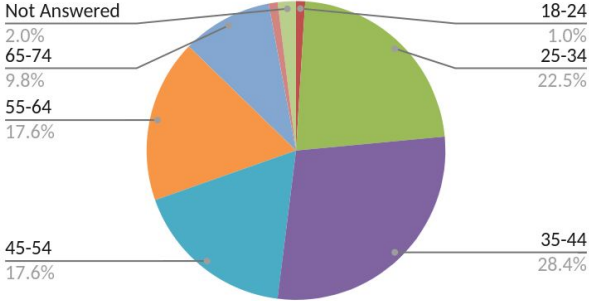
Survey (respondent information): 102 total



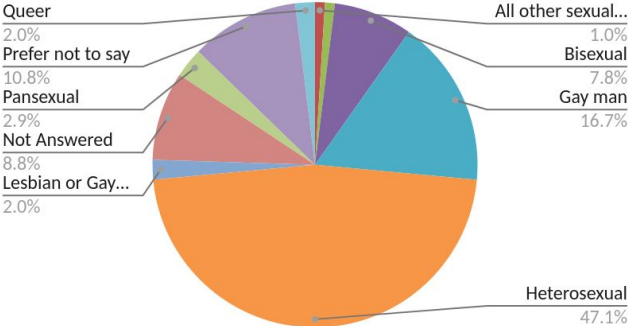
Ethnicity



Age distribution of respondents



Sexual orientation



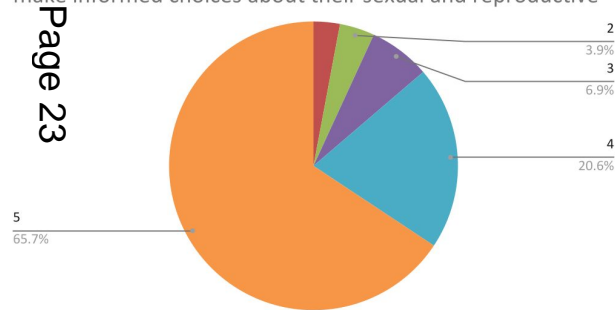
Survey: views on priorities



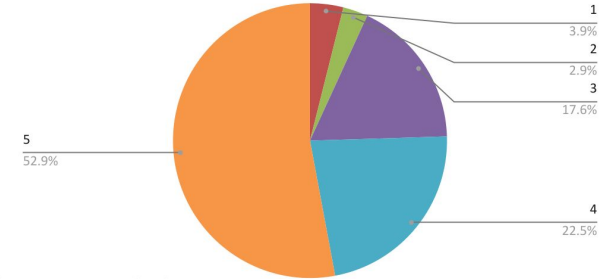
Overall: majority approval of selected themes and priority areas

5=very important 4=important 3=neutral 2=not very important 1=not important at all

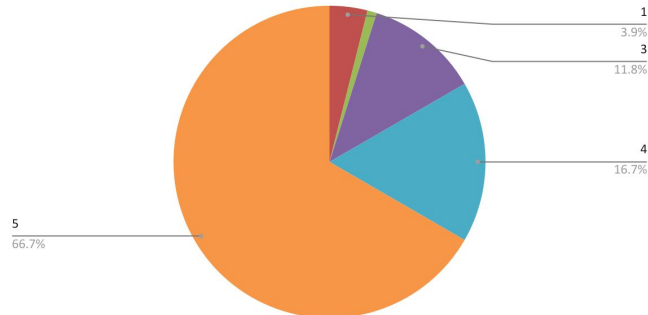
Priority 1: Residents in City of London & Hackney are able to make informed choices about their sexual and reproductive



Priority 2: Residents of City of London & Hackney have good reproductive health across the life course



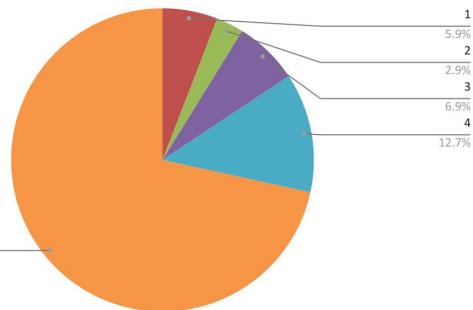
Priority 3: Residents of City of London & Hackney have access to high quality and innovative testing and treatment for Sexually Transmitted



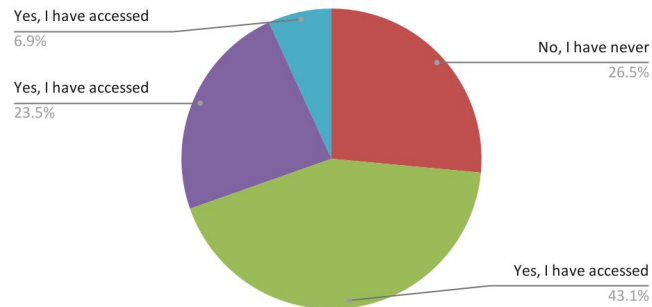
Survey: views on priorities



Priority 4: Towards Zero - there will be no new HIV infections in the City of London & Hackney by 2030

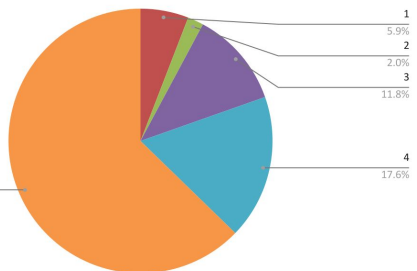


Have you ever accessed Sexual Health Services? - accessed sexual health services



Red=never
 Green=in C&H
 Purple=elsewhere
 Blue= NEL

Priority 5: The sexual and reproductive health needs of vulnerable people and people with complex needs are recognised and met

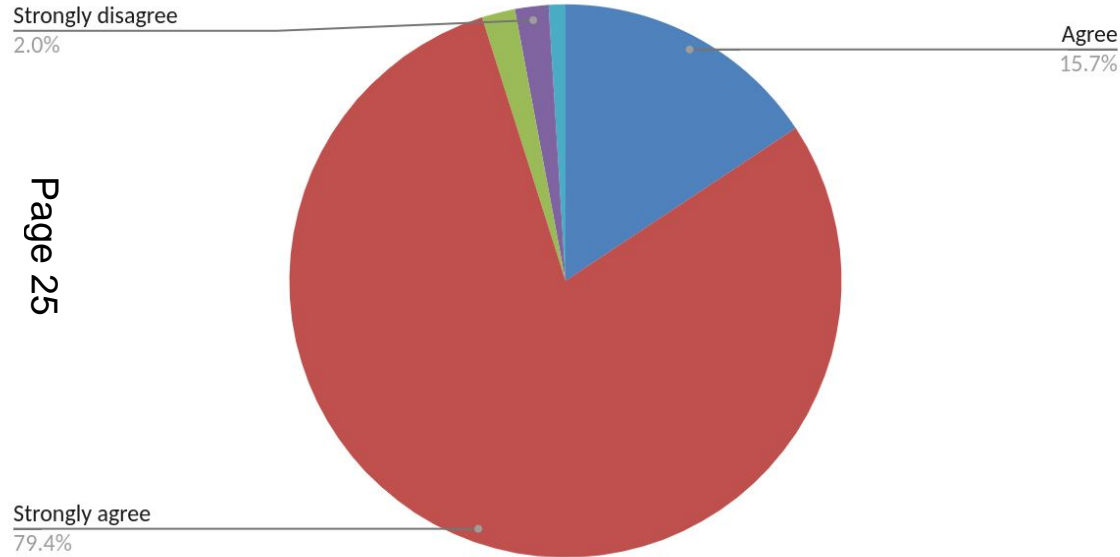


5=very important 3=neutral 1=not important at all

RSE question



All young people should have access to high quality Relationship and Sex Education (RSE)



Page 25

Strongly agree + agree: 95%

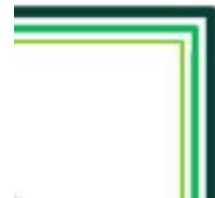
Young people



Key

- PSHE/RSE in schools/alternative provision (collaboration)
- Overall offer, in terms of education/information/advice, condoms and contraception, testing and treatment etc.
- Improve comms and campaigning (coproduction, social media, central source)

Action Planning



The action planning process is informed by

- Survey findings
- Feedback given in all consultation sessions
- Written feedback (strategy)
- Engagement with stakeholders
- NEL wide engagement

City and Hackney Sexual and Reproductive Health Strategy Action Plan (Year 1: 2024 – 25)

Themes

- 1 - Healthy and fulfilling sexual relationships
- 2 - Good reproductive health across the life course
- 3 - STI prevention and treatment
- 4 - Getting to Zero new HIV transmissions
- 5 - Vulnerable populations and those with complex needs

Action planning format - example:

| Theme | Outcome | Action | Strategic Lead (name) | Delivery Lead | Partners | Milestones (aim for a date) | Indicators | Priority |
|--|---|---|-----------------------|---------------|----------|-----------------------------|------------|----------|
| 1) Healthy and fulfilling sexual relationships | A) Young people (YP) in City and Hackney have equitable access to good quality, comprehensive and inclusive relationship and sex education (RSE) in schools and settings of alternative provision | <p>Promote and increase uptake of Young Hackney's free Personal Social and Health Education in secondary schools and settings of alternative provision, while respectful dialogue is continually maintained with schools and other educational institutions where RSE is not deemed appropriate and acceptable for religious or cultural reasons</p> <p>Foster collaboration with and between different entities doing SRH-related school outreach, such as Homerton Sexual Health Services, in order to enhance reach and coverage</p> | | | | | | |
| | B) Young people have access to appropriate and specialist sexual health services | <p>HSHS clinics are welcoming to young people and offer booked and walk up appointments with evening/weekend clinics.</p> <p>Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for SRH advice</p> <p>Pharmacies provide a low barrier range of SRH services including condoms, EHC, Chlamydia screening/treatment and Gonorrhoea screening, as well as routine oral contraception (under development) and are trained to make safeguarding referrals</p> | | | | | | |



Process

- Collate all consultation findings (November)
- Rewrite the draft strategy (December)
- Finalise action plan (December)
- Share strategy and action plan with key stakeholders for (final) feedback (December)
- Link outcomes to the sexual health dashboard (2024)

Page 28

Governance

- Present the finalised strategy and action plan to HWBs for approval: Jan/Feb 2024
- Hackney: Cabinet Decision ?
- ICB decision for NEL Strategy

Implementation and oversight



- Sexual Health Forum reviews progress of action plan implementation
- Sexual Health Forum leads on annual action plan refresh
- A sexual health dashboard will support this from a data perspective
- Collaborate on commissioning with the ICB
- Annual progress update to the HWBs
- Annual approval of action plan by the HWBs

Thank you for your time & attention.

Questions?

DRAFT City and Hackney Sexual and Reproductive Health Strategy

| | |
|---|-----------|
| Executive Summary | 3 |
| 1 - Introduction | 7 |
| 1.1 Vision | 9 |
| 1.2 Core principles | 9 |
| 1.3 Scope | 10 |
| 1.4 Strategic priorities | 10 |
| 2 - Healthy and fulfilling sexual relationships | 12 |
| 2.1 Importance to public health | 12 |
| 2.2 Local need and inequalities | 13 |
| 2.3 Aims and outcomes for healthy and fulfilling sexual relationships | 13 |
| 3 - Good reproductive health across the lifecourse | 15 |
| 3.1 Importance to Public Health | 15 |
| 3.2 Local need and inequalities | 15 |
| 3.2.1 Long Acting Reversible Contraception (LARC) | 16 |
| 3.3 Aims and outcomes for reproductive health across the life course | 17 |
| 4 - STI prevention and treatment: access to high quality and innovative testing and treatment services | 19 |
| 4.1 Importance to Public Health | 19 |
| 4.2 Local need and inequalities | 19 |
| 4.2.1 Testing | 20 |
| 4.2.2 Infections | 20 |
| 4.2.3 Reinfection | 20 |
| 4.2.4 Treatment and partner notification (PN) | 21 |
| 4.3 Aims and outcomes for STI prevention and treatment | 21 |
| 4.3.1 Young people | 22 |
| 4.3.2 General population | 22 |
| 5 - Getting to zero HIV | 24 |
| 5.1 Importance to Public Health | 24 |
| 5.2 Local need and inequalities | 24 |
| 5.2.1 Prevention | 24 |
| 5.2.2 Diagnosis, treatment and virological suppression | 25 |
| 5.3 Aims and outcomes for HIV prevention, access to care and treatment | 25 |
| 6 - Vulnerable populations and those with complex needs | 26 |
| 6.1 Importance to Public Health | 26 |
| 6.2 Local need and inequalities | 27 |
| 6.2.1 LGBTQI+ | 27 |
| 6.2.2 Chemsex users | 28 |
| 6.2.3 Homeless people and rough sleepers | 28 |
| 6.2.4 Commercial sex workers | 28 |
| 6.2.5 People with disabilities | 29 |
| 6.2.6 PAUSE service users | 29 |
| 6.2.7 Other groups | 29 |

| | |
|---|-----------|
| 6.3 Aims and outcomes for vulnerable populations and those with complex needs | 29 |
| 7 - Way forward | 30 |
| 7.1 Adoption process | 30 |
| 7.2 Monitoring | 30 |
| Appendix 1: Overview of commissioned services | 31 |

Executive Summary

The Health and Wellbeing Boards (HWBs) of the City of London Corporation and the London Borough of Hackney work across partner organisations to improve the health and reduce inequalities of their local populations. This includes sexual and reproductive health (SRH) where no one partner can act alone if we are truly to address poor sexual health and high levels of unmet need. This SRH strategy lays out our ambitions across all of our partners and in partnership with our communities to ensure we make the changes over the next five years that will improve health whilst reducing inequalities.

Significant improvements have been achieved in improving SRH in the City and Hackney. However we continue to have high levels of unmet need with significant inequalities, both within communities and compared to other areas in London and across England.

A five-year strategy will ensure a coordinated approach that brings together health promotions and education, commissioned services and explores linkages with other services and providers, including the NHS and the voluntary sector. Each of the local authorities in North East London are undertaking a similar strategic process to enable a coordinated approach across the Integrated Care Partnership so that the most pressing issues and gaps in provision and uptake of care can be addressed.

The strategy is informed by a local needs assessment¹ and Women's Reproductive Health Survey, and will help deliver on national strategies, including the Women's Health Strategy for England (2022), and the National HIV Action Plan (2021).

This strategy has four thematic areas which are also reflected in the other NEL strategies. We have added an additional theme of "Vulnerable populations" to ensure we not only provide universal open access services but also better understand and address the needs of vulnerable populations.

The five overarching themes are:

- a) **Healthy and fulfilling sexual relationships**
- b) **Good reproductive health across the life course**
- c) **STI prevention and treatment**
- d) **Getting to Zero new HIV transmissions**
- e) **Vulnerable populations**

For each theme, a brief overview of the local situation is described. Each thematic section then has a set of outcomes and aims that seek to address the key issues identified.

a) **Healthy and fulfilling sexual relationships**

Sexual and reproductive health and wellbeing is a fundamental human right. All of the partners of the HWB have a significant, often mandated, role in improving SRH through commissioning or providing services.

We must make available easy to access, comprehensive sexual and reproductive health services not just to all residents but also to the "benefit of all people present in the local authority's area". Services must be able to meet the needs of people across the lifecourse from young people who are still to have their sexual debut as well as more mature people who are embarking on new sexual relationships in middle or older age.

¹https://cityhackneyhealth.org.uk/wp-content/uploads/2023/06/CH-Sexual-Health-Needs-Assessment-__-May-2023.pdf

Psycho-sexual support and resources must be available as part of our local service offer so that residents who experience sexual difficulties, whether due to (past) trauma, addiction issues or psychological issues can go on to enjoy and experience fulfilling sex lives.

Within the City of London and Hackney the highest rates of STIs are in young people and young adults. Supporting young people to adopt healthy sexual behaviours while at the same time ensuring welcoming and appropriate services are available to them is of key importance.

To achieve more healthy and fulfilling sexual relationships the strategy will focus on achieving the following outcomes:

Outcome 1: Young people (YP) in City and Hackney have equitable access to good quality, comprehensive and inclusive relationship and sex education (RSE) in schools and settings of alternative provision.

Outcome 2: Young people have access to appropriate and specialist sexual health services

Outcome 3: People have access to clear and appropriate information and resources to help them make informed choices about their sexual and reproductive health.

Outcome 4: Increased professional knowledge and skills in sexual health and wellbeing among people working in YP services and in wider sexual health services and along referral pathways

Outcome 5: Psychosexual support and counselling services are an integral and adequately resourced part of sexual health provision

b) Good reproductive health across the life course

Reproductive health comprises much more than just contraception. Many of these services sit outside those that the local authority commissions, e.g. fertility services, terminations, menopause and sexual assault services. To support better reproductive outcomes it is key that commissioning streams, pathways and referral systems between different services are clear with a focus on integration wherever possible.

The provision of contraception is widely recognised not only as a human and legal right but also as a highly cost-effective public health intervention. Contraception reduces the number of unplanned and unwanted pregnancies that bear high financial costs to individuals, the health service and wider society.

In order to offer reproductive choice, the full spectrum of contraceptive options needs to be available: Long Acting Reversible Contraception (LARC), injectables, user-dependent oral and barrier method contraception, support for “natural family planning” or rhythm method, Emergency Hormonal Contraception (EHC), and termination of pregnancy (TOP) services.

Low barrier access to contraception is important because there are inequalities in the use of services and reproductive health outcomes, often linked to ethnicity and age. Alongside contraceptives we must also ensure that residents who want to start a family have information that enables healthy conceptions by focusing on preconception health. For residents who have difficulty in conceiving, information, support and access to fertility services must be easily and widely available.

The strategy will focus on the following outcomes to ensure good reproductive health across the life course:

Outcome 1: Reproductive health services consider the life course from adolescence to the post-menopausal stage

Outcome 2: Reproductive health services are cognisant of inequalities in service provision and uptake in different ethnic population groups and work to ensure anyone can access services in their preferred setting and equally, to address those inequalities

Outcome 3: The role of all services in providing comprehensive reproductive care and services to residents is clear, promoted and optimised

Outcome 4: Pathways into and out of non-LA-commissioned services are optimised and integrated, including: fertility services, period poverty; perimenopause/ menopause; community gynaecology; termination of pregnancy; maternity and post-partum care and complications; cervical screening; endometriosis, incontinence, heavy menstrual bleeding, Female Genital Mutilation (FGM)

Outcome 5: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background

c) STI prevention and treatment

Sexually transmitted infections (STIs) can cause serious health issues beyond the immediate impact of the infection itself, especially as some STIs may not be symptomatic but can still have serious long term impacts, e.g. causing infertility, cancer and sexual dysfunction. The most commonly diagnosed STIs in Hackney and the City of London are Chlamydia and Gonorrhoea.

Overall, the high incidence of STIs remains a challenge that is associated to having both a young population, as young adults are demographically the age group with highest infection rates, and a large proportion of the population that are gay, bisexual or men who have sex with men (GBMSM) who also demographically tend to have higher rates of infection.

A multi-pronged approach will be required to achieve a reduction in STI infection and reinfection rates, including good quality and inclusive sex and relationship education, appropriate and available information and accessible resources, developed with and alongside those at highest risk. Easy and confidential access to STI testing through various routes (online, pharmacies, GPs and sexual health clinics), along with effective partner notification and treatment are essential. Services need to be non-judgemental and welcoming.

The following outcomes will contribute to STI prevention, testing and treatment.

Young people

Outcome 1: Young people have access to accurate, inclusive and appropriate information and education on sexual health

Outcome 2: Young people know where to source free condoms and STI tests and have no barriers to access and uptake

Outcome 3: Young people have access to appropriate and specialist sexual health treatment services

General population

Outcome 4: STI testing is available through multiple pathways so people with different preferences can access them on their own terms and with no barriers

Outcome 5: Better understanding of drivers of risky sexual behaviour in different population groups

Outcome 6: Functioning and efficient partner notification systems are in place within all testing pathways

Outcome 7: Reinfection rates in young people, and adults presenting with gonorrhoea, are reduced.

d) Getting to Zero HIV

Both Hackney and the City of London are areas of extremely high prevalence of HIV. Great strides have been made in both prevention and treatment, resulting in fewer new diagnoses every year and people with HIV living longer and healthier lives. However, in order to get to zero HIV, meaning zero new HIV infections by 2030, it is crucial that testing continues at scale to find new cases, especially late diagnosis cases where people are more likely to have worse health outcomes.

Alongside widespread testing, including opt-out testing in both acute and primary care, it is equally important that people are supported to start and maintain effective treatment and re-engage with treatment when lost to care.

Continuing a strong HIV response through prevention, testing, treatment and care is an essential part of the overall sexual and reproductive health work as HIV impacts on people's reproductive lives, is linked to poorer socio-economic outcomes, and is associated with other infections such as Tuberculosis and viral Hepatitis.

In City and Hackney, overall testing rates for HIV have dropped and women are more likely to be diagnosed late. In terms of prevention, the promotion and uptake of Pre-Exposure Prophylaxis (PrEP) has been very successful amongst older gay and bisexual men (GBMSM) and more needs to be done to ensure other groups who may benefit from PrEP are aware and accessing this service.

The following outcomes will contribute to getting to Zero new HIV infections by 2030:

Outcome 1: the Fast-Track Cities London goal of zero new HIV infections, zero preventable deaths from HIV/AIDS, and zero HIV-related stigma, by 2030 is achieved locally.

Outcome 2: Reduced inequalities in uptake of HIV prevention services

Outcome 3: People with HIV know their status, are linked in to care and treatment

e) Vulnerable populations and those with complex needs

Sexual and reproductive health and wellbeing are a right like all other human rights but some people have greater difficulty in achieving good SRH outcomes, and require additional or

tailored support. This can be for very diverse reasons. The purpose is not to pigeonhole those with more complex needs or greater vulnerabilities in order to stigmatise them, but to ensure their needs are recognised and met within the overall service provision.

A key challenge is that some groups with higher complexity or vulnerability are relatively small in size and limited information is known about their specific needs.

The following outcomes will contribute to achieving better sexual and reproductive health outcomes for vulnerable groups:

Outcome 1: Improved understanding and functioning of pathways to support those with higher or more complex needs

Outcome 2: Improved data collection to inform service delivery

Outcome 3: Tailored services are available for transgender and non-binary residents

Outcome 4: Information is designed to reach them in acceptable and appropriate forms

Implementation

Following a 12 week consultation period to run throughout the summer of 2023 the strategy will be proposed for adoption at the autumn meetings of the City and the Hackney HWBs. Additional engagement on the strategy will be held with a range of partners and stakeholders, including Healthwatch City and Hackney, Hackney CVS, Community Champions and community groups. An action plan will be developed alongside the consultation, with an annual update and refresh of actions presented to the HWBs.

To monitor implementation of the strategy, an SRH dashboard will be developed by the Public Health Intelligence Team (PHIT).

Subject to adoption of similar strategies by the other places based partnerships in NEL an overarching strategy will be recommended to the Integrated Care Partnership for formal adoption.

1 - Introduction

The Health and Wellbeing Boards (HWBs) of the City of London Corporation and the London Borough of Hackney work across partner organisations to improve the health and reduce inequalities of their local populations. This includes sexual and reproductive health (SRH) where no one partner can act alone if we are truly to address poor sexual health and high levels of unmet need. A broad approach to sexual and reproductive health is not only necessary but essential. This SRH strategy lays out our ambitions across all of our partners and in partnership with our communities to ensure we make the changes over the next five years that will improve health whilst reducing inequalities.

Sexual and reproductive health present a significant burden of disease and cost to the health system related to sexually transmitted infection (STI) prevention, testing and treatment, and the need for a range of contraceptive options. Yearly we invest over £8m in clinical services as well as services to promote good sexual health, with currently [12 key services](#) directly commissioned. The NHS also commissions and provides termination of pregnancy services, gynaecological services alongside maternity services, all of which have a significant role in improving SRH.

Significant improvements in SRH have been achieved, in partnership with the NHS and the voluntary sector e.g. the reduction in teenage pregnancies and reduction in new HIV diagnoses. However, City and Hackney continue to have a high level of unmet need with significant inequalities in sexual and reproductive health, both within communities and compared to the other areas in London and across England. This strategy seeks to forge a coherent and comprehensive direction that will meet the needs of our diverse populations in Hackney and the City of London. It draws upon the findings and analysis of the Sexual Health Needs Assessment², the 2022 City and Hackney Women's Reproductive Health Survey, service reports and user engagement, and mystery shopping exercises of sexual health and pharmacy services.

It is further informed by national strategies in development and already published including the [Women's Health Strategy for England](#), which was published in 2022, the [National HIV Action Plan](#) (2021) and the [Fast Track Cities](#) goals of no new HIV infections by 2030.

The strategy has been developed alongside the other local authorities and clinical services in North East London (NEL) so whilst each place-based strategy responds to local needs, where there are opportunities for joint approaches to identified needs, these are highlighted.

Four of the five key thematic areas of this strategy are reflected in the NEL Sexual and Reproductive Health (SRH) strategy, ensuring alignment with the priorities of other local authority areas in North East London that have similar types and levels of SRH need within their populations. The five overarching themes are:

- Healthy and fulfilling sexual relationships
- Good reproductive health across the life course
- STI prevention and treatment
- Getting to Zero new HIV transmissions
- Vulnerable populations

The ambition is for this strategy to lay the foundation for the reimagining, (re)commissioning and integration of sexual and reproductive health services that are comprehensive and inclusive, recognising synergies with other services and providers, and contributing to better sexual and reproductive health outcomes for all residents.

²https://cityhackneyhealth.org.uk/wp-content/uploads/2023/06/CH-Sexual-Health-Needs-Assessment-__-May-2023.pdf

It will help us to work in closer partnership with other organisations with legal duties to commission SRH services, such as the North East London Integrated Care Board (NEL ICB), NHS partners, neighbouring local authorities, and other place-based partners within the Integrated Care System (ICS). Having a strategy will provide a rationale for decision-making with internal and external stakeholders and, most importantly, help us to better communicate our ambitions around SRH to our residents.

Although the text will often refer to women when talking about reproductive health and contraceptive choices, it is acknowledged that this may also affect and apply to trans men and non-binary people who were born with female reproductive organs but who do not identify as women.

1.1 Vision

The overarching ambition of this strategy is for all residents in Hackney and the City of London to lead healthy and fulfilling lives in which they have knowledge and agency to make informed choices about their sexual and reproductive health and can access high quality services to support them in doing so.

The strategy recognises that there are currently inequalities in need, access and quality of care and it therefore sets out to:

- Improve the quality of care provided to all residents
- Improve outcomes and/or reduce variability in outcomes
- Achieve more efficient and sustainable delivery

As such, the vision is to work collaboratively with residents and partners from across the spectrum of integrated SRH in order to deliver high quality, easy-access and equitable provision across the City of London and Hackney, with the prevention of illness and the promotion of healthy relationships at the core of all activity. Whilst wider determinants of health such as employment, education, housing, immigration status, to name but a few, are also fundamental to improving SRH these are outside of scope of this strategy.

1.2 Core principles

This strategy is underpinned by the following core principles:

- Proportionate universalism (focus and resources proportionate to need) embedded across all actions to ensure equity of outcomes.
- A life-course approach recognising the importance of the wider determinants of health.
- Right care, right time, right place. Making every contact count.
- Co-development of services with ongoing resident/patient and stakeholder participation.
- Safety and safeguarding highest quality offer (for staff and patients) and highest standards in London.
- Whole-system approach: partnership working and system leadership from providers of integrated SRH (e.g. primary care, education, substance misuse, domestic abuse services etc).
- Commitment to developing sustainable and cost-effective services.
- Innovative, research and evidence based approach that makes the best use of emerging technology.
- Outcomes-focused with an annual action plan, aligned to regional/national strategies and with plans to monitor and evaluate success, as well as system enablers and barriers of further improvement (embedding a learning system).

1.3 Scope

SRH cross cuts across sectors and beyond clinical settings. Not all elements of sexual and especially reproductive health, e.g. fertility and termination of pregnancy services, are within the commissioning remit of local authorities. It is therefore important to define the scope of each partner within this overarching partnership strategy, noting that some responsibilities overlap or are jointly held.

The local authorities are responsible for:

- Specialist sexual health services, including genitourinary medicine (GUM), sexual wellbeing support and advice, STI testing and treatment, most aspects of contraception (including Long Acting Reversible Contraception, LARC and Emergency Hormonal Contraception, EHC), Hepatitis A and B and HPV vaccinations provided within SRH services and HIV prevention (PrEP)
- Enhanced sexual health services within primary care from both GPs and pharmacies, including STI Screening, LARC and Emergency Hormonal Contraception (EHC)
- Online sexual health services including STI testing, EHC and routine oral contraception
- HIV prevention
- HIV social care support
- Condom distribution schemes and sexual health resource provision
- The sexual health elements of psychosexual services and Chemsex support services
- Promoting the wellbeing of children and young people
- Commissioning health visiting and school nursing services
- Commissioning of substance misuse services

Schools and the Department of Education are now increasingly responsible for the day to day operations of schools including the provision of compulsory relationship education in primary schools and sex and relationship in secondary schools.

The following areas are commissioned by the NHS at either a local, ICB or national level. Joint commissioning can improve outcomes and integrate pathways and as all North East London Local Authorities are seeking to take a similar approach to the development of SRH strategies there will be further opportunities to collaborate on these areas at an NE London ICP footprint:

- Fertility services and assisted conception
- Termination of Pregnancy Services (ToPS)
- Routine oral contraception
- Cervical cytology
- HIV treatment and care
- Mental health elements of psychosexual services
- Havens and Sexual Assault Support Services (SARS)
- Maternity services
- Gynaecological services

Out of scope are:

- Actions and/or organisations outside of local authority or health services' sphere of influence.

1.4 Strategic priorities

This strategy is built around five themes that have a number of underlying aims and intended outcomes. These themes represent the fulfilment of the definitions of SRH and address the key challenges in the City of London and Hackney.

1) Healthy and fulfilling sexual relationships

People are empowered to have healthy and fulfilling sexual relations:

- People make informed choices about their sexual and reproductive health
- People in unhealthy or risky sexual relationships are supported appropriately

2) Good reproductive health across the life course

People effectively manage their fertility and contraceptive choices, understand what impacts on it and have knowledge of and access to contraceptives:

- Reproductive health inequalities are reduced
- Unwanted pregnancies are reduced
- Knowledge and understanding of contraceptive choices and preconception health are increased

3) High quality STI testing and treatment

The local burden of STIs is reduced, in particular among those who are disproportionately affected:

- There is equitable, accessible, high-quality testing, treatment and partner notification that is appropriate to need
- Transmission of STIs and repeat infections are reduced

4) Towards Zero new HIV infections

The full implementation of the national HIV Action plan of zero new HIV transmissions by 2030 focusing on prevention, testing, rapid access to treatment and retention in care whilst improving the quality of life for people living with HIV and ending HIV related stigma.

5) Vulnerable populations and those with complex needs

To understand better the service and support requirements of those with more complex needs or greater vulnerabilities, not in order to stigmatise them, but to ensure their needs are recognised and met within the overall service provision, and that information is made available in accessible and appropriate ways.

The following considerations underpin the themes:

- A commitment to tackling and reducing inequalities whilst ensuring services are open and accessible to all
- Service innovation and improvement
- Developing workforce capacity and skills
- Ensuring that services are delivering value-for-money
- Considering the development of technology and technological solutions
- Broader issues, such as antimicrobial resistance, assets and estates, and facilities such as pathology laboratories
- Working in partnership with key stakeholders, including VCS organisations and other commissioning bodies
- Developing and implementing more comprehensive data collection on protected characteristics and inequalities
- To support integration of services such as fertility, termination of pregnancy, HIV care, psychosexual support, Sexual Assault Referral Services at both a local and NEL level.

2 - Healthy and fulfilling sexual relationships

2.1 Importance to public health

Good SRH is not just about having clinical treatment and services available and accessible to all. The World Health Organisation (WHO) definition:

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

This definition goes well beyond clinical health and makes clear that respect, pleasure and consent are key elements of a healthy sexual relationship. It also means people must have agency to choose and make informed decisions about their personal sex life and that those choices should not be detrimental or harmful to any other person.

Relationship and Sex Education (RSE) in secondary schools, and Relationship Education (RE) in Primary Schools has been nationally mandated since 2017. Research has shown that good sex education has benefits beyond physical health outcomes, preventing teenage pregnancy or STI infection, but can also reduce harm (including sexual violence), promote gender equitable attitudes, encourage people to speak out and make it more likely that sexual debut is consensual³.

The sexual and reproductive health of younger populations in City & Hackney was reviewed as part of the 2022 0-25 year-olds Joint Strategic Needs Assessment (JSNA). A survey among young people aged 14+ who either lived in or attended school in the City and Hackney found that 93% of respondents had received RSE education, but of those only 52% said that the education they received was sufficient (CYP JSNA). Some comments from qualitative data from this JSNA suggested a narrow focus on heterosexual messaging and condom promotion, with a need for broader education and the consideration and inclusion of LGBTQIA+⁴ relations during education programmes.⁵

Encouraging healthy and fulfilling sexual choices is not only relevant for young people. Across the life course, people can be exploited or coerced, may be dealing with past or current traumatic experiences, or have inadequate knowledge, agency or resources to ensure their own, and others', sexual and reproductive health and wellbeing. Or people encounter (psychological) issues that impact on their physiological ability to enjoy or experience fulfilling sex lives.

It is therefore important to ensure (psycho-sexual) support and resources are available for residents who experience sexual difficulties, have encountered an unsafe relationship, or who have been coerced or abused, including for instance through modern slavery or the practice of Female Genital Mutilation (FGM). There is also scope to consider the high risk sexual pathway for those who find it difficult to make safe sexual choices, for example due to substance misuse (chemsex). Equally, it is important that services have good safeguarding practices in place and that professionals are equipped to recognise and act upon signs and behaviours linked to modern slavery, harmful sexual health experiences and outcomes.

³<https://www.sexeducationforum.org.uk/sites/default/files/field/attachment/RSE%20The%20Evidence%20-%20SEF%202022.pdf>

⁴ LGBTQIA+ stands for Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual + any other identity or orientation

⁵ 2022 Children and Young People JSNA made the following recommendations: 1) New PHSE Curriculum implemented in all schools; 2) Schools review their PHSE/ RE/ RSE Curriculum and consulted with Parents/Carers; 3) Ensure RSE is effective by ensuring it is grounded in an understanding of how to act in real life situations; knowledge, skills and personal qualities

2.2 Local need and inequalities

As section 4 on STI prevention and treatment will elaborate, young people, young adults and GBMSM in City and Hackney have the highest rate of STI infections within the overall population. This suggests that the greater use of condoms, more frequent STI testing and enhanced partner notification will help reduce the increased burden of disease.

Another illustration of need among young people is uptake of Emergency Hormonal Contraception (EHC): 15 to 19 year olds have the second highest rate of EHC access behind 20 to 24 year olds. At pharmacies, an estimated 17,001 EHCs were taken per 100,000 population among 15-19 year olds in Hackney and the City of London compared to 5,238 per 100,000 population for all people aged 15 and over (Pharmoutcomes, 2018-2021). For the financial year 2022-23, of all EHC consultations that took place at pharmacies, 18% were for those aged 19 and under (918 out of a total of 5096).

From a life course perspective, it is important to keep in mind that needs and activity can change over time. Increasingly, people in mid-life are starting new relationships and engaging in sexual activity in a changed environment, without necessarily recognising their risk and vulnerability. A rise in STIs in older people has been observed as a result.

With regards to psychosexual support, this covers many different areas from erectile dysfunction and premature ejaculation to more complex psychosexual issues perhaps related to past or recent sexual trauma. There has been a sustained increase in demand for services for this highly specialised service in City and Hackney that underscores the importance of provision to support healthy and fulfilling SRH across the lifecourse, including recovery from trauma such as sexual assault and FGM.

2.3 Aims and outcomes for healthy and fulfilling sexual relationships

The aims and outcomes section will present a number of desired outcomes with underlying aims that contribute towards that outcome. The intended outcomes and aims will be further broken down into outputs and activities, and targets, in the annual action plan.

Outcome 1: Young people in City and Hackney have equitable access to good quality, comprehensive and inclusive relationship and sex education in schools and settings of alternative provision.

This requires information on current coverage and uptake in schools, and across the local authorities, as well as an assessment of the quality and relevance of the PSHE provided.

Aims

- Promote and increase uptake of Young Hackney's free [Personal Social and Health Education](#) in secondary schools and settings of alternative provision, while respectful dialogue is continually maintained with schools and other educational institutions where RSE is not deemed appropriate and acceptable for religious or cultural reasons
- Foster collaboration with and between different entities doing SRH-related school outreach, such as Homerton Sexual Health Services, in order to enhance reach and coverage

Outcome 2: Young people have access to appropriate and specialist sexual health services

Aims

- HSHS clinics are welcoming to young people and offer booked and walk up appointments with evening/weekend clinics.

- Dedicated young people's services such as youth hubs and/or the 'super youth hub' offer safe spaces for SRH advice
- Pharmacies provide a low barrier range of SRH services including condoms, EHC, Chlamydia screening/treatment and Gonorrhoea screening, as well as routine oral contraception (under development) and are trained to make safeguarding referrals where appropriate
- Service quality and access information is regularly reported including mystery shopping exercises or surveys, to inform our knowledge about inequalities in access, experience and outcomes

Outcome 3: People have access to clear and appropriate information and resources to help them make informed choices about their sexual and reproductive health.

Aims

- People know where to access sexual and reproductive health services.
- Prevention activities are culturally sensitive, appropriately targeted and tailored to those at greatest risk of poor SRH outcomes
- Prevention and information materials are developed with people considered at higher risk of poorer SRH outcomes
- Provision is made for engagement on sexual and reproductive health with residences and hostels that accommodate care leavers and other young people in supported accommodation circumstances including asylum seeker temporary accommodation

Outcome 4: Increased professional knowledge, skills and collaboration in sexual health and wellbeing among people working in YP services and in wider sexual health services and along referral pathways

Aims

- Ongoing training/CPD of health professionals on e.g. early identification of harmful sexual relationships
- Emotional wellbeing is supported across all pathways
- People in unhealthy or risky sexual relationships are appropriately supported.
- Early and targeted support provided for those engaging in higher-risk sexual behaviours, such as chemsex
- NEL wide collaboration via the chemsex and high risk sexual behaviour working group

Outcome 5: Psychosexual support and counselling services are an integral and adequately resourced part of sexual health provision

Aim

- HSHS offers a regular clinic and is able to manage or increase uptake of referrals with funding agreed between the LA and mental health commissioners
- Adequate pathways and services are in place for more complex cases and people who need longer term support. e.g. linkage with mental health services, substance misuse services, etc.

3 - Good reproductive health across the lifecourse

3.1 Importance to Public Health

Reproductive health implies that people (...) have the capability to reproduce and the freedom to decide if, when and how often to do so. - WHO

Reproductive health is important to the public's health because if and when and how often a pregnancy occurs should be a matter of choice, in line with the WHO definition. Having access to methods and information on not only preventing pregnancy but also on conception and preconception health is important.

Unplanned pregnancies can negatively affect someone's life chances and outcomes, for instance in education or job opportunities. The development of the unplanned pregnancy metric currently being piloted within maternity services is welcomed and has the potential to bring greater focus to how we can support families across the pregnancy and pre-pregnancy lifecourse to increase planned parenthood.

The local authority is responsible for the commissioning of most elements of contraception, with a particular focus on the provision of long acting reversible contraception (LARC) and emergency hormonal contraception (EHC), to support people with prevention of unintended pregnancies during the reproductive stages of their lives.

The provision of contraception is widely recognised as a highly cost-effective public health intervention, which reduces the number of unplanned pregnancies that bear high financial costs to individuals, the health service, and to the state. For every £1 invested in LARC, £13.42 is saved in averted outcomes. For every £1 invested in contraception generally, £11.09 is saved in averted costs (Public Health England, 2018).⁶

In order to offer reproductive choice, the full spectrum of options needs to be available: LARC (including intrauterine devices and systems, and implants), injectables, user-dependent oral and barrier method contraception, the 'natural' or rhythm method, EHC and termination of pregnancy (TOP) services. If the uptake of this looks like an inverted pyramid, it suggests contraceptive education and choice is working: the more people use reliable and long acting contraception methods, the fewer people will need EHC or TOP. Educating and providing easy access to information about options, especially to young people, and making access to services as low-barrier as possible is key to laying a solid foundation for reproductive health and wellbeing across the lifecourse.

Low barrier provision of reproductive health services is important because there are inequalities in use of services and reproductive health outcomes, often linked to ethnicity and age. The Sexual Health Needs Assessment (2022) and the Women's Reproductive Health Survey (2022) provide a detailed overview of these and the strategy will not repeat those analyses but highlight some key trends in the next section.

3.2 Local need and inequalities

In terms of overall use of HSHS, black women are overrepresented in relation to their proportion of the population, while white women and Asian women are underrepresented.⁷ Equally, taking population size into account, black populations recorded the highest use of EHC via pharmacies,

⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730292/contraception_return_on_investment_report.pdf

⁷ 2022 HSHS Equity Audit, Dr Sarah Creighton

while white and Asian populations recorded much lower EHC rates. Among survey respondents, 22% reported ever having had an abortion (TOP), out of which 36% of black Caribbean respondents reported this, versus 22% of white British and only 8% of South Asian respondents. In as much as EHC and TOP are essential parts of the overall reproductive offer, disproportional high uptake in any group indicates a potential barrier in knowledge of or access to reliable forms of contraception.

The survey also found that women who had a lower education attainment and who had ever had an abortion were almost nine years younger at the birth of their first child, compared with women who had a degree, or equivalent-level education, and who had never had an abortion. This underlines the importance of appropriate, high quality and inclusive sexual and reproductive health education in schools, sixth form colleges and settings of alternative provision to ensure young people have a good understanding of what reproductive health means, the options that are available and where and how they can be accessed.

The survey further found that respondents under 25 and over 45 were more likely to report heavy bleeding, which was a source of discomfort and distress to many. Disabled, unemployed and women with lower educational attainment were more likely to report heavy bleeding. In terms of ethnicity, black Caribbean (47%), black African (48%) and south Asian (48%) respondents were significantly more likely to report heavy bleeding than white (32%) respondents.

For almost 80% of women who accessed EHC through pharmacies in 2022/23, the reason for needing EHC was not using any form of contraception. This suggests more needs to be done around education and promotion of all forms of contraception and ensuring easy access, including for LARC.

For accessing contraception, the survey found that women aged 40 and under preferred to get LARC at a sexual health clinic, while women aged 40 and above preferred to access it at a GP practice. This was backed up by HSHS data that showed that the highest LARC appointment rates at HSHS were recorded among 20-24 year-olds. White women are more likely to opt for primary care while black women are more likely to use HSHS. The survey also found that Asian women were least likely to use LARC, though due to the sample size this was not statistically significant. Black African women were most likely to use LARC in the survey.

Attendance at HSHS by Primary Care Network (PCN) of residence correlates strongly with distance from HSHS clinics. This means people who live closer to the Homerton-provided clinics are more likely to use them. This should not disadvantage those living at greater distance, and makes it even more important that essential face-to-face reproductive services can be accessed at GPs, pharmacies and for example the newly created community gynaecology services, commissioned by the NHS, more commonly known as the Women's Health Hubs⁸. In addition, community pharmacies have been contracted at national level to provide oral contraception. Even if this may take some time to take shape, it would create a direct opportunity for e.g. women who access EHC to be engaged about and start on routine oral contraception.

3.2.1 Long Acting Reversible Contraception (LARC)

Ensuring increased uptake of LARC (excluding injectable contraception) is a key element of this strategy, especially as uptake of LARC is low compared to the England average, though above the London average. LARC is important because it is long-acting and not user dependent, which means it works continuously and the user does not have to remember to take it.

⁸ Community Gynaecology service:
<https://mail.google.com/mail/u/0/?ogbl#search/elsdal/GTvVlcRzDfnTJDsfzQxRpvNvcZsGwjfsFWZIFQmBFKPGxIWDdWWTbZBXWHhnPQBxRWDLRgvKDnQKq?projector=1&messagePartId=0.1>

In 2021, the overall prescribing rate for LARC in Hackney was 37.5 per 1,000 women aged 15 to 44 years, which was a strong recovery after the rates plummeted to 19.3 per 1,000 in 2020 due to COVID-19, after a high of 45.9 in 2019. For the City of London, there was a recovery to 20.8 per 1000 in 2021 for women aged 15-44 after a low of 13.6 in 2020. For comparison, the England rates for 2020 and 2021 were 34.6 and 41.8, respectively. Reported performance figures from 2022 suggest the upward trajectory is not being sustained with numbers both at HSHS and GPs plateauing or dropping.

In terms of delivery, traditionally, HSHS provide the majority of the LARC fittings, around 65% compared to 35% by GPs. This is different from the national picture, where delivery via GPs is much more common.

Interestingly, the 2022 WRH survey found that LARC was popular and used by 24% of those reporting a method of contraception, though it needs to be taken into account that higher educated white women were overrepresented in the survey. It also reported the highest satisfaction levels, with 83% being satisfied to very satisfied. The survey further reported a match between the preferred and actual place of supply, with those wanting to get it at a SH clinic getting it there, and similarly for GPs. This is backed up by a finding from the Needs Assessment that IMD (Index of Multiple Deprivation) of residence has little impact on the route of prescription for LARC.

3.3 Aims and outcomes for reproductive health across the life course

Outcome 1: Reproductive health services consider the life course from adolescence to the post-menopausal stage

Aims:

- Offer appropriate and inclusive education on sexual and reproductive health in schools and colleges by promoting and increasing uptake of Young Hackney's free [Personal Social and Health Education](#) in secondary schools and settings of alternative provision and where appropriate collaborate with other services e.g. HSHS outreach
- Consider preferences of where individuals from different age groups access routine and emergency contraception, and make them more visible and accessible.
- Improve awareness of and access to LARC, especially among younger women, e.g. by making use of virtual contraception events via the Women's Health Hubs, tailored to younger women and groups that see relatively high uptake of EHC and TOP.
- Maintain access to abortion care locally and in a timely (early) manner, particularly among under-18s, and those aged 40-55.
- Explore and address why repeat abortions among under-25s are higher than the England and London averages.
- Include menopause and perimenopause in reproductive and other health care services
- Include questions and information about (peri)menopause in the NHS Health Check.
- Explore ways to engage and create more support in different settings, e.g. primary care, businesses and workplaces, for women experiencing the (peri)menopause.
- Identify support pathways for girls and women experiencing heavy bleeding or painful periods to improve their access to and quality of care.
- Ensure clear signposting and referral for assisted conception and fertility services

Outcome 2: Reproductive health services are cognisant of inequalities in service provision and uptake in different ethnic population groups and work to ensure anyone can access services in their preferred setting and equally, to address those inequalities

Aims:

- Improve understanding of and address barriers to contraception among groups where EHC use is disproportionately high (such as young people, and among black ethnic groups)
- Increase (timely) access to a range of contraception including in maternity settings and reduce the need for abortions and repeat abortions, as well as unplanned/unintended pregnancies
- Assess why mixed (especially white and black Caribbean) and black residents have a disproportionately high uptake of abortion services and work to bridge the gap in reproductive knowledge and uptake of especially LARC to prevent repeat abortions, and explore the link with socio-economic deprivation/poverty
- Understand why Asian - particularly south Asian - and "other" ethnicities record a lower-than-average LARC appointment rate than other ethnic groups, and ways in which this can be made more equal
- Ensure that support for reproductive health is accessible to all communities, such as the Charedi Orthodox Jewish community, the Traveller community or the Turkish and Kurdish community, through tailored and religiously/culturally sensitive engagement.

Outcome 3: The role of all services in providing comprehensive reproductive care and services to residents is clear, promoted and optimised

Aims:

- Ensure consistent high quality services provided in all community pharmacies who provide sexual health services
- Increase the provision of LARC in primary care with effective inter-practice referral
- Increase collaboration in LARC provision between primary care and specialist sexual health services, and the Women's Health Hubs.
- Share best practice from the Women's Health Hubs in terms of direct service delivery (e.g. LARC fittings), engagement with residents (virtual events), collaboration with primary care (training and upskilling) and specialist clinics (HSHS).

Outcome 4: Pathways into and out of non-LA-commissioned services are optimised, including: fertility services, period poverty; perimenopause/menopause; community gynaecology; termination of pregnancy; maternity and post-partum care and complications; cervical screening; endometriosis, incontinence, heavy and painful menstrual bleeding, Female Genital Mutilation (FGM)

Aims:

- Health care professionals and commissioned services have easy to use guidance on pathways and referral processes
- Provide support and information on birth spacing and maternal/parental health before, during, and after birth.
- Enable easy access to contraception throughout the maternity pathway
- Ensure local access to abortion care and in a timely (early) manner, particularly among under-18s, and those aged 40-55.
- Reduce repeat abortions among under-25s through the provision of easy to access contraception

Outcome 5: Inequalities in access and uptake of services have decreased over time and are not a reflection of socio-economic background

Aims:

- Regularly re-run the women's reproductive health survey (without an upper age limit) to track change/progress over time and seek to increase representative sample of the population
- Develop a sexual and reproductive health dashboard to monitor progress over time.

4 - STI prevention and treatment: access to high quality and innovative testing and treatment services

4.1 Importance to Public Health

Sexually transmitted infections (STIs) are predominantly spread through sexual contact, including vaginal, anal and oral sex. They can cause serious health issues beyond the immediate impact of the infection itself, especially as some STIs may not be symptomatic but can still have serious long term impacts, e.g. causing infertility. STI testing is important for early detection: reducing the spread and long-term consequences of STIs. The most commonly diagnosed STIs in the UK are Chlamydia and Gonorrhoea and this is also the case in Hackney and the City of London.

4.2 Local need and inequalities ⁹

Hackney and the City of London have very high rates of new STI infections; higher than the London and England average. For all newly diagnosed STIs in London in 2021, the City of London and Hackney recorded the third and fourth highest rate with 2,130 and 1,998 per 100,000, respectively¹⁰.

Overall, the high incidence of STIs remains a challenge that is associated to having both a young population, as young adults are demographically the age group with highest infection rates, and a large proportion of the population that are gay, bisexual or men who have sex with men (GBMSM) who also demographically tend to have higher rates of infection.¹¹

In terms of Chlamydia, City and Hackney have both high testing rates and high positivity, which is strongly suggestive of high prevalence rates and reinfections. By increasing the number of young people adopting safer sexual behaviours, increased partner notification and treatment, and ensuring information and services are easily accessible we aim to reduce the prevalence of disease not just in City and Hackney but across North East London.

To practically prevent STIs, correct and consistent use of condoms is key, especially when frequently changing partners or in casual relationships.¹² Uptake of free condoms in under-25s condom distribution schemes is proportionally higher among black ethnic groups with underrepresentation from young Asian and white people. This implies either higher need or good awareness about free condom schemes and where to access them among young black adults. Conversely, white and Asian individuals may not know about or make use of these schemes, or source their condoms elsewhere.

⁹ Data sources for this chapter are SPLASH, [Fingertips](#), UKHSA [Spotlight on sexually transmitted infections in London: 2021 data](#)

¹⁰ This compared to 1,127 per 100,000 in London and 551 per 100,000 in England.

¹¹ According to the 2020 GP patient survey, 5% of people in Hackney identified as gay or lesbian, 2% as bisexual, 2% as other and a further 10% preferred not to say. This is well above the England (2018) estimates of 1.4% and 0.9% for gay/lesbian and bisexual, respectively. In the reproductive health survey, for example, 54% of respondents identified themselves as exclusively attracted to males, which implies much greater fluidity in sexual attraction than national averages.

¹²

<https://www.nice.org.uk/guidance/ng68/resources/sexually-transmitted-infections-condom-distribution-schemes-pdf-1837580480197>

Pharmacies play a key role in condom uptake, as 50% of under-25 source their free condoms here. This underscores the important low-barrier access pharmacies offer, and the potential to strengthen this pathway across the sexual and reproductive health spectrum.

4.2.1 Testing

Residents are currently testing for STIs in different places, depending on age, ethnicity, gender and/or sexual orientation. We need to continue to provide and expand testing access and uptake across multiple pathways alongside awareness campaigns to ensure people are testing at intervals commensurate with their sexual behaviours¹³.

We need to better understand if the current testing rates amongst different communities/ populations reflects need or if there are barriers to access that need addressing e.g. through targeted promotions or outreach. The use of regular equity audits and development of annual access uptake plans by local services alongside analysis of infection and reinfection data from UKHSA is key to ensuring services meet local needs.

The online home STI sampling service offered by Sexual Health London (SHL)¹⁴ has increased in popularity especially during Covid-19 and use continues to be an important component of local testing with potential for further expansion and integration into local services.

4.2.2 Infections

Positivity rates and positivity by STI type have large variations between age groups, by gender, sexual orientation and by ethnicity.

Chlamydia is most prevalent among young people under 20, followed by gonorrhoea. People from black ethnic groups recorded the highest positivity rates for chlamydia and gonorrhoea via SHL, and the joint highest positivity rates for HIV with mixed ethnicities.

Gonorrhoea infections have been showing an upward trend since 2017, save a dip in testing and positivity as a result of the Covid-19 pandemic, and are most commonly diagnosed in the 20-24 and 25-35 year old age groups. Cases of gonorrhoea were almost exclusively seen in men, and men who attended HSHS were twice as likely to have an STI than women.

Data from SHL makes it possible to compare positivity rates across listed gender, although the actual numbers in the gender categories outside of male and female are small.. Between 2018 and 2021, the highest positivity rate for chlamydia was recorded among trans people, at 8.3%, and the highest positivity rate for gonorrhoea and syphilis was recorded among trans men, at 7.5% and 9.5% (Preventx).

Where patterns vary by STI type, different approaches are needed to increase equity for each individual STI. This could be achieved by increasing the availability of certain tests through certain testing channels, as different groups access tests through different means.

4.2.3 Reinfection

¹³ <https://www.nice.org.uk/guidance/ng221>

¹⁴ <https://www.shl.uk/>

STI reinfection rates in City and Hackney are well above the national average¹⁵. Young people are more likely to become re-infected with STIs, contributing to infection persistence and health service workload. These high re-infection rates in young people may indicate that further work needs to be undertaken on ensuring effective partner notification and treatment.

Initial appointments present an opportunity for providing good SRH advice and (free) provision of condoms. Reinfection could suggest there is no change in sexual behaviour after the first infection, and/or that there is insufficient knowledge or awareness about healthy sexual behaviours, not enough access to free condoms, and/or lack of knowledge about where to source them. Reinfection may also relate to misconceptions about risk, a lack of agency about safe sex choices, or other behavioural practices that warrant further investigation and direct engagement with young people.

4.2.4 Treatment and partner notification (PN)

The majority of STI-related treatment accessed by residents of the City of London and Hackney is provided by HSHS, and the remainder by specialist centres in other London NHS services, GPs or pharmacies. Pharmacies are accredited to provide chlamydia treatment to young people with a positive diagnosis and their partners, however this accreditation process was disrupted by Covid-19 and there has been a delay in reinstating it. It is anticipated that chlamydia screening and treatment via pharmacies will increase in 2023-24.

Partner notification is a key element of STI prevention: by promptly tracing and contacting partners of a positive index case, they can be invited to test and treated if required, preventing any further onward transmission. Where there is no positive test result, it still offers an opportunity to engage people regarding STI prevention and healthy sexual choices. We need to better understand how to increase effective partner notification/ treatment across all services where STIs are diagnosed and in doing so seek to reduce reinfection rates as well as the overall prevalence of infections.

4.3 Aims and outcomes for STI prevention and treatment

City and Hackney have a considerable task ahead to reduce the rate of new infections and reinfections, especially in communities with high burden of disease such as young people and GBMSM, combined with the challenge of increasing distribution and use of condoms. With a large young population, 31% of the Hackney population is under 25¹⁶, having good quality and inclusive sex and relationship education, appropriate and available information and accessible resources, and clear pathways for services are of key importance. The services need to be available, accessible, non-judgemental and welcoming.

The traditionally high uptake of condoms at pharmacies shows this is a popular route for young people, while the increase of SHL tests in young people can encourage a good habit of regular testing. Having multiple avenues to access testing and treatment is key.

The fact that the burden of STIs, e.g. Chlamydia is disproportionately affecting black communities whilst gonorrhoea is largely prevalent among GBMSM shows there is still much ground to cover in

¹⁵ For example, gonorrhoea reinfection within 12 months in Hackney was an estimated 7.7% of women and 16.9% of men, versus an estimated 4.1% of women and 11.2% nationally (2016-2020). In the City of London among 15-19 year olds, an estimated 23.5% of women and 22.4% of men presenting with a new STI at a sexual health clinic (2015-2019) became re-infected with a new STI within 12 months. That is more than one in five, though likely to be based on small numbers due to low population figures.

¹⁶ 2021 ONS Census <https://hackney.gov.uk/population>

making sure different groups can access services when and where they prefer to get it. It also reinforces the importance of engaging with those most impacted on prevention and treatment.

4.3.1 Young people

*Outcome 1: Young people have access to accurate, inclusive and appropriate **information and education** on sexual health*

Aims:

- Offer appropriate and inclusive education on sexual and reproductive health in schools, colleges and settings of alternative provision by promoting and increasing uptake of Young Hackney's free Personal Social and Health Education in secondary schools and settings of alternative provision
- Dedicated young people's services such as the 'super youth hub' offer safe spaces for sexual health advice
- Young people are engaged or included in designing or improving promotional materials and/or campaigns to ensure relevance and suitability
- Provision is made for engagement on sexual health with residences and hostels that accommodate care leavers and other young people in supported accommodation circumstances

*Outcome 2: Young people know where to source **free condoms and STI tests** and have no barriers to access and uptake*

Aims:

- The Young Hackney free condom distribution scheme is embedded and promoted within wide range of outlets and recognised by young people
- Pharmacies provide a range of sexual and reproductive health services including condoms, EHC and STI screening (Chlamydia and gonorrhoea) and treatment (Chlamydia) and are trained to make safeguarding referrals where appropriate
- SHL is promoted, especially among groups that have shown lower uptake of their testing offer
- Young people are engaged in designing or improving pathways, services, promotional materials and/or campaigns to ensure relevance and suitability (coproduction)

*Outcome 3: Young people have access to **appropriate and specialist sexual health treatment services***

Aims:

- HSHS clinics are welcoming to young people and offer no appointment, face-to-face walk-in services
- Dedicated young people's services offer safe spaces for sexual health advice and treatment

4.3.2 General population

Outcome 4: STI testing is available through multiple pathways so people with different preferences can access them on their own terms and with no barriers

Aims:

- Data showing apparent preferences for accessing STI testing is used effectively to improve more targeted testing.

- Access to STI testing through a range of settings is improved, including in GPs and pharmacies.
- Smart STI testing kits (for collection) are available at (selected) community pharmacies with high uptake of sexual health services
- Face to face appointments are available for those who prefer this or can not access online services.

Outcome 5: Better understanding of drivers of risky sexual behaviour in different population groups

- Engagement work with specific groups with high infection rates to understand sexual choices and behaviours with co-produced behaviour change campaign and/or adapted services and pathways
- Ensure that testing for specific STIs is tailored to groups where prevalence is high, and where testing may not be as targeted as it could be. For example:
 - Where higher positivity rates in remote syphilis testing are seen among “other” ethnic groups.
 - Where higher positivity rates in remote chlamydia, gonorrhoea, and HIV testing are seen among black ethnic groups.
 - Focused STI prevention efforts for trans people, particularly for chlamydia, gonorrhoea, and syphilis.
- Better understand the drivers behind the high rates of STIs so that these can be addressed to improve outcomes.
- Explore ways to reduce STI rates and encourage uptake of STI testing among males, especially those who are heterosexual and from ethnic groups that have lower testing uptake.

Outcome 6: Functioning and efficient partner notification systems are in place within all testing pathways

Partner notification is of key importance to ensure the chain of transmission is stopped. It requires a clear pathway and process, and good communication with the presenting patient.

Aim:

- Achieve [BASHH standards on partner notification](#) to ensure that sexual partners of individuals with a confirmed STI are made aware and offered treatment where appropriate.

Outcome 7: Reinfection rates in young people are reduced.

Aims

- Treatment of primary infection is used as an opportunity to provide sexual health advice and signposting to services and free condom outlets.
- Assess and improve engagement with those who are reinfected within 6-12 months by better signposting to the care pathway, free condom provision, sex and relationship education
- Monitor STI reinfection rates to assess who is most at-risk.
- Ensure and continue active outreach through CVS commissioned services to ensure reach into different local communities and facilitate accessibility of condoms
- Ensure older people (40+) are aware of risk of STIs and increase awareness of importance of testing e.g. at 40+ health checks,
- Support pharmacies as a one-stop shop for young people in terms of condom provision and STI kit collection, and link to reproductive pathways

- Increase testing rates and vaccination coverage of HPV in vulnerable and high-risk populations, including secondary school aged young people and clinic attendees.

5 - Getting to zero HIV

5.1 Importance to Public Health

Great strides have been made in both prevention and treatment of HIV, resulting in fewer new diagnoses every year and people with HIV living longer and healthier lives. However, in order to get to zero HIV, meaning, zero *new* HIV infections, by 2030 it is crucial that testing continues at scale. This includes opt-out testing in hospital and primary settings to find new cases, especially late diagnosis cases where people are more likely to have worse health outcomes.

Continuing a strong HIV response through prevention, testing, treatment and care, including re-engaging those who have been lost to care is an essential part of the overall sexual and reproductive health work as HIV impacts on people's sexual and reproductive lives, is linked to poorer socio-economic outcomes, and is associated with other infections such as Tuberculosis and viral Hepatitis. Data on people accessing psychosexual counselling and care further suggests that newly diagnosed people, in particular GBMSM, are at higher risk of engaging in problematic Chemsex use, highlighting the need for seamless pathways into care, support and counselling, after a new diagnosis is made.

5.2 Local need and inequalities

Both Hackney and the City of London are considered areas of extremely high prevalence of HIV, with 6.4 and 9.8 (2021 data) per 1,000 people aged 15-59, respectively, with diagnosed HIV. This compares to around 2.3 per 1000 in England.

In numbers, 1,560 residents were known to be living with diagnosed HIV in Hackney and the City of London in 2021, while 1,519 (97%) were accessing antiretroviral treatment. In the London region, the City of London is ranked third highest in terms of people living with HIV, relative to population size, and Hackney is placed 12th among 30 local authorities.

London is a signatory to the Fast-Track Cities initiative, aiming to end the HIV epidemic globally by 2030, through the UNAIDS targets of 95-95-95: 95% of people living with HIV know their HIV status; 95% of people who know their HIV-positive status access treatment; and 95% of people on treatment have suppressed viral loads. In Hackney and City, and London as a whole, these targets have already been met overall, but are falling below in certain vulnerable groups of people with HIV. Stigma against people living with HIV both within mainstream health/ social care services and in wider society continues to be a barrier to effective services and must be addressed.¹⁷

5.2.1 Prevention

The options for HIV prevention have much improved beyond condom use, which remains the key barrier method to prevent HIV infection, as well as many other STIs.

Testing is an important prevention strategy: through diagnosing cases early, people who test positive can be connected to treatment and care, which will prevent onward transmission. Once people receive treatment and maintain adherence, their viral load can drop to being undetectable, which means they can no longer transmit HIV, which represents the Undetectable=Untransmissible arm of prevention. Lastly, PrEP (pre-exposure prophylaxis) is a combination of antiretroviral drugs that can

¹⁷ <https://fasttrackcities.london/our-work/ending-stigma/>

prevent HIV from infecting someone, and is taken by someone who is HIV-negative but could potentially be at high risk of contracting HIV.

The testing offer and uptake for HIV in City and Hackney has been traditionally high and above England averages, although there has been a decrease in recent years which may have been due to the COVID-19 pandemic with reduced access to services. HIV testing is especially low among women, and late diagnoses are most frequently made in women and heterosexual men. This suggests that prevention and testing strategies tailored towards GBMSM need to be complimented by other work to serve and include different audiences.

This adjustment also applies to PrEP. Currently, PrEP is available and free within the NHS but levels of awareness and uptake of PrEP has been greatest amongst white ethnicities and residents who identify as gay or lesbian. Access to and uptake of PrEP needs to be improved amongst black and mixed ethnic backgrounds so that the protective benefits are more widely felt across local communities.

In April 2022, opt-out testing for blood borne viruses including HIV was introduced in A&E departments across London. This has been very successful in diagnosing HIV, including people that had been lost to care. This is a crucial element of the overall effort to get to zero new HIV infections by 2030. Equally, opt-out testing for HIV for new registrants at GPs needs to be re-encouraged, as this had good uptake in previous years. Including HIV (and potentially other Blood Borne Viruses, BBV) opt-out testing in the NHS Health Check would also add significantly to going the last mile in identifying positive cases without adding to stigma and singling out people or groups that are perceived to be at higher risk of contracting HIV.

5.2.2 Diagnosis, treatment and virological suppression

Although most diagnoses of HIV are made in white men who have sex with men, black African communities face the second highest level of HIV burden in the UK. In Hackney in 2021, a third of new infections were in white people, a third in black African people and a third in black Caribbean, Asian and other/people of mixed heritage combined.

In terms of treatment, City and Hackney perform well in getting people on treatment promptly, with 100% and 84.8%, respectively, of residents diagnosed between 2019 and 2021 being prescribed Antiretroviral treatment (ART) within 91 days of diagnosis.¹⁸ However, there are differences in viral suppression by sexual orientation and ethnicity, with 97% of white people and those who identify as GBMSM meeting the criteria for virological success, compared to 92% for heterosexual people and 93% for black African people, for example.

This illustrates that overall, white gay men who have sex with men have better outcomes once diagnosed with HIV and on treatment. This is a clear inequality in outcomes that needs to be addressed to bring all other people living with HIV to the same levels of viral suppression.

5.3 Aims and outcomes for HIV prevention, access to care and treatment

Outcome 1: The Fast-Track Cities London goal of zero new HIV infections, zero preventable deaths from HIV/AIDS, and zero HIV-related stigma, by 2030 is achieved locally.

Aims:

¹⁸ In comparison to 81% in London and 83.5% in England (SPLASH).

- Improve systematic HIV screening of newly-registered patients to GP practices in the City and Hackney in order to diagnose cases as early as possible.
- Increase provision and uptake of testing for HIV, including indicator disease testing, and other forms of opt-out testing, such as in A&E.
- Include HIV testing (and potentially other BBV) in NHS Health Checks in primary care to find new (late) infections and cases lost to care and connect them to the care and treatment pathway
- Continue to promote anti-HIV-related stigma messages, such as U=U, to encourage individuals at higher risk of acquiring the disease to get tested.
- Support individuals with complex needs and higher levels of vulnerability to achieve parity of viral suppression as others receiving HIV care and on treatment.
- Increase equity in terms of successfully achieving virological suppression, e.g. among non-white and heterosexual residents

Outcome 2: Reduced inequalities in uptake of HIV prevention services, including PrEP

Aims:

- Increase awareness and uptake of PrEP among all eligible groups, particularly those with low current take-up.
- Have HIV rapid tests and pilot rapid start PrEP in community settings including community pharmacies and substance misuse services
- Continue engagement with MSM communities, particularly where individuals are younger and/or from a black, Asian, or ethnic minority background or new arrivals to C&H to promote NHS PrEP
- Undertake tailored and appropriate engagement with non-MSM communities at higher risk of acquiring HIV to promote NHS PrEP

Outcome 3: People with HIV know their status, are linked in to care and treatment

Aims:

- Support people who are living with HIV to know their status and access appropriate care, including retention within care services and ongoing adherence to antiretroviral treatment (ART), to improve outcomes.
- Facilitate more joined-up working on HIV between primary and secondary care services locally especially in relation to ageing related comorbidities
- Ensure immediate connection to holistic care pathways (VCS organisations) after a positive diagnosis (including as a result of the opt-out testing initiatives), especially for people with added vulnerabilities and/or poor mental health and history of trauma

6 - Vulnerable populations and those with complex needs

6.1 Importance to Public Health

Poorer sexual and reproductive health is often concentrated in specific communities and some people have greater difficulty in achieving good sexual and reproductive health outcomes, and require additional or tailored support. This can be for very diverse reasons. It is essential those with more complex needs or greater vulnerabilities are not stigmatised, but their additional needs need to be recognised and met within the overall service provision. To do so, we do need to be explicit about their needs and vulnerabilities.

From the sexual health needs assessment it is clear that for instance that some trans people have higher STI infection rates and lower testing uptake. People who are homeless or sleeping rough may have a more chaotic/itinerant lifestyle that is not conducive to healthy sexual choices. People who inject drugs may be at higher risk of contracting blood borne viruses including HIV and Hepatitis. Women who have had children taken into care may need more intensive and long-term support with their reproductive health. People who use drugs during sex may come to a point where they can no longer safely manage their sexual health and mental wellbeing. Young people who have been in the care system are known to have poorer health outcomes, and this also translates in their sexual health with earlier sexual debut and lower use of condoms or contraception.

It is important to keep in mind that vulnerability depends on context. Heterosexual males are not the first group we think of when discussing vulnerability. Yet heterosexual men have traditionally low health seeking behaviour, and this is no different in sexual health. Low health seeking behaviour of heterosexual males can make them vulnerable to STI infection, as they are less likely to test and may not consider themselves at risk. Finding ways to increase their STI testing uptake, for example, could prevent onward transmission to women and lead to an overall decrease in new STIs.

As a local authority, it is our responsibility to ensure everyone has access to the information, services and support they need, and to minimise and mitigate harm and adverse outcomes. Equally, as certain interventions or services are not within the remit of the local authority, and do not form part of commissioned sexual health services, it is important to know pathways and linkages to other services, whether within the local authority, the NHS or the larger integrated care system (ICS).

6.2 Local need and inequalities

Many of the groups included in this section of the strategy are relatively small in size and limited information is known about their specific needs, yet in their representation at services it becomes clear there is unmet need. This section is also not meant to be exclusive of other potentially vulnerable groups, but should be seen as an effort to ensure greater inclusivity in our consideration of the SRH needs of all of our local residents and communities.

6.2.1 LGBTQI+

Overall, there is greater engagement with sexual health services among MSM than the general population. Gay and lesbian residents accounted for the largest proportion in activity for Hepatitis A/B/C, LGV, pubic lice, PrEP, (rapid) STI and HIV testing, shigella, and syphilis, compared with total local attendances at HSHS (for attendances where sexual orientation was indicated). A similar pattern is observed for bisexual groups.

Gay residents attending HSHS are more likely to use GUM services for STI testing compared with heterosexual residents. A higher proportion of activity among gay residents is for Hepatitis A/B/C and PrEP care, while a lower proportion is seen for HIV and chlamydia. 94.5% of care activity recorded is among "other" sexual orientations. This may suggest a degree of stigma with people not comfortable expressing their orientation, or the correct orientation not being present on the list.

For trans people, SHL data (2018-2020) reports the highest positivity rates for chlamydia among trans people, at 8.3%, and highest positivity rates for gonorrhoea and syphilis among trans men, at 7.5% and 9.5%, although it needs to be kept in mind that actual numbers were low, which can skew results. Overall, SHL data suggests that unmet need for STI testing is largely concentrated in males and trans people. Also, while trans people living with HIV experience similar levels of HIV-related care and viral suppression as people living with HIV in the general population, they may have higher or more

complex health needs overall. This suggests there could be a need for greater consideration of transgender specific needs within SRH services.

6.2.2 Chemsex users

Chemsex, sexualised drug use, is strongly associated with increased prevalence of STIs and HIV, problematic drug and alcohol use, and poorer mental health outcomes. It is most common among some GBMSM. Patients referred into the chemsex/high-risk sex pathway are likely to have higher and more complex levels of unmet need than the general population. In many cases these needs have been amplified by the COVID-19 pandemic.

Of referrals made to the chemsex service between April 2020 and March 2021, higher referral rates were seen among people living with HIV (PLHIV), and people from ethnic minority groups, compared with the general population. 99% of referrals were among cisgender populations, despite chemsex being evidenced to affect trans individuals more.

Among those who have reported having used drugs on a recreational basis within the past three months, and who have accessed HSHS, a much larger proportion of activity was for Hepatitis, PrEP, and HPV, and a lower proportion was for HIV and chlamydia, compared to other service users.

Among GBMSM, a recent diagnosis with HIV can increase the likelihood of risky engagement with chemsex, which is why immediate linkage with care and holistic support after a positive HIV diagnosis is important.

The number of referrals for individuals engaging in chemsex made to HSHS decreased between 2019/20 and 2020/21 due to instability in provision, rather than lack of need. The C&H combating drugs partnership and significantly increased funding to increase uptake of substance misuse services provides an ideal opportunity to ensure services are more effectively able to meet the needs of chemsex clients.

6.2.3 Homeless people and rough sleepers

STI positivity rates for homeless patients in north east London remained relatively stable between 2017 and 2021, apart from in 2020, which saw a spike in positivity.

No specific sexual or reproductive health data is available for rough sleepers and homeless people in City and Hackney, though service uptake at the Greenhouse Practice, a GP service that provides care to people living in hostels or supported accommodation, rough sleepers, and people who spend a significant amount of time on the streets may act as a proxy indicator of need.

6.2.4 Commercial sex workers

Open Doors is a commissioned service that provides holistic support to commercial sex workers. Between April 2019 and March 2022, 1,510 unique CSWs were supported by the Open Doors service: 1,110 Hackney residents, 65 City residents, and 335 residents from other local authorities. The majority of these were street based female sex workers, though there has been an increase in engagement with off street and male sex workers, especially since COVID-19.

As part of the Open Doors drop in service, a sexual health nurse is available for testing and advice on a weekly basis. Service users can also attend HSHS with priority access. The testing done at the drop in continues to find high prevalence of STIs. For example, during one Quarter in 2022-23, 75 individual sex workers engaged with Open Doors, of which 21 were assessed as needing clinical

health services. Out of the 21, 18 were tested and a total of 20 STIs were diagnosed.

Compared with the general population, CSWs attending HSHS saw a higher proportion of activity attributed to multiple STI testing and care, Hepatitis, HPV, and gonorrhoea, and a lower proportion attributed to HIV and chlamydia. A higher proportion of CSWs activity at HSHS is attributed to STI testing than the general population, and a lower percentage is attributed to STI-specific care. This suggests frequent testing takes place, commensurate with their risk profile.

6.2.5 People with disabilities

Between 2017 and 2021 service users who were recorded as having a disability were no more or less likely to receive a positive STI test result than the general population. However data collection is very poor, e.g. HSHS does not routinely collect data on disability among its attendees. Therefore, lack of data may obscure any potential inequalities in access or outcomes.

In Hackney, the [Right Choice Connect Hackney clinic](#) offered confidential SRH services to people with learning disabilities but attendance was relatively low and the clinic has not reopened since the COVID pandemic.

6.2.6 PAUSE service users

PAUSE service users have had multiple children removed from their care. Regarding the priorities of PAUSE service users, where additional vulnerabilities exist, sexual and reproductive health concerns tend to fall second to other support areas in a woman's life.

Women who participate in PAUSE can benefit from immediate referrals to HSHS but more work needs to be done to ensure pathways are well understood and comprehensive sexual and reproductive health support is provided.

6.2.7 Other groups

Young people in foster care or who are leaving care are known to have worse health outcomes throughout life and an assessment in Wales found that young people in foster care were significantly more likely to report ever having had sexual intercourse and to report an early age of first intercourse. Young people in foster care also had three times higher odds of not reporting condom use at last intercourse and nearly five times higher odds of not reporting contraceptive pill use, compared to those with a different type of living arrangement.¹⁹

6.3 Aims and outcomes for vulnerable populations and those with complex needs

The key task and challenge will be to collect relevant data to create a more comprehensive picture of the needs of and barriers facing those with more complex lives or vulnerabilities.

Outcome 1: Improved understanding and functioning of pathways to support those with higher or more complex needs

Outcome 2: Improved data collection to inform service delivery

Outcome 3: Tailored services are available for transgender and non-binary residents

Outcome 4: Information is designed in acceptable and appropriate forms

¹⁹ See Louise Roberts, Sara Jayne Long, Honor Young, Gillian Hewitt, Simon Murphy, Graham F. Moore, [Sexual Health Outcomes for Young People in Care](#) in *Children and Youth Services Review* Volume 89, June 2018, Pages 281-288

7 - Way forward

Having a strategy in place will promote joined up working, integration, providing a more coherent approach to SRH commissioning and foster stronger collaboration with stakeholders and partners. However, if it remains confined to words on paper, it will have been a fruitless exercise.

An annual action plan will be developed that will take the outcomes and aims from this strategy and translate them into concrete and costed workstreams, activities and outputs. The latter can include better communication mechanisms, pathways or signposting. This can mean that certain services will be newly commissioned, decommissioned or recommissioned in alternative ways. It could also mean that existing providers will need to be flexible to accommodate activities or services that have been identified as priorities.

The **annual action plans** will be jointly prepared by the SRH Forum membership of commissioned services and the Public Health team, in consultation with other system stakeholders and resident participation groups and presented along with an update on progress to the City and Hackney Health and Wellbeing Boards, to ensure that every year, priorities are revisited and agreed gaps or inequalities are addressed.

The first action plan will be developed alongside the consultation process for this strategy, so as to engage stakeholders directly and simultaneously on strategic priorities and approaches to implement them.

7.1 Adoption process

Following 12 weeks of statutory consultation and engagement with communities and professional stakeholders the strategy, and first year year action plan, will be presented to the City and Hackney Health and Wellbeing Boards in autumn 2023 for adoption.

The Mayor and lead Member of Hackney Council have also requested that the strategy is formally presented to cabinet for consideration.

7.2 Monitoring

The creation of a **sexual health dashboard** will help with monitoring progress over time and identifying where gaps or inequalities are present.

The dashboard will be created by the Public Health Intelligence team (PHIT) and draw on existing (national) data sources such as GUMCAD, Fingertips and SPLASH; locally used platforms such as Pathway Analytics, Preventx and Pharmoutcomes to reflect activity by Homerton Sexual Health Services, SHL and pharmacies, as well as performance data derived from performance reports submitted by commissioned services. Regular mystery shopping of services and patient experience measures will also be incorporated into the dashboard.

Appendix 1: Overview of commissioned services

■ C&H Sexual and Reproductive Health services.pdf

- Specialist sexual health clinics via the Homerton Sexual Health Services (HSHS)
- Primary care: GP practices (includes Long Acting Reversible Contraception (LARC), STI and HIV testing) and community pharmacies (Emergency Hormonal Contraception (EHC), condoms, Chlamydia screening and treatment)
- Online services via Sexual Health London (SHL) (STI testing, routine oral contraception and EHC)
- Young Hackney (young people: condom distribution, sexual health resources, training, signposting)
- Voluntary and community sector commissioned partners:
 - Positive East: HIV prevention and support services (adults); Project Community (sexual health resources, engagement and PrEP promotion among black and other minoritised communities)
 - Community African Network (CAN) (condom distribution among predominantly black African communities)
 - Body & Soul (HIV support services for families and children)
- Open Doors (commercial sex workers: outreach, holistic support and signposting, clinical sexual health services, substance misuse services)

This page is intentionally left blank



| | |
|---|--------------------------------|
| <p>Health in Hackney Scrutiny Commission</p> <p>20th December 2023</p> <p>Community Pharmacies in Hackney</p> | <p>Item No</p> <p>5</p> |
|---|--------------------------------|

PURPOSE

To discuss current issues in relation to the Community Pharmacy services in Hackney.

OUTLINE

In response to requests in the work programme consultation the Commission has invited the key stakeholders who provide community pharmacy services in the borough to discuss some of the current challenges they face.

Members should note that the local representative body for pharmacies which was known as the City and Hackney Local Pharmacy Committee has now been merged into a larger body comprising the 8 NEL boroughs. This is called Community Pharmacy North East London or CPNEL.

Similarly the Medicines Optimisation Team which was at City and Hackney CCG is now merged into a department called Pharmacy and Medicines Optimisation at NHS NEL, covering the 8 boroughs.

The discussion will cover:

- a) *The Pharmacy First Model and how it is playing out in Hackney*
- b) *Cost of living crisis in relation to medication and what measures have had to be taken*
- c) *Current status of the Medicines Optimisation Scheme*
- d) *Update on Healthwatch's recent reports on pharmacy issues*

Attached please find

- b) Briefing from Community Pharmacy NEL
- c) Briefing from Medicines Optimisation at NHS NEL
- d) Healthwatch report '*Mystery shopping exercise of access to emergency hormonal contraception in Hackney*' (Feb '23)
- e) Healthwatch report '*Accessibility audit of Hackney's community pharmacies*' (April '22)

Attending for this item will be:

Shilpa Shah, CEO, Community Pharmacy North East London

Dalveer Singh Johal, Pharmacy Services Manager, Community Pharmacy North East London

Rozalia Enti, Deputy Director, Medicines Optimisation (Primary Care and Places), Pharmacy and Medicines Optimisation, NHS North East London

Dr Wande Fafunso, GP at Hoxton Practice

ACTION

The Commission is requested to give consideration to the report.

Community Pharmacy Offering



Introduction

21.6 million people a day use a community pharmacy

5 years training to become a Registered Pharmacist
(4 years at University and 1 year under the supervision of a fully trained pharmacist)

Pharmacists are registered with General Pharmaceutical Council (GPhC)

Pharmacies do not hold patient lists (only SCR)

Never know who may come through the front door

Good accessibility with respect to long opening hours

375 pharmacies across North East London

Essential Services

- These services are offered by all pharmacy contractors as part of the NHS community Pharmacy contractual framework (CPCF):
- **Discharge Medicines Service (DMS)** – This service aims to optimise the use of medicines, reduce harm from medicines at transfers of care, improve patients’ understanding of their medicines and reduce hospital readmissions.
- **Dispensing medicines** – Pharmacies are required to maintain a record of all medicines dispensed and also keep records of any interventions made which they judge to be significant.
- **Disposal of unwanted medicines** – community pharmacy contractors are obliged to accept back unwanted medicines from patients.
- **Healthy Living Pharmacies** – the framework is aimed at achieving consistent provision of a broad range of health promotion interventions through community pharmacies to improve health and wellbeing and to reduce health inequalities.
- **Repeat dispensing and eRD** - community pharmacies will dispense repeat dispensing prescriptions by a GP, ensure the supply is required and ensure there is no reason that the patient should be referred back to their GP.

Advanced Services

- Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the secretary of state directions:
- **Community Pharmacy Consultation Service (CPCS)** – patients can be referred from 111 for minor illness or an urgent supply of a medicine or from their GP for a minor illness. This will soon be termed as the Pharmacy first service where pharmacists will be able to supply prescription only medicines, where suitable, for the following conditions: sinusitis, sore throat, acute otitis media, infected insect bite, impetigo, shingles and uncomplicated urinary tract infections in women (from 31st January 2024)
- **Flu vaccination service** – this campaign aims to vaccinate all patients who are at risk of developing more serious complications from the virus.
- **Pharmacy contraception service** – The service aims to provide patients with greater choice and access for their contraception.
- **Hypertension case finding service** – Patients are either referred from the GP or identified in pharmacy as having the need for a clinic blood pressure check or ABPM check. This service aims to identify patients who may not be diagnosed as hypertensive.
- **New Medicines Service (NMS)** – this service supports patients during the initial weeks when starting a new medicines for specific conditions. The aim is to improve compliance and adherence.
- **Smoking Cessation Service** – Community pharmacies manage the continuing provision of smoking cessation support initiated in secondary care following patient discharge from hospital.

Local Services

- These services are developed locally and are designed to meet local health needs. Due to the local variation in the needs of populations there are the following services per borough across NEL:
- **Barking and Dagenham:** Maternal Mental Health and Pregnancy, EHC, End of life care
- **Havering:** Needle Exchange, Supervised Consumption, EHC, Stop Smoking Pilot, End of life care
- **Newham:** Condom provision and STI screening (Chlamydia and Gonorrhoea), stop smoking provision, EHC, Needle Exchange and Naloxone service, Latent Tuberculosis infection service, oral anticoagulants for Atrial Fibrillation and End of life care, Asthma and Air Quality Service
- **Redbridge:** Smoking cessation, needle exchange, supervised consumption, smoking cessation, EHC, end of life care
- **Tower Hamlets:** EHC, supervised consumption, needle exchange, smoking cessation, end of life care
- **Waltham Forest:** EHC, Naloxone service, needle exchange, supervised consumption, end of life care
- **City and Hackney:** Minor ailment service, needle exchange, smoking cessation, supervised consumption, EHC, STI testing, healthy start vitamins

This page is intentionally left blank



North East London

Page 71

Pharmacy and Medicines Optimisation Update

December 2023

NEL ICB Pharmacy and Medicines Optimisation Team

- Dr Raliat Onatade is the Chief Pharmacist and Director of the NEL Pharmacy and Medicines Optimisation Team
- The senior leadership team includes 3 Deputy Directors of Medicines Optimisation.
- Each of the 7 places including City and Hackney is supported by a lead medicines optimisation pharmacist and a senior medicines optimisation pharmacist.
- Dr Wande Fafunso is the City and Hackney prescribing clinical lead

Delegation of Pharmacy contracts from NHSE to ICBs

- From 1 July 2023 the commissioning of Community Pharmacy, General Dental and General Ophthalmic services were delegated to ICBs from NHSE&I Regional teams.

Page 73

To achieve economies of scale and for continuity the NHSE&I regional team that led the regional commissioning previously are now hosted within NEL ICB.

- Although hosted by NEL ICB the team operate under a memorandum of understanding, to deliver their functions across London

Monitored Dosage System (MDS) Update

- The NHS England MDS de-commissioning of the Medicines Optimisation Service was presented to the HSC in March 2020.
- At the time, City and Hackney Prescribing Support Pharmacists took on workplans delivered over a couple of years to support GP practices and Community Pharmacies (CPs) in identifying patients on an MDS.
- National and locally developed guidelines were made available to aid the process of reviewing the suitability of MDSs for individual patients and the appropriate processes to follow.
- In summary
 - The NHS does not provide additional funding to CP to dispense medicines in an MDS
 - When a patient has been assessed under the Equality Act and an MDS is deemed necessary, provision for funding is already available as part of the pharmacy contractual practice payment (i.e. wrapped up in the global sum).
 - For patients who do not fall under the Equality Act after considering other options, GP practices and community pharmacies **may** jointly agree to the issue of 7-day prescriptions to support MDS use, depending on individual circumstances
- The City and Hackney guideline developed to support general practice and CPs is in line with current drafts of the London Procurement Partnership's position statement for 'The use of Pharmacy filled Multi-Compartment Medicines Compliance Aids (MCCAs) within the London region'
- **NB-** the terms MDS and MCCAs are often used interchangeably
- No on-going concerns as a consequence of the decommissioned service have been flagged up to the ICB's Pharmacy and Medicines Optimisation Team specifically in City and Hackney
- The development of the pan London position statement should help support health and social care workers adopt a more uniform approach to the use of MDSs

Prescription Charges and Prepayment

Certificates

- Approx 90% of the prescriptions dispensed nationally are exempt from prescription charges
- The reverse of an NHS prescription includes guidance on how to get help with prescription charges. This includes:
 - Links to the NHS [check if you're eligible](#) and the [real-time exemption checker sites](#)
- Patients who are not exempt from prescription charges but receive regular medications should consider an NHS Pre-Payment Certificate (PPC).
- The PPC covers all NHS prescriptions for a set price. Further information can be found [here](#)
- PPCs are cost saving where patients receive more than 3 prescription items in 3 months, or more than 11 items in 12 months.
- PPC current costs:- £31.25 for 3 months, £111.60 for 12 months. One prescription item costs £9.65
- A PPC specifically for those receiving HRT has also been recently introduced ([click here](#))

Page 75

When should I pay?

You must pay if none of the statements apply to you on the day you were asked to pay. These are the only accepted reasons for not paying.

I'm not sure if I should pay

Pay and ask for a prescription refund form (FP57). You can't get one later. If you find you didn't need to pay, you can claim a refund up to 3 months later.

What if I don't pay when I should?

We check claims made for free prescriptions. If we can't confirm that you are entitled to exemption from prescription charges, you may be issued a Penalty Charge Notice and you may have to pay up to £100 as well as your prescription charge(s), and you could be prosecuted.

Can I get help to pay?

Help with costs may be available. You could also save money by buying a prescription prepayment certificate.

Check at www.nhsbsa.nhs.uk/check

Is my exemption certificate still valid?

Visit www.nhsbsa.nhs.uk/exemption to see what help is available or ask at your GP surgery or pharmacy.

I am unable to collect my prescription

If you are unable to collect your prescription someone can do so on your behalf. Your representative should complete the 'If you paid' box and sign the form, or you or your representative should complete the 'If you didn't pay' box, and your representative should sign the form. Your representative will need to put a cross in the 'on behalf of patient' box next to their signature.

Why did the pharmacy ask to see evidence?

We need to check your exemption is valid.

The NHS Business Services Authority is responsible for this service. We will use your information to check your exemption is valid, pay the dispenser and help plan and improve NHS services. Find out more at www.nhsbsa.nhs.uk/yourinformation

FP10SS1219 © Crown Copyright

If you paid Enter amount paid and sign below £ .

If you didn't pay Mark a line in one box and sign below

A is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)

B is 16, 17 or 18 and in full time education

D Maternity exemption certificate

E Medical exemption certificate

F Prescription prepayment certificate

G Prescription exemption certificate issued by Ministry of Defence

L HC2 (full help) certificate

H Income Support or Income-related Employment and Support Allowance

K Income-based Jobseeker's Allowance

M Tax Credit exemption certificate

S Pension Credit Guarantee Credit (including partners)

U Universal Credit and meets the criteria. *Find out more at www.nhsbsa.nhs.uk/UC*

Read the declaration and sign the form

The information I have given is correct and complete and I confirm proper entitlement to exemption.

! I understand that if I falsely claim, I may be issued a Penalty Charge Notice, and I may have to pay up to £100 - as well as my prescription charge(s).

I understand the NHS Business Services Authority may use and share my information within the NHS and with relevant Government bodies to check for fraud and mistakes. Find out more at: www.nhsbsa.nhs.uk/yourinformation

Signature Date On behalf of patient

SIGNATURE OF COLLECTOR OF SCHEDULE 2 & 3 CDs PHARMACY USE ONLY EVIDENCE NOT SEEN

City and Hackney Health First Pharmacy Minor Ailment Scheme (HFP MAS)

- In 2020, the City and Hackney Medicines Optimisation Committee informed the Hackney HSC that NHSE had announced the de-commissioned of the national minor ailment service; NHSE decommissioned this scheme on the 31st March 2020.

Page 76

The City and Hackney minor ailment scheme commenced on 14 September 2020. A bridging scheme was in place Apr-Sep2020

- There are 20 conditions covered by the service. Eligibility is broadly based on socio-economic vulnerability.
- The scheme is in place till end of the financial year, after which a NEL wide minor ailment service will become available across all NEL places (including City and Hackney)

| DATA COLLECTED | SEPT 2020 – DEC 2021 | JAN 2022 – OCT 2023 |
|-------------------------------|--|--|
| Total number of consultations | 10 459 | 12 248 |
| Consultation outcome | <ul style="list-style-type: none"> • 90% - Advice* and Medicine Provided • 9% - Advice, Medicine and Information** Provided • <1% - either advice and information only or advice only provided <p>*where the community pharmacy team recommends specific action(s) to follow for self-care. **refers to signposting to relevant sources of information for self-management</p> | <ul style="list-style-type: none"> • 84% - Advice and Medicine Provided • 14% - Advice, Medicine and Information Provided • <1% - either advice and information only or advice only provided |
| Main service beneficiaries | <ul style="list-style-type: none"> • 57% of patients were under 16 years and had at least one parent eligible for the service • 18% of patients were receiving any other benefits which gave them eligibility for free prescriptions • 14% were receiving tax credits (have been sent an 'NHS Tax Credit Exemption Certificate' by prescription services) | <ul style="list-style-type: none"> • 53% of patients were under 16 years and had at least one parent eligible for the service • 17% of patients were receiving any other benefits which gave them eligibility for free prescriptions • 13% were receiving tax credits (have been sent an 'NHS Tax Credit Exemption Certificate' by prescription services) |
| Top conditions being treated | <ul style="list-style-type: none"> • Fever (pyrexia) • Hayfever • Contact Dermatitis • Threadworm • Indigestion / Heartburn | <ul style="list-style-type: none"> • Fever (pyrexia) • Hayfever • Vaginal Thrush • Threadworm • Contact Dermatitis |
| Referral route | <ul style="list-style-type: none"> • Approximately 96% of consultations were self-referral • Referrals from GP, CPCS, A&E, Urgent Care and NHS 111 account for less than 0.05% of all consultations. | <ul style="list-style-type: none"> • 82% of referrals were self-referral, • 11.5% GP referral • 4.5% CPCS referral |

NEL Self-Care Advice service

- The NEL ICB Population Health and Integration Committee has approved funding to improve health inequalities in NEL.
- This project – to commission a self-care service from local community pharmacists – will support cost of living pressures
- This service will provide support to residents on low incomes and the most socially vulnerable residents, to self-manage their minor ailments with clinical advice from the pharmacist, and access to free over the counter (OTC) medication where eligible.
- There will be no duplication of national scheme as this scheme relates to supply of only over the counter medication.
- The City and Hackney scheme will be incorporated into the NEL Pharmacy Selfcare advice service.

NEL Self-Care Advice service

- The main objectives of this scheme are:
 - a) For eligible residents to have access to timely advice and support on health and wellbeing.
 - b) Signposting.
 - c) To reduce the number of GP appointments and/or A&E attendances for conditions related to specific minor ailments.
 - d) To complement the new NHS England commissioned Community Pharmacy Consultation Service (CPCS).
- The eligibility criteria is almost the same for the City and Hackney scheme however the new scheme will specify that those aged 16, 17 and 18 years old in full time education, will have access to the scheme if they have at least one parent who would be eligible for this service.
- The scheme will cover approximately 25 different conditions
- Provision of this scheme will be open to all 375 community pharmacists within North East London

National Delivery Plan for Recovering Access to Primary Care



On 9th May 2023, NHSE and DHSC published the [Delivery Plan for recovering access to primary care](#).

The plan includes a commitment to:

- Commission community pharmacies to deliver a Pharmacy First service by enabling the supply of NHS medicines for seven conditions **and**
- Increase provision of the community pharmacy NHS Pharmacy Contraception Service and the Blood Pressure Checks Service.
- Invest to significantly improve the digital infrastructure between general practice and community pharmacy.

Launch expansion of Pharmacy Contraception Service on
1 December 2023

Relaunch Blood Pressure Check Service on
1 December 2023

Launch Pharmacy First on **31 January 2024**, subject to the appropriate digital systems being in place to support these services

Pharmacy First

Pharmacy First (national service) will be a new advanced service that will include 7 new clinical pathways and will replace the Community Pharmacist Consultation Service (CPCS).

Short Briefing on Pharmacy First

This national Pharmacy First service will consist of three elements:

Pharmacy First

i. clinical pathways

- **new element**
UTIs, Shingles, Impetigo, Acute Sinusitis, Acute Otitis Media, Acute Sore throat, Infected Insect Bites

Pharmacy First

ii. urgent repeat medicine supply

- previously commissioned as the CPCS

Pharmacy First

iii. NHS referrals for minor illness

- previously commissioned as the CPCS

- Pharmacy Contractors will need to be able to provide all 3 elements (only exception is Internet Pharmacies will not need to do otitis media pathway due to need to use otoscopes).
- Remote consultations for 6 of the 7 **clinical pathways** are permissible via high quality video and if clinically appropriate speed of access to medicines can be facilitated.

Expansion of Contraception Service

Introduction of initiation of contraception in community pharmacies, supporting women to have easier access to contraception, through:

- Additional funding.
- Greater use of pharmacy team skill mix.
- Encouraging contractors to sign up.
- Both ongoing supply and initiation of supply will be combined into one service.
- NHS website postcode search tool enable patients to find local pharmacies who deliver the contraception service.

Page 82



£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services.

Relaunch of Blood Pressure Service

Blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke, through:

- Additional funding
- Greater use of pharmacy team skill mix
- Encouraging contractors not signed up to do so
- Encouraging contractors who have signed up to see more patients and completion of more ABPMs

Page 83



£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services.

This page is intentionally left blank

February
2023



Mystery Shopping exercise of

Access to Emergency Hormonal Contraception in Hackney



Contents

p. 3 *Introduction*

p. 4 *Our aim*

p. 5 *Background*

p. 6 *Methodology*

p. 9 *Findings*

p. 22 *Recommendations*

p. 27 *Response from services*

Introduction

Increased pressure on GP services and difficulties accessing appointments mean that pharmacies are being increasingly promoted as an accessible point of access (delete and just say access point) for minor ailments and some (delete *some*) other services. These (services) include vaccinations and a range of common health concerns, including access to sexual health services. 16+ Hackney residents can access a wide range of free sexual health services locally - [Homerton sexual health services](#).

This includes information about [contraception](#), local sexual health clinics (Clifden Centre, John Scott Clinic, Ivy Centre, and 80 Leadenhall in the City of London), how to access services if you are aged under 17, as well as their offerings around free [PrEP treatment](#).

Residents can also access a range of support(s) for their sexual and reproductive health, such as Emergency Hormonal Contraception (EHC), STI testing and treatment, and more, at your GP practice, or a local community pharmacy. This service, also commissioned by the local Public Health team, offers health promotion, advice, and information on a wide range of topics, including ways for individuals to protect themselves against HIV and other STIs.

To ensure quick, easy, and free access to support and information Healthwatch Hackney decided to explore how accessible and young people-friendly local pharmacy services are with the help of some young volunteers and support from Public Health Hackney.

Public Health Hackney was a key partner for this project as they currently commission some of the services delivered in pharmacies including Emergency Hormonal Contraception. We worked with them to develop the project brief and materials so that it would be a mutually beneficial piece of work.

Given the scale of challenges that people may face with the increasing cost of living, it is even more important local residents and especially young people are aware of and have easy access to the free contraceptive services that are commissioned.

Our Aim

The aim of this review is to provide an overall snapshot of young people's experiences of pharmacies across Hackney through mystery shopping activities.

By doing this, we aim to improve the local sexual health services and to ensure these are accessible and inclusive to all young people and other residents regardless of their age.

Our objectives are to:

- improve access to emergency contraception, safer sex and sexual health advice
- reduce the number of unintended pregnancies by use of EHC
- increase knowledge, especially among young people, of the availability of EHC from the community pharmacies

We aim to evaluate the quality of service and ease of access to emergency hormonal contraceptives with Public Health Hackney, which funds free access.

This includes assessing the service was:

- welcoming, inclusive, clear, friendly, safe, and non-judgmental
- visibly advertised in the pharmacy
- offering strict confidentiality and is sensitive to a young person's right to a confidential service
- giving advice and information that was accurate and of a high standard

Background

Each year, pharmacies are invited to enter into a contract with the London Borough of Hackney to provide free access to Emergency Hormonal Contraception together with Chlamydia Testing and Treatment and access to condoms. The individual contracts with pharmacies are for one year, and are renewed each new financial year, upon signature. The overall duration of the pharmacy agreement is until 2025.

About the different types of Emergency Hormonal Contraception (EHC) and who can use it?

Most women can use the emergency contraceptive pill. Girls under 16 years old can also use it.

There are two types of Emergency Contraceptive pills

Levonelle – can be taken within 3 days of unprotected sex

ellaOne – can be taken within 5 days of unprotected sex for it to be effective – the sooner you take it, the more effective it'll be.

Who should not take the pill?

Anyone who is allergic to anything in it, has severe asthma or takes any medicines that may interact with it.

There are no serious short or long-term side effects from using any of the two emergency contraceptive pills. However, some people may experience some side effects. For more information, please go to <https://www.nhs.uk/conditions/contraception/emergency-contraception/>

Methodology

Between May 2022 and September 2022, a team from Healthwatch Hackney, including volunteers, ran a 'mystery shopping' activity to gain an overall snapshot of the access to Emergency Hormonal Contraception in Hackney by phoning and visiting the local pharmacies.

An email notification was sent on 25th March to the Local Pharmaceutical Committee as well as to all individual pharmacies informing them about the planned visits. However, the exact dates and times of the visits were not disclosed.

Mystery shopping is one of many methods used to gather feedback about health and social care services and can be a useful means of exploring the real experience of service users.

Initial inquiries were made to assess the current provision of Emergency Hormonal Contraception services within pharmacies across Hackney. With help from Public Health Hackney and the Local Pharmaceutical Committee, Healthwatch Hackney collated information about the 38 community pharmacies in Hackney that had signed up for the scheme to provide free Emergency Hormonal Contraception services.

Page 6

According to Public Health Hackney, between March and November 2022, 38 pharmacies signed up to provide free access to Emergency Hormonal Contraception. We were able to call 37 pharmacies and carry out mystery shopping the service via phone calls, which will be discussed in more detail later in this report.

We were not able to reach one pharmacy as it appeared that the provided phone number was not correct. A few pharmacies had wrong telephone numbers displayed and initially we were unable to reach them, meaning further research was needed.

In addition, based on the results of our mystery shopping calls we choose two pharmacies in each Neighbourhood to conduct mystery shopping visits. Where possible, we chose one pharmacy where the staff said they provide free access to Emergency Hormonal Contraception, and another pharmacy where staff said that they do not provide free access to Emergency Hormonal Contraception, despite Public Health Hackney having commissioned them up to provide a free service.

Volunteer Recruitment and Training

We would like to thank our brilliant volunteers Becy Ainsworth, Nikki Khalesi, Yasmin Tayane, Abigail Asant and Norah Aldosary for their hard work, time and commitment to this project.

Some of the volunteers who took part in this project were our existing volunteers. Other volunteers were recruited through the Hackney CVS.

Before carrying out the mystery shopping activities, volunteers were required to attend a comprehensive training session. The training sessions were designed to equip volunteers with the skills, knowledge, and confidence needed to carry out the mystery shopping activities (telephone calls and visits) as well as to provide an understanding of what is expected of them. They covered things such as what mystery shopping is, what makes a good mystery shopper, common 'giveaways', the importance of confidentiality, useful memory techniques, role plays, exit/get out strategies, and 'top tips' for each of the scenarios/activities.

The volunteers had the opportunity to go through the questionnaires, practise completing them, and ask any questions. Following this, volunteers could decide whether they wished to take part in the project or not.

The mystery shopping project involved making telephone calls and carrying out visits to pharmacies. Volunteers were encouraged to review the training materials and 'top tips' sheets for each activity carrying them out.

Telephone calls

We called the 38 pharmacies on the list provided by Public Health Hackney.

There were 2 possible scenarios that could have been allocated to the young mystery shoppers:

- Emergency hormonal contraception – general inquiry about how to access it and if it is free of charge service.
 - Emergency hormonal contraception – general inquiry about how to access the service and if it is free of charge.
- The volunteers pretended they are a young person calling from home and speaking quietly and do not want their parents to overhear the conversation. With this scenario, we wanted to access how accommodating the pharmacy staff will be in such a situation.

Volunteers were given scenarios that acted as guides for the calls (e.g. you have just moved to the area and would like to know how to access the service). They were also provided with information about the service for their own information.

Visits

16 pharmacies were visited between August and October 2022.

We selected two pharmacies in each of the Hackney Neighbourhoods.

Pharmacies were selected on the basis of the findings from our telephone mystery shopping. We selected one pharmacy where there was a charge for the EHC and one where the service was offered for free.

The visits involved looking out for certain information (posters, leaflets, signs, etc), taking in the general appearance and feel of the pharmacy, and the way volunteers felt they were spoken to.

Where pharmacies were charging for the service, the mystery shopper was told to ask to be signposted to where it could be obtained for free and to make a note of whether this information was provided voluntarily.

Mystery shoppers had been trained to ask to speak to a female pharmacist when they walked into the pharmacy. This was to give a sign to the sales person that the mystery shopper wants to discuss a sensitive issue.

One other volunteer was required to act as shy, worried and someone who needed help with EHC.

Where the service was free of charge

23 pharmacies offered the service for free.

Of these:

- 2 pharmacies were unable to offer the free service on the day due to the locum pharmacist not being trained to deliver the service
- 1 pharmacy had run out of stock, but the mystery shopper was signposted to another pharmacy
- 2 pharmacists offered the mystery shopper to either pay for the service or have it for free under the NHS
- 3 pharmacists gave conflicting information to both mystery shoppers about the charge of the service, so more than one call was needed to be made to clarify.

What questions were asked?

- 7 pharmacists asked the mystery shoppers if they lived in Hackney
- 3 pharmacists asked if the mystery shopper is registered with a Hackney GP
- 6 pharmacists did not ask any questions
- 3 pharmacists asked the mystery shopper when they had had unprotected sex

We called the following pharmacies

❖ Woodberry Wetlands Neighbourhood

- ❖ Armstrong Dispensing Chemist, N4 2EX
- ❖ Park Pharmacy, N4 2AA
- ❖ Rowlands Pharmacy, N4 2HE
- ❖ Safedale Pharmacy, N16 9DL

❖ Clissold Park Neighbourhood

- ❖ Allen Pharmacy, N16 9PA
- ❖ Benjamin Pharmacist, N16 7JD
- ❖ Safedale Ltd, N16 0AP
- ❖ Safedale Ltd (Albion Road, N16 0TA
- ❖ Superdrug Store, E8 2LX

❖ Hackney Downs Neighbourhood

- ❖ Asvacare Pharmacy, E5 9BU
- ❖ Day Lewis, E5 8BY
- ❖ F. A. Strange, E5 8EQ
- ❖ Hackney Pharmacy, E9 5BQ

❖ Well Street Common Neighbourhood

- ❖ Bees Pharmacy, E9 5DG
- ❖ Silverfield Chemist, E9 6AS
- ❖ Clockwork Victoria Park Pharmacy, E9 7HD
- ❖ K. Sonigra Pharmacy, E9 7PX

❖ Springfield Park Neighbourhood

- ❖ Dunsmure Pharmacy, N16 5JY
- ❖ Green Light pharmacy, N16 6LU
- ❖ Land Pharmacy, N16 6TY

❖ Shoreditch Park & The City Neighbourhood

- ❖ Finstead Pharmacy, N1 5LG
- ❖ Judd's Pharmacy, N1 6BT
- ❖ Murrays Chemist, N1 7QJ
- ❖ Spring Pharmacy, N1 5LG
- ❖ Unipharm pharmacy, E2 8AN

❖ London Fields Neighbourhood

- ❖ Clarks Healthcare Ltd. E8 5QJ
- ❖ Dev's Chemist, E8 1NH
- ❖ Guardian pharmacy, E8 4AE
- ❖ Haggerston Pharmacy, E8 4HU
- ❖ J Edmunds Pharmacy, E8 2JS
- ❖ Kingsland Pharmacy, E8 4AA
- ❖ Norlington Chemist Ltd, E8 4PH

❖ Hackney Marshes Neighbourhood

- ❖ Bees Pharmacy- Kalpesh Chemist, E5 0HD
- ❖ Clockwork Pharmacy (Mare Street)E8 1HP
- ❖ Clockwork Pharmacy 236 Well Street E9 6QT
- ❖ Clockwork Pharmacy 239 Well Street E9 6RG
- ❖ Regal Pharmacy, E5 0LP
- ❖ Safedale Pharmacy, E5 0NS

Pharmacies who charged for the free service

15 out of 38 pharmacies said they are charging for the service. Of these:

- 1 pharmacist said that they had run out of stock
- 5 pharmacists did not signpost the mystery shopper to another service for free Emergency Contraception
- 6 pharmacists voluntarily signposted the mystery shopper to other services including another pharmacy, GP practice or the local sexual health clinic
- 4 pharmacists signposted the mystery shopper to another free service only when asked
- 2 pharmacists invited the mystery shoppers to a consultation.

Page 95

1 pharmacy gave conflicting information about the charge of the service

“The first person said that I can have it for free with a prescription but wasn’t able to tell me where to get the prescription from. Another person took over and said that they don’t provide the service for free but I can try other pharmacies.”

What questions were asked?

- 2 pharmacies asked when the mystery shopper had had unprotected sex so that the call handler could tell the price of the appropriate pill
- 11 pharmacists did not ask any questions and did not offer a consultation
- 10 pharmacists did not ask for any information but informed the mystery shopper of the cost of the pill

We visited the following pharmacies

❖ Woodberry Wetlands Neighbourhood

- ❖ Rowlands Pharmacy, N4 2HE
- ❖ Safedale Pharmacy, N16 9DL

❖ Springfield Park Neighbourhood

- ❖ Dunsmure Pharmacy, N16 5JY
- ❖ Land Pharmacy, N16 6TY

❖ Clissold Park Neighbourhood

- ❖ Benjamin Pharmacist, N16 7JD
- ❖ Safedale Ltd, N16 0AP

❖ Shoreditch Park & The City Neighbourhood

- ❖ Finstead Pharmacy, N1 5LG
- ❖ Spring Pharmacy, N1 5LG

❖ Hackney Downs Neighbourhood

- ❖ Day Lewis, E5 8BY
- ❖ F. A. Strange, E5 8EQ

❖ Hackney Marshes Neighbourhood

- ❖ Bees Pharmacy- Kalpesh Chemist, E5 0HD
- ❖ Clockwork Pharmacy (Mare Street)E8 1HP

❖ Well Street Common Neighbourhood

- ❖ Silverfield Chemist, E9 6AS
- ❖ K. Sonigra Pharmacy, E9 7PX

❖ London Fields Neighbourhood

- ❖ Clarks Healthcare Ltd. E8 5QJ
- ❖ Guardian pharmacy, E8 4AE

Mystery Shopping Visits

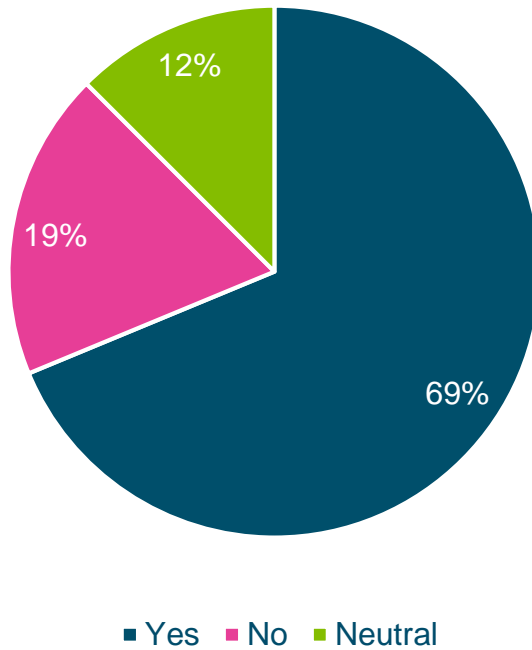
- 15 of the 16 visited pharmacies confirmed the findings from the telephone mystery shopping.
- Although all the pharmacies were visited after they signed up to provide free EHC according to Public Health Hackney, **only 7 out of the 16 visited pharmacies said they were offering free Emergency Hormonal Contraception.** Nine were only offering the over-the-counter pill.
- One pharmacy offered free service over the phone, however, requested payment for the same service during the physical visit.
- Some mystery shoppers were not offered a consultation, especially when there was no access to free EHC at the pharmacy

Page 97

All pharmacies were accessible to young people by public transport

During some of the visits, the mystery shopper was assisted by their friend. Their wish to attend the consultation accompanied by their friend was granted in all instances

Did you find the staff welcoming?

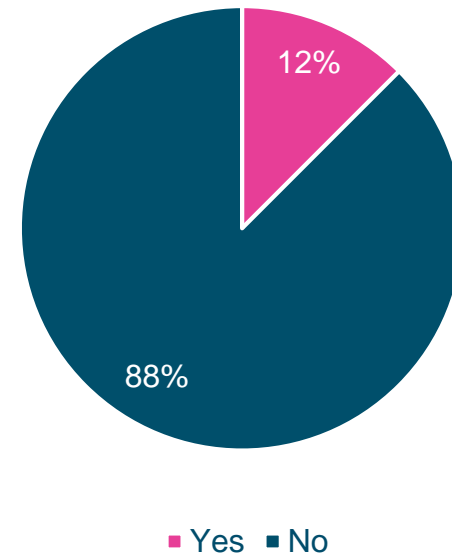


Page 98

“The staff were very welcoming and had good energy and they were quick and efficient to deal with my enquiry.”

“The woman behind the counter did not seem friendly neither did she look enthusiastic to serve me which seemed weird as she was very friendly and nice to the people that were in front of me. I don’t want to round it down to racism but the people that were in front of me prior were white and she seemed extremely happy to serve them.”

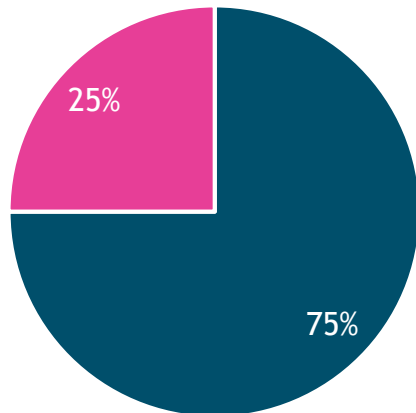
Did you notice any information within the pharmacy mentioning the EHC service anywhere within the pharmacy?



“There was an image on the consultation room door saying “This pharmacy is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times and the safety of all is of paramount importance.”

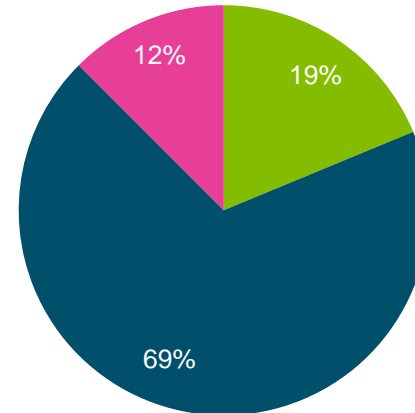
“The pharmacy seemed cluttered and cramped I didn’t look for a confidentiality statement.”

Was it easy to see the location of the consultation room?



■ Yes ■ No

Did you notice a confidentiality statement anywhere in the consultation room?



■ Yes ■ No ■ Neutral

Page 99

“Yes, The consultation room was very clear to see as there was a big sign that said, “consultation room”.

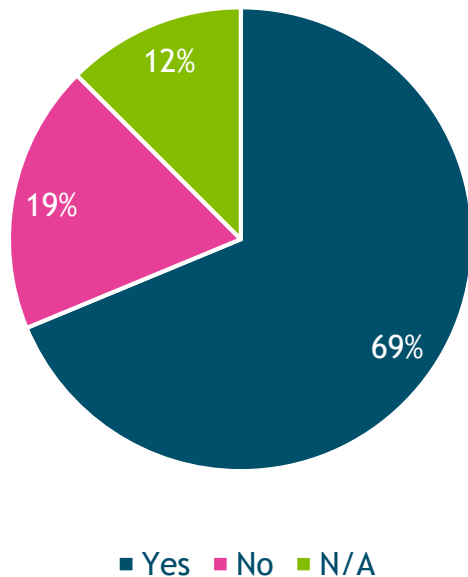
“I noticed a small door in the hall, which can probably be a consulting room, but there was no written sign on it, I am not sure there actually is any consultation room.”

“It wasn’t easy to see where the consultation room was as it was behind the front desk and the door was closed, the pharmacist opened my door from her end.”

“No, and medication from the previous customer was laying around, which made me think about confidentiality after I left myself.”

“ I did not see any confidentiality statement, but the pharmacist reassurance that everything was confidential.” On the side of the form, it says in bold “private and confidential.” which I think is a reassuring statement.”

Did you feel comfortable during the consultation?



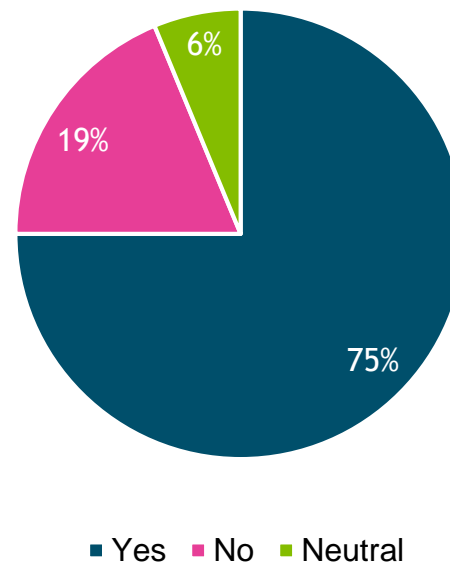
Page 100

“Yes, the pharmacist had a great sense of humour and the mood was very relaxing.”

“I felt really uncomfortable and not helped at all, I just wanted to leave the chemist.”

“I was quite disappointed as the pharmacist was both a female and a woman of colour. I did feel more at ease until she started speaking. She seemed to be in a rush, and she was not friendly or smiley.”

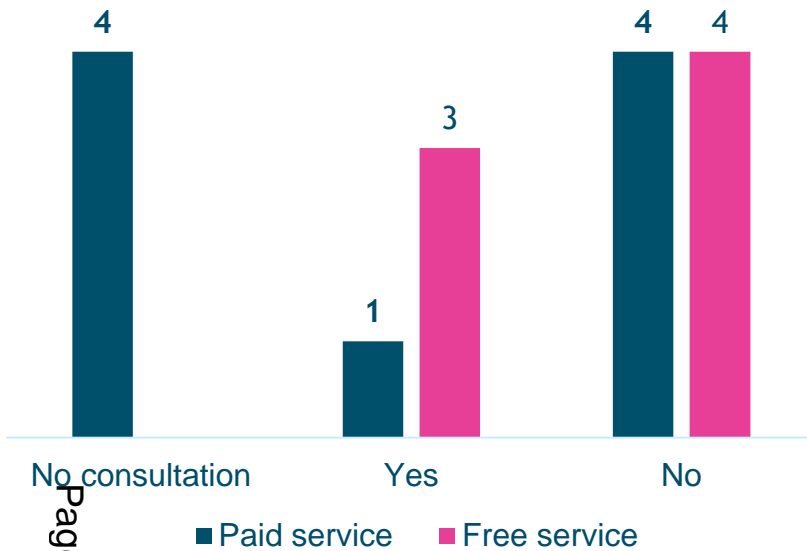
Did you feel you were treated with dignity and respects?



“Yes, I felt like I was being treated with dignity and respect, none of the questions were out of topic or to personal.”

“I don’t feel like I was treated with respect and the environment of the pharmacy seemed very moody as both the woman in the clerk and the pharmacist weren’t friendly at all.”

Did the pharmacist give you information about contraception in the future, e.g. safe sex?



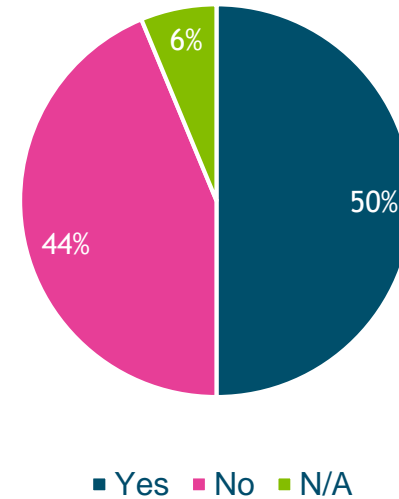
Page 181

“She spoke to me about the different options of contraception, for example, the implant, the coil, the depo etc. She even went on to explain how each contraception was put in the body which I was impressed by.”

“He mentioned he could provide me with free condoms, but they had run out. He also suggested to consult with my GP about best type of long-term contraception such as pills or coil.”

“The pharmacist did not give me any but seemed more concerned about me paying for a pill.”

Were you satisfied with the consultation outcome?



“Yes, it was a calm experience and the lady was very clear and articulated the information very well.”

“No, I am not sure the pharmacist was fully aware of the sensitivity of the matter.”

No. Overall, it wasn’t the best experience as she gave me the wrong pill and did not recognise that.”

“Not really, it wasn’t thorough and I felt some risks were overlooked. “

Where the service was offered free of charge

One of the pharmacies that said they provide free access to EHC could not provide the free service on that day due to the locum pharmacist not having the required training.

- 7 pharmacies offered free access to the services
- All pharmacies voluntarily invited the mystery shopper to a consultation and asked for all personal details (Date of birth, name, address, when they had had unprotected sex, when was their last menstrual cycle)
- 3 pharmacies offered information about contraception in the future
- None of the pharmacists talked to the mystery shopper about safe sex

He requested the contraception but before getting it, he talked through a lot of points such as the different types of contraception. For example, the coil, the patch, the implant, and the depo. He explained what they are and what they do but I told him I wasn't interested in contraception however I was impressed that he went into so much detail including stating statistics etc. He also explained the different contraception pills and the percentage of effectiveness."

"The pharmacist did not give extra information about future options if the pill was to fail, and also did not talk about safe sex or any other form of contraception to avoid relying on emergency contraception. Did not speak about STI's at all or where I could get a screening, I felt like there was a lack of information that he did not include in the conversation like the side effects of the tablet or even the difference between Levonelle and EllaOne."

"The woman seemed very nervous and provided limited information about the different types of contraception. The lady didn't seem like she had knowledge of the different types of contraceptives, neither did she offer any types of contraception."

Pharmacies who charged for the free service

- 9 of the 16 visited Free EHC commissioned pharmacies charged for the service EHC supply
- 2 out of the 9 pharmacies offered consultation to mystery shoppers. On these two occasions, pharmacists invited the mystery shopper to the consultation room voluntarily.

“She invited me to the consultation room straight away and didn’t discuss anything in front of anyone which I really liked in comparison to other pharmacies I have attended.”

- 1 of the 2 pharmacies offered information about contraception in the future
- None of the pharmacists talked to the mystery shopper about safe sex
- 5 pharmacists invited the mystery shopper into the consultation room only when the volunteer asked for a private conversation

“What I particularly didn’t like was that the pharmacist did not invite me to the consultation room straight away but tried to ask me questions in the customer waiting area which I found very uncomfortable and inappropriate.”

“She didn’t initiate privacy when I told her that I need to talk to her in private. She spoke to me when there were a lot of people around, so I had to ask her if there was a consultation room.”

- 2 pharmacists did not invite the mystery shopper into the room telling them they cannot offer the service free of charge
- 4 out of the 9 pharmacists voluntarily signposted the mystery shopper to another free service
- 5 pharmacists signposted the mystery shopper to a free service only when asked by the volunteer

However, in two instances, the mystery shopper was told to google for this information. During one of the visits, the mystery shopper was told there are no pharmacies offering a free service.

What questions were asked

In 14 out of 16 instances, the mystery shoppers were asked questions to identify the appropriate pill.

- Where the service was free of charge, mystery shoppers were asked the standard question “usually read from a form”.

*Name and date of birth / The name of their GP / Their ethnicity / When was their last menstrual period?
When they had unprotected sex / Is this their first time having emergency contraception*

“The pharmacist gave the option to pay for the emergency contraception straight away. I refused and asked for the free ones. Before he asked me any questions he went to collect the tablets. We started completing the form for free contraception. The questions asked were not personal or judgmental. The usual questions were asked. My name and GP address? my ethnicity? If this was my first time having emergency contraception when was the last period?- to see what pill would be more suitable for me, as there are two different ones.”

Page 104

Where there was a charge for the service, the mystery shoppers were mainly asked about their last period and when the accident happened

Surprisingly, two mystery shoppers were specifically asked only about their age.

One commented, *“She asked for my age. I felt strange as I did not understand why she asked for my age, even though there is not a free service.”*

Local Pharmaceutical Committee comment: The age of the customer is usually asked to ensure the treatment is age appropriate according to the product licence.

Another volunteer said *“The pharmacist didn’t ask me any questions, but she waited for me to speak, and when I said, “I’m here for the”.. she finished the sentence for me and said “contraception pill.” Immediately, she said they are not free, and she didn’t even ask about my situation or even try to figure out what contraceptive pill I needed. She told me that it was £25 straight away.”*

Feedback on the consultation room

- Mystery shoppers were able to enter and observe 15 out of the 16 pharmacies' consultation rooms
- Some mystery shoppers were not offered a consultation, especially when there was no access to free EHC at the pharmacy, so not all mystery shoppers were able to provide feedback about the consultation.
- On 9 out of the 16 occasions, respondents thought the consultation room was clean while 4 commented on the room being cluttered.
- 3 mystery shoppers commented that the room was accessible and another 3 said that the consultation room was not accessible.
- In 6 of the rooms, mystery shoppers said there were 2 chairs, and in another 6 that there was only 1 chair.
- On 7 occasions, the mystery shoppers said that the consultation room was too small. In another 6, the mystery shoppers said the consultation room size was acceptable.

The consultation room was very small and it was decently cleaned but a bit cluttered. There was just one chair and there was enough distance between me and the pharmacist especially when it seemed like she was still social distancing as she wore a mask.”

“It was a small room, with one chair inside the room. It was easily accessible. No clutter spotted.”

Recommendations

Local Authorities and commissioners of NHS and public health services have an important role to play in providing accessible, safe, and confidential services to all service users and particularly young people.

Public Health Hackney and the Local Pharmaceutical Committee should ensure regular follow-up and monitoring of local pharmacies commissioned to deliver certain services free of charge to eligible residents.

Based on the findings from both the telephone calls and visits made to pharmacies, we identified the following areas for improvement to ensure these services are accessible and inclusive to all young people, and to other residents.

Patient's views and experience - monitoring and evaluation of the patient's experience

These recommendations address the importance of capturing young people's experience of access and delivery of the service as part of service development.

Environment - physical environment, staff training, skills and attitude

These recommendations address the importance of the physical environment as well as the training, skills and attitude that the pharmacy staff need to deliver young people-friendly services.

Publicity

These recommendations address the importance of the content and design of the information available promoting a range of sexual health issues, including contraception, STIs, relationships, use of condoms and sexuality.

We recommend that Public Health Hackney, Local Pharmaceutical Committee and pharmacy leads convene a working group including young people to discuss the recommendations below and their implementation.

Support to create and facilitate this group is available through the Local Communications and Engagement Team which works with 16+ network, young System Influencers and public representatives.

Environment - staff training, skills and attitude

Ensure more pharmacists are trained to deliver Emergency Hormonal Contraception consultations and provide other sexual health information.

All pharmacy staff who are likely to come into contact with young people to receive appropriate training on:

- Full range of contraceptive options, promoting positive sexual health, and preventing pregnancy and STIs
- Equality, diversity, understanding how to engage and communicate with young people, in a way that feels safe and friendly
- Understanding the sexual health needs of young people and how to discuss them in the context of sexual health and relationships
- Managing sensitive and/or difficult consultations
- Safeguarding (Adults and Children) to enable staff to recognise signs of abuse and neglect and to act and report appropriately

Page 107
All pharmacy staff who are likely to come into contact with young people should:

- Be able to recognise and respond to different sexual health needs such as those relating to gender, sexual orientation, ethnicity, age, and different sexual health issues
- Be able to encourage young people to make safe and informed choices, including resisting peer pressure and delaying early sex
- Be familiar with information about other local services for young people

Pharmacies to provide a safe and young people-friendly environment by ensuring maximum confidentiality. This includes proactively inviting service users to a private place (consultation room) as soon as the need is recognised.

- All staff routinely explain the confidentiality policy to young people to enable them to understand their right to confidentiality
- Staff to ensure that young people are not asked any potentially sensitive questions where they may be overheard by other staff members or other patients

Environment - physical environment

The right and appropriate environment and atmosphere are more likely to contribute to ensuring confidentiality for service users regardless of their age. It is important that services are young people friendly which will relate to physical arrangements as well as staff attitudes and actions.

Pharmacies should provide safe and young people-friendly environment by

- Ensuring leaflets and posters promoting confidentiality are available within the pharmacy
- Ensuring greater promotion of their consultation room as a private and confidential space
- Ensuring full access to their consultation room as well as making sure it is accessible
- Ensuring a comfortable atmosphere in their consultation room by providing a clean welcoming environment

Page 108

Individual pharmacies to ensure are have enough stock of Emergency Hormonal Contraception for instant delivery.

Publicity

- Public Health should provide information about the service in a variety of languages and formats also suitable for people with learning disabilities, physical disabilities or sensory impairments.
- The content and design of the leaflets should be co-designed with young people
- The leaflet should provide information about:
 - **What** the service offers
 - **How** to access the service, including young people's right to attend a consultation on their own without the involvement of a parent or a carer.
 - **What** will happen when they access the service
 - **How** to give feedback or complain about the service
 - **Young people's entitlement to a confidential service.** This information should include: what data is collected, any limitations to confidentiality - who has (will have) access to this data, and under what circumstances this information may be disclosed or shared.
- Leaflets should be distributed and made available in schools, social clubs, and other appropriate places where young people are more likely to attend. Digital information should be also available. More places for promoting services should be discussed with young people.
- Ensure leaflets and posters are available within pharmacies informing about the available services
- Emergency Hormonal Contraception consultations to include information about sexual and reproductive health and contraception in the future including reversible long-acting methods of contraception, condoms with information and guidance on correct use, free confidential pregnancy testing, referral to NHS-funded abortion services, sexually transmitted infection (STI) testing and treatment

Page 109

Patient's views and experience - monitoring and evaluation of the patient's experience

Ensuring service users and in particular young people, have the best possible experience of care and support is essential for health services.

Services should be accessible and appropriate for young people. It is therefore important that young people are consulted, and their feedback and recommendations used to drive service improvements.

- A feedback opportunity should be offered to service users at the end of their consultation. This can be either given in a form of a hard copy or a QR code for online access
- The feedback form should include information about Healthwatch Hackney as an independent body service users can reach out to share their experience
- Patient feedback should be regularly reviewed and acted on appropriately
- Reports on the patient experience to be shared with Healthwatch Hackney

Response to our recommendations

We would like to thank the Public Health Hackney and City and Hackney Local Pharmaceutical Committee for their support and contribution.

Yogendra Parmar, Chief Executive Support, City and Hackney Local Pharmaceutical Committee

“We welcome your report and will use the findings to target service improvement resources. The main root cause for most of these findings are the ongoing pharmacy workforce pressures, that have been exacerbated by the pandemic/ Brexit and the recruitment of Pharmacists into GP practices means that Pharmacies are extremely capacity constrained and are often running on locums. Last calendar year saw the highest number of days of unplanned pharmacy closures due to workforce issues. Lloyds, Tesco and Asda have announced plans to close a significant number of their stores.

Until very recently, pharmacists new to Hackney were unclear on how to accredit to provide these services or how to order free condom supplies. A pharmacy sexual health update webinar was hosted on 18th Jan 2023 to help address this gap. A resource pack to help teams accredit is to be cascaded shortly.”

Page 111

Froeks Kamminga, Senior Public Health Specialist, *Sexual and Reproductive Health // Business Healthy*, London Borough of Hackney & City of London Corporation

“Thank you for your comprehensive report and the insights from your mystery shopping exercises. The overall exercise was very useful and will contribute to an improved service for all City and Hackney residents. The work of Healthwatch Hackney and all the volunteers is much appreciated.”

Pharmacies play a crucial role in offering low-barrier access to sexual and reproductive health services and this report touches on very important aspects of sexual health service delivery:

- **Accessibility**
- **YP-friendly attitudes and behaviours**
- **Privacy and confidentiality**
- **Promotion of services**

For a detailed response go to page 28

It is noted that 40% of pharmacies that had signed the contract with the London Borough of Hackney (LBH) to deliver enhanced sexual health services, including free EHC, did not offer this as a free service. This is highly concerning. Since the preliminary findings in 2022, work has begun to better understand and rectify this situation, and LBH is actively liaising with the Local Pharmaceutical Committee (LPC).

For context, it is useful to take into consideration that many pharmacists have been lost to community pharmacies following COVID-19 and Brexit, with some leaving the UK and others moving into GP pharmacist positions. There is therefore a challenging staffing environment in community pharmacies, resulting in high turnover and use as well as cost of locum pharmacists to provide cover.

To further complicate this, locum pharmacists do not have the local accreditation necessary to provide EHC, as the [Patient Group Direction](#) (PGD) is specific to each locality. PGDs provide a legal framework that allows certain registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients. When a locum pharmacist is providing cover, they cannot issue free EHC as they are not locally accredited, which is likely why in a number of cases, the mystery shoppers were referred elsewhere.

However, this does not negate the fact that the situation needs to be improved, and that everyone who needs EHC should be able to walk into a contracted pharmacist and get a good quality, friendly and confidential free service.

To address this, the following actions and initiatives have been or are being undertaken:

- Inventory of accreditation and self-certification of all pharmacies that have signed the contract with LBH to assess which pharmacies need further support with administration and registration under the scheme
- Improved liaison between LPC and LBH
- Training and engagement event on 18 January 2023 for all pharmacies that included refresher training on condoms distribution scheme, Chlamydia screening and treatment, and EHC provision. The online event was attended by around 25-30 pharmacists.
- Follow up via email and Pharmoutcomes to cascade all presentations and recordings (of the training event), and further guidance on accreditation and self-certification on the Pharmoutcomes platform.

The Public Health team will also advocate for NEL-wide PGD accreditation, which would make it easier for locum pharmacists to dispense EHC.

Pharmacies play a crucial role in offering low-barrier access to sexual and reproductive health services and we will work with the LPC and pharmacies to continually improve the accessibility and quality of the services that are being delivered.

Final words

Healthwatch Hackney is the local independent watchdog for health and care services.

It is our duty to ensure services are accessible, treatment and care are provided with respect and dignity and valuing diversity.

We highlight challenges faced by Hackney residents to improve the standards of care in the borough and to support healthcare providers in delivering the best possible service.

This includes accessing Emergency Hormonal Contraception free of charge at the commissioned pharmacies.

Healthwatch Hackney will therefore continue to review the service delivery with the view of reducing the number of commissioned pharmacies charging for the service to 0%.



Contact us:



info@healthwatchhackney.co.uk



080 8164 7664 (FREE phone number)



Accessibility Audit of Hackney's Community Pharmacies

April 2022





Contents

p. 4 *Introduction*

p.7 *Our aim*

p. 8 *Methodology*

p. 9 *Key findings*

p. 12 *Recommendations and pharmacies' responses*

p. 35 *Detailed findings*

Which community pharmacies did we visit?

❖ Woodberry Wetlands Neighbourhood

- ❖ Armstrong Dispensing Chemist, N4 2EX
- ❖ Park Pharmacy, N4 2AA
- ❖ Rowlands Pharmacy, N4 2HE
- ❖ Safedale Pharmacy, N16 9DL

❖ Springfield Park Neighbourhood

- ❖ Boots, N16 6TT
- ❖ Dunsmure Pharmacy, N16 5JY
- ❖ Greenlight pharmacy, N16 6LU
- ❖ Sand Pharmacy, N16 6TY
- ❖ Morrisons Pharmacy, N16 5SR
- ❖ Spivack Chemist, N16 6QX
(New name Greenlight)

❖ Clissold Park Neighbourhood

- ❖ Allen Pharmacy, N16 9PA
- ❖ Benjamin Pharmacist, N16 7JD
- ❖ Day Lewis Pharmacy N16 8AD
- ❖ Safedale Ltd, N16 0AP
- ❖ Safedale Ltd (Albion Road, N16 0TA
- ❖ Superdrug Store, E8 2LX

❖ Hackney Downs Neighbourhood

- ❖ Asvacare Pharmacy, E5 9BU
- ❖ Cohen Chemist, E5 9BQ
- ❖ Day Lewis, E5 8BY
- ❖ F. A. Strange, E5 8EQ

❖ Hackney Marshes Neighbourhood

- ❖ Bees Pharmacy- Kalpesh Chemist, E5 0HD
- ❖ Boots The Chemist Ltd, E8 1HR
- ❖ Clockwork Pharmacy (Mare Street)E8 1HP
- ❖ Clockwork Pharmacy 236 Well Street E9 6QT
- ❖ Clockwork Pharmacy 239 Well Street E9 6RG
- ❖ Friends Pharmacy, E5 0RN
- ❖ Regal Pharmacy, E5 0LP
- ❖ Safedale Pharmacy, E5 0NS
- ❖ Silverfields Pharmacy, E9 5QG

❖ Well Street Common Neighbourhood

- ❖ Bees Pharmacy, E9 5DG
- ❖ Silverfield Chemist, E9 6AS
- ❖ Clockwork Victoria Park Pharmacy, E9 7HD
- ❖ K. Sonigra Pharmacy, E9 7PX
- ❖ Tesco Instore Pharmacy, E9 6ND

❖ London Fields Neighbourhood

- ❖ Boots Chemist, E8 2NS
- ❖ Carsil (Marijak Pharmacy) E8 1EJ
- ❖ Clarks Healthcare Ltd. E8 5QJ
- ❖ Dev's Chemist, E8 1NH
- ❖ Guardian pharmacy, E8 4AE
- ❖ Haggerston Pharmacy, E8 4HU
- ❖ J Edmunds Pharmacy, E8 2JS
- ❖ Kingsland Pharmacy, E8 4AA
- ❖ Norlington Chemist Ltd, E8 4PH

❖ Shoreditch Park & The City Neighbourhood

- ❖ Finstead Pharmacy, N1 5LG
- ❖ Judd's Pharmacy, N1 6BT
- ❖ Murrays Chemist, N1 7QJ
- ❖ Spring Pharmacy, N1 5LG
- ❖ Unipharm pharmacy, E2 8AN

The mission of Healthwatch Hackney - Hackney's health and care watchdog.

Everyone's accessibility needs are different. It is therefore not possible for Healthwatch Hackney to make a judgment as to whether premises are accessible for any one person. This review is an audit listing of the available accessibility tools and facilities within each pharmacy. We hope this will support service users to make decisions about using a pharmacy as well as encourage pharmacies to improve their accessibility.

Our aim is to ensure that health and social care is accessible to everyone in the borough. We make recommendations to improve health and social care provision along with ensuring that the services within Hackney maintain high-quality standards and meet the needs of the community.

Access to healthcare advice has been a particular challenge over the last two years. Face-to-face access to GP practices was limited during the pandemic, service delivery changed, and GP services were under enormous pressure. This has resulted in community pharmacies increasingly being asked to take on some of the pressure of GP practices by dealing with minor ailments.

Like GP's, Community pharmacies are part of the NHS family, and pharmacists are healthcare professionals who are able to provide health advice and information.

Community pharmacies are an important resource for local residents to receive healthcare advice and information instantly, without having to phone or go into their GP practice. Therefore, physically accessing the pharmacies is important, as is awareness of the available services provided there.

Our review confirmed that all Hackney's community pharmacies are working hard to accommodate residents' health and care needs. Many of the pharmacies offer great access to patients and residents, such as a step-free accessible entrance, an induction loop to assist with hearing, a lower counter to assist patients who use a wheelchair, clear signs identifying the different areas of the pharmacy to help users to better navigate, wide corridors to help wheelchair and pram users to manoeuvre, clear signage and an accessible consultation room.

There were, however, some common themes, for which we have made some recommendations to improve access (starting from page 13).



Acknowledgement

We would like to thank the City and Hackney Local Pharmaceutical Committee for their support and contribution to this project.

We would like to thank all the pharmacy leads and staff for their cooperation and for accommodating our visits and for responding to our questions.

We also thank our volunteers Ivana Kolar, Madeline Dillmon and Ellie Fletcher for their time and contribution to this project.

We presented the final draft of the report to the City and Hackney Local Pharmaceutical Committee Board Meeting on 24th of November 2022. Following the meeting, we received the following response:

“The committee expects that this report and the reports for other allied health professionals, that are to follow, will highlight the NHS/Local Authority investment in an estate that is required in all healthcare estates to improve accessibility.” Yogendra Parmar, Chief Executive Support, City and Hackney Local Pharmaceutical Committee

Community pharmacies and the role of the pharmacist

Pharmacists are qualified healthcare professionals who can offer clinical advice and over-the-counter medicines for a range of minor illnesses, such as coughs, colds, sore throats, tummy trouble and aches and pains.

All pharmacists train for 5 years in the use of medicines. They are also trained in managing minor illnesses and providing health and wellbeing advice.

Some of the services that may be available at the local pharmacies are:

- emergency contraception
- asthma inhaler use and advice
- chlamydia screening and treatment
- stop smoking service
- blood pressure, cholesterol and blood sugar testing
- substance misuse service, including needle and syringe exchange schemes
- weight management service
- flu vaccination

If symptoms suggest it is something more serious, pharmacists have the right training to advise the patient if they need to see a GP, nurse or other healthcare professional.

Many pharmacies offer extended opening hours in the evenings and at weekends. Some are open until midnight or even later, even on public holidays. These extended opening hours reduce A&E attendance, especially with non-critical cases.

Community Pharmacist Consultation Service (CPCS)

The NHS Community Pharmacist Consultation Service (CPCS) was introduced to enable community pharmacies to play a greater role in urgent care provision. The service aims to relieve pressure on the wider NHS by connecting patients with a community pharmacy, delivering a swift, convenient and effective service to meet patients' needs.

As well as referrals from general practices, the service takes referrals from NHS 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.

Since the CPCS was launched, an average of 10,500 patients per week (nationally) are referred for a consultation with a pharmacist following a call to NHS 111; these are patients who might otherwise have gone to see a GP.

As a result of the Healthy Living Pharmacy Level 1 (HLP) criteria **from 1st January 2021**, almost all pharmacies will need to have a consultation room.

The requirements for consultation room are that they must comply with the minimum requirements set out below:

- Clearly designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying *Consultation Room*
- It must be distinct from the general public areas of the pharmacy premises
- It must be a room where both the patient and the pharmacist are able to sit down together and talk at their normal speaking volumes, without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone)

From 1st April 2020, the pharmacy must also have IT equipment accessible within the consultation room with minimum access to the internet.

Contractors who open new pharmacy premises on or after 1st January 2021 will need to have a consultation room from the first day they open for business.

Where pharmacy premises are too small for a consultation room to be included, the contractor must apply to the NHSE&I regional team to request an exemption from this requirement. The contractor must then ensure that they put arrangements in place at the pharmacy which enable staff and patients to communicate confidentially by telephone or another live audio link and a live video link.

The consultation rooms can be also used for walk-in patients who want to discuss issues with pharmacy staff without being overheard.



Our aim

With this review, we aim to bring greater awareness of the use of the consultation rooms as a safe and confidential place for patients to talk to a health professional instantly, to provide residents with information about the use of the community pharmacies, accessibility tools available within each pharmacy and to ensure that all patients, no matter which is their local pharmacy, had as accessible services as possible.

The areas we looked at are:

- Access to premises - entrance ramp, automated door, ring bell
- Access within premises - lower counter, induction/ hearing loop, how easy it is to maneuver within the pharmacy
- Signage - how easy is to navigate within the pharmacy
- Consultation room - access and state of the room

We also wanted to highlight a good practice.

What would make an accessible pharmacy?

- **Having permanent or temporary ramp for wheelchair/ mobility scooters users, visually impaired patients as well as for parents with prams.**
- **If ramp is not available, having a ring bell outside to assist patients waiting**
- **Automated door with a push pad for complete access**
- **Easy to navigate premises - corridors free of obstacles, signs in bold Placing important patient-led information on the homepage for easy access**
- **Clean and tidy environment**
- **Accessible consultation room**
- **Clear sign and signposting for the consultation room**

Overall, with the recommendations made for community pharmacies in Hackney, we hope to increase the awareness of the consultation rooms, accessibility of pharmacies and improve patient satisfaction with these pharmacies.



Methodology

“Data Collection”

The audit was carried out in April 2022.

Four Authorised Representatives carried out a detailed audit of the available accessible tools and facilities within the 48 community pharmacies in Hackney that signed up to provide Community Pharmacist Consultation Service (CPCS). This review was carried out through physical visits over a period of one month.

A [checklist was developed](#) considering the main accessibility tools needed for free access.

An email notification was sent to the Local Pharmaceutical Committee as well as to all individual pharmacies informing them about the planned visits. However, the exact dates and times of the visits were not disclosed.

“ Data Analysis “

Data collected was reviewed and analysed using Excel. This was used to generate a set of recommendations to improve patients’ experience and access to the local community pharmacies.

Some of the recommendations involved constructing a permanent or temporary ramp to ensure full accessibility of the premises. We are aware that Council’s permission is needed for this to be implemented if it requires alterations to the pavement. Therefore, we contacted Hackney Council’s Planning Department to ask about the rules in relation to constructing a ramp on the pavement.

Hackney Council Planning Department responded that a planning permission would be required and/or consent from the relevant highway authority (either Hackney Council or Transport for London if a ramp was to be built).

We have included this into our recommendations.

Key findings - Accessibility of the premises

Most of the pharmacies had a concrete ramp or a threshold plate leading to the entrance. However,



- 26 pharmacies were recommended to build or repair the concrete ramp outside the premises and two pharmacies were recommended to repair the pavement outside the premises.



- 4 pharmacies were recommended to repair the potholes in front of their entrance.



- 17 pharmacies were recommended to install an automated door with a push pad for complete access.



- 36 pharmacies were recommended to install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
15 out of those pharmacies did not have an automated door either.

Most pharmacies where doorbell was not available said that patients unable to come is would knock on the window/door to get staff attention.



- 14 pharmacies were recommended to replace or remove their front mat because this was either not flush with the floor or was too worn or had a design with holes and this made the surface uneven or could cause an obstacle for someone with a walking stick.

Key findings - Accessibility within the premises - tools availability



- 39 pharmacies were recommended to install an induction/hearing loop to support patients with hearing loss and to ensure staff training once implemented.
- 9 pharmacies had an **induction/ hearing loop** available, however, the staff at two of these pharmacies were either unaware of its existence or did not know how to use the tool.



- 27 pharmacies were recommended to install a low counter to assist wheelchair users.
- Two of the pharmacies that had low counters had access to this blocked either with boxes or bin containers.

Although most pharmacies provided seating for their patient, often chairs were placed near the counter or the consultation room which could possibly create issues with confidentiality.

Page 125



- 7 pharmacies were recommended to provide seating for patients who need to wait longer.
- Four pharmacies were recommended to rearrange the position of the chairs for better comfort and movement within the premises.

Signage - how easy is to navigate within the pharmacy



- 34 pharmacies were recommended to improve the signage within their pharmacies. 12 of them were specifically asked to improve the signage for their consultation because the sign was either too high, or hard to be seen because of the door background, or difficult to see the room because it was placed at the very end of the premises not visible from the entrance.
- 2/48 pharmacies did not have any signs at all.
- One pharmacy was too cluttered with different leaflets on the wall and hanging from the ceiling. Some of these leaflets were no longer relevant. This could possibly create confusion for patients **regardless of their disability status.**

Key findings - Consultation room - access and state of the room

All pharmacies had a designated room to run private consultations. There were some very good rooms that were ready for use and had a range of items that would support good conversations with users of the pharmacy.

However, space was a challenge for some pharmacies and the rooms were functional but too small to accommodate comfortable conversation, some of them were completely inaccessible and others were used as storage and office space. The staff of these pharmacies told us that if a private conversation was needed, this would need to take place outside of the pharmacy!

How are consulting rooms used

- Pharmacist told us that they have been using their consultation room often for medication reviews, health checks , emergency contraception, smoking cessation conversations, COVID-19, travel and flu vaccinations and recently for CPCS. They have all seen a recent increase of the CPCS referrals.

From the conversation we had with the pharmacists it was clear that staff are proactive in using the rooms and telling people that the facility is there.

The conversations also revealed patient satisfaction with being seen at the pharmacy “quicker” than waiting for a GP appointment.

Key findings - Consultation room - access and state of the room

On the day of our visits, we were unable to see the consultation rooms of two pharmacies because they were occupied.

During the visits we observed that all pharmacies had designated rooms to run consultations with patients. However,

- 45/48 pharmacies had the Consultation room sign on the door although some of the signs were left behind open doors, others were placed too high, some signs were placed vertical or there was no contrast between the sign and the background which made the signs hard to be seen or read.



- Therefore, we recommended to 13 pharmacies to improve signage and signposting of the facility to ensure better visibility.
- We recommended that 8 pharmacies redesign the current setup of their consultation room to ensure accommodation of at least two chairs.

- 32/46 pharmacies had accessible consultation room. However,



- There was one pharmacy that had an accessible consultation room but the pharmacy itself was inaccessible.
- The room of one pharmacy was based in the basement and there was no ramp or lift to support the access.
- Some of the consultation rooms were too small and could not accommodate sitting for two people or access to a wheelchair user.
- We recommended to 4 pharmacies install a removable ramp to improve access to their consultation room.

Recommendations and responses

This section lists the recommendations made to each pharmacy and their respective response back to Healthwatch Hackney.

We received very positive feedback from managers who found our review and recommendations useful and beneficial. We are very grateful to see that most practices took immediate action to implement most or some of our recommendations.

We do appreciate that some of our recommendations may require Council's permission, however, we hope that pharmacies will take the appropriate steps to start the process of ensuring full accessibility to their premises.

- We did not identify any areas of improvement in 2/48 pharmacies.
- 24 out of the 46 remaining pharmacies responded to our recommendations.
- 22 pharmacies did not respond to our recommendations despite several follow-up attempts and different deadlines given from our side



Armstrong Dispensing Chemist, N4 2EX, Woodberry Wetlands Neighbourhood

Pharmacy's response

1. Repair the potholes in front of the entrance (permission may be required).
2. Repair the concrete ramp in front of the entrance(permission may be required).
3. Install an automated door with a push pad for complete access.
4. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and sufficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Repaint the sign above the counter for better contrast with the background to improve visibility.
9. Place images or icons as representations for the signs to support residents.
10. Place signs at eye level for better visibility and navigation.
11. Ensure better signposting of the consultation room – posters to be placed at the front of the premises and before the reception area.

1. We will repair the paving that are our part of the boundary by 31/08/2022
2. We will repair the ramp by 31/08/2022
3. We are looking to put in a new form with an automated door at the earliest by 31/10/2022
4. Once we install the automated door, there will be no need for a bell or an entry phone.
5. Recommended changes will be made
6. We will look into installing an induction/hearing loop at the earliest by 31/10/2022
7. At the moment, we provide a clipboard to assist wheelchair users if they want to sign a prescription. Staff also help all wheelchair users by going around the counter. We will put in a lower counter when we refit the pharmacy by August 2023
8. We will change the colour of the sign so it has better contrast by 31/10/2022
9. Unclear. HWH – **Further description was sent. No other response was received.**
10. Unclear. HWH – **Further description was sent. No other response was received.**
11. We will install a service panel at the front of the premises which will show that we have a private consultation room.
There will also be consultation room signage inside the premises visible to the public by 31/10/2022

Page 129

Park Pharmacy, N4 2AA, Woodberry Wetlands Neighbourhood

Pharmacy's response

1. Repair the potholes and the concrete ramp in front of the entrance (permission may be required).
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Place short and easy-to-read signs in bold with good contrast between text and background.
9. Place signs at eye level for better visibility and navigation.
10. Place images or icons as representations for the signs.
11. Install air conditioning for better ventilation.

Did not respond.

Emails and reminders sent on
29/06/2022
22/07/2022
07/09/2022

Follow-up calls were made between July and September.

Rowlands Pharmacy, N4 2NH, Woodberry Wetlands Neighbourhood

Pharmacy's response

1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp (permission may be required). There is a small step before the entrance.
2. Place hazard marking where changes are not possible.
3. Install an automated door with a push pad for complete access.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Redesign the current setup of the consultation room to ensure accessibility. The room does not have two chairs.
6. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on
29/06/2022
22/07/2022
05/09/2022

Follow-up calls were made between July and September.

Safedale Pharmacy, N16 9DL, Woodberry Wetlands Neighbourhood

Pharmacy's response

1. Ensure better signposting from streets leading to the pharmacy. The entrance is situated on the corner of the building, so it makes the premises hard to be seen.
2. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp (permission may be required). The entrance level is not flat.
3. Replace or repairing the entrance door. The door is wide enough for wheelchair users but not for users of mobility scooters.
4. Remove or replace the mat at the entrance. There is a slight upraising on the doors and doormat.
5. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
6. Place hazard marking where changes are not possible.
7. Ensure access to the low counter at all times. On the day of the visit, there was a barricade set up approximately two meters from the counter.
8. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
9. Ensure seating for patients who need to wait longer.
10. Place images or icons as representations for the signs.
11. Place signs at eye-level.
12. Improve signage for the consultation room. There is a printed sign attached to the door where the word is split into two rows, which makes it very hard to read.
13. Redesign the current setup to ensure accessibility. Currently, the room has two chairs but it is not wheelchair accessible.
14. Install an air conditioning in the consultation room for better ventilation.

Response from the Head of Operations

“Thank you. We have found these recommendations very useful. We are currently in a refit and this will be completed by 20th August.”

Followed up on 06/09/2022 with an email and a phone call. However, no further response was received.

Boots, N16 6TT, Springfield Park Neighbourhood**Pharmacy's response**

1. Ensure seating for patients who need to wait longer.
2. Ensure there is working IT equipment in the consultation room for quick and efficient access to patient records.
3. Ensure access to the internet in the consultation room for quick and efficient access to patient records.
4. Ensure better signposting of the induction hearing loop.
5. Install a low counter to assist wheelchair users.
6. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on
29/06/2022
01/09/2022

Follow-up calls were made between July and September.
However, phone calls were never responded to.

Dunsmure Pharmacy, N16 5JY, Springfield Park Neighbourhood**Pharmacy's response**

1. Install an automated door with a push pad for complete access.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Install a low counter to assist wheelchair users.
4. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area.
5. A better place for the consultation room to allow better accessibility. The room is downstairs in the basement.
6. Build concrete permanent ramp or place temporary ramp leading to the consultation room to ensure accessibility.
7. Place hazard marking where changes are not possible.
8. Install air conditioning in the consultation room for better ventilation.

Initial response received on 05/09/2022

“The pharmacy is due to be taken over any day soon by Greenlight and they intend to do some substantial renovations to the premises.”

Last response from the new owner:

“...We are aware the pharmacy is in need of repairs & updating & we will be carrying out an extensive refit of the pharmacy in the coming months which will significantly improve access to the pharmacy as well as the facilities available to the local population.”

Greenlight Pharmacy, N16 6LU, Springfield Park Neighbourhood**Pharmacy's response**

1. Install an automated door with a push pad for complete access.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Rearrange the seating area for better comfort and movements within the premises.
6. Place images or icons as representations for the signs.
7. Ensure better signposting of the Consultation Room.
The sign is placed higher above the door and it makes it difficult to see.
8. Redesign the current setup of the consultation room to ensure accessibility.
9. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Follow up calls were made between July and September. The last reminder was made on 05/09/2022.

We were told the recommendations have been forwarded to the Head Office of Greenlight.

| Land Pharmacy, N16 6TY, Springfield Park Neighbourhood | Pharmacy's response |
|--|---|
| <ol style="list-style-type: none"> 1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp (permission may be required). There is one step before the entrance. 2. Install an automated door with a push pad for complete access. 3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 4. Place hazard marking where changes are not possible. 5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 6. Ensure better signposting of the Consultation Room. The sign to be at eye level. The sign is placed higher above the door and it makes it difficult to see/ read. 7. Install air conditioning in the consultation room for better ventilation. | <p>Did not respond.</p> <p>Emails and reminders sent on 29/06/2022 05/09/2022</p> <p>Follow-up calls were made between July and September.</p> |

| Morrisons Pharmacy, N16 5SR, Springfield Park Neighbourhood | Pharmacy's response |
|--|--|
| <ol style="list-style-type: none"> 1. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 2. Ensure better signage within the pharmacy to the aisles and corridors to ensure better navigation. Signs to be placed at eye level. | <ol style="list-style-type: none"> 1. <i>An induction loop has been ordered specifically to be kept in the pharmacy. To be confirmed.</i> 2. <i>Head office have been contacted in regards to signage outside the store at the high road entrance and car park entrance. Photos have been taken and emailed to the estate team, we are awaiting a reply. In the meantime A-Frames will be ordered and installed at both entrances displaying pharmacy opening/closing times. Within the store, there will be stickers and signs placed around the store directing them to the pharmacy – mainly in isles number 5 – which is the health and beauty, where most OTC products are kept. To be confirmed.</i> |

1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). There is a slight uprising on the doors.
2. Ensure the push to open mechanism of the door is turned on during the times of operation. On the day of the visit, the push to open mechanism was turned and was only turned on to our request.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Place hazard marking where changes are not possible.
5. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Build low counter to assist wheelchair users.
8. Ensure better signposting of the Consultation room. Posters to be placed at the front of the premises and before the reception area. There is a sign on the doors but doors mostly stay open, therefore it is hard to be seen.
9. Ensure full accessibility of the Consultation room by rearranging the current setup of the room. Due to the size of the room, currently, there is only one chair.
10. Install air conditioning in the consultation room for better ventilation.

The pharmacy is under new management since July 2022. The new name is now Greenlight Pharmacy.
 Recommendations were sent to the new management on 05/09/2022 after telephone conversation.
 No response received since.

Allen Pharmacy, N16 9PA , Clissold Park Neighbourhood

Pharmacy's response

1. Repair the concrete ramp in front of the entrance (permission may be required). The concrete ramp outside the building is not evenly done and it has uneven fillings.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Ensure access to the low counter at all times. There was a bin container at the front.
7. Place images or icons as representations for the signs.
8. Install air conditioning in the consultation room for better ventilation.

Did not respond.
Emails and reminders sent on
29/06/2022
16/09/2022

Follow-up calls were made between July and September. However, phone calls were never responded to.

Benjamin Pharmacist, N16 7JD, Clissold Park Neighbourhood

Pharmacy's response

1. Ensure better lighting within the premises.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Place signs marking important areas for easier navigation. Signs to be placed at eye level.
4. Place images or icons as representations for the signs.
5. Install air conditioning in the consultation room for better ventilation.

*"We are planning refit to entire pharmacy by December 2022.
 All recommendations to be considered where possible."*

Day Lewis Pharmacy, N16 8AD, Clissold Park Neighbourhood

Pharmacy's response

1. Ensure automated doors are in full working condition at all times and an appropriate message is displayed when out of order.
2. Build permanent ramp to ensure full accessibility of the premises. There is a slight upraised surface at the door.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. There is a slight dent in the entrance mats.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Place short and easy to read signs in bold with good contrast between text and background.
9. Post signs at eye level for better visibility and navigation.
10. Post signs marking important areas within the premises for easier navigation.
11. Place images or icons as representations for the signs.
12. Install air conditioning in the consultation room for better ventilation.

Did not respond.
Emails and reminders sent on
29/06/2022
22/07/2022
06/09/2022

Follow-up calls were made between July and September.

Safedale Ltd (Albion Road), N16 0TA, Clissold Park Neighbourhood

Pharmacy's response

1. Repair the concrete ramp in front of the entrance (permission may be required). The concrete ramp outside the building is not evenly done and it has uneven fillings.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Place hazard marking where changes are not possible.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Ensure access to the lower counter at all times. On the day of the visit, there were boxes blocking the use of it.
7. Place images or icons as representations for the signs.
8. The consultation room was occupied on the day of the visit so we were not able to see it. If there is no ventilation in the room, such as air conditioning or a window, please consider making it available for better ventilation.

"Thank you for your email. I have found these recommendations very useful. We are currently undergoing a refit plan for all our Stoke Newington branches. I can confirm that we are incorporating the recommendations into our refits. We will be carrying out further refits of Safedale Ltd (Albion Road), N16 0TA by the end of this financial year. (31st March 2023)."

Safedale Ltd, N16 0AP, Clissold Park Neighbourhood

Pharmacy's response

1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Install a low counter to assist wheelchair users.
4. Place an "Automated door" sign on the door.
5. Place images or icons as representations for the signs.
6. We were unable to see the room on the day of visitation. If there is no ventilation in the room, such as air conditioning or a window, please consider making it available for better ventilation.

"Thank you for your email. I have found these recommendations very useful. We are currently undergoing a refit plan for all our Stoke Newington branches. I can confirm that we are incorporating the recommendations into our refits. We will be carrying out further refits to Safedale Ltd, N16 0AP by the end of this financial year. (31st March 2023)."

Superdrug, E8 2LX, Clissold Park Neighbourhood

Pharmacy's response

1. Replacing or removing the front mat to avoid creating further obstacles. The mat is not flush with the floor.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff are trained on how to use it and efficient signposting is provided.
3. Rearrange the position of the chairs, so patients are not disturbed by passing members of the staff or asked to move away if the consultation room is to be used. Two chairs were available at the entrance of the counter and in front of the Consultation Room.
4. Place hazard marking where changes are not possible.
5. Place images or icons as representations for the signs.
6. Install air conditioning in the consultation room for better ventilation.

1. There is no mat at the entrance of the premises
2. No induction/hearing loop is installed. **HWH requested further information.**
3. Two chairs in front of the counter have been moved to next to the consultation room so it is easier for patients.
4. Unclear. **HWH – Further description was sent.**
5. Not responded
6. The Head office is in charge of the air condition

Asvacare Pharmacy, E5 9BU, Hackney Downs Neighbourhood**Pharmacy's response**

1. Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). There is a gap between the metal ramp and the ground which can be an obstacle.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area.
5. Install air conditioning in the consultation room for better ventilation.

Did not respond.**Follow-up calls were made between July and September.****During the last phone conversation on 1st of Sept. we were told that response will be sent to us by 15th of September.****Cohen Chemist, E5 9BQ, Hackney Downs Neighbourhood****Pharmacy's response**

1. Place hazard marking of the drainage before the entrance. This can be an obstacle for someone who uses a walking stick.
2. Include images or icons as representations for the signs.
3. Post signs at eye level.
4. Repaint the PRESCRIPTION sign at the reception area to create contrast between the sign and the background for better visibility.
5. Install air conditioning in the consultation room for better ventilation.

Did not respond.**Emails and reminders sent on 29/06/2022****02/09/2022 following a phone conversation with the pharmacist.****Follow-up calls were made between July and September.****Day Lewis, E5 8BY Hackney Downs Neighbourhood****Pharmacy's response**

1. Repair the concrete ramp in front of the entrance (permission may be required). There is a slight gap between the ramp and the ground.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Rearrange the chairs to enable people to move freely and without obstacles. Chairs are placed very close to the main counter where it can be difficult to maintain confidentiality.
4. Place images or icons as representations for the signs.
5. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area. The room is located at the very right end and can only be seen when at the counter and if the patient turns right.
6. Install air conditioning in the consultation room for better ventilation.

*1. There is a slight gap but it doesn't seem to cause any problems for our few wheelchair/accessible patients. If a point arises, we can address it then.**2. There is a button on the outside of the door which automatically opens the door.**3. Due to the layout of the pharmacy unfortunately there isn't space for chairs anywhere else. The middle gondola cannot be removed due to the flooring under it.**4. No response**5. A sign will be made to direct patients to the consultation room by 21/07/2022**6. Air conditioning is available in the pharmacy and is on during the summer months.*

| F. A. Strange, E5 8EQ, Hackney Downs Neighbourhood | |
|--|---|
| 1. | Repair the pavement in front of the entrance (permission may be required). The tactile paving ends before the entrance and there are three different surfaces before entering the premises. |
| 2. | Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. |
| 3. | Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. |
| 4. | Install a low counter to assist wheelchair users. |
| 5. | Rearrange the chairs to enable people to move freely and without obstacles. It might be useful if they are moved to the right of the entrance. |
| 6. | Place images or icons as representations for the signs. |
| 7. | Ensure better signposting of the removable ramp to access the consultation room. Currently there are steps before the room. We were told there was a removable ramp but saw no signage. |
| 8. | Install air conditioning in the consultation room for better ventilation. |

| Pharmacy's response | |
|---------------------|---|
| 1. | <i>The paving is responsibility of the Hackney council. We will write to them remedying the paving for us and the wheelchair users. However, it was a busy corner, any such slopes may cause pedestrian and wheelchair users themselves in the winter. Furthermore, we would like to know whether any additional funding available through Hackney Council or Healthwatch for pharmacies.</i> |
| 2. | <i>Did not respond</i> |
| 3. | <i>Did not respond</i> |
| 4. | <i>Did not respond</i> |
| 5. | <i>Our contract with photocopiers ends in two months time so we will rearrange the chairs to front of the shop.</i> |
| 6. | <i>I have ordered signage to notify our wheelchair users, the availability of the portable ramp, which will be done before end of September 2022</i> |
| 7. | <i>Did not respond</i> |

| Bees Pharmacy, E5 0HD, Hackney Marshes Neighbourhood | Pharmacy's response |
|---|--|
| <ol style="list-style-type: none"> 1. Install an automated door with a push pad for complete access 2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 4. Install air conditioning in the consultation room for better ventilation. | <ol style="list-style-type: none"> 1. <i>We currently have an automatic door which is not functional. This will be replaced with another automated door. ASAP</i> 2. <i>The automated door will address this issue. We will ensure the access is suitable for wheelchair users. ASAP</i> 3. <i>Will consider after obtaining costs. ASAP</i> 4. <i>The pharmacy has 2 AC units, however none of them in the consultation room.</i> |
| Boots The Chemist, E8 1HR, Hackney Marshes Neighbourhood | Pharmacy's response |
| <p>No areas of improvement were observed.</p> | |
| Clockwork Pharmacy Well Street, E9 6QT, Hackney Marshes Neighbourhood | Pharmacy's response |
| <p>Page 11 of 18</p> <ol style="list-style-type: none"> 1. Install an automated door with a push pad for complete access 2. Ensure access through the entrance doors is available at all times during hours of operation. The entrance has double doors. The entrance through the door used for the general public has an uneven surface. The other door, which is kept closed with the bottom lock, is open only when wheelchair users need to come in. 3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 5. Install a low counter to assist wheelchair users. 6. Place images or icons as representations for the signs. 7. Install air conditioning in the consultation room for better ventilation. | <p>Did not respond.</p> <p>Emails and reminders sent on 29/06/2022</p> <p>02/09/2022 following a phone conversation with the pharmacist.</p> <p>Recommendations sent to the Head Office of Clockwork.</p> <p>Follow-up calls were made between July and September.</p> |
| Regal Pharmacy, E5 0LP, Hackney Marshes Neighbourhood | Pharmacy's response |
| <ol style="list-style-type: none"> 1. No areas of improvement were identified | |

Clockwork Pharmacy (Mare Street), E8 1HP Hackney Marshes Neighbourhood

Pharmacy's response

1. Install an automated door with a push pad for complete access
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Install a low counter to assist wheelchair users.
5. Place images or icons as representations for the signs.
6. Posting signs at eye level.
7. Ensure better signposting of the consultation room. Posters to be placed at the front of the premises and before the reception area. There are signs above the door; however, the room is located on the side, which makes it hard to be seen.
8. Install air conditioning in the consultation room for better ventilation.

Did not respond.

**Emails and reminders sent on 29/06/2022
02/09/2022 following a phone conversation with the pharmacist.
Recommendations sent to the Head Office of Clockwork.

Follow-up calls were made between July and September.**

Clockwork Pharmacy, E9 6RG Hackney Marshes Neighbourhood

Pharmacy's response

1. Place hazard marking where changes are not possible. Metal drain just before the entrance. It can be an obstacle for those with walking sticks.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Replace or remove the front mat to avoid creating further obstacles. The entrance is completely flat but there is a mat straight after the door that is not on the same level as the floor. The metal frame around it is much higher than the mat.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Install a low counter to assist wheelchair users.
6. Ensure seating for patients who need to wait longer.
7. Place short and easy-to-read signs in bold with good contrast between text and background.
8. Place signs at eye level for better visibility and navigation.
9. Place signs to mark important areas for easier navigation.
10. Place images or icons as representations for the signs.
11. The consultation Room is currently inaccessible. The corridor to the room is too tight and there are two steps before the room. Install a removable ramp for full accessibility with appropriate signposting of its availability. There are two steps leading to the consultation room and it is not accessible for anyone with mobility issues.
12. Repair the wooden stairs leading to the consultation room to avoid a future hazard. Stairs had a few wooden boards falling off; one of the patients and I both knocked them down when walking.
13. Install air conditioning in the consultation room for better ventilation.

Did not respond.

**Emails and reminders sent on 29/06/2022
02/09/2022 following a phone conversation with the pharmacist.
Recommendations sent to the Head Office of Clockwork.

Follow-up calls were made between July and September.**

Friends Pharmacy, E5 0RN, Hackney Marshes Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp for better accessibility or ensuring appropriate signposting for a temporary ramp (permission may be required). Very high, uneven surface to enter the pharmacy.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Place images or icons as representations for the signs.
5. Redesign the current set up of the consultation room to ensure accessibility. The room setup does not allow appropriate space between the pharmacist and the patient.
6. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on 29/06/2022 02/09/2022 following a phone conversation with the pharmacist.

Follow-up calls were made between July and September.

Safedale Pharmacy, E5 0NS, Hackney Marshes Neighbourhood

Pharmacy's response

1. ~~Build~~ Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for a temporary ramp. There is a small step at the entrance.
2. ~~Install~~ Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. ~~Install~~ Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Ensure seating for patients who need to wait longer.
5. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on 29/06/2022 06/09/2022

Follow-up calls were made between July and September.

Silverfields Pharmacy, E9 5QG, Hackney Marshes Neighbourhood

Pharmacy's response

1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
3. Rearrange the chairs to enable people to move freely and without obstacles.
4. Install air conditioning in the consultation room for better ventilation.

1. *The front door to the pharmacy has a ramp leading to the door which opens automatic so no need to handle the door to access. There is a staff on the counter at all times to assist all customers trying to access the pharmacy.*
2. *We are looking to purchase a hearing loop/induction system to assist patients with hearing loss. Staff will be trained on how to use this with appropriate advice on signposting if needed. In process – soon*
3. *There is a single chair near the counter, which is placed not in the way of walking customers so they can move freely without obstacles and is not a physical hazard.*
4. *There is a fire exit through a short passage leading from the consultation room so the door can be opened for ventilation. A fan is also available if the room gets warm.*

Bees Pharmacy, E9 5DG, Well Street Common Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp for better accessibility or ensuring appropriate signposting for a temporary ramp (permission may be required). The threshold into the entrance is approximately 2 centimetres higher than the ground outside the entrance.
2. Repair the potholes in front of the entrance (permission may be required).
3. Install an automated door with a push pad for complete access
4. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Install a low counter to assist wheelchair users.
7. Ensure seating for patients who need to wait longer.
8. Repaint the PRESCRIPTION sign at the reception area to create contrast between the sign and the background for better visibility.
9. Ensure full accessibility to the consultation room by rearranging the current setup of the room. The doors to the room open wide enough but the space before the entrance to the room is narrower; therefore it is not wheelchair accessible.
10. Install air conditioning in the consultation room for better ventilation.

1. *We will look into a ramp so that access is easier for wheelchairs etc.*
2. *Will look to contact the council as this is not on our property.*
3. *We Will consider after obtaining costs.*
4. *We Will consider after obtaining costs.*
5. *We Will consider after obtaining costs.*
6. *The shop has been refitted recently and therefore would be difficult to purchase a new counter entirely. Staff are always trained to attend to wheelchair users personally.*
7. *Due to the size of the pharmacy there are 2 chairs available for patients waiting.*
8. *This is an LED lit sign. It was need to be replaced entirely to meet this recommendation. Will inspect costs and consider.*
9. *Will look at widening the access to the room so that services can be provided in the room.*
10. *The pharmacy has a functional AC unit, however, not in the consultation room.*

Deadline for implementing recommendations – early 2023

Clockwork Victoria Park Pharmacy, E9 7HD Well Street Common Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). The threshold is approximately 2 centimeters higher than the ground outside the entrance.
2. Install an automated door with a push pad for complete access
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Install a low counter to assist wheelchair users.
6. Place short and easy-to-read signs in bold with good contrast between text and background. No other signs apart from the sign for the Consultation Room were seen.
7. Place signs at eye level for better visibility and navigation.

Did not respond.

Emails and reminders sent on

29/06/2022

02/09/2022 following a phone conversation with the pharmacist.

Recommendations sent to the Head Office of Clockwork.

Follow-up calls were made between July and September.

K. Sonigra Pharmacy, E9 7PX Well Street Common Neighbourhood

Pharmacy's response

1. Build a permanent ramp to allow for full accessibility (permission may be required). There is an edge on the doors a few centimeters off the ground, which makes the premises inaccessible.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. Currently, the mat is not flush with the floor.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Place images or icons as representations for the signs.

1. Will look into it
2. Automatic door already installed
3. *Will consider*
4. *We will see to it*
5. *We will consider*
6. *We will consider*
7. *Low table already in place*
8. *We will consider*

No time frame was given.

Page 143

Silverfields Pharmacy, E9 6AS, Well Street Common Neighbourhood

Pharmacy's response

1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
2. Install a low counter to assist wheelchair users.

1. *We have an electric door which opens up.*
2. *We are always on the shop floor to help.*

Tesco Instore Pharmacy, E9 6ND Well Street Common Neighbourhood

Pharmacy's response

1. Replace or remove the front mat to avoid creating further obstacles. The rubber mat has circular holes in it. It is not an even surface, which hinders anyone with a walker or walking stick.
2. Ensure seating for patients who need to wait longer.
3. Install a low counter to assist wheelchair users.
4. Place images or icons as representations for the signs to support residents with learning disabilities and dementia for better navigation.

1. *Rubber mat : passed onto store team*
2. *We have put out chairs for patients*
3. *Please confirm if there will be funding for this. Further description was sent.*
4. *Please clarify what exactly is required. Further description was sent. No further response was received.*

Boots The Chemist, E8 2NS, London Fields Neighbourhood**Pharmacy's response**

1. Build concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). Entrance level not flat. Needs redoing.
2. Place hazard marking where changes are not possible.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. On the day of the visit, there was a sticker showing the availability of the tool; however, the team was not aware of it.
4. Install a low counter to assist wheelchair users.
5. Place images or icons as representations for the signs.
6. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on 29/06/2022 01/09/2022 following a phone conversation with the pharmacist.

Follow-up calls were made between July and September.**Carsil (Marijak Pharmacy), E8 1EJ London Fields Neighbourhood****Pharmacy's response**

1. Build a permanent ramp for complete access (permission may be required). The entrance is not flat: the threshold is quite high relative to the ground outside the entrance. The doors are wide enough, but there is no ramp available.
2. Replace or remove the front mat to avoid creating further obstacles. Mat is worn down, so the metal frame around it is much higher.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Place hazard marking where changes are not possible.
5. Install a permanent ramp to cover one side of the stairs leading to the main pharmacy for full accessibility. Currently, there are a set of stairs that lead to the main pharmacy. There is also a chair lift which limits the accessibility.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Ensure seating on the ground floor for patients who need to wait longer.
9. Place short and easy-to-read signs in bold with good contrast between text and background. The neon sign is hard to read because of the clear surface that it is mounted on.
10. Place signs at eye level for better visibility and navigation.
11. Place signs to mark important areas for easier navigation.
12. Place images or icons as representations for the signs.
13. Ensure the consultation room is used for consultation with the pharmacist. We were told that the room hasn't been used for consultations for around 3 years.
14. Ensure the consultation room is kept free of obstacles and clean and tidy to ensure patient comfort. We witnessed clinical waste, bin bags as well as items belonging to the staff members.
15. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on 29/06/2022 22/07/2022 05/09/2022 following a phone conversation with the pharmacist.

Follow-up calls were made between July and September.

Clarks Chemist, E8 5QJ London Fields Neighbourhood

Pharmacy's response

1. Build a permanent ramp for complete access (permission may be required). The entrance is not flat: the threshold is quite high relative to the ground outside the entrance.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Replace or remove the front mat to avoid creating further obstacles. The mat at the entrance is higher than the floor.
5. Place hazard marking where changes are not possible.
6. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
7. Install a low counter to assist wheelchair users.
8. Post signs at eye level for better visibility and navigation.
9. Place images or icons as representations for the signs.
10. ~~Improve~~ Better signposting of the consultation room - posters to be placed at the front of the premises and before the reception area. Ensure signs are visible at all times. There is a sign above the door, but it is not visible as it is covered with a TV screen that is in front of it and papers that are partially taped on top of the sign.
11. ~~Improve~~ Ensure full accessibility to the consultation room by rearranging the current setup of the room. The room is small and currently not wheelchair accessible.
12. Install air conditioning in the consultation room for better ventilation.

Did not respond.

**Emails and reminders sent on 29/06/2022
30/08/2022 following a phone conversation with the pharmacist.**

Follow-up calls were made between July and September.

Guardian Pharmacy, E8 4AE, London Fields Neighbourhood

Pharmacy's response

1. Repair the paving before the entrance. Uneven paving surfaces.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Place short and easy-to-read signs in bold with good contrast between text and background.
6. Place signs at eye level for better visibility and navigation.
7. Place signs to mark important areas for easier navigation.
8. Place images or icons as representations for the signs.
9. Install air conditioning in the consultation room for better ventilation.

Did not respond.

**Emails and reminders sent on 29/06/2022
22/08/2022 following a phone conversation with the pharmacist.**

Follow-up calls were made between July and September.

| | |
|--|---|
| <ol style="list-style-type: none"> 1. Repair the potholes in front of the entrance (permission may be required). 2. Repair the concrete ramp before the entrance. There is gap between the ground and the metal ramp and a broken piece of the floor inside the premises. 3. Install an automated door with a push pad for complete access. The doors were partially open and we were told that they remain partially open during working hours. However, it is a heavy door which can create difficulty for people with mobility issues and parents with prams. 4. Replace or remove the front mat to avoid creating further obstacles. Single door mat, which is not in a great condition. 5. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 6. Place hazard marking where changes are not possible. 7. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 8. Install a low counter to assist wheelchair users. 9. Place short and easy to read signs in bold with good contrast between text and background. 10. Place signs at eye level for better visibility and navigation. 11. Place signs to mark important areas for easier navigation. 12. Place images or icons as representations for the signs. 13. Better signposting for the Consultation Room. Currently, no clear sign. 14. Ensure access to the room at all times. Too many staff were preventing the door to open in full. 15. Install air conditioning in the consultation room for better ventilation. | <ol style="list-style-type: none"> 1. <i>An email will be sent to the local authority on how this issue can be rectified. By 15/07/2022</i> 2. <i>An email will be sent to the local authority on how this issue can be rectified. By 15/07/2022</i> 3. <i>We do not feel that an automated door is necessary for our business. We have had no complaints from any customer, including ones who are on wheelchairs, regarding any difficulties in entering our premises. There is always a staff member on the counter with easy view of any patient who is waiting outside. It is our policy to promptly help them enter our premises whether it be by opening the door for them or wheeling them in.</i> 4. <i>We have had no complaints regarding the front door mat from any customers. We will conduct a review with our existing customers, especially ones with any mobility difficulties on whether the mat provides any meaningful hassle in entering our premises.</i> 5. <i>As mentioned in a previous response, there is always a staff member manning the counter with a clear line of sight on any patient who is waiting outside. Any customer who has trouble entering will be swiftly assisted. As such, an entry phone is not necessary.</i> 6. <i>We are not sure what hazards HWH is recommending patients need to be warned of.</i> 7. <i>We have never heard of this service before and have to consult the NHS on its uses, and whether it is appropriate to install in a small community pharmacy. By 15/07/2022</i> 8. <i>We have several regular wheelchair users who have never indicated any issues with the height of our counter. A review will be conducted on whether there is a need to make any adjustments to our counter by consulting our existing customers. By 15/07/2022</i> 9. <i>We will review whether there are any posters which are out of date and need to be disposed of. With regards to the formatting and design of the posters and leaflets that we advertise, they are usually made by governmental organisations (such as the PSNC or the Royal Pharmaceutical Society) or major pharmaceutical companies and don't have much influence on how they are designed. If the HWH feels that they should be improved I would recommend that they contact these organisations with their ideas. By 15/07/2022</i> 10. <i>Unfortunately, due to the quantity of signs that our shop contains, there is only so much space where we can post signs (especially since our shop is fairly small). However it may be the case that they can be organised in a way that improves visibility to the more important signs. A review will be conducted on which signs require the best visibility and these will be adjusted so that they will be posted at eye level. By 15/07/2022</i> 11. <i>We are unsure which important area needs to be marked.</i> 12. <i>We are unsure which signs require images or representations.</i> 13. <i>The consultation room operated in a need to use basis. Where there is a need, the pharmacist will lead the patient to the consultation room.</i> 14. <i>The consultation room is able to be accessed at all times.</i> 15. <i>We have an operating Air conditioning system. If it becomes apparent that any customers feel that it is not operating to a sufficient standard then we will upgrade the system.</i> |
|--|---|

Haggerston Pharmacy, E8 4HT, London Fields Neighbourhood

Pharmacy's response

1. Place hazard marking where changes are not possible. Drainage just before the entrance. It can be an obstacle for those with walking sticks.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
4. Install a low counter to assist wheelchair users.
5. Place short and easy-to-read signs in bold with good contrast between text and background.
6. Place signs at eye level for better visibility and navigation.
7. Place images or icons as representations for the signs.
8. Recolour the Consultation Room sign to create contrast for better visibility. The sign was vertical to the door and in white letters, so there was no contrast with the background.
9. Horizontal text (Consultation Room sign) rather than vertical for better reading.
10. Ensure better signposting for the consultation room. Consider placing posters on the side of the door for continuous signposting. We were told the door usually stays open when not in use which makes it difficult to know that this is a consultation room.

1. *We have again sent a message to Hackney Council to paint those drainage lines.*
2. *We have an automatic door, there is a push button on the outside to open the door.*
3. *Implemented.*
4. *We have an open plan pharmacy where we are able to serve all patients by simply walking to them without the need for a counter.*
5. *Implemented*
6. *Implemented*
7. *Implemented*
8. *Implemented. We have put a better sign.*
9. *Implemented*
10. *Implemented*

Page 146

J Edmunds Pharmacy, E8 2JS, London Fields Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp for better accessibility or ensure appropriate signposting for the temporary ramp (permission may be required). There is a small (1 inch) step at the entrance.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Replace or remove the front mat to avoid creating further obstacles. The mat is not flush with the floor.
5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
6. Place signs to mark important areas for easier navigation and placed at eye level.
7. Place images or icons as representations for the signs.
8. Ensure appropriate use of the consultation room. Currently, it is only used as an office. If the patient needs to be seen, they will be taken to a quiet corner.
9. Install air conditioning in the consultation room for better ventilation.

1. *Permanent metal ramp was installed in 2015. It is not temporary. We will check with the builder if it can be painted another colour from black so it's more obvious.*
2. *We had a system installed prior to 2015 however it was frequently vandalised so will research for tamper proof options. By 2023*
3. **Did not respond.**
4. *Front door opens into the shop so there needs to be a bit of space. Had considered side moving automated doors but given high prevalence of shop lifting this was not pursued. We will check with the builder what is viable.*
5. *We are reviewing the options available namely a portable system verses a fixed system. By 2023*
6. *ascertain what signage will be beneficial by 2023*
7. *Will be dependent on outcome from above.*
8. *Now back in regular use. Implemented.*
9. *Already in place. Annual check up take place every July/ August*

| Kingsland Pharmacy E8 4AA, London Fields Neighbourhood | Pharmacy's response |
|---|---|
| <ol style="list-style-type: none"> 1. Build a concrete permanent ramp or repairing the entrance so it is completely flat for better accessibility (permission may be required). 2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 3. Place hazard marking where changes are not possible. 4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 5. Install a low counter to assist wheelchair users. 6. Better signage within the pharmacy to the aisles and corridors to ensure better navigation. Signs to be placed at eye level. 7. Recolour the Consultation Room sign on the glass door to create contrast for better visibility. The current sign is hard to read especially when the door is kept open. 8. Consider also a bold sign above the door which can be seen from the entrance. | <p>Did not respond.</p> <p>Emails and reminders sent on 29/06/2022 30/08/2022 following a phone conversation with the pharmacist.</p> <p>Follow-up calls were made between July and September.</p> |

| Norlington Chemist Ltd, E8 4PH, London Fields Neighbourhood | Pharmacy's response |
|---|--|
| <ol style="list-style-type: none"> 1. Build a concrete permanent ramp or repair the entrance so it is completely flat for better accessibility (permission may be required). The entrance is not flat, the threshold is quite high. 2. Replace or remove the front mat to avoid creating further obstacles. Currently, the mat is not flush with the floor. 3. Install an automated door with a push pad for complete access. 4. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 5. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 6. Place images or icons as representations for the signs. 7. Install air conditioning in the consultation room for better ventilation. | <ol style="list-style-type: none"> 1. <i>We believe accessibility to the pharmacy does not need a ramp. None of our patients on wheelchairs have difficulty accessing the pharmacy.</i> 2. <i>We believe that the mat could be improved. We will seek a new front mat by Aug 2023</i> 3. <i>This is something we would like to put in place. By Aug 2023</i> 4. <i>This isn't something we could realistically achieve</i> 5. <i>This is potentially something we would like to do if there was some funding in place for this to be achieved.</i> 6. <i>We would like to do this if we knew what images/icons were required.</i> 7. <i>Currently, this isn't something we could realistically achieve without serious remodelling of the pharmacy.</i> |

| Finstead Pharmacy, N1 5LG, Shoreditch Park & City Neighbourhood | Pharmacy's response |
|--|---|
| <ol style="list-style-type: none"> 1. Build a concrete permanent ramp or repairing the entrance so it is completely flat for better accessibility (permission may be required). 2. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 3. Install a low counter to assist wheelchair users. 4. Place images or icons as representations for the signs. | <p>Did not respond.</p> <p>Emails and reminders sent on 29/06/2022 05/09/2022 following a phone conversation with the pharmacist.</p> <p>Follow-up calls were made between July and September.</p> |

| Judd's Pharmacy, N1 6BT , Shoreditch Park & City Neighbourhood | Pharmacy's response |
|--|---|
| <ol style="list-style-type: none"> 1. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance. 2. Place hazard marking where changes are not possible. 3. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided. 4. Place short and easy-to-read signs in bold with good contrast between text and background. 5. Place signs at eye level for better visibility and navigation. 6. Place signs to mark important areas for easier navigation. 7. Place images or icons as representations for the signs. 8. Install a removable ramp for the consultation room for full accessibility. Ensure appropriate signposting of the available tool. 9. Redesign the consultation room setup to ensure full accessibility. The room is not accessible. | <ol style="list-style-type: none"> 1. <i>Our counter area is only 20 yards to the front of shop . So we are always there to open the door and patients also knock on the window if necessary. But this is very rare as we are always there. Everybody can see what's happening outside because of the very short distance.</i> 2. Did not respond. 3. <i>Looking into this and will find out once we changed into a limited company which is happening in September.</i> 4. <i>Very small counter area so we are all there to navigate and help.</i> 5. Did not respond. 6. <i>Consultation room and dispensary clearly marked. Counter area is only 200 sqft so we are always with the customers to guide them.</i> 7. Did not respond. 8. <i>Unfortunately, can't increase the area as very small. We always help disabled patients in the shop area and don't let any other patients come in if necessary. This rarely happens. I have been here 40 years and we have no issues of serving disabled people. Very few in the area.</i> <p>Healthwatch Hackney followed up on 22/07/2022 with an email and a phone call.</p> |

Murrays Chemist, N1 7QJ, Shoreditch Park & City Neighbourhood

Pharmacy's response

1. Repair the pavement outside the premises.
2. Build a concrete permanent ramp or repairing the entrance so it is completely flat for better accessibility (permission may be required). There is a small dip in the threshold.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Ensure the automated doors have a push pad for complete access
5. Replace or remove the front mat to avoid creating further obstacles.
6. Place hazard marking where changes are not possible.
7. Install a low counter to assist wheelchair users.
8. Place images or icons as representations for the signs.
9. Install air conditioning in the consultation room for better ventilation.

Did not respond.

Emails and reminders sent on

29/06/2022

07/09/2022 following a phone conversation with the pharmacist.

Follow-up calls were made between July and September.

Spring Pharmacy, N1 5LG, Shoreditch Park & City Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp or repair the entrance so it is completely flat for better accessibility (permission may be required). The entrance level is not flat.
2. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
3. Place hazard marking where changes are not possible.
4. Ensure staff training on how to use the induction/hearing loop to support patients with hearing loss. *On the day of the visit, there was a sticker showing the availability of the tool; however, the team members did not know how to use it.*
5. Place short and easy-to-read signs in bold with good contrast between text and background.
6. Place signs at eye level for better visibility and navigation.
7. Place signs to mark important areas for easier navigation.
8. Include images or icons as representations for the signs.

1. *Agreed that the entrance is not flat. Work required to make it flat is substantial and will require planning permission (change of shop frontage). We intend to complete this at re-fit time which will be planned for 2023. All staff are briefed to help patients.*
2. *Door already has disabled opening assistance pad. Staff will help.*
3. *This has been ordered. To be implemented by Aug 2023.*
4. *This is operational and staff have been re-trained.*
5. *We are currently working to achieve this section by section. Old style silver signage will be replaced at re-fit.*
6. *As above*
7. *As above*
8. *Not yet sourced*

Healthwatch Hackney followed up on 22/07/2022 with an email and a phone call.

Unipharm, E2 8AN, Shoreditch Park & City Neighbourhood

Pharmacy's response

1. Build a concrete permanent ramp or repair the entrance so it is completely flat for better accessibility (permission may be required). The entrance level is not flat.
2. Install an automated door with a push pad for complete access.
3. Install an accessible bell or entry phone system outside the premises for patients unable to enter without assistance.
4. Install an induction/hearing loop to support patients with hearing loss. Once implemented, ensure staff members are trained on how to use it and efficient signposting is provided.
5. Install a low counter to assist wheelchair users.
6. Place images or icons as representations for the signs.
7. Where possible, redesign the current setup of the room to accommodate comfortable conversations between the pharmacist and the patient.
8. Install air conditioning in the consultation room for better ventilation.

1. *We will install a permanent concrete ramp. By 30/08/2022*
2. *We do not have an automated door at present. Unfortunately, we do not have the funds to install an automated door at present.*
3. *We will install an accessible bell. By 30/08/2022*
4. *Unfortunately, we do not have the funds at present to install an induction/hearing loop. Please let us know if there is any funding available from the council or any other bodies. If and when some funding becomes available, we will install the system.*
5. *Unfortunately, we do not have the funds at present. If and when some funding becomes available, we will purchase a counter suitable for wheelchair users.*
6. *We will place images/icons where required. By 30/08/2022*
7. *We will review the layout inside the consultation room and where possible, we will redesign the layout. By 30/08/2022*
8. *Unfortunately, we do not have the funds at present to install air conditioning. We will make a request from the landlord and when funds are available we will install it as long as the landlord gives permission.*

Access to premises

This section looks at what accessible tools are available to support entering the pharmacy and more specifically:

- Is there one clear entrance to the premises
All pharmacies had a clear pharmacy sign outside the premises.
- Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.?
- Are there easily opened or automatic doors?
- Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up?
- If the route is not level, is there a slip-resistant ramp with handrails available?
- If the main entrance is not level, or is inaccessible and hard to change in some other way, is there a rear or side entrance where level access is possible?



| Pharmacy name and the Neighbourhood | Is there one clear entrance to the premises? | Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.? | Are there an easily opened or automatic doors?? | Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up? | If the route is not level, is there a slip-resistant ramp with handrails available? | If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible? |
|--|---|--|---|---|---|---|
| Woodberry Wetlands Neighbourhoods | | | | | | |
| Armstrong Dispensing Chemist, N4 2EX | Yes | No | No | No | There is concrete ramp from outside which needs redoing. | |
| Park Pharmacy, N4 2AA | Yes | No | No | No | No | No |
| Rowlands Pharmacy, N4 2NH | Yes | Yes | No | No. There is threshold. | No | No |
| Safedale Pharmacy, N16 9DL | Entrance from the corner of the building which may not be clear for everyone. | Yes | Yes | No | Not applicable | There is a slight upraising on the doors and door mat. |
| Springfield Park Neighbourhood | | | | | | |
| Boots, N16 6TT | Yes | Yes | Yes | Yes | n/a | n/a |
| Dunsmure Pharmacy, N16 5JY | Yes | Yes | Yes | Yes | n/a | n/a |
| Greenlight pharmacy, N16 6LU | Yes | Yes | No | No | No | No |
| Land Pharmacy, N16 6TY | Yes | Yes | No | No. There is threshold. | No | No |
| Morrisons Pharmacy, N16 5SR | yes | yes | yes | yes | yes | |
| Spivack Chemist, N16 6QX | Yes | Yes | The push to open mechanism was turned off during our visit and was only turned on at our request. | No. There was slight upraising on the doors. | Not applicable | No |

| Pharmacy name and the Neighbourhood | Is there one clear entrance to the premises? | Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.? | Are there an easily opened or automatic doors? | Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up? | If the route is not level, is there a slip-resistant ramp with handrails available? | If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible? |
|-------------------------------------|--|---|---|--|---|---|
| Clissold Park Neighbourhood | | | | | | |
| Allen Pharmacy, N16 9PA | Yes | Yes | Yes | No. There is a concrete ramp which is not evenly done, and it has uneven fillings. | No | No |
| Benjamin Pharmacist, N16 7JD | Yes | Yes | Yes | Yes | N/A | NA |
| Day Lewis Pharmacy, N16 8AD | Yes | Yes | Yes, Doors are automatic, but were not working during our visit | Entrance is not flat, there is a a little bit of upraised surface at the door. | No | There is no side entrance nor ramp available. |
| Safedale Ltd, N16 0TA | Yes | No | Yes | No. There is a concrete ramp which is not evenly done, and it has uneven fillings. | | No |
| Safedale Ltd, N16 0AP | Yes | Yes | Yes | Yes | NA | No |
| Superdrug, E8 2LX | Yes | Yes | Yes | Yes | N/A | N/A |
| Hackney Downs Neighbourhood | | | | | | |
| Asvacare Pharmacy, E5 9BU | Yes | Yes | Yes | No. There was a gap between the metal ramp and the ground. | | No |
| Cohen Chemist, E5 9BQ | Yes | Yes, however there is drainage line few centimetres before the entrance which may be an obstacle to someone who uses walking stick. | Yes | Not to full extend. | No | No |
| Day Lewis, E5 8BY | Yes | Yes | Yes | No. There is slight gap between the ramp and the ground. | No | No |
| F. A. Strange, E5 8EQ | Yes | Uneven paving - the tactile paving ends before the entrance and there are three different surfaces before entering the premises. | Yes | Uneven paving - the tactile paving ends before the entrance and there are three different surfaces before entering the premises. | No | No |

| Pharmacy name and the Neighbourhood | Is there one clear entrance to the premises? | Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.? | Are there an easily opened or automatic doors?? | Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up? | If the route is not level, is there a slip-resistant ramp with handrails available? | If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible? |
|-------------------------------------|--|--|---|---|---|---|
|-------------------------------------|--|--|---|---|---|---|

Hackney Marshes Neighbourhood

| | | | | | | |
|--|-----|---|--|--|-----|---|
| Bees Pharmacy, E5 OHD | Yes | Yes | No. Doors are not automated. | Yes | No | No |
| Boots The Chemist, E8 1HR | Yes | Yes | Yes | Small threshold. | No | No |
| Clockwork Pharmacy (Mare Street), E8 1HP | Yes | Yes | No, Doors are not automated. Heavy doors hard to open. | Yes | N/A | N/A |
| Clockwork Pharmacy Well Street, E9 6QT | Yes | Yes | No. Entrance through two doors where only one door remains open unless a wheelchair user needs to access premises. | No. The part of the door which remains open has uneven surface. | N/A | Staff will open the second side of the door if a wheelchair user or a mobility scooter user needs to enter. |
| Clockwork Pharmacy, E9 6RG | Yes | No. There is a metal drain before the entrance. | Yes | No. Entrance is completely flat but there is a mat straight after the door that is not in the level with surface | NA | No |
| Friends Pharmacy, E5 ORN | Yes | No, very high uneven surface to enter pharmacy | Yes | No, uneven surface. | No | No |
| Regal Pharmacy, E5 OLP | Yes | Yes | Yes | Yes | N/A | N/A |
| Safedale Pharmacy, Lower Clapton, E5 ONS | Yes | Yes | Yes | No, small step before the entrance. | No | No |
| Silverfileds Pharmacy, E9 5QG | Yes | Yes | Yes | Yes | NA | NA |

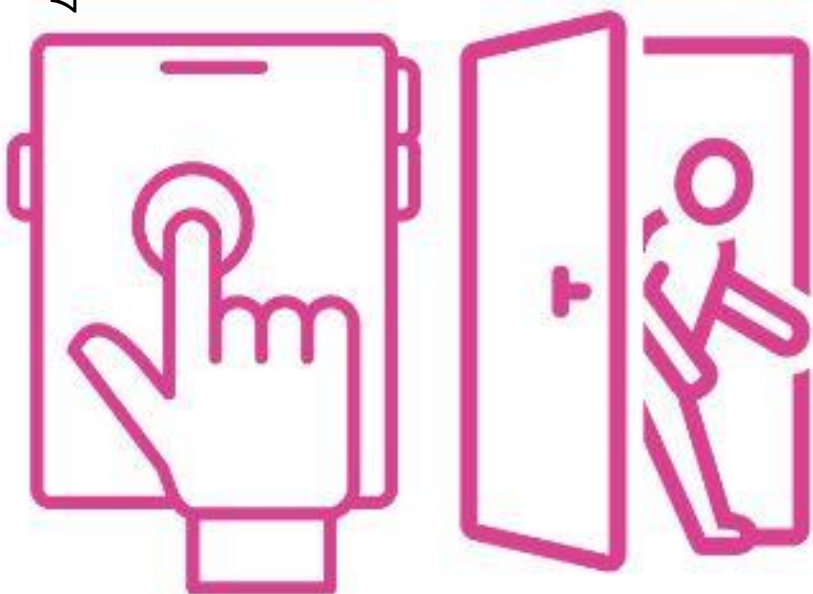
| Pharmacy name and the Neighbourhood | Is there one clear entrance to the premises? | Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.? | Are there an easily opened or automatic doors? | Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up? | If the route is not level, is there a slip-resistant ramp with handrails available? | If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible? |
|---|--|--|--|---|---|---|
| Well St Common Neighbourhood | | | | | | |
| Bees Pharmacy, E9 5DG | Yes | No | No | No, uneven surface and a threshold of around 2cm. | No | No |
| Clockwork Victoria Park Pharmacy, E9 7HD | Yes | Yes | No | No, There is a threshold a few centimeters high. | No. They had a ramp but it is broken. | No. Patients who are unable to enter will be assisted outside. |
| K. Sonigra Pharmacy, E9 7PX | Yes | Yes | Yes | No, There is a ledge on the doors, few centimeters of the ground. | No | No. Patients who are unable to enter will be assisted outside. |
| Silverfields Pharmacy, E9 6AS | Yes | Yes | Yes | Yes | N/A | N/A |
| Tesco Instore Pharmacy, E9 6ND | Yes | Yes | Yes | Yes | NA | NA |
| Shoreditch Park and City Neighbourhood | | | | | | |
| Finstead Pharmacy, N1 5LG | Yes | Yes | Yes | No | N/A | No |
| Judd's Pharmacy, N1 6BT | Yes | Yes | Yes | Yes | N/A | No |
| Murrays Chemist, N1 7QJ | Yes | No | Yes | No. There is small dip in the threshold when you walk in. | No | No |
| Spring Pharmacy, N1 5LG | Yes | No | Yes | No | No | No |
| Unipharm, E2 8AN | Yes | Yes | Yes | No | No | No |

| Pharmacy name and the Neighbourhood | Is there one clear entrance to the premises? | Is the pavement outside the premises free of potholes, uneven paving surfaces, etc.? | Are there an easily opened or automatic doors?? | Is the door entrance level (flat) so that you can shuffle your foot across the threshold without lifting it up? | If the route is not level, is there a slip-resistant ramp with handrails available? | If the main entrance is not level, inaccessible or hard to change, is there a rear or side entrance where level access is possible? |
|-------------------------------------|--|--|---|---|---|---|
| London Fields Neighbourhood | | | | | | |
| Boots The Chemist, E8 2NS | Yes | Yes | Yes | No | No | No |
| Carsil (Marijak Pharmacy), E8 1EJ | Yes | Yes | Yes | No, high threshold. | No | No |
| Clarks Healthcare Ltd., E8 4QJ | Yes | Yes | No | No. There is one step at the entrance | No | No |
| Dev's Chemist, E8 1NH | Yes | Yes | No. It can be difficult for someone with mobility difficulties or parents/carers with push chairs to entre. | No, There is gap between the ground and the metal ramp and a broken piece of the floor on the inside of the premises. | No | No |
| Guardian pharmacy, E8 4AE | Yes | No, uneven paving surfaces | Yes | Yes, however, some additional work is recommended. | Yes | No |
| Haggerston Pharmacy, E8 4HT | Yes | No | Yes | No. There is drainage just before the entrance. It can be an obstacle for those with walking sticks. | No | No |
| J Edmunds Pharmacy, E8 2JS | Yes | No | Yes | Level into the door and two feet into the pharmacy there is a small (1 inch) step in the building. | No | No |
| Kingsland Pharmacy, E8 4AA | Yes | Yes | Yes | No | | |
| Norlington Chemist Ltd, E8 4PH | Yes | Yes | No, Doors are not automated at all. | No, Entrance is raised by few centimeters. | No | No |

Access to premises

This section looks at what accessible tools and equipment are available to support patients with different disabilities as well as parent/cares who are using pushchairs to enter the premises.

- Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in?
- Is the door opening wide enough for all users?
- Is the door-handle low enough for a wheelchair user to reach easily?
- If a door closer is fitted, does it have a delayed, or slow-action closure mechanism?
- Are the glass doors or partitions clearly labelled?
- Are entrance mats flush with the floor so that the surface is even?
- Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible?



| Pharmacy name and the Neighbourhood | Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in? | Is the door opening wide enough for all users? | Is the door-handle low enough for a wheelchair user to reach easily? | If a door closer is fitted, does it have a delayed, or slow-action closure mechanism? | Are the glass doors or partitions clearly labelled? | Are entrance mats flush with the floor so that the surface is even? | Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible? |
|---|---|---|--|---|---|---|--|
| Woodberry Wetlands Neighbourhood | | | | | | | |
| Armstrong Dispensing Chemist, N4 2EX | No | Yes | Yes | Yes, however, the door is too heavy and it can be difficult for someone with mobility difficulties or parents/carers with push chairs to entre. | No | Yes | Yes |
| Park Pharmacy, N4 2AA | No | No | No | No | Yes | No | yes |
| Rowlands Pharmacy, N4 2NH | Yes | Yes | Yes | No | Yes | Yes | Yes |
| Safedale Pharmacy, N16 9DL | No. We witnessed a patient on mobility scooter waiting outside to be assisted. To attract attention the patient had to press the push to open button. | Door is wide enough for wheelchair users but not for users of mobility scooter. | Yes | Yes | Yes | No | Yes |
| Springfield Park Neighbourhood | | | | | | | |
| Boots, N16 6TT | Yes | Yes | n/a | Yes | Yes | Yes | Yes |
| Dunsmure Pharmacy, N16 5JY | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Greenlight Pharmacy, N16 6LU | No | Yes | Yes | Yes | No | Yes | Yes |
| Land Pharmacy, N16 6TY | Yes | Yes | No | No | No | No | Yes |
| Morrisons Pharmacy, N16 5SR | yes | yes | yes | yes | yes | yes | yes |
| Spivack Chemist, N16 6QX | No | Yes | Yes | Yes | Yes | No | Yes |

| Pharmacy name and the Neighbourhood | Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in? | Is the door opening wide enough for all users? | Is the door-handle low enough for a wheelchair user to reach easily? | If a door closer is fitted, does it have a delayed, or slow-action closure mechanism? | Are the glass doors or partitions clearly labelled? | Are entrance mats flush with the floor so that the surface is even? | Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible? |
|-------------------------------------|---|--|--|---|---|---|--|
| Clissold Park Neighbourhood | | | | | | | |
| Allen Pharmacy, N16 9PA | No | Yes | Yes | Automated door | No | No | Yes |
| Benjamin Pharmacist, N16 7JD | Yes | Yes | Yes | No | Yes | Yes | No |
| Day Lewis Pharmacy, N16 8AD | No | Yes | Yes | Yes | Yes | No, there is a little bit of a dent on the entrance mats. | Yes |
| Safedale Ltd (Albion Road), N16 0TA | No | | N/A | No | No | No mat | Yes |
| Safedale Ltd, Green Lane, N16 0AP | No | Yes | Yes | Yes | No | Yes | Yes |
| Superdrug, E8 2LX | No | Yes | N/A | No | No | No | Yes |
| Hackney Downs Neighbourhood | | | | | | | |
| Asvacare Pharmacy, E5 9BU | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Cohen Chemist, E5 9BQ | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Day Lewis, E5 8BY | No | Yes | Yes | Yes | Yes | Yes | Yes |
| F. A. Strange, E5 8EQ | No | Yes | | Yes | Yes | Yes | Yes |

| Pharmacy name and the Neighbourhood | Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in? | Is the door opening wide enough for all users? | Is the door-handle low enough for a wheelchair user to reach easily? | If a door closer is fitted, does it have a delayed, or slow-action closure mechanism? | Are the glass doors or partitions clearly labelled? | Are entrance mats flush with the floor so that the surface is even? | Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible? |
|--|---|--|--|---|---|---|--|
| Hackney Marshes Neighbourhood | | | | | | | |
| Bees Pharmacy (Kalpesh Chemist), E5 0HD | No | Yes | No | Yes | Yes | Yes | Yes |
| Boots The Chemist, E8 1HR | No | Yes | N/A | Yes | Yes | No. There is a little bit of a dent in the entrance mats. | Yes |
| Clockwork Pharmacy (Mare Street), E8 1HP | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Clockwork Pharmacy Well Street, E9 6QT | No | Yes | Yes | Yes | Yes | No, Mat is worn out, so the frame around it is not leveled | Yes |
| Clockwork Pharmacy, E9 6RG | No | Yes | NA | Yes | Yes | No. The mental frame of the mat is higher than the mat itself. | Yes |
| Friends Pharmacy, E5 ORN | No | Yes | N/A | Yes | Yes | Yes | Yes |
| Regal Pharmacy, E5 0LP | Yes | Yes | N/A | Yes | Yes | Yes | Yes |
| Safedale Pharmacy, Lower Clapton, E5 0NS | Yes | Yes | N/A | Yes | Yes | Yes | Yes |
| Silverfileds Pharmacy, E9 5QG | No | Yes | N/A | Yes | Yes | Yes | Yes |

| Pharmacy name and the Neighbourhood | Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in? | Is the door opening wide enough for all users? | Is the door-handle low enough for a wheelchair user to reach easily? | If a door closer is fitted, does it have a delayed, or slow-action closure mechanism? | Are the glass doors or partitions clearly labelled? | Are entrance mats flush with the floor so that the surface is even? | Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible? |
|---|---|--|--|---|---|---|--|
| Well Street Common Neighbourhood | | | | | | | |
| Bees Pharmacy, E9 5DG | No. | Yes | Yes | Yes | Yes | Yes | Yes |
| Clockwork Victoria Park Pharmacy, E9 7HD | No. | Yes | Yes | Yes | Yes | Yes | Yes |
| K. Sonigra Pharmacy, E9 7PX | No. | Yes | NA | Yes | Yes | No | Yes |
| Silverfields Pharmacy, E9 6AS | No | Yes | N/A | Yes | Yes | Yes | Yes |
| Tesco In-store Pharmacy, E9 6ND | No. However, it is a Tesco store that keeps their doors open | Yes | NA | NA | Yes | No. There is a rubber mat with circular holes in it which may be an obstacle for people using walking stick | Yes |
| Shoreditch Park and City Neighbourhood | | | | | | | |
| Finstead Pharmacy, N1 5LG | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Judd's Pharmacy, N1 6BT | No | Yes | Yes | Yes | Yes | Yes | Yes |
| Murrays Chemist, N1 7QJ | No | Yes | Yes | No | Yes | No | Yes |
| Spring Pharmacy, N1 5LG | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Unipharm, E2 8AN | No | Yes | Yes | No | No | Yes | Yes |

| Pharmacy name and the Neighbourhood | Is there an accessible bell, or entry phone system, for people to use if they are having difficulties getting in? | Is the door opening wide enough for all users? | Is the door-handle low enough for a wheelchair user to reach easily? | If a door closer is fitted, does it have a delayed, or slow-action closure mechanism? | Are the glass doors or partitions clearly labelled? | Are entrance mats flush with the floor so that the surface is even? | Are entrances well-lit, maintaining a good level of light and make as much use of natural light as possible? |
|-------------------------------------|---|--|--|---|---|--|--|
| London Fields Neighbourhood | | | | | | | |
| Boots The Chemist, E8 2NS | No | Yes | Yes | Yes | No | Yes | Yes |
| Carsil (Marijak Pharmacy), E8 1EJ | No | Yes, It is wide enough, but there is no ramp available | NA | Yes | Yes | No. Mat is worn down, so metal frame around it is much higher. | Yes |
| Clarks Healthcare Ltd., E8 4QJ | No | I was told by the pharmacist that doors are not wide enough for wheelchair users, also without a ramp, it is not possible for them to enter the premises | N/A | No | Yes | No. Mat at the entrance is also higher level than rest of the floor. | Yes |
| Dev's Chemist, E8 1NH | No | No | Yes | Yes | No, too cluttered with many leaflets on the window | No. The mat is worn out and may cause hazard. | Yes |
| Guardian pharmacy, E8 4AE | No | Yes | Automated door | Yes | Yes | Yes | Yes |
| Haggerston Pharmacy, E8 4HT | No | Yes | Yes | Yes | Yes | No mat | Yes |
| J Edmunds Pharmacy, E8 2JS | No | Yes | Yes | No | No | No | Yes |
| Kingsland Pharmacy, E8 4AA | No | Yes | No door handle was needed | Yes | Yes | No | Yes |
| Norlington Chemist Ltd, E8 4PH | No. There was a doorbell but it is been broken for a long time. People usually knock on the door. Staff is able to see them from the counter. | Yes | Yes | Yes | Yes | No | Yes |

Accessibility within premises

This section looks at the available space and marking to enable free movement within the pharmacy.

- Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver?
- If there is a change of level, is there a platform lift available?
- Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp?
- Are there sitting areas, especially in areas where people are waiting?
- Is sitting suitable for people with mobility impairments?
- Are chairs placed well apart to enable people to move freely and without obstacles?



| Pharmacy name and the Neighbourhood | Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver? | If there is a change of level, is there a platform lift available? | Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp? | Are there sitting areas, especially in areas where people are waiting? | Is sitting suitable for people with mobility impairments? | Are chairs placed well apart to enable people to move freely and without obstacles? |
|--|---|--|--|--|---|---|
| Woodberry Wetland Neighbourhood | | | | | | |
| Armstrong Dispensing Chemist, N4 2EX | Yes | No | N/A | Yes | There is enough space for a wheelchair user to wait. | No |
| Park Pharmacy, N4 2AA | Yes | N/A | N/A | Yes | Yes | Yes |
| Rowlands Pharmacy, N4 2NH | Yes | N/A | No | Yes | Yes | Yes |
| Safedale Pharmacy, N16 9DL | Yes, Wide enough but it is very small pharmacy | Not applicable | Not applicable | No | No chairs were observed. | NA |
| Springfield Park Neighbourhood | | | | | | |
| Boots, N16 6TT | Yes | N/A | N/A | No | No | n/a |
| Dunsmure Pharmacy, N16 5JY | Yes | No | No | Yes | Yes | Yes |
| Greenlight Pharmacy, N16 6LU | Yes | N/A | N/A | Yes | Yes | No |
| Land Pharmacy, N16 6TY | Yes | Yes, however we didn't see it. | No | Yes | No | No |
| Morrisons Pharmacy, N16 5SR | Yes | Yes | No | Yes | Yes | Yes |
| Spivack Chemist, N16 6QX | Yes | No | N/A | No | No sitting area available | N/A |

| Pharmacy name and the Neighbourhood | Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver? | If there is a change of level, is there a platform lift available? | Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp? | Are there sitting areas, especially in areas where people are waiting? | Is sitting suitable for people with mobility impairments? | Are chairs placed well apart to enable people to move freely and without obstacles? |
|-------------------------------------|--|---|--|--|---|---|
| Clissold Park Neighbourhood | | | | | | |
| Allen Pharmacy, N16 9PA | Yes | N/A | N/A | Yes | Yes | Yes |
| Benjamin Pharmacist, N16 7JD | Yes | N/A | No | Yes | Yes | Yes |
| Day Lewis Pharmacy, N16 8AD | Yes | No | N/A | Yes, chairs are available at the entrance. | Yes | Yes |
| Safedale Ltd (Albion Road), N16 0TA | Yes | N/A | No | Yes | Yes | Yes |
| Safedale Ltd, Green Lane, N16 0AP | Yes | N/A | N/A | Yes | Yes | Yes |
| Superdrug, E8 2LX | Yes | N/A | N/A | Yes | No. Two chairs were available at the entrance of the counter. Confidentiality might be an issue. | No |
| Hackney Downs Neighbourhood | | | | | | |
| Asvacare Pharmacy, E5 9BU | Yes | | | Yes | Yes | Yes |
| Cohen Chemist, E5 9BQ | Yes | N/A | N/A | Yes | Benches are available. | Yes |
| Day Lewis, E5 8BY | Yes | No | N/A | Yes | Yes. However, these are placed very close to the main counter. Confidentiality might be an issue. | No |
| F. A. Strange, E5 8EQ | No. Currently there are two corridors. Chairs are placed in one of the corridors, which can make it difficult to maneuver. | Yes, however we didn't see the ramp used to access the consultation room. | No | Yes | No, It will make it difficult for a wheelchair to maneuver. | Yes |

| Pharmacy name and the Neighbourhood | Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver? | If there is a change of level, is there a platform lift available? | Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp? | Are there sitting areas, especially in areas where people are waiting? | Is sitting suitable for people with mobility impairments? | Are chairs placed well apart to enable people to move freely and without obstacles? |
|-------------------------------------|---|--|--|--|---|---|
|-------------------------------------|---|--|--|--|---|---|

Hackney Marshes Neighbourhood

| | | | | | | |
|---|-----|---|--|--|-----|-----|
| Bees Pharmacy, E5 0HD | Yes | N/A | No | Yes | Yes | Yes |
| Boots The Chemist, E8 1HR | Yes | N/A | N/A | Yes | Yes | Yes |
| Clockwork Pharmacy (Mare Street), E8 1HP Phone 166 | Yes | N/A | N/A | Yes, however chairs are placed in front of the consultation room. Confidentiality might be an issue. | Yes | Yes |
| Clockwork Pharmacy Well Street, E9 6QT | Yes | Yes | N/A | Yes | Yes | Yes |
| Clockwork Pharmacy, E9 6RG | Yes | There are two steps leading to the consultation room. No platform was seen. | No, There is a caution sign on the wall where the steps are, but no handrail. The stairs also had wooden boards falling off. | No sitting area available | N/A | N/A |
| Friends Pharmacy, E5 0RN | Yes | N/A | No | Yes | Yes | N/A |
| Regal Pharmacy, E5 0LP | Yes | N/A | N/A | Yes | Yes | Yes |
| Safedale Pharmacy, Lower Clapton, E5 0NS | Yes | N/A | N/A | No | N/A | N/A |
| Silverfileds Pharmacy, E9 5QG | Yes | N/A | N/A | Yes | Yes | No |

| Pharmacy name and the Neighbourhood | Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver? | If there is a change of level, is there a platform lift available? | Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp? | Are there sitting areas, especially in areas where people are waiting? | Is sitting suitable for people with mobility impairments? | Are chairs placed well apart to enable people to move freely and without obstacles? |
|--|---|--|--|--|---|---|
| Well Street Common Neighbourhood | | | | | | |
| Bees Pharmacy, E9 5DG | Yes | No | N/A | No sitting area available | NA | NA |
| Clockwork Victoria Park Pharmacy, E9 7HD | Yes | N/A | N/A | Yes | Yes | Yes |
| K. Sonigra Pharmacy, E9 7PX | Yes | No | N/A | Yes | Yes | Yes |
| Silverfields Pharmacy, E9 6AS | Yes | Yes | N/A | Yes | Yes | Yes |
| Tesco In-Store Pharmacy, E9 6ND | Yes | N/A | N/A | No | NA | N/A |
| Shoreditch Park and City Neighbourhood. | | | | | | |
| Finstead Pharmacy, N1 5LG | Yes | N/A | N/A | Yes | Yes | Yes |
| Judd's Pharmacy, N1 6BT | No, the consultation room is not accessible. | No | No | Yes | Yes | Yes |
| Murrays Chemist, N1 7QJ | Yes | No | No | Yes | Yes | Yes |
| Spring Pharmacy, N1 5LG | Yes | No | N/A | Yes | Yes | Yes |
| Unipharm, E2 8AN | Some isles are very tight near the reception desk. | No | No | Yes | Yes | Yes |

| Pharmacy name and the Neighbourhood | Are aisles, corridors and areas near doors free of obstacles and wide enough for wheelchairs to maneuver? | If there is a change of level, is there a platform lift available? | Are internal steps, and other potential hazards, clearly marked and fitted with a handrail and ramp? | Are there sitting areas, especially in areas where people are waiting? | Is sitting suitable for people with mobility impairments? | Are chairs placed well apart to enable people to move freely and without obstacles? |
|-------------------------------------|---|--|--|--|---|---|
|-------------------------------------|---|--|--|--|---|---|

London Fields Neighbourhood

| | | | | | | |
|-----------------------------------|--|-----|--|---|---------------------|-----|
| Boots The Chemist, E8 2NS | Yes | N/A | N/A | Yes | Yes | Yes |
| Carsil (Merijak Pharmacy), E8 1EJ | Yes | Yes | Yes, Chair lift instead of ramp. Not accessible for everyone | Yes, Sitting area is next to the prescription counter which is on second floor. | No | Yes |
| Clarks Healthcare Ltd., E8 4QJ | Wide enough but premises are not accessible. | No | N/A | There is one small sofa available for sitting in front of the counter. | Yes | Yes |
| Dev's Chemist, E8 1NH | Yes | No | N/A | Yes | Yes | Yes |
| Guardian pharmacy, E8 4AE | Yes | No | Yes | Yes | Bench is available. | NA |
| Haggerston Pharmacy, E8 4HT | Yes | NA | N/A | Yes | Yes | Yes |
| J Edmunds Pharmacy, E8 2JS | Yes | No | No | Yes | Yes | Yes |
| Kingsland Pharmacy, E8 4AA | Yes | N/A | N/A | Yes. However, chairs are near the counter and the consultation room. Confidentiality might be an issue. | Yes | Yes |
| Norlington Chemist Ltd, E8 4PH | Yes | N/A | No | Yes | Yes | Yes |

Accessibility within the premises

This section looks at the availability of accessible tools within the pharmacy to support patients with different disabilities.

- Is there a hearing loop available to support patients with hearing impairment?
- Is the hearing loop well-advertised or signposted?
- Is there a low counter for people in wheelchairs to be assisted at?
- If not, is there a planned work to build this in?



| Pharmacy name and the Neighbourhood | Is there a hearing loop available to support patients with hearing impairment? | Is the hearing loop well-advertised or signposted? | Is there a low counter for people in wheelchairs to be assisted at? | If not, is there a planned work to build this in? |
|---|--|--|--|---|
| Woodberry Wetlands Neighbourhood | | | | |
| Armstrong Dispensing Chemist, N4 2EX | No | N/A | No | Potential refurbishment of the premises is planned for the next 3 months. |
| Park Pharmacy, N4 2AA | No | N/A | no | No |
| Rowlands Pharmacy, N4 2NH | No | N/A | Yes | N/A |
| Safedale Pharmacy, N16 9DL | Not able to speak to anyone at the time. | Not applicable | No. | Not applicable |
| Sprongfield Park Neighbourhood | | | | |
| Boots, N16 6TT | Yes | No | No | No |
| Dunsmure Pharmacy, N16 5JY | No | No | No | No |
| Greenlight Pharmacy, N16 6LU | No | N/A | Yes | N/A |
| Land Pharmacy, N16 6TY | No | N/A | Yes | N/A |
| Morrisons Pharmacy, N16 5SR | N/A | N/A | Yes | Yes |
| Spivack Chemist, N16 6QX | No | N/A | No. They have one part of the counter that can be opened and it is wide enough for wheelchair users. Staff also comes out of the counter to assist patients. | No |

| Pharmacy name and the Neighbourhood | Is there a hearing loop available to support patients with hearing impairment? | Is the hearing loop well-advertised or signposted? | Is there a low counter for people in wheelchairs to be assisted at? | If not, is there a planned work to build this in? |
|-------------------------------------|--|--|---|---|
| Clissold Park Neighbourhood | | | | |
| Allen Pharmacy, N16 9PA | No | N/A | Yes, however, there was a bin container in front of the counter. | N/A |
| Benjamin Pharmacist, N16 7JD | No | No | Yes | N/A |
| Day Lewis Pharmacy, N16 8AD | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |
| Safedale Ltd (Albion Road), N16 0TA | No | N/A | Yes, however, access to the counter was blocked with boxes. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | NA |
| Safedale Ltd, Green Lane, N16 0AP | No | No | No | N/A |
| Superdrug, E8 2LX | No | N/A | Yes | N/A |
| Hackney Downs Neighbourhood | | | | |
| Asvacare Pharmacy, E5 9BU | No | N/A | Yes | N/A |
| Cohen Chemist, E5 9BQ | Yes | Yes | Yes | N/A |
| Day Lewis, E5 8BY | No | N/A | Yes | N/A |
| F. A. Strange, E5 8EQ | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | |

| Pharmacy name and the Neighbourhood | Is there a hearing loop available to support patients with hearing impairment? | Is the hearing loop well-advertised or signposted? | Is there a low counter for people in wheelchairs to be assisted at? | If not, is there a planned work to build this in? |
|--|--|--|--|---|
| Hackney Marshes Neighbourhood | | | | |
| Bees Pharmacy, E5 0HD | No | No | Yes | N/A |
| Boots The Chemist, E8 1HR | There is a small sign showing availability of the tool. However, the staff was unaware of its existence. | No | No | N/A |
| Clockwork Pharmacy (Mare Street), E8 1HP | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |
| Clockwork Pharmacy Well Street, E9 6QT | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |
| Clockwork Pharmacy, E9 6RG | No | No | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them or will signpost patients to the Clockwork pharmacy that is on the same road. | No |
| Friends Pharmacy, E5 0RN | No | No | Yes | N/A |
| Regal Pharmacy, E5 0LP | Yes | Yes | Yes | N/A |
| Safedale Pharmacy, Lower Clapton, E5 0NS | No | No | Yes | NA |
| Silverfileds Pharmacy, E9 5QG | Yes | No | Yes | No |
| Well Street Common Neighbourhood | | | | |
| Bees Pharmacy, E9 5DG | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |
| Clockwork Victoria Park Pharmacy, E9 7HD | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |
| K. Sonigra Pharmacy, E9 7PX | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |
| Silverfields Pharmacy, E9 6AS | Yes | | No | N/A |
| Tesco Instore Pharmacy, E9 6ND | Yes | Yes | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | No |

| Pharmacy name and the Neighbourhood | Is there a hearing loop available to support patients with hearing impairment? | Is the hearing loop well-advertised or signposted? | Is there a low counter for people in wheelchairs to be assisted at? | If not, is there a planned work to build this in? |
|--|--|--|---|---|
| London Fields Neighbourhood | | | | |
| Boots The Chemist, E8 2NS | There was a sticker showing the availability, however, the team was not aware of it. | Yes | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | |
| Carsil (Marijak Pharmacy), E8 1EJ | No | N/A | No. Most of wheelchair users are served outside as they cannot enter the premises. | No |
| Clarks Healthcare Ltd., E8 4QJ | No | N/A | No | No |
| Dev's Chemist, E8 1NH | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | |
| Guardian pharmacy, E8 4AE | No | N/A | Yes | N/A |
| Haggerston Pharmacy, E8 4HT | No | N/A | No. A team member said that if patient on a wheelchair approaches, they will go around he counter to assist them. | |
| J Edmunds Pharmacy, E8 2JS | No | No | No | N/A |
| Kingsland Pharmacy, E8 4AA | No | No | No | |
| Norlington Chemist Ltd, E8 4PH | No | N/A | Yes | N/A |
| Shoreditch Pak and City Neighbourhood | | | | |
| Finstead Pharmacy, N1 5LG | No | No | No | N/A |
| Judd's Pharmacy, N1 6BT | No | No | Yes | N/A |
| Murrays Chemist, N1 7QJ | Yes | No | No | No |
| Spring Pharmacy, N1 5LG | Yes. However, employees did not know how to use it. | No | Yes | N/A |
| Unipharm, E2 8AN | No | No | No | N/A |

Signage within the premises

This section looks at what guiding signs are available within the pharmacy, where they are placed and if they are suitable for people with learning disabilities and dementia.

- Are signs simple, short and easy to read, and located at convenient levels for wheelchair users?
- Are the signs clear, in bold face with good contrast between text and background?
- Is there a contrast between the sign and the surface it is mounted on?
- Are the signs fixed to the doors they refer to?
- Are signs at eye level and well-lit?
- Are signs highly stylized or use abstract images or icons as representations?
- Are signs placed at key decision points for someone who is trying to navigate the premises for the first time?



| Pharmacy name and the Neighbourhood | Are signs simple, short and easy to read, and located at convenient levels for wheelchair users? | Are the signs clear, in bold face with good contrast between text and background? | Is there a contrast between the sign and the surface it is mounted on? | Are the signs fixed to the doors they refer to? | Are signs at eye level and well-lit? | Are signs highly stylized or use abstract images or icons as representations? | Are signs placed at key decision points for someone who is trying to navigate the premises for the first time? |
|---|--|--|--|---|---|---|--|
| Woodberry Wetlands Neighbourhood | | | | | | | |
| Armstrong Dispensing Chemist, N4 2EX | No | No signs within the pharmacy labeling the different aisles. The sign above the counter is big but not in bold face with any contrast between text and background | No | Yes | No | No | Yes, However, hard to be seen |
| Park Pharmacy, N4 2AA | Yes | No | Yes | Yes | | Yes | Yes |
| Rowlands Pharmacy, N4 2NH | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Safedale Pharmacy, N16 9DL | No | Yes | Yes | Yes | There is only one sign available, and it is the one above the counter | No | Yes |
| Springfield Park Neighbourhood | | | | | | | |
| Boots, N16 6TT | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Dunsmure Pharmacy, N16 5JY | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Greenlight pharmacy, N16 6LU | No | Yes | Yes | Yes | No | No | Yes, however, better placement if the signs is needed |
| Land Pharmacy, N16 6TY | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Morrisons Pharmacy, N16 5SR | Yes | Yes | Yes | Yes | Yes | Yes | Yes on the consultation room, not anywhere else |
| Spivack Chemist, N16 6QX | There were no signs anywhere. | No signs available | N/A | Only consultation room has a sign. | NA | N/A | N/A |

| Pharmacy name and the Neighbourhood | Are signs simple, short and easy to read, and located at convenient levels for wheelchair users? | Are the signs clear, in bold face with good contrast between text and background? | Is there a contrast between the sign and the surface it is mounted on? | Are the signs fixed to the doors they refer to? | Are signs at eye level and well-lit? | Are signs highly stylized or use abstract images or icons as representations? | Are signs placed at key decision points for someone who is trying to navigate the premises for the first time? |
|-------------------------------------|--|---|--|---|---|---|--|
| Clissold Park Neighbourhood | | | | | | | |
| Allen Pharmacy, N16 9PA | No | Yes | Yes | Yes | Yes | No | Yes |
| Benjamin Pharmacist, N16 7JD | No | No | No | No | No | No | No |
| Day Lewis Pharmacy, N16 8AD | Yes | Yes, however, more signs should be available. | Yes | Yes | No, There should be a better sign available for the counter | No | Yes for those available. |
| Safedale Ltd (Albion Road), N16 0TA | No | No | NA | Yes | Yes | No | Yes |
| Safedale Ltd, Green Lane, N16 0AP | Yes | Yes | Yes | No | Yes | No | Yes, also on the floor |
| Superdrug, E8 2LX | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Hackney Downs Neighbourhood | | | | | | | |
| Asvacare Pharmacy, E5 9BU | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Cohen Chemist, E5 9BQ | Yes | Yes | Yes for the consultation room sign. No for the sign above the counter. | Yes | Yes | No | Yes |
| Day Lewis, E5 8BY | Yes | Yes | Yes | Yes | Yes | No | Yes |
| F. A. Strange, E5 8EQ | However, there are not many signs | Yes | Yes | Yes | No, But can be clearly seen while entering | Yes | Yes |

| Pharmacy name and the Neighbourhood | Are signs simple, short and easy to read, and located at convenient levels for wheelchair users? | Are the signs clear, in bold face with good contrast between text and background? | Is there a contrast between the sign and the surface it is mounted on? | Are the signs fixed to the doors they refer to? | Are signs at eye level and well-lit? | Are signs highly stylized or use abstract images or icons as representations? | Are signs placed at key decision points for someone who is trying to navigate the premises for the first time? |
|---|--|---|--|---|--------------------------------------|---|--|
| Hackney Marshes Neighbourhood | | | | | | | |
| Bees Pharmacy (Rushmore Road) (Kalpesh Chemist), E5 0HD | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Boots The Chemist, E8 1HR | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Clockwork Pharmacy (Mare Street), E8 1HP | Yes, however, limited signs are available. | Yes | Yes | Yes | No | No | No |
| Clockwork Pharmacy Well Street, E9 6QT | No | Yes | Yes | Yes | Yes | No | N/A |
| Clockwork Pharmacy, E9 6RG | No signs anywhere. | No signs. | N/A | N/A | N/A | N/A | N/A |
| Friends Pharmacy, E5 ORN | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Regal Pharmacy, E5 0LP | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Safedale Pharmacy, Lower Clapton, E5 0NS | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Silverfileds Pharmacy, E9 5QG | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Well Street Common Neighbourhood | | | | | | | |
| Bees Pharmacy, E9 5DG | Partially. Some signs are easier to read than others. | Partially | Yes | Yes | Yes | Yes | Yes |
| Clockwork Victoria Park Pharmacy, E9 7HD | Yes, however, limited signs are available. | Yes | Yes | Yes | Yes | No | No |
| K. Sonigra Pharmacy, E9 7PX | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Silverfields Pharmacy, E9 6AS | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Tesco Instore Pharmacy, E9 6ND | Yes | Yes | Yes | Yes | Yes | No | Yes |

| Pharmacy name and the Neighbourhood | Are signs simple, short and easy to read, and located at convenient levels for wheelchair users? | Are the signs clear, in bold face with good contrast between text and background? | Is there a contrast between the sign and the surface it is mounted on? | Are the signs fixed to the doors they refer to? | Are signs at eye level and well-lit? | Are signs highly stylized or use abstract images or icons as representations? | Are signs placed at key decision points for someone who is trying to navigate the premises for the first time? |
|--------------------------------------|--|---|--|--|--|---|--|
| London Fields Neighbourhood | | | | | | | |
| Boots The Chemist, E8 2NS | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Carsil (Marijak Pharmacy), E8 1EJ | No | No | No | Yes | No | No | No |
| Clarks Healthcare Ltd., E8 4QJ | Yes, however, limited signs are available. | Yes | Yes | Yes | No | No | No |
| Dev's Chemist, E8 1NH | No, too cluttered with many out of date leaflets all over the pharmacy which can create confusion. | No | No | No | No, too cluttered with different leaflets. | No | No |
| Guardian pharmacy, E8 4AE | Yes | Yes | Yes | Yes | No | No | Yes |
| Haggerston Pharmacy, E8 4HT | Yes | Yes | Yes | Yes, however, the sign for the consultation room is placed too high. | No. Only the consultation room sign is at eye level. | No, The sign for the consultation room had no contrast with the background. | Yes |
| J Edmunds Pharmacy, E8 2JS | Yes | No | No | Yes | Yes | No | No |
| Kingsland Pharmacy, E8 4AA | No signs | No signs | NA | NA | NA | NA | NA |
| Norlington Chemist Ltd, E8 4PH | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Shoreditch Park Neighbourhood | | | | | | | |
| Finstead Pharmacy, N1 5LG | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Judd's Pharmacy, N1 6BT | Yes | No | No | No | No | No | No |
| Murrays Chemist, N1 7QJ | Yes | Yes | Yes | Yes | Yes | No | Yes |
| Spring Pharmacy, N1 5LG | No | No | No | No | No | No | No |
| Unipharm, E2 8AN | Yes | Yes | Yes | Yes | Yes | No | No |

Consultation room

This section looks at the general state of the consultation room and whether the room is easily recognised by patients when they walk into the premises

- Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room?
- Is the place distinct from the general public areas of the pharmacy premises?
- How regularly the consultation room is cleaned?
- Is there ventilation in the room e.g.? air conditioning - a window that can be opened?



| Pharmacy name and the Neighbourhood | Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room? | Is the place distinct from the general public areas of the pharmacy premises? | How regularly the consultation room is cleaned? | Is there ventilation in the room e.g.? air conditioning – a window that can be opened? |
|---|---|---|---|--|
| Woodberry Wetlands Neighbourhood | | | | |
| Armstrong Dispensing Chemist, N4 2EX | Yes, However, the room is on the side of the entrance to the counter so difficult to see that there is a consultation room. The sign is big, but not in bold and have no contrast between the sign and the door window. | Yes | General cleaning every week and disinfected after each patient. | No |
| Park Pharmacy, N4 2AA | Yes | Yes | After every patient | No |
| Rowland Pharmacy, N4 2NH | Yes | Yes | Daily | No |
| Safedale Pharmacy, N16 9DL | Yes, There is a printed sign attached to the door. But word is split in two rows, so it is very hard to read. Not clear | Yes | Daily | No |
| Springfield Park Neighbourhood | | | | |
| Boots, N16 6TT | Yes | Yes | Daily | No |
| Dunsmure Pharmacy, N16 5JY | No | Yes, the room is downstairs in the basement | 1 time per week | No |
| Greenlight Pharmacy, N16 6LU | Yes. However, sign is placed higher above the door and it makes it difficult to see. | Yes | Every other day | No |
| Land Pharmacy, N16 6TY | Yes, However, a better placed poster is needed. Currently the sign is placed higher above the door and it makes it difficult to see | Yes | Weekly | No |
| Morrisons Pharmacy, N16 5SR | Yes | Yes | N/A | N/A |
| Spivack Chemist, N16 6QX | There is a sign on the doors but doors mostly stay open and then it is not visible | Yes | Daily | No |

| Pharmacy name and the Neighbourhood | Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room? | Is the place distinct from the general public areas of the pharmacy premises? | How regularly the consultation room is cleaned? | Is there ventilation in the room e.g.? air conditioning – a window that can be opened? |
|-------------------------------------|---|---|---|--|
|-------------------------------------|---|---|---|--|

Clissold Park Neighbourhood

| | | | | |
|-------------------------------------|-----|-----|--------------------------------------|-----------------------------------|
| Allen Pharmacy, N16 9PA | Yes | Yes | Daily and wiped after each patient. | No |
| Benjamin Pharmacist, N16 7JD | Yes | Yes | After every patient | No |
| Day Lewis Pharmacy, N16 8AP | Yes | Yes | Daily and wiped after each patient. | No |
| Safedale Ltd (Albion Road), N16 0TA | Yes | Yes | Daily | We were unable to enter the room. |
| Safedale Ltd, Green Lane, N16 0AP | Yes | Yes | Weekly and wiped after each patient. | No |
| Superdrug, E8 2LX | Yes | Yes | Daily and wiped after each patient. | No |

Hackney Dawns Neighbourhood

| | | | | |
|---------------------------|--|-----|--|----|
| Asvacare Pharmacy, E5 9BU | Yes However, there is a wall which prevents from seeing the room and the sign. | Yes | Wiped after each patient, otherwise daily cleaned. | No |
| Cohen Chemist, E5 9BQ | Yes | Yes | Once a week | No |
| Day Lewis, E5 8BY | Yes. However, the room is located at the very right end. Can be only seen when at the counter. | Yes | Wiped after each patient. | No |
| F. A. Strange, E5 8EQ | Yes | Yes | After each patient | No |

| Pharmacy name and the Neighbourhood | Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door to the room saying Consultation room? | Is the place distinct from the general public areas of the pharmacy premises? | How regularly the consultation room is cleaned? | Is there ventilation in the room e.g.? air conditioning – a window that can be opened? |
|--|---|---|---|--|
| Hackney Marshes Neighbourhood | | | | |
| Bees Pharmacy, E5 0HD | Yes | Yes | Weekly | No |
| Boots The Chemist, E8 1HR | Yes | Room is placed right next to counter. | Every other day. | No |
| Clockwork Pharmacy (Mare Street), E8 1HP | Yes. However, the room is located on the side of the premises and cannot be seen from the entrance. | Yes | Daily | No |
| Clockwork Pharmacy Well Street, E9 6QT | Yes. However, the room is located on the side of the premises and cannot be seen from the entrance. | Yes | After each patient. | No |
| Clockwork Pharmacy, E9 6RG | No, There is a small sign on the door, mostly hidden by other paper. The letters are too small. | Yes, at the back of the pharmacy. | Daily | No |
| Friends Pharmacy, E5 0RN | Yes | Yes | Weekly | No |
| Regal Pharmacy, E5 0LP | Yes | Yes | Daily | Yes |
| Safedale Pharmacy, Lower Clapton, E5 0NS | Yes | Yes | Daily | Yes |
| Silverfileds Pharmacy, E9 5QG | Yes | Yes | Daily | No |
| Boots The Chemist Ltd, E8 1HR | Yes | Yes | Daily | Yes |
| Well Street Common Neighborhood | | | | |
| Bees Pharmacy, E9 5DG | Yes | Yes | Daily | No |
| Clockwork Victoria Park Pharmacy, E9 7HD | Yes. However, the room is located on the side of the premises and cannot be seen from the entrance. | Yes | Every 3 days and wiped after each patient. | No |
| K. Sonigra Pharmacy, E9 7PX | Yes, There is a big sign in the doors, it is covered with displayed products, so you are not able to see it from the entrance. | Yes | Twice a week. | Yes |
| Silverfields Pharmacy, E9 6AS | Yes | Yes | Daily | Yes |
| Tesco Instore Pharmacy, E9 6ND | Yes | Yes | Daily | Yes |

| Pharmacy name and the Neighbourhood | Is there a clear sign to show the space is designated as a room for confidential conversations, for example, a sign is attached to the door? | Is the place distinct from the general public areas of the pharmacy premises? | How regularly the consultation room is cleaned? | Is there ventilation in the room e.g.? air conditioning – a window that can be opened? |
|---|--|---|---|--|
| London Fields Neighbourhood | | | | |
| Boots The Chemist, E8 2NS | Yes | Yes | Every other day | No |
| Carsil (Marijak Pharmacy), E8 1EJ | Yes | Yes | The room was untidy and the counter was full of medicine. | No |
| Clarks Healthcare Ltd., E8 4QJ | No, The sign above the door is partially hidden behind a TV screen. | It is a small room situated in between the counter and the stock room. The room is also a passage to access the stock room. | After every patient. | No |
| Dev's Chemist, E8 1NH | No | Yes | Weekly | No |
| Guardian pharmacy, E8 4AE | Yes | Yes | Daily and wiped after each patient. | No |
| Haggerston Pharmacy, E8 4HT | Yes | Yes | Daily. | Yes |
| J Edmunds Pharmacy, E8 2JS | Yes | Yes | Not used as a consultation room. | No |
| Kingsland Pharmacy, E8 4AA | No | Yes | Wiped every couple of hours. | Yes |
| Norlington Chemist Ltd, E8 4PH | Yes | Yes | Once a day. | No |
| Shoreditch Park and City Neighbourhood | | | | |
| Finstead Pharmacy, N1 5LG | Yes | Yes | Daily. | Yes |
| Judd's Pharmacy, N1 6BT | Yes | Yes | Weekly. | Yes |
| Murrays Chemist, N1 7QJ | Yes. "Treatment room" | Yes | Daily. | Yes |
| Spring Pharmacy, N1 5LG | Yes. "Treatment room" | Yes | After every patient. | Yes |
| Unipharm, E2 8AN | No | Yes | Daily and after each patient. | No |

Consultation room Accessibility

This section looks at the accessibility of the room and whether it is suitable for both patient and the pharmacist to communicate confidentially.

- Is the room wheelchair accessible?
- Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together?
- Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them?



| Pharmacy name and the Neighbourhood | Is the room wheelchair accessible? | Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together? | Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them? | Does the room have IT equipment? | Does the IT equipment have access to the internet? |
|---|---|---|---|--|--|
| Woodberry Wetlands Neighbourhood | | | | | |
| Armstrong Dispensing Chemist, N4 2EX | Yes | Yes | Yes | Yes | Yes |
| Park Pharmacy, N4 2AA | yes | Yes | Yes | Yes | Yes |
| Rowlands Pharmacy, N4 2NH | Yes | Yes | No | Yes | Yes |
| Safedale Pharmacy, N16 9DL | No | Room has two chairs but it is very tight and not able to accommodate disabled patients. | Yes | Yes | We were not able to speak to anyone about the use of the room. |
| Springfield Park Neighbourhood | | | | | |
| Boots, N16 6TT | Yes | Yes | Yes | No | No |
| Dunsmure Pharmacy, N16 5JY | No. The room is downstairs in the basement. We were told the staff will talk to the patient outside the premises. | Yes | Yes | Yes | Yes |
| Greenlight Pharmacy, N16 6LU | No | Yes | Yes | No | Yes |
| Land Pharmacy, N16 6TY | Yes | Yes | Yes | Yes. However, the IT equipment was broken and the pharmacist was waiting for a replacement | No |
| Morrisons Pharmacy, N16 5SR | Yes | Yes | NA | We were unable to see the room. | We were unable to see the room. |
| Spivack Chemist, N16 6QX | No. Very small room which can barely fit in two chairs. | Room has only one chair available | No, Room is too small and can barely fit two people. It is hard to close the doors once two people are in the room. | Yes | Yes |

| Pharmacy name and the Neighbourhood | Is the room wheelchair accessible? | Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together? | Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them? | Does the room have IT equipment? | Does the IT equipment have access to the internet? |
|-------------------------------------|--|---|--|----------------------------------|--|
| Clissold Park Neighbourhood | | | | | |
| Allen Pharmacy, N16 9PA | Yes | Yes | Yes | Yes | Yes |
| Benjamin Pharmacist, N16 7JD | No | Yes | Yes | Yes | Yes |
| Day Lewis Pharmacy, N16 8AD | Yes | Yes | Yes | Yes | Yes |
| Safedale Ltd (Albion Road), N16 0TA | NA | The room was occupied on the day of the visit | Unable to see | We were unable to see the room. | We were unable to see the room. |
| Safedale Ltd, Green Lane, N16 0AP | wasn't able to see the room, it was occupied | Yes | No | Yes | Yes |
| Superdrug, E8 2LX | Yes | Yes | Yes | Yes | Yes |
| Hackney Downs Neighbourhood | | | | | |
| Asvacare Pharmacy, E5 9BU | Yes | Yes | Yes | Yes | Yes |
| Cohen Chemist, E5 9BQ | Yes | Yes | Yes | Yes | Yes |
| Day Lewis, E5 8BY | Yes | Yes | Yes | Yes | Yes |
| F. A. Strange, E5 8EQ | Yes, There are two steps for the room, the pharmacist said there is removable ramp that they use for wheelchair users. | Yes | Yes | Yes | Yes |

| Pharmacy name and the Neighbourhood | Is the room wheelchair accessible? | Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together? | Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them? | Does the room have IT equipment? | Does the IT equipment have access to the internet? |
|--|---|---|--|---|--|
| Hackney Marshes Neighbourhood | | | | | |
| Bees Pharmacy, E5 0HD | Yes | Yes | Yes | Yes | Yes |
| Boots The Chemist, E8 1HR | Yes | Yes | Yes | No. Bad internet connection in the room. Staff often uses IPAD or the reception computer. | No |
| Clockwork Pharmacy (Mare Street), E8 1HP | Yes | Yes | Yes | Yes There is computer. | Yes |
| Clockwork Pharmacy Well Street, E9 6QT | Yes | Yes | Yes | Yes | Yes |
| Clockwork Pharmacy, E9 6RG | No, Corridor to the room is too tight and there are two steps before the room. | Yes | Yes | Yes | Yes |
| Friends Pharmacy, E5 ORN | Yes | Yes | No | Yes | Yes |
| Regal Pharmacy, E5 0LP | Yes | Yes | Yes | Yes | Yes |
| Safedale Pharmacy, Lower Clapton, E5 0NS | Yes | Yes | Yes | Yes | Yes |
| Silverfileds Pharmacy, E9 5QG | Yes | Yes | Yes | Yes | Yes |
| Well Street Common Neighbourhood | | | | | |
| Bees Pharmacy, E9 5DG | No. The doors for the room open wide, however the corridor before the room is tight and does not allow accessibility. | Yes | Yes | Yes | Yes |
| Clockwork Victoria Park Pharmacy, E9 7HD | Yes. The room is accessible but the pharmacy is not. | Yes | Yes | Yes | Yes |
| K. Sonigra Pharmacy, E9 7PX | Yes | Yes | Yes | Yes | Yes |
| Silverfields Pharmacy, E9 6AS | Yes | Yes | Yes | Yes | Yes |
| Tesco Instore Pharmacy, E9 6ND | Yes | Yes | Yes | Yes | Yes |

| Pharmacy name and the Neighbourhood | Is the room wheelchair accessible? | Does the room have at least two chairs where both the patient and the pharmacist are able to sit down together? | Is there enough space between the pharmacist's and patient's chairs to maximise the distance between them? | Does the room have IT equipment? | Does the IT equipment have access to the internet? |
|---|---|---|--|--|--|
| London Fields Neighbourhood | | | | | |
| Boots The Chemist, E8 2NS | Yes | Yes | Yes | No | No |
| Carsil (Marijak Pharmacy), E8 1EJ | No, Room is situated on a higher floor | No, Room is not used for consultation | NA | N/A | N/A |
| Clarks Healthcare Ltd., E8 4QJ | No. The room is too small. | Yes | Yes | No. However, a laptop is brought separately when a patient needs to be seen. | Yes |
| Dev's Chemist, E8 1NH | Yes, however it can be very difficult to maneuver. Too many stuff were preventing the door to open in full. | Yes | Yes | Yes | Yes |
| Guardian pharmacy, E8 4AE | Yes | Yes | Yes | Yes | Yes |
| Haggerston Pharmacy, E8 4HT | Yes | Yes | Yes | Yes | Yes |
| J Edmunds Pharmacy, E8 2JS | No | No | No | No | Yes |
| Kingsland Pharmacy, E8 4AA | Yes | Yes | Yes | No | No |
| Norlington Chemist Ltd, E8 4PH | Yes | Yes | Yes | Yes | Yes |
| Shoreditch Park and City Neighbourhood | | | | | |
| Finstead Pharmacy, N1 5LG | Yes | Yes | Yes | Yes | Yes |
| Judd's Pharmacy, N1 6BT | yes | Yes | Yes | No | No |
| Murrays Chemist, N1 7QJ | Yes | Yes | Yes | Yes | Yes |
| Spring Pharmacy, N1 5LG | No | No | Yes | Yes | Yes |
| Unipharm, E2 8AN | No | No | No | Yes | Yes |

Contact us:



info@healthwatchhackney.co.uk



080 8164 7664 (FREE phone number)



This page is intentionally left blank



| | |
|--|--------------------------------|
| <p>Health in Hackney Scrutiny Commission</p> <p>20th December 2023</p> <p>Adult Social Care - Transforming Outcomes Programme - briefing</p> | <p>Item No</p> <p>6</p> |
|--|--------------------------------|

PURPOSE

To receive a first update on the Transforming Outcomes Programme in Adult Social Care.

OUTLINE

The Commission has been aware of the plans for a change management programme in Adult Social Care as this was discussed with the Group Director as part of the budget scrutiny process. The transformation programme will be a key contributor to the cost savings proposals for that directorate. The Chair asked officers to present this programme once the outline had been agreed and suggested that the Commission would like to revisit it at key milestones as the programme develops. The programme is primarily focused on customer journeys for those who receive commissioned care packages.

Attached please find a briefing paper *Transforming Outcomes Programme*.

Attending for this item will be:

- Georgina Diba**, Director - Adults Social Care and Operations
- Leanne Crook**, Head of Transformation, Adult Social Care
- Alan Rogers**, Director - Newton

ACTION

The Commission is requested to give consideration to the report.

This page is intentionally left blank

The Hackney logo consists of a white stylized 'H' icon followed by the word 'Hackney' in a bold, white, sans-serif font.

Hackney



**Transforming
Outcomes**
Programme

1 **Introduction to the Programme:** What are we doing, and why are we doing it?

2 **What will the next year look like?** What are the key phases/ milestones in the plan? What can we expect at the next programme board?

3 **Questions & Discussion**



1

Programme Introduction:
What are we doing, and why are we doing it?

DELIVERING THE BEST FOR HACKNEY

EXECUTIVE SUMMARY

An opportunity to improve outcomes for over half the people we support

Together we uncovered opportunities to improve the lives of thousands of people, supporting them to live more independent lives and achieve their potential.

Significant, recurring financial opportunity of between £7.6-11.6m p.a.

Providing an opportunity to deliver over £30m in cumulative benefit to the authority over the next six to seven years, while also creating the necessary platform to enable further innovations in the future.

Change delivered the right way

While it is possible to make short-term savings by closing services, we don't believe this is either sustainable or what is best for residents. Instead, we believe a set of deep complex issues need to be worked through by redesigning services. We have the potential to improve outcomes for residents, deliver financial benefit, all without cutting of services. This type of transformation may be more difficult, but we believe it is what the people of Hackney deserve.

Staff are telling us we need to improve, and they want to be part of the change

57% of our staff said they don't feel we effectively meet the needs of residents...but 95% recognise we need to change, with nearly 80% saying they want to be part of shaping this future.

Change is never easy, but the time to act is now

It has been 2-3 relentless years with Covid and the cyber attack. The impact of these has meant that we are putting the needs of our residents first, but don't have the headspace or visibility to reflect on how we are doing. The Adult Social Care reforms and upcoming CQC assurance means there is an imperative to change, recognising it won't be enough to go back to the way things were before the pandemic.

WHAT DOES IDEAL LOOK LIKE FOR PEOPLE?

Mr M, in his late eighties, has dementia & Parkinson's disease. He requires support with personal care and making meals, as well as keeping safe in his own home. He was falling frequently at home, and was starting to display concerning behaviours. All traits which indicated a move to a residential home was likely.

However, it was clear that Mr M wanted to remain in his own home, and as such, lots of support had been put in place to keep him there, both from Social Care and his GP. As well as three care calls a day, Mr M was using regular respite, and had trialled a Day Care. The team had also used the OT assistive technology service to provide him with door sensors to raise an alert if he was leaving his home, as well as practical measures such as covering heating that might endanger him.

Because of the creative approach of the Social Workers and other Practitioners, Mr M was able to remain where he wanted, in his home.



WHO ARE WE SEEKING TO HELP?

Page 198



THERE ARE SYSTEM CHALLENGES THAT PREVENT SOME OF HACKNEY'S SERVICE USERS FROM ACHIEVING THE IDEAL OUTCOME: CORA'S STORY

Cora had lived most of her life in a one bed Council flat and had never received any care services from the Council. Her niece visited her regularly to keep her company and support with chores around the house. After a fall that left Cora with a broken rib, she was discharged from hospital to an interim nursing placement with double handed assistance.

Because there were no available placements in the borough, Cora was placed in a nursing home in Hertfordshire, although she expressed wishes to return home. Following a review, she remained in the nursing home for ongoing care.

Practitioners reviewing her case felt that Cora could have fully regained her independence if she had been offered reablement services and that she could have returned home with homecare that gradually reduced over time until she was fully independent.

HOW MIGHT CHANGE LOOK IN HACKNEY?

DELIVERING BETTER OUTCOMES THROUGH A RESIDENT-CENTRED APPROACH TO IMPLEMENTATION

We can improve the lives of thousands of people like Cora and Laila. This will mean people across our borough being enabled to live more independent lives and enjoy a better quality of life. Four areas this improvement will be seen are:

1

At the front door to Adult Social Care

Decisions made that put a person's independence first

Using our internal experience and working with partners to co-produce creative solutions that meet a resident's needs.

Page 199

3

In the community

People with learning disabilities developing skills to take part in their community

Evidencing clearly in plans what the potential is for each person and then providing the right support to enable progression towards more independent outcomes.

2

In short term settings

Reablement transformed to be the heart of the pathway

More people accessing reablement from the community to enable more independent outcomes.

4

In enabling functions

Empowering staff to support the people of Hackney

Ensuring staff have the data they need, when they need it, a culture that supports doing what is best for residents, and timely access to high-quality services to best meet the needs of the people of Hackney.

DEVELOPING AN APPROACH TO IMPLEMENTATION

BUILDING AN IMPLEMENTATION PLAN THAT ACKNOWLEDGES THE SCALE OF THE CHALLENGE

Navigating change can be difficult. What do we know about change, and the barriers and enablers here in Hackney?

The **environment for change assessment** has given us insight into some of the enablers and barriers to change. It draws out critical insight from our staff, which can inform us about what they see as strengths, weaknesses, and what they are both excited and scared about.

A successful implementation plan needs to leverage our strengths and prepare for our focus areas.

MOTIVATION



3 in 5

members of staff **don't feel** we effectively meet the needs of residents

But 95% feel like they **recognise the need for the borough to change** to effectively meet the needs of residents

"Both exciting and challenging times ahead."

DATA-LED APPROACH



Seven in ten

of our staff **don't trust the data and information available** within the service



2 in 3

of our staff **don't feel** they have the **information required** to make the best decisions

"There is a lot of time spent looking for information that could be used more effectively"

PEOPLE-CENTRED CHANGE

Half

of our staff feel that when they do **good work it is recognised and celebrated**



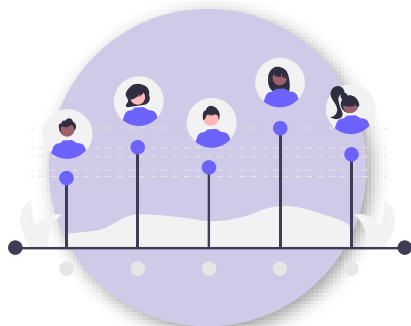
46%

feel held personally responsible when mistakes are made, rather than management understanding the wider context first

DEVELOPING AN APPROACH TO IMPLEMENTATION

WHAT KEY PRINCIPLES SHOULD WE CONSIDER WHEN DEVELOPING A PLAN WHICH UNLOCKS VALUE FOR HACKNEY?

The proposed transformation programme will deliver significant benefit to London Borough of Hackney over the coming years. The approach is based on 4 key principles.



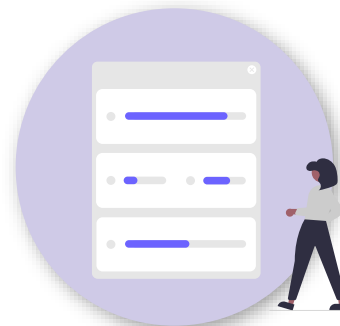
People

The programme has been designed to deliver a step change in the service quality, experience and **outcomes for the people of Hackney, whilst improving the working lives of staff**. This will result in fewer people living in residential care and more people living more independent lives in the community.



Finance

Delivering the improved service quality will in turn realise **significant recurrent financial savings lead by outcomes**, expected to be over £30m over the next six to seven years. Achieved through delivering a recurrent annual benefit of £7.6-11.6m to the care budget.



Approach to Implementation

Phasing the approach to implementation to focus on **co-design with staff** and trialling of a solution, iteration and embedding and finally **sustaining the change**. Training up a Hackney-led team of operational design leads and transformation support to lead the solution design, supported by enabling functions such as benefits monitoring and MI.



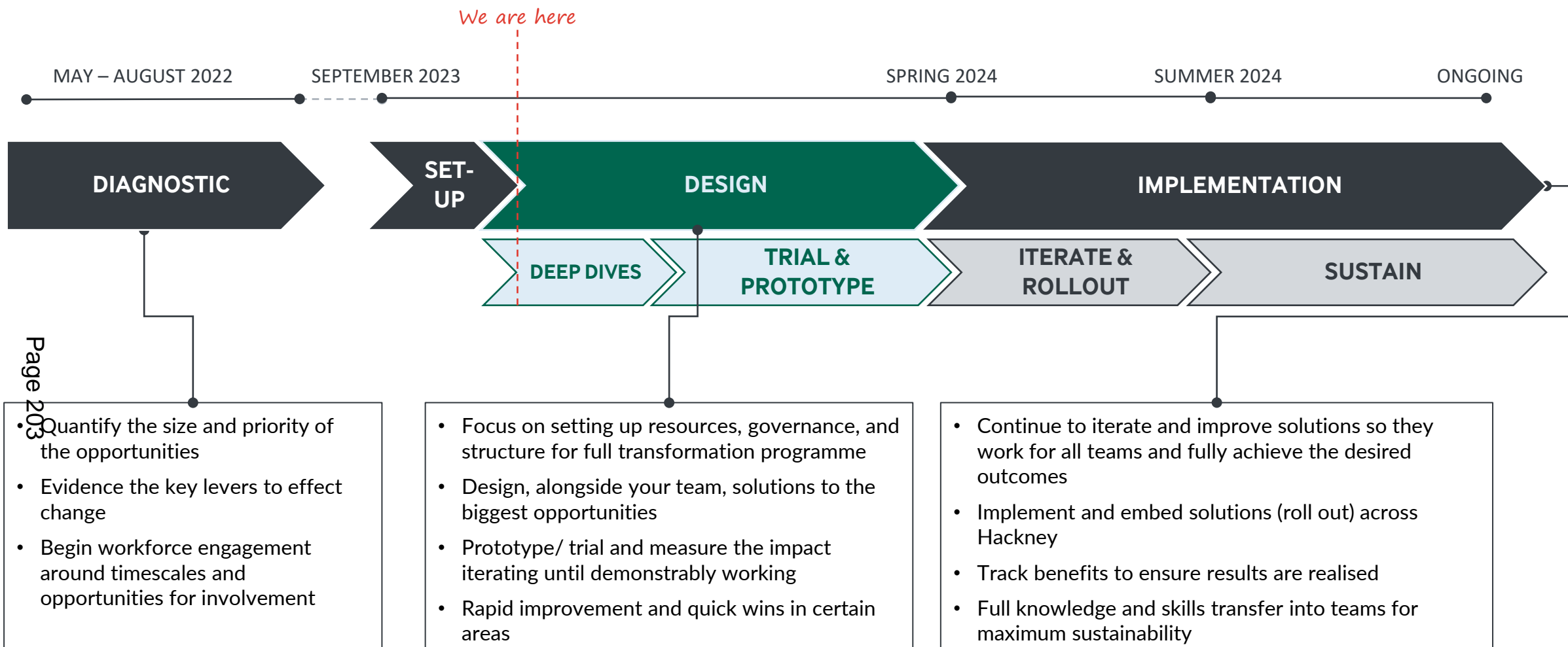
Set up and Assurance

Ensuring the right **capacity and capabilities** are in place to deliver this scale of complex change at the required pace, as well as evidence led **delivery assurance** given the imperative in both outcomes, financial sustainability, and timescales.

2

What will the next year look like?

Plan: We will take a "design" and "implementation" phase approach



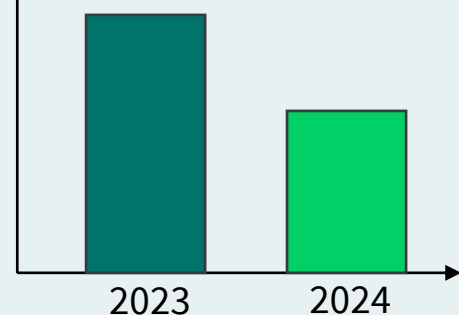
How will we know it is working? We could improve the lives of up to 4,000 hackney residents

Looking across the different opportunity areas that the diagnostic has found for residents across the borough, **between two and four thousand people could benefit from increased independence**. These figures have been confidence-weighted by practitioners and approved by colleagues in operational management, performance and finance.

ALWAYS STARTING WITH DEMONSTRABLE CHANGES FOR PEOPLE

- All of the opportunities identified to improve people lives correlate with a change in the what outcome in support they receive from us for their situation.
- For example, the diagnostic identified that 40% more people could have had improved independence if they had received from an intervention from our IIT service

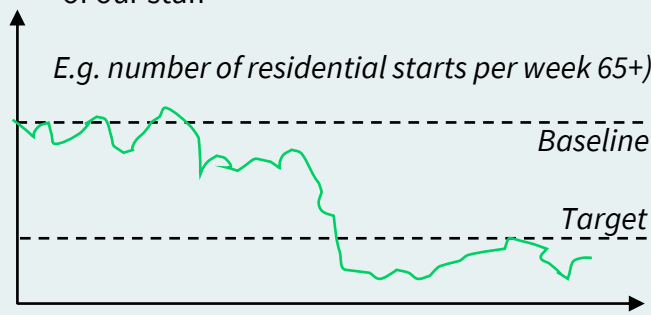
E.g. we have now seen Y fewer people going down pathway X in 2024 compared to 2023



AN IMPLEMENTATION APPROACH BASED ON TESTING AND VALIDATING IMPACT

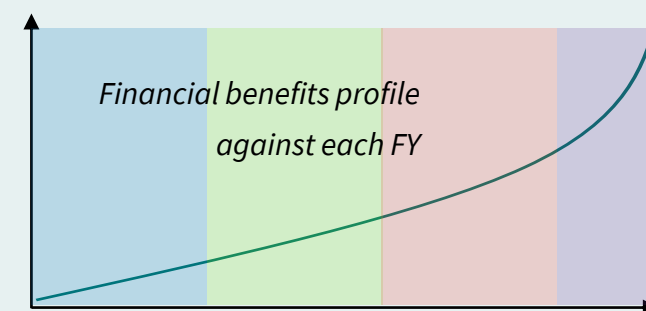
- To ensure our changes can deliver this impact, we want to be able to test them in a realistic but safe environment with practitioners.
- We can then iterate this continuously until we can clearly see that it is having the best impact in terms of outcomes, but also the best engagement and ownership from staff and the people who draw on our support
- We can then roll out the changes to the rest of our staff

E.g. number of residential starts per week 65+)

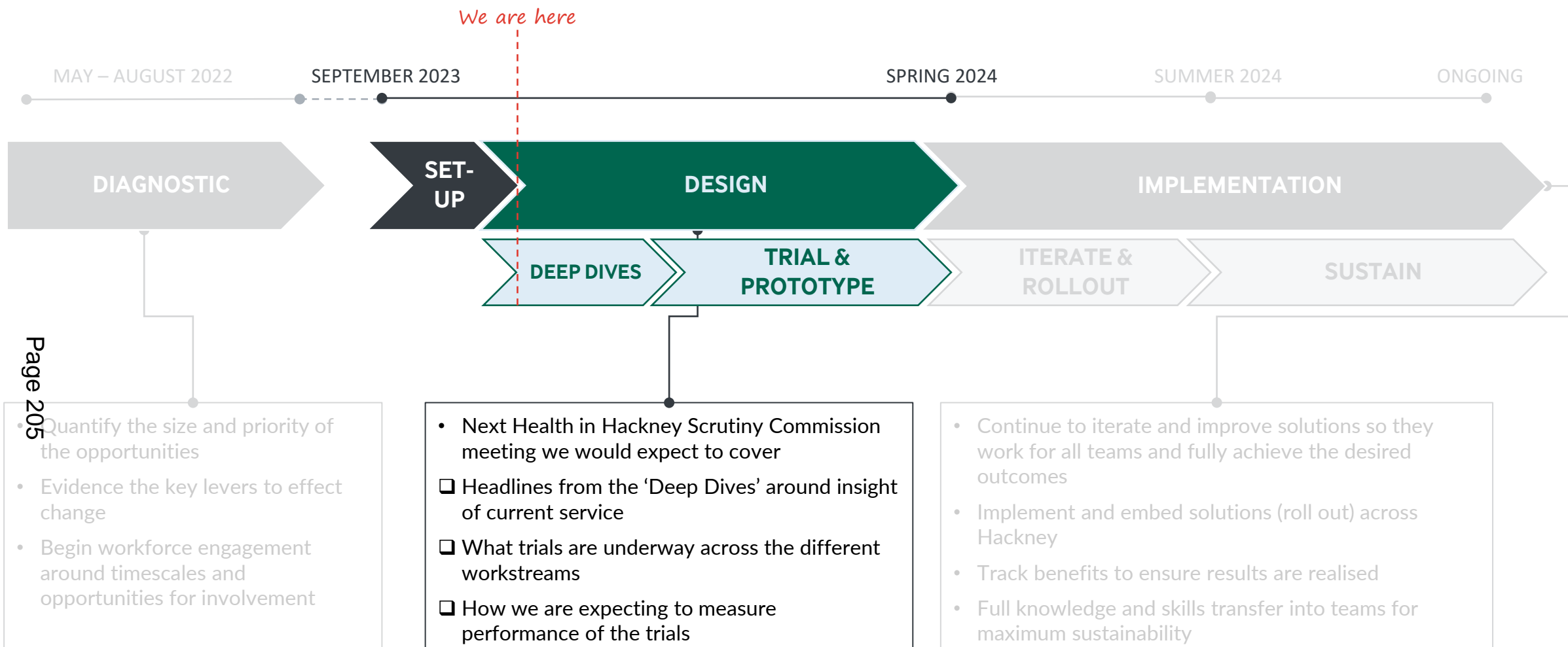


WE CAN TRANSLATE THIS INTO AN ACTUAL AND FORECAST FINANCIAL BENEFIT

- We will translate these operational measures into a series of financial equations to show likely financial benefit
- We can then track performance against these from live cash position
- We can forecast out expected operational and financial performance against future financial years



Plan: We will take a “design” and “implementation” phase approach



3

Discussion & Questions



| | |
|---|--------------------------------|
| <p>Health in Hackney Scrutiny Commission</p> <p>20 December 2023</p> <p>Executive Response to the Net Zero Scrutiny Panel Report FOR NOTING ONLY</p> | <p>Item No</p> <p>7</p> |
|---|--------------------------------|

OUTLINE

It was recognised that to reach the UK’s net zero ambitions will require all tiers of government, businesses, institutions and communities to work closely together.

The Council declared a climate emergency in 2019 and has been building its vision to transition to net zero since. Hackney, and the UK generally, has made good progress in reducing emissions over the last decade, but it is recognised that faster and coordinated action will be needed to protect communities and the environment from the effects of climate change.

The Net Zero Review was established by the Scrutiny Panel in October 2021. It was set up to look at what is needed to meet national and local net zero targets, set by Government and the Council. This review also looked at how the Council planned to meet its ambitions in a manner that was affordable, efficient and fair.

The review was an amalgamation of work by the overarching Scrutiny Panel and the thematic Scrutiny Commissions: Health in Hackney, Living in Hackney and Skills, Economy and Growth during the municipal year 2021/2022.

The draft report and recommendations were finalised and agreed by Scrutiny Panel in April 2023 and the Executive response was agreed by Cabinet in October 2023.

PURPOSE

The Executive Response to Scrutiny Pannel’s report on Net Zero was considered at Scrutiny Panel on 4 December and by the other Commissions who had been involved. This item is to note the response.

Attached please find *Executive response to the Overarching Scrutiny Panel Net Zero Report*

For brevity the the original report of Scrutiny Panel *Net Zero Overarching Scrutiny Panel Review Report* is linked [here](#)

ACTION

Members are asked to Note the Executive response.

This page is intentionally left blank

| | |
|---|--|
| | |
| Title of Report | Executive Response to the Overarching Scrutiny Panel Investigation into Net Zero |
| Key Decision No | Non Key Decision |
| For Consideration By | Cabinet |
| Meeting Date | 23 October 2023 |
| Cabinet Member | Cllr Mete Coban, Cabinet Member for Climate Change, Environment and Transport |
| Classification | Open |
| Ward(s) Affected | All |
| Key Decision & Reason | Not required |
| Implementation Date if Not Called In | |
| Group Director | Rickardo Hyatt, Group Director, Climate, Homes and Economy |

1. **Cabinet Member's introduction**

- 1.1. I welcome the review recommendations from the Scrutiny Panel (SP) as a result of its in depth examination of the Council's plans to achieve net zero. When this review started in October 2021, the Council was already delivering key practical activities associated with achieving net zero, however, the investigation by the SP has enabled a broader cross-cutting review across a wider range of the Council's services.
- 1.2. During the period of the review, a number of key plans and strategies have been put in place that provide the framework for action since a Climate Emergency was declared in 2019, in particular the [2023-2030 borough-wide Climate Action Plan](#) (CAP) and [three-year Council Implementation Plan](#) (CIP), amongst others. There are also new pieces of policy and strategy work in train, such as the development of an Economic Development Plan, a new Housing Strategy and an updated Sustainable Procurement and

Insourcing Strategy that will all have clear actions that link to Council and borough-wide plans to achieve net zero, endeavouring to work with businesses in our supply chain, as well as more widely.

- 1.3. Many of the responses to the recommendations indicate that whilst there is clearly more to do, work has already started in a number of key areas at pace as the Council seeks to embed the organisation wide approach to net zero and further support cross-cutting benefits such as enabling a larger local green economy with more skilled jobs to support that.
- 1.4. The Council also continues to lead in a number of areas, such as transport, and I am pleased to note the recent successes at the [British Parking Awards 2023](#) where the Council won three awards in recognition of its commitment to providing a public service and improving the streets of East London. The Council was named Parking Team of the Year, won the School Streets Award, as well as the Communication Award for its [Parking & Enforcement Plan](#) (PEP), which was adopted in October 2022.
- 1.5. Announcements by the Government recently declaring an intention to delay actions on net zero in a number of emission areas are extremely disappointing and short-sighted. In particular, those pertaining to the phasing out of petrol and diesel vehicles, gas boilers and implementing increased regulatory standards to improve the energy efficiency of properties within the private rented sector. All these actions undermine previous signals as to the seriousness of the Government's intent and may force the private sector and others to review future investment decisions that support and accelerate the path to net zero within the UK in areas that are already progressing too slowly, such as transport and housing. Accelerating plans to switch to electric vehicles and heat pumps have wider benefits in the long run, with the potential to save people money and improve people's health.
- 1.6. The full impact of these decisions, alongside others such as the recent approval of the Rosebank oil and gas field can only undermine our standing internationally. The details will be the subject of more extensive analysis by independent organisations, such as the [Climate Change Committee](#), but it is already evident that an extended period of reliance on gas will be more expensive than going low-carbon and provide little comfort to those already experiencing fuel poverty and living in poor quality energy inefficient homes.
- 1.7. Despite this news, the Council is continuing with the roll out of its electric vehicle charging programme, the largest in the country and I hope to be able to make further announcements regarding external funding applications for

work supporting improving our social housing portfolio, amongst others, shortly.

- 1.8. Looking to the near future, the Council is gearing up for the next Public Sector Decarbonisation Fund bidding round, which is now open, with the caveat that applications will be subject to eligibility. Round 2 of Hackney Light and Power's [Community Energy Fund](#) will be launched on the 19th October 2023 and the Council will be starting work imminently with neighbouring local authorities to develop a Local Area Energy Plan that identifies the utility infrastructure that is needed to support the transition to net zero.
- 1.9. Whilst the challenges may continue, the ambition, commitment and long term vision of the Council to create a greener Hackney remains unchanged.

2. Group Director's introduction

- 2.1. This report requests approval of the Executive response to the recommendations of Scrutiny Panel Overarching Review into Net Zero, which can be found in Appendix 1.
- 2.2. These recommendations seek to further strengthen the Council's response to the climate and ecological crisis across a wide range of topic areas including: monitoring, governance, leadership, investment & finance, housing & corporate property, transport, energy plus education, skills & economic development, all with a focus on net zero.
- 2.3. Since this review began in October 2021, the Council has progressed a number of key commitments which now provide the framework for future carbon emission reductions, both borough-wide and for the Council, noting that for the Council this is based on what it can control or influence.
 - **Climate Action Plan:** The Hackney [CAP 2023 - 2030](#), was formally adopted at Cabinet in May 2023. It is the first holistic borough-wide plan to address the climate and ecological crisis, bringing together the various strands into one overall document. This is underpinned by the CIP which sets out the key actions for the Council for the next three years to deliver the goals and objectives of the CAP and was an item at Full Council in July 2023 alongside the annual update on progress with the Council's decarbonisation commitments;
 - **Updated Council net zero target:** The Council's existing target for its own greenhouse emissions requires a 45% reduction by 2030 based

on a 2010 baseline and 'net zero' by 2040. The Council rejoined the UK100 membership network on 17th May 2023. As such the Council now has a revised 'net zero target' of 2030 for territorial emissions that fall within the current UK100 scope; and

- **Other relevant plans and strategies:** The PEP 2022-27 was formally adopted at Cabinet in October 2022. Key elements of the PEP seek to implement measures to reduce the impact of highly polluting vehicles, encouraging cleaner alternatives. The [Green Infrastructure Strategy 2023-2030](#) was formally adopted at Cabinet in June 2023. Green infrastructure is integral and essential to the Borough's resilience, meeting its future challenges and the delivery of its wider strategies, both at a community and individual level. The [Hackney Local Nature Recovery Plan 2023-2030](#) was formally adopted at Cabinet in June 2023 and identifies a number of nature recovery areas alongside practical actions for their improvement.

- 2.4. The review recommendations are also well timed so as to be able to inform a number of tasks which are underway and include preparing a draft Economic Development Plan, updating the Council's Transport Strategy and supporting plans, as well as adopting an updated Sustainable Procurement and Insourcing Strategy, amongst others.
- 2.5. Since the completion of the review report, officers across the Council have participated in further scrutiny commission sessions that are assessing the Council's response to net zero in specific areas.
- 2.6. It should be noted that a number of review recommendations may require additional funding which has currently not been confirmed and will therefore need to be considered as part of the Council's medium term financial planning and budget setting process.

3. **Recommendations**

- 3.1. **That Cabinet approves the Executive response, found in Appendix 1, to the Scrutiny Panel Overarching Review into Net Zero.**

4. **Reason(s) for decision**

- 4.1. Hackney Council is required to produce an Executive response to the Scrutiny Panel Overarching Review into Net Zero. The response draws on work underway or planned and is in line with principles, values and priorities held by Hackney Council.

5. **Details of alternative options considered and rejected**

- 5.1. Scrutiny Reviews follow a set process that involves recommendations and responses by officers resulting in a report to Cabinet and hence there are no alternative options to be considered.

6. **Background**

Policy Context

- 6.1. The climate and ecological crisis is already having visible effects on the world - the earth is warming, rainfall patterns are changing, and sea levels are rising. These changes are leading to increased extreme weather events, such as flooding and drought, are risking the supply of natural resources and are having a detrimental impact on human health. In Hackney, this is being seen first-hand, with a number of major floods being experienced in recent years - most notably in Finsbury Park and Stamford Hill.
- 6.2. Internationally, policy and decision makers are beginning to act. The Paris Agreement underlines the need for net zero, requiring countries and territories like the UK to transition to a state in which the greenhouse gases going into the atmosphere are balanced by removal of greenhouse gases out of the atmosphere. Achieving net zero requires changes that are unprecedented in their overall scale, and meeting the national net zero target is considered one of the biggest, most complex and cross-cutting challenges that the UK faces.

Climate Action Plan

- 6.3. Reaching the UK's net zero ambitions requires all tiers of government, businesses, institutions and communities to work closely together. In response, the Council declared a climate emergency in 2019 and has been building its vision to transition to net zero resulting in the adoption of a borough-wide CAP 2023-2030 in May this year. Sitting alongside the CAP is a CIP, which provides a detailed set of key actions for the Council to undertake initially over the next three years and that contribute to delivering the goals and objectives within the CAP, considering where the Council has direct control and most influence to maintain momentum with its own climate response.
- 6.4. Although Hackney and the UK generally have made good progress in reducing emissions in specific areas over the last decade, it is recognised that faster and coordinated action will be needed to protect communities and

the environment from the effects of climate change. The CAP therefore sets out the ambitious, science-based changes that need to be progressed to achieve a borough-wide reduction in carbon emissions by 2030.

Net Zero Overarching Scrutiny Panel Review

- 6.5. The Net Zero Overarching Scrutiny Panel Review was established by the Scrutiny Panel in October 2021 to look at what may be needed to meet both national and local net zero targets and to assess how the Council could better meet its ambitions in a manner that is affordable, efficient and fair. Its key purpose was to play an active role in stress-testing and querying assumptions in the development of local climate action, particularly in light of the pandemic, whilst supporting the Council to engage with key stakeholders in the locality to better understand and align priorities.
- 6.6. The approach to the review reflected the scale of the net zero challenge and its cross-cutting nature. Through the Scrutiny Panel and thematic Scrutiny Commissions, it engaged, listened and learned from a range of organisations, businesses, industries and communities on a number of issues and policy areas, from decarbonising buildings, transport and waste, to supporting the delivery of clean energy projects, managing a transition to a low-carbon, circular economy and enabling green growth. The full report from the review is attached as Appendix 2.
- 6.7. The review was built from an amalgamation of work by the overarching Scrutiny Panel and the thematic Scrutiny Commissions: Health in Hackney, Living in Hackney and Skills, Economy and Growth. It gathered a range of qualitative and quantitative evidence to meet the aims and objectives of the review. Methods and sources used to gather this evidence were:
- **Desktop research and analysis:** Desk-based research was used to help establish the national legislative and policy framework which guides the UK's transition to net zero and to review key national data and trends, academic research and policy analysis in relation to climate change and net zero;
 - **Engagement with local stakeholders:** A range of local stakeholders were engaged to establish local policy and practice in relation to climate change and net zero. As well as providing an opportunity to review localised data, engaging with local stakeholders facilitated a more qualitative assessment of climate action in Hackney;
 - **Comparisons with other local authorities:** To support comparative analysis of local climate action across the capital, London Borough of Harrow, London Borough of Waltham Forest, the Greater London

Authority (GLA) and London Councils were invited to contribute to the review. Their involvement helped the Council to compare and benchmark policy and practice and helped to identify additional good practice where relevant; and

- **Specialist contributions:** Expert independent analysis helped to gather further insight into the Council's path to net zero. This was provided through direct submissions to the review from Buro Happold, as well as desktop research and analysis.

Equality impact assessment

6.8. Hackney Council and its decision-makers must comply with the Public Sector Equality Duty set out in Section 149 of the Equality Act (2010), which requires us to have due regard to the need to:

- 1) Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- 2) Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- 3) Foster good relations between people who share a protected characteristic and those who do not.

6.9. Having due regard to the need to advance equality of opportunity involves considering the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics;
- Meet the needs of people with protected characteristics; and
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is low.

6.10. The implementation of the recommendations from the review should therefore pay due regard to the equality considerations to ensure that the Council is compliant with its statutory obligations under the Equality Act 2010.

6.11. The Council will continue to consider the impact on all protected characteristics during the ongoing development and implementation of the climate actions, including those associated with the review recommendations. Where appropriate, it will undertake additional

engagement with the community or more detailed equality analysis where negative impacts on specific protected characteristics have been identified.

Sustainability and climate change

- 6.12. 27 recommendations were set out in the Scrutiny Panel report, covering a wide range of actions aimed at promoting sustainability and addressing the climate crisis, with a focus on achieving net zero. They included measures related to monitoring, governance, community engagement, financing, the circular economy, energy efficiency, transport, waste management, education, amongst others, and support the objectives and delivery of actions set out in the CIP, as well as the 2030 goals identified within the CAP.
- 6.13. These recommendations will help the Council and the borough to reach net zero targets and, at the same time, can deliver societal impacts, also known as co-benefits.
- 6.14. Some potential co-benefits associated with these recommendations include:
- Actions related to transport, such as bus electrification and increasing electric vehicle charging points, will help to reduce emissions from vehicles, leading to improved air quality with benefits for public health;
 - Promotion of sustainable active travel options, such as walking and cycling, will encourage physical activity and reduce obesity rates;
 - Implementation of energy efficiency measures such as retrofitting buildings and electrification of heat using heat pumps may result in cost savings for residents, help to alleviate fuel poverty and create more liveable homes and workplaces in the longer term;
 - Transition to renewable energy sources, decarbonised heat and more circular economies may lead to job creation, the upskilling of existing job roles, and enable greener economic growth to the benefit of the whole community;
 - Better engagement in respect of the breadth of our communities will help to increase social equity and inclusion, addressing social justice issues; and
 - The implementation of green infrastructure such as sustainable drainage systems, tree planting may reduce the likelihood of surface

water flooding episodes, create new habitats for wildlife and support local biodiversity.

- 6.15. Co-benefits alongside key performance Indicators and targets for carbon reduction within the monitoring framework will enable the effectiveness of the Council's actions to be assessed, whilst providing insights to shape future decision-making and investments in climate projects.

Consultations

- 6.16. There is no requirement for a public consultation on the recommendations from this review, although a number of stakeholders have provided contributions to scrutiny sessions. Scrutiny Commissions are held in public with agendas, key content, recordings of sessions and minutes publicly available.

Risk assessment

- 6.17. Many aspects of the transition are inherently uncertain, hence it is likely that progress may be faster in some sectors than others. Even in the near term, there is high uncertainty whether projected emissions savings will advance as anticipated.
- 6.18. There are a number of key risks, both for the Council and more widely, which could impact on the success of implementing specific recommendations from the review noting that currently, not all the necessary infrastructure, finance, and regulation are in place to enable the changes needed, with a burgeoning impact of the cost of living crisis on current and future patterns of expenditure at both a personal and organisational level. The UK will only meet its emissions reduction targets if central government, regional bodies and local authorities, amongst others, work together to resolve some of these key barriers, noting that local authorities only have powers or influence over roughly a third of territorial greenhouse gas emissions in their local areas.

Finance

- 6.19. Local areas have a huge role to play in reaching net zero and have the ability to start implementation quickly, however, they do not have the funding they need. Central government must provide certainty on its long-term funding plans for key areas such as retrofit and energy efficiency. Without this, it is impossible for local areas to play their part in building the skills, capacity and engagement needed to meet the challenge.

Organisational change

- 6.20. The Council's ambitions for decarbonisation require leadership across the organisation and involve transformational work across almost all functions, rethinking how it works and identifying the skills requirements and resources to manage its climate response effectively. This, coupled with a desire to use the role of the Council in leading, shaping and influencing decarbonisation of the Borough, will place added requirements that will need to be effectively targeted, managed and resourced.

Policy gaps

- 6.21. There are estimated policy gaps associated with 57% of the future greenhouse gas emissions reductions required nationally, noting that this is before recent announcements by the government to delay a number of key net zero policies and targets. Embedding and integrating net zero and climate adaptation properly across the policy landscape is vital. Clearer responsibilities are needed between central government departments, regulators, the GLA, and local authorities for the actions and interactions on the path to net zero.

Skills

- 6.22. Workers will need to develop new skills to fill the needs of new low-carbon markets. However, evidence on skills requirements and current employment in key occupations (e.g. home retrofit coordinators) is limited. Availability of skilled workers therefore poses a risk for the net zero transition.

Stakeholder engagement

- 6.23. The success of the Borough's climate responses is dependent on the collective efforts of Hackney's stakeholders, central and regional governments, and the Council's civic leadership. This collaboration inspires change and addresses the climate emergency by connecting various organisations and communities.

7. Comments of the Interim Group Director Finance

- 7.1. There are no financial implications arising directly from approving the recommendation in this report. The Scrutiny report provides a set of recommendations to address the climate and ecological crisis, which will be implemented through the Council's Governance processes. As far as possible the recommendations will be delivered within the existing approved budget, both capital and revenue. Any recommendation requiring additional

resources should be fully assessed and considered as part of the Council's medium term financial planning (MTFP) process. It is important to note that the Council is facing a significant revenue budget gap over the medium term to 2026/27 and any recommendation giving rise to additional expenditure should be considered in the light of this financial challenge.

- 7.2. Included with the Council's approved capital programme of nearly £1bn in the three years to 2026/27 is an investment of £61m in projects which contribute to the Council's net zero target. The financing of the overall capital programme is included with the Council's MTFP. It is important to keep in mind additional capital projects without earmarked funding, such as grants or capital receipts, will need to be funded by borrowing which will impact our revenue budget and add to budget pressures going forward.
- 7.3. As stated above, taking forward the recommendations arising from this review should as far as possible be contained within existing budgets, both revenue and capital given the financial challenges facing the Council. Any recommendation requiring additional resources will need to be considered as part of the Council's medium term financial planning and budget setting process.

8. **VAT implications on land and property transactions**

- 8.1. Not applicable.

9. **Comments of the Acting Director of Legal, Democratic and Electoral Services**

- 9.1. The Scrutiny Panel / Scrutiny Commissions are empowered under Article 7 of the London Borough of Hackney's Constitution to undertake policy reviews generally and make suggestions for improvements.
- 9.2. There is currently no legal requirement for the Council to achieve specific carbon saving targets. However, the Council is under a general duty to have regard to the environment in all decisions it makes, and national government has set a legally binding target to reduce national carbon emissions to net-zero by 2050. Furthermore, the Mayor of London has set a target for London to be net zero carbon by 2030.
- 9.3. Within the Mayors Scheme of delegation, it is reserved to the Mayor and Cabinet to Respond to Overview and Scrutiny Reports. Within this report, Cabinet is asked to approve the Executive response (attached as Appendix

one) to the Scrutiny Panel Overarching Review into Net Zero. The Mayor and Cabinet are authorised to approve the recommendation set out in part 3.1 of this report.

Appendices

Appendix 1 - Executive response to the Scrutiny Panel Overarching Review into Net Zero.

Background documents

[Appendix 2: Full report from Overarching Scrutiny Panel Investigation into Net Zero.](#)

| | |
|---|---|
| Report Author | Name: Matthew Carrington Title: Strategic Corporate Lead - Climate Emergency Email: matthew.carrington@hackney.gov.uk Tel: 020 8356 7969 |
| Comments for the Interim Group Director, Finance prepared by | Name: Deirdre Worrell Title: Director of Finance, Climate Homes and Economy Email: deirdre.worrell@hackney.gov.uk Tel: 0208 356 7350 |
| Comments for the Acting Director of Legal, Democratic and Electoral Services prepared by | Name: Jo Sterakides Title: Senior Lawyer - Litigation and Public Realm Email: josephine.sterakides@hackney.gov.uk Tel: 0208 356 2775 |



| | |
|--|---------------------|
| Health in Hackney Scrutiny Commission 20th December 2023 Minutes of the previous meeting | Item No 8 |
|--|---------------------|

OUTLINE

Attached please find:

- b) Draft minutes of 15 November 2023 HiH meeting
- c) Action Tracker

ACTION

The Commission is requested to AGREE the minutes as a correct record and note any matters arising.

This page is intentionally left blank

London Borough of Hackney
 Health in Hackney Scrutiny Commission
 Municipal Year: 2023/24
 Date of Meeting: Wed 15 November 2023 at 7.00pm

Minutes of the proceedings of
 the Health in Hackney Scrutiny
 Commission at Council
 Chamber, Hackney Town Hall,
 Mare Street, London E8 1EA

| | |
|--|--|
| Chair | Councillor Ben Hayhurst (Chair) |
| Cllrs in attendance | Cllr Kam Adams, Cllr Frank Baffour and Cllr Claudia Turbet-Delof |
| Cllrs joining remotely | Cllr Humaira Garasia |
| Cllr apologies | Cllr Sharon Patrick, Cllr Ifraax Samatar |
| Council officers in attendance | Helen Woodland , Group Director Adults, Health and Integration Dr Sandra Husbands , Director of Public Health, City and Hackney Jayne Taylor , Consultant in Public Health Abigail Webster , Senior Public Health Analyst Amy Wilkinson , Acting Director of Delivery, C&H Place Based Partnership |
| Other people in attendance | Louise Ashley , Chief Executive, Homerton Healthcare NHS Foundation Trusts and Place Based Leader for C&H Place Based Partnership Caroline Cook , Early Diagnosis Programme Lead, NEL Cancer Alliance Femi Odewale , Managing Director, NEL Cancer Alliance Claire Mabena , Lead Breast Cancer Nurse, Central and East London Breast Screening Service Dr Mansi Tara , Health Promotional Lead, Central and East London Breast Screening Service Dr Kathryn Hawkesford , Consultant Medical Oncologist, Barts Health Mary Flatley , Lead Nurse - Cancer, Homerton Healthcare Dr Reshma Shah GP, Chair City and Hackney Cancer Collaborative Jessica Lewsey , PCN Cancer Facilitator Helen Farrant , Head of Services, CoppaFeel! Emma Walker , Health Information Manager, Coppa Feel! Sophie Conway , Head of Community and Engagement, CoppaFeel! Sally Beaven , Executive Director, Healthwatch Hackney Cllr Chris Kennedy , Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture Caroline Millar , Chair, City and Hackney GP Confederation |
| Members of the public | 113 views |
| YouTube link | View the meeting at: https://www.youtube.com/watch?v=h7lq7voQdEM |
| Officer Contact: | Jarlath O'Connell, Overview and Scrutiny Officer ☐ jarlath.oconnell@hackney.gov.uk ; 020 8356 3309 |
| <u>Councillor Ben Hayhurst in the Chair</u> | |

1 Apologies for absence

1.1 Apologies were received from Cllrs Patrick and Samatar. Apologies also received from Dr Stephanie Couglin and Sophie Dopierala-Bull (CoppaFeel!).

2 Urgent items/order of business

2.1 There was none.

3 Declarations of interest

3.1 Chair stated that Cllr Sophie Conway was present but in her professional capacity as the Head of Community and Engagement for CoppaFeel!.

4 Tackling Breast Cancer in Hackney - DISCUSSION

4.1 The Chair stated that the aim was to discuss with key stakeholders the challenges around tackling breast cancer in Hackney and explore what is being done locally, what more can be done and how partnership working here might be enhanced. There would be 6 elements as outlined below and there would be short questions after each one and then a fuller Q&A. He added that it was an item the Commission had not covered for some years so it was timely to do so.

4.2 He welcomed the following invitees:

Caroline Cook (**CC**), Early Diagnosis Programme Lead, NEL Cancer Alliance
Femi Odewale (**FO**), Managing Director, NEL Cancer Alliance
Claire Mabena (**CM**), Lead Breast Cancer Nurse, Central and East London Breast Screening Service
Dr Mansi Tara (**MT**), Health Promotional Lead, Central and East London Breast Screening Service
Dr Kathryn Hawkesford (**KH**), Consultant Medical Oncologist, Barts Health
Mary Flatley (**MF**), Lead Nurse - Cancer, Homerton Healthcare
Dr Reshma Shah (**RS**) GP, Chair City and Hackney Cancer Collaborative
Jessica Lewsey (**JL**), PCN Cancer Facilitator
Helen Farrant, Head of Services, CoppaFeel!
Emma Walker (**EW**), Health Information Manager, Coppa Feel!
Sophie Conway (**SC**), Head of Community and Engagement, CoppaFeel!
Dr Sandra Husbands (**SH**), Director of Public Health, City and Hackney
Jayne Taylor (**JT**), Consultant in Public Health
Abigail Webster (**AW**), Senior Public Health Analyst

4.3 Members gave consideration to the following briefing reports in the agenda pack:

4b Public Health - Why is breast cancer an important public health issue?

4c Central and East London Breast Screening Service - Data briefing

4d NE London Cancer Alliance - briefing

4e to g City and Hackney Cancer Collaborative (the ToR for the Cancer Collaborative; screening data; breast screening in primary care)

4h CoppaFeel! - briefing

4i Homerton Healthcare NHS Foundation Trust - briefing (TABLED)

4.4 JT and AW from Public Health introduced their paper. She highlighted that breast cancer is a major illness of concern, age is the main factor but also it is the highest cause of death in women under 50. A key concern was inequalities in outcomes. Almost a quarter of

deaths here are thought to be entirely preventable by taking actions on the modifiable risk factors and if identified early and treated quickly breast cancer can be tackled. She added that the papers highlighted that access to up to date data is far from optimal and this limits how much they can respond to local inequalities. Incidence and the number of new cases is relatively low but survival rates are relatively poor. Breast screening coverage has historically lagged behind national standards and we're seeing later diagnosis leading to poorer outcomes. There is also later diagnosis and poorer outcomes among certain groups such as Black Women. She added that there was some evidence around younger age of diagnosis for black women being linked to the younger age profile of that demographic but we do not have sufficient data to determine this. There is some uncertainty around evidence and data generally. She concluded that NICE had published a review on inequalities in breast cancer nationally and she could share this on request.

4.5 CM and MT from CELBSS introduced their paper. She explained that the screening population was invited every 3 years. The programme had gone through many changes and they are also just recovered from the effects of the pandemic and so were smoothing out the service now. They had moved from an open invite system to timed appointments to drive up uptake. They see a loss of 10-20% when sending open invites. She described the health promotion activities which target local community groups to reach harder to reach groups. MT detailed the work with Learning Disabilities groups. They engaged with Hackney Council's newsletter during breast cancer awareness week. They engaged with GP Practices. They have Ipads in all their sites to help with communication and to bridge the language barriers.

4.6 CC introduced the papers from NEL Cancer Alliance. They don't commission but work with all stakeholders to reach goals set by NHSE. They work with Public Health, the screening services, patients and community groups particularly in areas where populations have low participation rates. They fund community groups to do further outreach work. She took Members through the data charts they had from NHS Futures. The data is only as good as the input and because they rely on manual coding of results at the GP Practices, data can be absent or miscoded so there can be problems with accuracy. She noted that less than a quarter with Learning Disabilities and a third with Severe Mental Illness were being screened. She explained that the screening service sends service letters back to GP Practices by post and the Practices then manually code the results into the GP primary care system. This was because the screening system had been set up a long time ago and they don't have mechanisms for the results to go automatically into the electronic patient record. On data availability, there was a lack of robust data on ethnicity and recording rates were low so overall data was often not timely or accurate. They struggled with having a lack of data by protected characteristics and were looking for possible solutions. She went through the various barriers to screening uptake such as: lack of trust in health service, historic and intergenerational issues around medicalisation of race, cultural problems linked to fatalism and not wanting to know. People were often too embarrassed to undress, there were language barriers and the letters were not sent out in community languages. Sometimes a lack of knowledge, a fear of pain, a fear of discrimination and the accessibility of the testing venues was a problem. FO added that the key concern was the various barriers to uptake and these were impacted by multiple factors so overall it was not an easy task to drive up screening rates.

4.7 RS and JL introduced their papers. RS explained that for the patients knowing what to say to the doctor and being confident to ask was key. There were two elements here for GPs: the screening service and then treating symptomatic patients. The patients she saw with lumps or symptoms need a referral to secondary care. With screening it was a very outdated paper based system and GP Practices have to code the data so a GP will not readily know accurately whether a patient has had a mammogram. Whereas with cervical screening results for example the GP would receive alerts this was not the case for breast

screening. If you know the history you can quickly do more and utilise opportunistic public health messages and empower patients. Having more data for GPs it would be helpful for every individual. Another issue was the location of screening sites with only 3 at present and more needs to be done on making it easier for patients approaching GP receptionists. There was also a gap in relation to collection of data on ethnicity. In relation to the list of lowest performing Practices these were in Stamford Hill area and more needed to be done to think about the particular needs of that local population.

4.8 KH and MF introduced their tabled paper. MF explained that the Homerton provided surgical treatment and follow up care and they worked very closely with Barts Health who provided the main treatments. They had 4509 referrals last year and of those 4378 did not have cancer. They commented that they were missing a trick with this cohort as it was a “teachable moment” when they could have affected people's health behaviours. Of the 132 diagnosed with breast cancer the mean age was 56. Generally they are seeing a younger population and also 29% are from Black ethnicities. They see people in a one-stop clinic where they assess, test, do biopsy and a Multi Disciplinary Team discuss the treatment. The key 2-week-wait indicator was the standard they worked to and they had fallen below it on 2 occasions. She explained that they will continue using the 2ww standard as well as applying the new Faster Diagnostic standard and they're achieving both. Strikes did reduce their capacity however. They were confident that they were not going to reduce focus by the requirement to use different standards/performance indicators.

4.9 KH explained that she was a medical oncology consultant across Barts Health and Homerton. She stated she was at the far end of treatment but early diagnosis was the key to increased cancer survival. They can do much more even for those with later stage cancer if they present earlier. She added that they were seeing a slightly younger population recently and this cohort can have much more aggressive cancers. They've also noticed higher incidences of Black and other global majority groups. She added that while screening was very important they also needed to look at the population under 50 which they were seeing more of. The other part of her work was follow up dealing with the after effects of treatment, helping patients to get back into life and grow families etc. Although they were seeing more younger women they were curing more also. She concluded that they have a growing population of patients who are living with cancer and the toxicities of the treatments.

4.10 EW from CoppaFeel took Members through her report. She detailed the history of the charity and ran through its activities. 1 in 7 women will be diagnosed with breast cancer in their lifetime and it's the most common cancer in adult females between 15 and 44. 400 men every year are diagnosed also. Because under 50s are only diagnosed after displaying signs and symptoms (and are not screened) this means they are often diagnosed at much later stages. Later stage diagnosis makes treatment more challenging and leads to poorer prognosis. Younger people have poorer outcomes therefore. The focus needs to be on giving people the confidence to visit GPs when they notice any changes and regular self checking. Hackney has a young population with 25% under 20 and 23% being 20-29 yrs old. Black women are being diagnosed at a significantly younger age than white women.

4.11 Members asked questions and the following was noted:

a) Chair asked about what practical and financially achievable ways were there within the current system to garner better data?

JT explained that barriers are mostly nationally based. AW added it's not uncommon to not get access to data. Since the merger of ICB they haven't been able to get Hackney data and it is not broken down demographically. They had made an application to the national data service and are hoping they can get the data even at an NEL level so we can present a united front with neighbouring boroughs. AW explained that the National Disease

Registration Service is national but the datasets they are after sit in a number of places e.g. NHSE, the screening providers, the treatment providers etc

b) Members asked if breast screening locally lagged behind national standards and what were the factors responsible for this?

JT commented that the screening service would be best to answer this specific point but the agenda papers contained a host of potential reasons e.g. lack of awareness, lack of trust, stigma, inconvenience etc and that it was a complex area and the reasons varied.

c) Cllr Kennedy asked if the local systems have any flexibility of choice of who is eligible or is it fixed nationally?

CM replied that women 50-70 will be called before their 53rd birthday and there was no local flexibility to extend these parameters. There had been a national age trial for 47 to 50 and 71-71 but it had been paused by the pandemic and so they are waiting for the analysis of the results of that in terms of any decision to extend. They have to work within national guidance.

d) Members asked for clarification of 'medical racism' as a barrier and what was being put in place to mitigate it?

CM explained that they look at all reasonable adjustments to help make the service fully accessible. Language barriers continue to be a big barrier. Having community champions within those groups to speak the positive message was really important and she detailed some recent successes with the Somali community. Getting training into those communities to help spread the breast awareness message and about the importance of attending both screenings and appointments was key.

e) Chair asked re p. 22 slide on uptake, noting that it was 40.6 for 2022/23 but for current year there was just one month data.

CM explained that screening data takes 6 months before it is logged because invitees have 6 months to respond to invites so they process map data at that interval.

f) Members asked about how the service manages follow-up after the 6 months

CM replied they can book a screening at any time. They are working closely with GPs giving them advice on how to engage with non attenders and doing outreach work. Data will only get accredited to surgeries once it is past the 6 months. At any point in the 3 yr 'round length' people can book at their nearest screening location.

g) Chair asked what's the difference between coverage and uptake?

CC replied that the Screening service would be best to explain this.

h) The Chair asked if a change to the data sharing had to be nationally made or could it be done locally?

CC replied that they were aware of some instances of changes being made in Surrey and Sussex but with all the changes with breast screening nationally and with the overall service up for re-procurement they wanted to make the changes across the whole of London. It would be a significant piece of work and would be done by NHSE.

i) Members expressed concern at 40% uptake level at Well St PCN. She added that in Well St it was difficult to get a GP appointment and was this the reason for the low recorded rate of uptake there.

CC acknowledged that getting a GP appointment was very hard everywhere at the moment. For screening they will be invited in due course. For women who are symptomatic, the first port of call is their GP however. She added that there is education to be done with Practices and with GP receptionists on what they need to be asking and how they can ensure they are given an urgent appointment if necessary. Some education work also needs to be done with

patients around awareness and about what they need to be saying to the GP and knowing what you need to say to be able to get an appointment.

m) Chair asked re p49 and Well St Common PCN where the uptake was just 8.7%. So this and not Stamford Hill was the lowest.

RS replied that the problem here was just coding and she'd be very surprised for Well St Common to be so low. JL added that just that week they had received an update and Well St Common had gone up to 17% just by pulling out more codes. She added they are trying to make it more accurate and all Practices had gone up. Some Practices were not even getting the letters so information was not being coded. She added that more support needed to go into the Practices to carry out coding. There also needed to be more education around the importance of signs and symptoms and the importance to attend when given an urgent cancer referral. The importance of the patient being available within 2 weeks to take up an urgent appointment needed to be stressed.

n) Members asked if there was therefore a disincentive for GPs to do more on uptake as it's just extra work for Practices.

RS replied that there was no specific incentive for driving uptake in Primary Care. Each PCN will choose a cancer to focus on e.g. bowel and when there is a push on cancer diagnosis uptake, Practices will often pick one to focus their efforts on and it may not be breast cancer.

o) Members asked how frequently do campaigns to drive uptake for harder to reach groups happen?

CC replied that they run 2 or 3 times per year as they don't want to overload people. They generally run through Oct and April for about 4 weeks.

p) Chair asked about the budget implications of lowering the age of screening and what practical suggestions to increase breast awareness were there to target that younger age cohort

KH replied that you may not always pick up the cancer, due to variation in breast density for example, no matter how young you might set the screening age. Having teachable moments therefore was important. Taking advantage of other treatment times to give the breast awareness message was also important e.g. with patients being treated for asthma or diabetes or cervical cancer checks and screenings. Large numbers were being referred through who don't turn out to have breast cancer so we could increase our impact by empowering them with more information.

q) Chair asked about the large cohort who are negative for cancer coming through by way of referrals and whether that was because the initial mammogram wasn't accurate

MF replied that all their patients were referrals from GPs of women with concerns about a lump and they do investigate. 93% do not turn out to have cancer so they are seeing a lot for investigation.

r) Members commented that with dentistry oral cancer checks were done by dentists routinely and patients may not even be aware of it but could something similar be done in relation to breast screening.

JL replied that this was a good idea and built on the concept of the teachable moment to empower patients who may have come in for something else. She cautioned though that the population coming in for other health needs are an engaged population already and they need to think about women not presenting to GPs at all. If English wasn't the first language there needed to be even more effort to get them to understand about the need to get care. She added that she was a Practice Nurse by background and and it was built into good practice to encourage breast awareness among patients

s) *Chair asked about the Ashkenazi Jewish population where there is higher prevalence of breast cancer because of carrying the BRCA gene and was there a local system response to encourage more screening and was there a plan in place.*

JT replied that they didn't have data specifically on Ashkenazi Jewish locally but there had been some targeted work on screening but not on breast awareness. CM added that there was a plan at CELBSS level where this cohort can see a breast cancer nurse locally and these cases are sent through for a genetic screening. 1 in 40 of that pop will carry the BRCA gene. The local Cancer Alliances have supported this work with some of the funding to get the clinics set up and on managing this phase. They will then go into high risk screening programme if they are diagnosed. The North London screening area had the largest population of this cohort in the country. And the screening here is not confined to over 50s.

t) *The Chair asked if CELBSS has to get permission to go outside the national guidance to be able to put the funding in place to target this particular community and what were the constraints to acting more nimbly once they'd identified an evidence base?*

CM explained that you have to have the MRI capacity to support a targeted intervention and that has to be built into the national systems, which are quite stretched. Alliances have supported the work with initial funding to get the staff on the ground and to get it up and running.

u) *Chair asked how much was breast cancer part of GP training and was there more that can be done on that aspect. The degree of over referral did indicate that there is a greater degree of cautiousness?*

RS added that in the 3 years final stage of GP training there would be weekly sessions with speakers coming to talk about different conditions including early cancer screening and diagnoses and then a one on one tutor to boost learning and these modules have to keep evolving to keep up with the latest evidence. One thing which was a continuing problem she added was that the 2ww referral pathway for breast screening started at age 18 and it was really tricky if you have someone who is younger. You then have to escalate the case to a paediatrician on call and find a care pathway with different routes that are not set or clear.

v) *The Chair asked about education awareness in schools and if there was a role for Public Health to try and facilitate across the school estate in Hackney?*

JT replied that potentially there was. EW added that they would like to use the HPV vaccination programme for example and they were working with Vaccination UK on linking in with that for summer term next year. Again this would be building on that teachable moment. There definitely was scope to embed wider cancer awareness training at that time. She added that CoppaFeel has school packs they could roll out at a much wider and a more streamlined level if that was possible. CC added that the previous year they worked with schools as part of the PHSC curriculum with 10 and 11 year olds in Redbridge. They had received great feedback and spoke to over 2000 children. Over 90% of those who took part were more likely to speak to their families about it. They were working on that again this year but in Tower Hamlets and Newham and trying to build something that will be sustainable. They are also doing 'train the trainer' online courses also. They will also work with the ACS charity in the Charedi community and will be holding sessions with women to talk about genetics and all cancers and breast screening.

w) *The Chair asked if it was a problem that CELBSS screening footprint was not co-terminus with the ICS footprints and what challenges did this present?*

CM replied that historically this is how it has been as the screening structures long predated the ICSs. From a data perspective it makes it more complicated but from a day to day perspective in running the service it's not such a problem. Breast cancer screening has never been aligned with ICBs/ICS unlike screening programmes for bowel or cervical cancer.

x) Members asked was there a lower age limit for this cancer and can someone be tested and examined before the current limit?

EW explained the Young People won't necessarily get breast cancer at a young age but by building the habits of self checking it prevents cancer down the line. Breast cancer can affect young people but the focus is on awareness so that they take that knowledge through their life course so they will be better informed if they do get it later in life.

y) The Chair asked if there was a reason why we have this convoluted system whereby the GPs are doing the coding and if there was a commissioning of breast screening services round coming up where this could be properly addressed and changed?

Cllr Kennedy commented that he wanted to thank CoppaFeel and at a time when local authorities were financially stretched it was great to hear from a VCS org that was keen to work with us and we should therefore welcome them with open arms. He added that there were opportunities to work with community champions and synergies with the council's various communication campaigns where they could carry the CoppaFeel message. In relation to schools he added that there was a whole raft of opportunities to drive more integration within the ICS and to integrate the third sector efforts here with the anchor institutions.

z) The Chair stated that there were a number of areas for action coming out of this discussion including greater coordination with schools, greater coordination between CoppaFeel and the Council, improvements that need to be made to the under 18 care pathway and the key one was support for requesting better quality data. He asked if the contract renewal for the screening service was due so that NHS NEL might revisit the whole process and how it plays out locally?

FO replied that the current contract for breast screening in the CELBSS areas was coming up for renewal at the end of 2025. The entire structure in London would not be changing but there were opportunities for other providers to bid.

4.12 The Chair stated that the current structure was very unsatisfactory and in any reformulated system the need for a re-think about data entry and data sharing was key and he suggested that this issue be raised with the House of Commons Health Select Committee.

4.13 SH (Director of Public Health) stated that there were a number of issues that need to be raised perhaps through the Select Committee such as how to make a difference at local and ICB level and to more effectively engage with people and around reducing the inequalities here. Currently local systems do not have up to date or reliable data and there are problems with how it is shared and presented. There also need to be suggestions though NHSE routes about how it would be helpful to share data in other ways. She added that the NEL Cancer Alliance presentation was not as helpful as it could have been because they did not have the demographic data. When the system is recommissioned there are things that the NHS can do differently but it's an issue of national policy. There is an evidence base around screening more generally and one also around breast cancer screening. Some of that will be about the health economics of screening programmes. The issue isn't about massively increasing the age range for example but rather finding ways the screening system could be adjusted to make it easier at local level as a patient and also for local providers so that there can be an overall increase in uptake and in the effectiveness of the system.

4.14 The Chair thanked SH and stated that he would pursue this with the local MP and with the Chair of the Health Select Committee.

| | |
|----------------|---|
| ACTION: | Chair to write to the Chair of the House of Commons Health Select Committee on the issues particularly on data quality, data sharing and the system wide challenges that need to be tackled when breast screening services are next re-commissioned. |
|----------------|---|

4.15 SC on behalf of CoppaFeel thanked Cllr Kennedy for his offer to them and stated they were ripe for partnership work here and would take him up on it. She reminded Members that unlike the national figure, it was the leading cause of death for women under 50 in Hackney and while this meeting had been focused primarily on screening it was important to remember that 43% of those diagnosed locally were under the age of 50. For this reason the efforts being made on screening need to be replicated in terms of driving up breast awareness campaigns. She stated she looked forward to picking up these points with the partners after the meeting.

4.10 The Chair thanked all the participants for their papers and their attendance and stated that it had been a very fruitful discussion.

| | |
|------------------|--|
| RESOLVED: | That the reports and discussion be noted. |
|------------------|--|

5 City and Hackney Place Based System - update

5.1 The Chair thanked officers for providing the new staffing structure. He noted that Dr Coughlin had had to give apologies for this meeting.

5.2 He welcomed for the item:

Louise Ashley (**LA**), Chief Executive, Homerton Healthcare NHS Foundation Trusts and Place Based Leader for City and Hackney Place Based Partnership
 Amy Wilkinson (**AW**), Acting Director of Delivery, C&H Place Based Partnership

5.3 Members gave consideration to a tabled briefing paper *City and Hackney Place Based Partnership - Place based structures*

5.4 LA stated that Hackney Council was having discussions within partnership board and neighbourhood board on how much it can protect the resources in City and Hackney. The concern was that the finances behind the new structures sit very much with ICB and of course the NHS is under increasing budgetary pressure. She added that she works hard to ensure that resources aren't suddenly removed for example and there are discussions on how to better secure resources for City and Hackney and how the Place Based Partnership might look at bringing these posts (as outlined in the report) closer to City and Hackney rather than sitting in the ICB.

5.5 AW stated that this area of work was in a state of flux. The local Partnership Board was working to consolidate what exists locally and they were proud of strong partnerships and outcomes they had achieved together. The financial pressures were significant and it was important to say that at ICB level the concept of Place is seen as crucial to the functioning of the system. It is currently not clear what financial allocation might go to Place level and another key risk was around clinical leadership. Locally there was a very strong history of this at City and Hackney. The system had asked for a 30% reduction in clinical leadership capacity on top of the separate 20% administrative reduction at the beginning of 2023. It would sit at around 7.5 clinical leadership sessions a week on Place based work for the clinicians involved. Locally they were proposing a cadre of clinical leaders and to secure

some non recurrent funding to bridge the financial gap for the next year for the posts they wished to retain.

5.6 Members asked questions and the following was noted:

a) Chair asked for clarity on what we were losing in terms of clinical leadership and if this included our previous commissioner for Primary Care City and Hackney.

AW replied that that individual was not a clinical or care professional and this related only to our clinical professionals.

b) Chair asked if we are talking about a reduction in the resource for our Clinical Director then and what about mental health leads?

AW replied that funding clinical leadership is currently at NEL ICB and there are conversations at this point about potential devolution of that to Place. It would be groundbreaking if it was. She added that we were facing a reduction of 50% across the board in clinical input. LA added that this was about clinical leadership of programmes across the partnership and not reductions in individuals providing clinical care to the public. It is about the time clinicians will have to facilitate partnership work and advice on partnership projects and City and Hackney continues to fight its corner here. She added that it was very important to have clinicians leading these pieces of work but in the short time they would not really notice a decline. They had just recruited to these posts and they were expecting to have new people in post and a stronger sense of clinical leadership and it was disappointing that this was suddenly being reduced. They were continuing to fund this with time limited funding from the Partnership

c) The Chair asked about the financial pressures and was this about where we are with NHS NEL being at variance with financial plan and the double lock on sign off over 50k?

LA replied that this was less to do with any double lock than with expectation that we have a balanced plan financially across the system and ICBs were expected to take a large amount of that cost improvement out of their structures rather than out of providers structures, however in the end of the day it was all the same NHS money and NHS NEL like every ICS was having major financial challenges. AW explained the structure charts of what will be in place from 1 December '23. The structure would not be that different, most posts were like for like and the structures were now aligned more to the 'life course' of the individual in terms of their section titles. Roles would have similar bandings. The majority of staff had fitted into the new structure and locally they had just 3 displaced staff and 2 vacancies so they had been able to limit any disruption. They had also retained a lot of staff who had been in place for a long time so they have retained the institutional memory and familiar faces are still retained. She added that they continue to non recurrently fund the Neighbourhoods programme. The devil would be in the detail she added around the support functions. These had followed a different timeline and support functions like comms and business support were all centralised functions now and there had been reductions of 20 to 30% to core teams. The new centralised structure had drawn from the Places and reduced the staff numbers slightly. Communication was a good example, she added, in that our local manager was now part of the central team but, in her work, was posted primarily back to City and Hackney. She added that they were currently working through the full detail on the planned care staff restructure.

d) Chair asked where we were on allocation of funding and what happened to the 80:20 promise? Also at the point that the local GP Confederation contract comes up for re-commissioning have we, at Place, the funding to re-commission it?

AW replied that these discussions are ongoing. They have Place Directors meetings every week and this features in the discussions. LA replied that other boroughs are very familiar with City and Hackney's challenges to them about 'levelling down'. The problem isn't that C&H was doing well; rather it's that the other 7 Places weren't doing as well and that inequity was a problem because of a lack of resources overall. She added that all Places understand this. There hadn't been any plan for example to take 25% out of City and Hackney's current budget and only 5% out of Havering's in order to 'level down' as it were. She added that all the lobbying C&H did had made a difference. The problem will be when there are 'growth' monies and then there would most likely be discussions that money needed to go to places who have less and she added that from a C&H perspective they would argue the case at that time. AD added that City and Hackney had always been lean in its staffing structure and that had helped so they have only had to do one round of cuts whereas other Places have had to re-submit plans.

5.7 The Chair summarised that where we are with staffing was that some support staff were technically working at ICS but brought back to Place operationally and a reformulated structure has been put in place where existing people have for the most part been slotted in but the challenge was in the Clinical leadership and the reductions there. He concluded by thanking LA and AW for fighting Hackney's corner as it were and thanked them for their efforts and for their attendance.

| | |
|------------------|----------------------------------|
| RESOLVED: | That the report be noted. |
|------------------|----------------------------------|

6 Minutes of the previous meeting

6.1 Members gave consideration to the draft minutes of the previous meeting and the action tracker.

| | |
|------------------|---|
| RESOLVED: | That the minutes of the meetings held on 11 Sept 2023 be agreed as a correct record. |
|------------------|---|

7. Work programme for the Commission

8.1 Members noted the updated work programme

| | |
|------------------|--|
| RESOLVED: | That the updated work programme be noted. |
|------------------|--|

8. AOB

8.1 There was none.

This page is intentionally left blank

Health in Hackney Scrutiny Commission - ACTION TRACKER 2023-24

Note: Items returning to an agenda are added to the future work programme and NOT listed here.

| Meeting | Item | Action | Action by | Status |
|------------|--|---|--------------------|--------------------------------|
| 05/12/2022 | Adult Social Care reforms - fair cost of care and sustainability | Group Director AHI to provide a brief update to the Chair on the funding position for next year (on Fair Cost of Care) once it is known. | Helen Woodland | Ongoing. |
| 08/02/2023 | Community Diagnostic Centres - update from Homerton Healthcare | CE of Homerton Healthcare to inform the Chair as soon as a decision was made on the siting of the proposed Community Diagnostic Centre. | Louse Ashley | Ongoing. |
| 13/06/2023 | St Joseph's Quality Account | Site visit for Members to St Joseph's Hospice to be organised. | Jane Naismith | To be arranged. |
| 17/07/2023 | Homerton Healthcare Quality Account response | Chief Nurse to provide the latest drop-out data for the Homerton's IAPT service | Breeda McManus | To follow |
| 11/09/2023 | Work programme | Director of Public Health to respond to Member Enquiry from Cllr Turbet-Delof on the following: Chagas Disease; Suicide and self harm; and the serious health impacts of dog fouling in streets and parks. | Dr Sandra Husbands | Request sent to PH on 12 Sept. |
| 15/11/2023 | Tackling breast cancer | Chair to write to the Chair of the House of Commons Health Select Committee on the issues particularly on data quality, data sharing and the system wide challenges that need to be tackled when breast screening services are next re-commissioned | O&S Officer | Drafted awaiting clearance. |

This page is intentionally left blank



| | |
|---|---------------------|
| Health in Hackney Scrutiny Commission 20th December 2023 Work Programme for 23/24 | Item No 9 |
|---|---------------------|

OUTLINE

Attached please find Rolling Work Programme for 23/24 (NB this is a working document)

ACTION

Members are requested to give consideration to the work programme and make any amendments as necessary.

This page is intentionally left blank

DRAFT Work Programme for Health in Hackney SC 23/24 as at 12 Dec

| Date of meeting | Item | Type | Dept/Organisation(s) | Contributor Job Title | Contributor Name |
|---|---|------------------------|---|--|-------------------------|
| 13 June 2023 | Election of Chair and Vice Chair | | | | |
| | Appointment of reps to INEL JHOSC | | | | |
| | Air Quality Action Plan 21-25 implementation update | Follow up from June 22 | Climate, Homes, Economy | Land Water Air Team Manager | Dave Trew |
| | | | Adults, Health and Integraton | Public Health Specialist | Suhana Begum |
| | | | Climate, Homes, Economy | Environmental Projects Officer - Sustainability | Tom Richardson |
| | Local GP services - Access and Quality | Briefing | NHS NEL Primary Care | Clinical Lead for Primary Care in City and Hackney and PCN Clinical Director | Dr Kirsten Brown |
| | | | NHS NEL Primary Care | Primary Care Commissioner | Richard Bull |
| | | | City and Hackney GP Confederation | Chief Executive | Andreas Lambrianou |
| | | | Healthwatch Hackney | Executive Director | Sally Beaven |
| | St Joseph's Hospice Quality Account 22-23 | Annual item | St Joseph's Hospice | Director of Clinical Services | Jane Naismith |
| Work programme for 2023-24 | Discussion | | | | |
| 17/07/2023 | Health inequalities and medical barriers faced by trans and non binary community | | Homerton Healthcare | Clinical Lead for Sexual Health and HIV and Medical Examiner | Dr Katherine Coyne |
| | | | | Consultant | Dr Sarah Creighton |
| | | | NHS NEL | Chief Medical Officer | Dr Paul Gilluley |
| | | | GP Confederation | Practice Development Nurse | Heggy Wyatt |
| | | | Public Health - City and Hackney | Director of Public Health City and Hackney | Dr Sandra Husbands |
| | | | Women's Rights Network and Hackney Labour Women's Declaration | | Laura Pascal |
| | | | Gendered Intelligence - withdrew | | Cara English |
| | Met Police implementation of Right Care Right Person model | Briefing | Adults Health and Integration | Director Adult Social Care and Operations | Georgina Diba |
| | | | ELFT | Borough Director C&H | Jed Francique |
| | | | C&H Place Based Partnership | Director of Delivery | Nina Griffith |
| Homerton Healthcare Quality Account 22-23 - HiH response | Annual item | Homerton Healthcare | Chief Nurse and Director of Governance | Breeda McManus | |
| | | | | | |
| | | | | | |
| 11 Sept 2023 | City & Hackney Safeguarding Adults Board Annual Report | Annual item | CHSAB | Independent Chair | Dr Adi Cooper OBE |

| | | | | | |
|--------------------|--|--|---|--|-----------------------------------|
| deadline 31 August | | | AHI | Director Adult Social Care and Operations | Georgina Diba |
| | | | AHI | Manager - Safeguarding Adults Board | Shohel Ahmed |
| | Healthwatch Hackney Annual Report 22/23 | Annual item | Healthwatch Hackney | Chair | Deborah Cohen |
| | | | | Exec Director | Sally Beaven |
| | Responding to increasing mental health needs | Discussion | ELFT | Borough Director C&H | Jed Francique |
| | | | ELFT | Clinical Director | Dr Olivier Andlauer |
| | | | AHI | Director Adult Social Care and Operations | Georgina Diba |
| | | | | | |
| 15 Nov 2023 | Tackling breast cancer in Hackney (raising awareness and performance of the screening programme) | | AHI | Public Health's Population Health Hub | Jayne Taylor and Abigail Webster |
| deadline 6 Nov | | | NHSE | Central and East London Breast Screening Service | Claire Mabena, Dr Mansi Tara |
| | | | CoppaFeel! (VCS org) | Head of Services | Helen Farrant and Emma Walker |
| | | | C&H Cancer Collaborative | Chair (a local GP at Latimer Health Centre) | Dr Reshma Shah and Jessica Lewsey |
| | | | NEL Cancer Alliance | Early Diagnosis Prog Lead | Caroline Cook and Femi Odewale |
| | | | Homerton Healthcare | Lead Oncology Nurse | Mary Flatley |
| | | | Barts Health | Consultant Medical Oncologist | Dr Katherine Hawkesford |
| | City and Hackney Place Based System - update | Verbal update | Homerton Healthcare | CE and Lead for C&H PBS | Louise Ashley |
| | | | | Acting Dir of Delivery, C&H PBS | Amy Wilkinson |
| 20 Dec 2023 | Community Pharmacy and Pharmacy First Model | | Community Pharmacy North East London (formerly the LPC) | CEO | Shilpa Shah |
| deadline 11 Dec | | | | Pharmacy Services Manager | Dalveer Johal |
| | | | Healthwatch Hackney | Executive Director | Sally Beaven |
| | | | NHS NEL | Deputy Director Medicines Optimisation | Rozalia Enti |
| | | | Local GP | Hoxton Surgery | Dr Wande Fafunso |
| | Developing a C&H Sexual and Reproductive Health Strategy | Update post public consultation plus other aspects | Public Health | Deputy Director Public Health | Chris Lovitt |
| | | | NHS NEL - C&H Place Based Partnership | Clinical Director | Dr Stephanie Coughlin |
| | 1/2 'Delivering Better Outcomes in Adult Social Care' - series of items on new Transformation Programme | From HW at Budget Scrutiny 25 July | Adults, Health and Integration | Group Director | Helen Woodland |
| | | | | Head of Transformation ASC | Leanne Crook |

| | | | | | |
|--|--|---|---------------------------------------|--|---------------------------------------|
| | | | | Director ASC and Operations | Georgina Diba |
| 10 Jan 2024 deadline 22 Dec | Cabinet Member Question Time: Cllr Kennedy | Annual CQT session | LBH | Cabinet Member for Health, ASC, Voluntary Sector and Culture | Cllr Chris Kennedy |
| | Integrated Delivery Plan for the City & Hackney Place Based System | Part follow up 5 Dec | NHS NEL - C&H Place Based Partnership | | Dr Steph Coughlin |
| | | | NHS NEL - C&H Place Based Partnership | Interim Director of Delivery | Amy Wilkinson |
| | Future options for Soft Facility Services at Homerton Healthcare | Follow up 8 Feb short item | Homerton Healthcare | Deputy CE | Basirat Sadiq |
| | | | | CFO | Rob Clarke |
| | TBC Update on implementaton of Right Care Right Person | Follow up from 17 July - short item | AHI | Director Adult Social Care and Operations | Georgina Diba |
| | | | | | |
| 12 Feb 2024 deadline 1 Feb | Estates Strategy for GP Practices and Out of Hospital Care in Hackney | Follow up from items at HiH and INEL pre pandemic | NHS NEL | Director of Primary Care | William Cunningham-Davis TBC |
| | | | | Primary Care Commissioner | Richard Bull TBC |
| | | | | Co Chair of Task and Finish Group Primary Care Estates | Louise Philips TBC |
| | | | | Clinical Lead for Primary Care | Dr Kirsten Brown TBC |
| | | | Local Medical Committee | Chair | Dr Vinay Patel TBC |
| | | | City & Hackney Office of PCNs | Operations and Programme Director | Agnes Kasprowicz TBC |
| | | | Neighbourhoods Team | Programme Lead | Sadie King TBC |
| | | | LBH | Director of Strategic Property | Chris Pritchard TBC |
| | | | | Head of Planning | Natalie Broughton TBC |
| | | | Healthwatch Hackney | | Sally Beaven TBC |
| | | | | | |
| | Neighbourhoods Programme and PCNs update | | City and Hackney Neighbourhoods | Neighbourhoods Programme | Sadie King TBC |
| | | | PCN Clinical Directors | One of CDs and also Chair of LMC | Dr Vinay Patel TBC |
| | | | GP Confederation | Chief Executive | Andreas Lambrianou TBC |
| 14 March 2024 deadline 5 March | NHS Dentistry provision - how new commissioning system is working | Follow up from 16 Nov 22 | NHS NEL | Commissioner | Jeremy Wallman |
| | | | East London and City LDC | Secretary | Tam Bekele |
| | | | Local dentists | | Dr Dewald Fourie or Dr Reja Manbajood |
| | 2/2 'Delivering Better Outcomes in Adult Social Care' - series of items to monitor the new transformation programme | From HW at Budget Scrutiny 25 July | Adults, Health and Integration | Group Director | Helen Woodland |

| | | | | | |
|--|---|--|----------------|--|--|
| | | | | | |
| | Safeguarding issues around hoarding and self neglect | | Adult Services | | |

ITEMS AGREED BUT NOT YET SCHEDULED

| | | | | | |
|--|---|---|---|---|--------------------|
| Pencilled dates | | | | | |
| | <i>In future items the Commission to test the performance of primary care in NEL against the principles set out in the The Fuller Report.</i> | | | | |
| | SUBSTANCE MISUSE & the new the combating drugs partnership - our local response to the national strategy | | Substance Misuse Partners; Public Health | | |
| | New CQC inspection regime for Adult Social Care | | Adults, Health and Integration | tbc | tbc |
| Now postponed until after general election | Liberty Protection Safeguards - progress on implementation of new system | Follow up 5 Dec | Adults, Health and Integration | Principal Social Worker | Dr Godfred Boahen |
| | Consultation on Changes to Continuing Health Care - the Hackney perspective | Follow up from INEL | Adults, Health and Integration and NHS NEL | tbc | tbc |
| | Revisit progress of Wellbeing Network focus on crisis support | Follow up from 24 April | Adults, Health and Integration | Senior Public Health Specialist | Jennifer Millmore |
| | | | Mind in CHWF | CEO | Vanessa Morris |
| | Food Sustainability Strategy (inc. revised Lunch Clubs plan) | From Chair at Budget Scrutiny 25 July | Policy and Strategic Delivery | AD Policy and Strategy | Sonia Khan |
| June/July 2024 | Local GP Services Access and Quality - outcome of the improvement plans for GP Access | Follow up from 13 June | NHS NEL | Clinical Lead for Primary Care | Dr Kirsten Brown |
| June 2024 | Adult Social Care and Accommodation - planning for future need | Follow up from 26 April | Adults Health and Integration | Director Adult Social Care and Operations | Georgina Diba |
| | | | Climate Homes and Economy | Strategic Director Economy Regeneration and New Homes | Stephen Haynes |
| Oct 2024 | Budget Scrutiny update on review of Public Health contracts one year on | Follow up from Budget Scrutiny on 23 Oct 23 | Adults Health and Integration | Director of Public Health | Dr Sandra Husbands |
| | Housing with Care - update | Follow up from Budget Scrutiny on 23 Oct 23 | Adults Health and Integration | Director of Adult Social Care and Operations | Georgina Diba |
| | NHS NEL's Anticipatory Care Strategy - Hackney impact | Follow up from Budget Scrutiny on 23 Oct 23 | NHS NEL, Adult Social Care, Public Health | | tbc |