

LONDON BOROUGH OF HAVERING

PHARMACEUTICAL NEEDS ASSESSMENT 2022

Executive Summary

Introduction

Local pharmacies are a frontline healthcare resource located within the heart of communities. They provide prescription medications, health promotion, signposting, retail health and care products. They can be the first point of contact for patients seeking medical information or advice, and for some the only contact with a healthcare professional.

Each Health and Wellbeing Board (HWB) has a statutory responsibility to publish and keep up to date a statement of needs for pharmaceutical services for their population. This is called the Pharmaceutical Needs Assessment (PNA). The purpose of the PNA is to:

- inform local plans for the commissioning of specific and specialised pharmaceutical services
- to support the decision-making process for applications for new pharmacies or changes of pharmacy premises undertaken by NHS England

This PNA was conducted at a time of substantial change within the health and social care landscape as the North East London Health and Care Partnership is being created in response to the NHS Long Term Plan. This includes an increased use and acknowledgement of community pharmacies within newly developed primary care networks, ensuring greater opportunities for patient engagement.

There are 45 community pharmacies and one dispensing appliance contractor located within the London Borough of Havering. This PNA assesses the health and wellbeing needs of the population, including patients' and the public's views, with respect to:

- Necessary Services, i.e., current pharmacy provision of Essential Services
- Other Relevant Services including Advanced and Enhanced Pharmacy Services commissioned by NHS England and Other NHS Services commissioned by Barking and Dagenham, Havering and Redbridge Clinical Commissioning Group or the London Borough of Barking and Dagenham.

Key findings are outlined below.

Findings

[Key demographics and health needs of Havering](#)

Havering is an urban local authority situated in outer, Northeast London. It has an estimated 263,354 residents. Its population is set to increase by 2.5% by 2025 due to new developments and regenerations such as the Thames Gateway regeneration and the Regeneration of Romford Town. The London Borough of Havering has highest proportion of older people in London. The most common languages spoken by residents in the borough other than English are Lithuanian, Polish and Punjabi (2011 ONS data).

There are a few areas of concern in Havering health behaviours and lifestyles (PHE, Local Health Indicators, 2021): 13.2% of adults smoke and 29.7% of adults are inactive, 67.3% of Havering adults are overweight or obese (the third highest figure in London) and the rates of dental decay in children and excess weight in Year 6 children is higher than national averages.

Several population health and wellbeing needs were identified (PHE, Local Health Indicators, 2021):

- Cancer is the biggest cause of life expectancy gap in Havering and the incidence of cancers is the fourth highest in London.
- Havering has the fourth highest stroke prevalence in London.
- Premature mortality by respiratory disease is also high in Havering.
- Dementia detection rates are lower than expected prevalence of dementia.

Key findings from patient and public engagement

A community survey was disseminated across Barking and Dagenham, Havering and Redbridge. 364 people responded (184 of whom were from Havering) to tell us how they use their pharmacy and their views on specific 'necessary' pharmacy services.

The most stated reasons people used their chosen pharmacy were that they were happy with their overall service, the good location and staff are friendly. Most stated they prefer to use their pharmacies during weekdays and during normal working hours, 24% preferred using their pharmacy during the weekend.

There were no significant differences between groups in terms of their use, reasons for their chosen pharmacy and expectations in their local pharmacy provision.

Health and Wellbeing Board Statements on Service Provision

The Health and Wellbeing Board has assessed whether the current and future pharmacy provision meets the health and wellbeing needs of the Havering population. It has also determined whether there are any gaps, or need for improvements or better access, in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.

The London Borough of Havering is well served in relation to the number and location of pharmacies. The Health and Wellbeing Board has concluded that there is good access to essential, advanced, enhanced and other NHS pharmaceutical services for the residents of Havering with no gaps in the current and future provision of these services identified and no needs for improvements or better access. Additionally, no services were identified that would secure improvements or better access to pharmaceutical services if provided, either now or in the future.

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Chapter 1- Introduction

Purpose of the Pharmaceutical Needs Assessment

- 1.1** Local pharmacies play a pivotal role in Havering working in the centre of communities and providing quality healthcare to local individuals, families and carers. They can be patients' and the public's first point of contact and, for some, their only contact with a healthcare professional. Their distribution is known not to obey inverse care law.
- 1.2** The Pharmaceutical Needs Assessment (PNA) identifies the key health needs of the local population and how those needs are being fulfilled, or could be fulfilled, by pharmaceutical services in different parts of the borough. The purpose of the PNA is to:
- Support the 'market entry' decision making process (undertaken by NHS England) in relation to applications for new pharmacies or changes of pharmacy premises.
 - Inform commissioning of enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners, for example Clinical Commissioning Groups (CCGs).
- 1.3** This document can also be used to:
- Assist the Health and Wellbeing Board (HWB) to work with providers to target services to the areas where they are needed and limit duplication of services in areas where provision is good.
 - Inform interested parties of the pharmaceutical needs in the borough and enable work on planning, developing and delivery of pharmaceutical services for the population.

Legislative background

- 1.4** From 2006, NHS Primary Care Trusts had a statutory responsibility to assess the pharmaceutical needs for their area and publish a statement of their first assessment and of any revised assessment.
- 1.5** With the abolition of Primary Care Trusts and the creation of Clinical Commissioning Groups in 2013, Public Health functions were transferred to local authorities. Health and Wellbeing Boards were introduced and hosted by local authorities to bring together Commissioners of Health Services (CCGs), Public Health, Adult Social Care, Children's services and Healthwatch.
- 1.6** The Health and Social Care Act of 2012 gave a responsibility to Health and Wellbeing Boards for developing and updating Joint Strategic Needs Assessments and Pharmaceutical Needs Assessments.

- 1.7 This PNA covers the period between 1st October 2022 and 30th September 2025. It must be produced and published by 1st October 2022. The Health and Wellbeing Board are also required to revise the PNA publication if they deem there to be significant changes in pharmaceutical services before 30th September 2025.
- 1.8 A draft PNA must be put out for consultation for a minimum of 60 days prior to its publication. The 2013 Regulations list those persons and organisations that the HWB must consult, which include:
- Any relevant local pharmaceutical committee (LPC) for the HWB area
 - Any local medical committee (LMC) for the HWB area
 - Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area
 - Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group, which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area
 - Any NHS Trust or NHS Foundation Trust in the HWB area
 - NHS England
 - Any neighbouring Health and Wellbeing board.
- 1.9 The NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013 and the Department of Health Information Pack for Local Authorities and Health and Wellbeing Boards¹ provide guidance on the requirements that should be contained in the PNA publication and the process to be followed to develop the publication. The development and publication of this PNA has been carried out in accordance with these Regulations and associated guidance.

Minimum requirements of the PNA

- 1.10 As outlined in the 2013 regulations, this PNA must include a statement of the following:
- **Necessary Services – Current Provision:** services currently being provided which are regarded to be “necessary to meet the need for pharmaceutical services in the area”. This includes services provided in the borough as well as those in neighbouring boroughs.
 - **Necessary Services – Gaps in Provision:** services not currently being provided which are regarded by the HWB to be necessary “in order to meet a current need for pharmaceutical services”.
 - **Other Relevant Services – Current Provision:** services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have “secured improvements or better access to pharmaceutical services”.
 - **Improvements and Better Access – Gaps in Provision:** services *not* currently provided, but which the HWB considers would “secure improvements, or better access to pharmaceutical services” if provided.
 - **Other Services:** any services provided or arranged by the local authority, NHS England, the CCG, an NHS trust or an NHS foundation trust which affects the need for

pharmaceutical services in its area or where future provision would secure improvement, or better access to pharmaceutical services specified type, in its area.

- 1.11** Additionally, the PNA must include a map showing the premises where pharmaceutical services are provided and an explanation of how the assessment was made.

Circumstances under which the PNA is to be revised or updated

- 1.12** It is important that the PNA reflects changes that affect the need for pharmaceutical services in Havering. Where the HWB becomes aware that a change may require the PNA to be updated, then a decision to revise the PNA will be made.
- 1.13** Not all changes in a population or an area will result in a change to the need for pharmaceutical services. However, where these changes do require a review of pharmaceutical services, the HWB will issue supplementary statements to update the PNA.
- 1.14** The PNA will be updated every three years.

Chapter 2 - Strategic Context

- 2.1** This section summarises a few of the key policies, strategies and reports which contribute to our understanding of the strategic context for England's community pharmacy services at a national, regional and local level. Since PNAs were last updated in 2018, there have been significant changes to the wider health and social care landscape and to society. This includes but is not limited to the publication of the NHS Long Term Plan, the introduction of the Community Pharmacy Contractual Framework, a greater focus on integrated care, and the significant impact of the COVID-19 pandemic.

National context

Department of Health and Social Care Policy Paper - Integration and Innovation: working together to improve health and social care for all¹

- 2.2** In recent years, the health and social care system has adapted and evolved to face a variety of challenges. With the population growing, people living longer, but also suffering from more long-term health conditions, and challenges from the COVID-19 pandemic, there is a greater need for the health and social care system to work together to provide high quality care. This paper sets out the legislative proposals for the Health and Care Bill which capture the learnings from the pandemic.
- 2.3** **Working together to integrate care:** The NHS and local authorities will be given a duty to collaborate and work with each other. Measures will be brought forward to bring about Integrated Care Systems (ICSs) which will be comprised of an ICS Health and Care partnership, and an ICS NHS Body. The ICS NHS Body will be responsible for the day to day running of the ICS, whilst the ICS Health and Care Partnership will bring together systems to support integration and development which plan to address the system's health, public health, and social care needs. A key responsibility for these systems will be to support place-based working i.e., working amongst NHS, local government, community health including community pharmacy, voluntary and charity services. The ICS will align geographically to a local authority boundary, and the Better Care Fund plan (BCF) will provide a tool for agreeing priorities.
- 2.4** **Reducing bureaucracy:** The legislation will aim to remove barriers that prevent people from working together and put pragmatism at the heart of the system. The NHS should be free to make decisions without the involvement of the Competition and Markets Authority (CMA). With a more flexible approach, the NHS and local authorities will be able to meet the current future health and care challenges by avoiding bureaucracy.

¹ Department of Health & Social Care. Policy paper: Integration and innovation: working together to improve health and social care for all (updated February 2021). Available at: <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version#executive-summary>

2.5 Improving accountability and enhancing public confidence: The public largely see the NHS as a single organisation, and the same should happen at a national level. By bringing together NHS England, and NHS Improvement together, organisations will come together to provide unified leadership. These measures will support the Secretary of State to mandate structured decisions and enable the NHS to be supported by the government. With any significant service changes, these measures will ensure a greater accountability with the power for ministers to determine service reconfigurations earlier in the process.

The NHS Long Term Plan (2019)²

2.6 As health needs change, society develops, and medicine advances, the NHS must ensure that it is continually moving forward to meet these demands. **The NHS Long Term Plan (2019)** (NHS LTP) introduces a new service model for the 21st century and includes action on preventative healthcare and reducing health inequalities, progress on care quality and outcomes, exploring workforce planning, developing digitally enabled care, and driving value for money.

2.7 More specifically, pharmacies will play an essential role in delivering the NHS LTP. £4.5 billion of new investment will fund expanded community multidisciplinary teams aligned with the new primary care networks (PCNs). These teams will work together to provide the best care for patients and will include pharmacists, district nurses, allied health professionals, GPs, dementia workers, and community geriatricians. Furthermore, the NHS LTP stipulates that as part of the workforce implementation plan, and with the goal of improving efficiency within community health, along with an increase in the number of GPs, the range of other roles will also increase, including community and clinical pharmacists, and pharmacy technicians. Research indicates that around 10% of elderly patients end up in hospital due to preventable medicine related issues and up to 50% of patients do not take their medication as intended. PCN funding will therefore be put towards expanding the number of clinical pharmacists working within general practices and care homes, and the NHS will work with the government to ensure greater use and acknowledgement of community pharmacists' skills and better utilisation of opportunities for patient engagement. As part of preventative healthcare and reducing health inequalities, community pharmacists will support patients to take their medicines as intended, reduce waste, and promote self-care.

2.8 Within PCNs, community pharmacists will play a crucial role in supporting people with high-risk conditions such as atrial fibrillation (AF) and cardiovascular disease (CVD). The NHS will support community pharmacists to case-find, e.g., hypertension case-finding. Pharmacists within PCNs will undertake a range of medicine reviews, including educating patients on the correct use of inhalers, and supporting patients to reduce the use of short acting bronchodilator inhalers and to switch to clinically appropriate, smart inhalers.

2.9 In order to provide the most efficient service, and as part of developing digitally enabled care, more people will have access to digital options. The NHS app will enable patients to

² NHS. *The NHS Long Term Plan* (2019). <https://www.longtermplan.nhs.uk/>

manage their own health needs and be directed to appropriate services, including being prescribed medication that can be collected from their nearest pharmacy.

Data saves lives: reshaping health and social care with data³

2.10 The NHS Digital Strategy prioritises to make appropriate data sharing the norm across health and care system. This includes

- Delivering shared record with community pharmacies
- Integrated local data system and
- Electronic prescription

Health Equity in England: Marmot review 10 years on⁴

2.11 This document summarises the developments in particular areas that have an increasing importance for equity. These include:

- Give every child the best start in life by increasing funding in earlier life and ensuring that adequate funding is available in areas with higher deprivation.
- Improve the availability and quality of early years' services.
- Enable children, young people and adults to maximise their capabilities by investing in preventative services to reduce school exclusions.
- Restore per-pupil funding for secondary schools and in particular in 6th form and further education.
- Reduce in-work poverty by increasing the national minimum wage.
- Increase number of post-school apprenticeships and support in-work training.
- Put health equity and well-being at the heart of local, regional and national economic planning.
- Invest in the development of economic, social and cultural resources in the most deprived communities.

We explore these in the context of Havering in Chapter 4.

Public Health England (PHE)⁵ Strategy 2020-2025⁶

2.12 PHE exists to protect and improve the nation's health and wellbeing and reduce health inequalities. Priorities include creating a smoke-free society by 2030, healthier diets, healthier weight, cleaner air, better mental health, best start in life, effective responses to major incidents, reduced risk from antimicrobial resistance, predictive prevention, enhanced data and surveillance capabilities, and a new national science campus.

³ <https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data-draft/data-saves-lives-reshaping-health-and-social-care-with-data-draft>

⁴ Institute of Health Equity. *Health Equity in England: The Marmot Review 10 Years On* (2020). <https://www.instituteoftheequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-executive-summary.pdf>

⁵ As of October 2021, PHE ceased to exist. Responsibilities formally undertaken by PHE are now the responsibility of OHID, UKHSA and NHS England.

⁶ Public Health England Strategy 2020-2025 (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831562/PHE_Strategy_2020-25.pdf

- 2.13** PHE produced a briefing: ‘Pharmacy teams – seizing opportunities for addressing health inequalities.’⁷ The briefing highlights the unique role that pharmacy teams can play in helping to address health inequalities. It suggests ways for making the most of pharmacy teams’ potential to work with local community and faith leaders, reach out to under-served communities and those with the poorest health outcomes, and to take on a health inequalities leadership role. It also sets out recommendations for system leaders, commissioners and community pharmacy teams themselves.

Community Pharmacy Contractual Framework (CPCF) 2019/20-2023/24⁸

- 2.14** The CPCF is an agreement between the Department of Health and Social Care (DHSC), NHSE&I and the Pharmaceutical Services Negotiating Committee (PSNC) and describes a vision for how community pharmacy will support delivery of the NHS Long Term Plan. The CPCF highlights and develops the role of pharmacies in urgent care, common illnesses, and prevention. It aims to “develop and implement the new range of services that we are seeking to deliver in community pharmacy”, making greater use of Community Pharmacists’ clinical skills and opportunities to engage patients. The deal:

- Through its contractual framework, commits almost £13 billion to community pharmacy, with a commitment to spend £2.592 billion over 5 years.
- Prioritises quality - The Pharmacy Quality Scheme (PQS) is designed to reward pharmacies for delivering quality criteria in clinical effectiveness, patient safety and patient experience.
- Confirms community pharmacy’s future as an integral part of the NHS, delivering clinical services as a full partner in local primary care network (PCNs).
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme.
- Includes new services such as the NHS Community Pharmacist Consultation Service (CPCS), which connects patients who have a minor illness with a community pharmacy, taking pressure off GP services and hospitals by ensuring patients turn to pharmacies first for low-acuity conditions and support with their general health.
- Continues to promote medicines safety and optimisation, and the critical role of community pharmacy as an agent of improved public health and prevention, embedded in the local community.
- Through the Healthy Living Pharmacy (HLP) framework, requires community pharmacies to have trained health champions in place to deliver interventions such as smoking cessation and weight management, provide wellbeing and self-care advice, and signpost people to other relevant services.

- 2.15** NB: this framework is covers the period of 2019/20-2023/24 and not the full lifetime of this PNA. The impact of the changes to the role of pharmacies in supporting the health and wellbeing needs of Havering residents will be considered by the HWB when it is published in 2024.

⁷ Public Health England. Pharmacy teams – seizing opportunities for addressing health inequalities (September 2021). <https://psnc.org.uk/wp-content/uploads/2021/09/Pharmacy-teams-seizing-opportunities-for-addressing-health-inequalities.pdf>

⁸ Community Pharmacy Contractual Framework (2019).

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819601/cpcf-2019-to-2024.pdf

Pharmacy Integration Fund (PhIF)⁹

- 2.16** The PhIF and PCN Testbed programme will be used to test a range of additional prevention and detection services, which if found to be effective and best delivered by a community pharmacy, could (with appropriate training) be mainstreamed within the CPCF over the course of the settlement period. Workstreams supported by the PhIF Programme include:
- GP referral pathway to the NHS CPCS.
 - Hypertension Case-Finding Pilot - A model for detecting undiagnosed cardiovascular disease (CVD) in community pharmacy and referral to treatment within PCNs.
 - Smoking Cessation Transfer of Care Pilot – hospital inpatients (including antenatal patients) will be able to continue their stop smoking journey within community pharmacy upon discharge.
 - Exploring the routine monitoring and supply of contraception (including some long-acting reversible contraceptives) in community pharmacy.
 - Palliative Care and end of life medicines supply service building on the experience of the COVID-19 pandemic.
 - Structured medication reviews in PCNs for people with a learning disability, autism, or both, linked with the STOMP programme.
- 2.17** Workforce development for pharmacy professionals in collaboration with Health Education England (HEE), e.g., medicines optimisation in care homes; primary care pharmacy educational pathway; leadership; integrated urgent care; independent prescribing; enhanced clinical examination skills.

Regional Context

London Community Pharmacy: Our offer to London – Pharmacy Strategy 2020¹⁰

- 2.18** This document was developed jointly by London’s local pharmaceutical committees (LPCs), supported by NHS England and NHS Improvement – London region. It presents a service offer to PCNs, local authorities and other health, social care and public health stakeholders, and the people of London. In summary, the offer from London Community Pharmacy is to:
- Expand the range of clinical services
 - Increase the range of – and access to – wellness services
 - Develop community pharmacy as a social asset – working to increase the social capital of our communities
 - Integrate community pharmacy into primary care networks
 - Provide strong leadership within integrated care partnerships

⁹ NHS Pharmacy Integration Programme. <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/>

¹⁰ London LPCs and NHSE&I. *London Community Pharmacy: Our offer to London. Pharmacy Strategy (2020)*. <https://psnc.org.uk/pharmacylondon/wp-content/uploads/sites/112/2020/09/Offer-to-London.pdf>

The Health and Care Vision for London (2019)¹¹

2.19 In partnership with Public Health England, NHS, Mayor of London, and London Councils, the vision states a shared ambition to make London the healthiest global city; by making commitments in 10 key areas. The key focus areas are to:

- reduce childhood obesity
- improve the emotional wellbeing of children and young Londoners
- improve mental health and progress towards zero suicides
- improve air quality
- improve tobacco control and reduce smoking
- reduce the prevalence and the impact of violence
- improve the health of homeless people
- improve services and prevention for HIV and other STIs
- support Londoners with dementia to live well
- improve care and support at the end of life.

North East London Health and Care Partnership (NEL HCP)¹²

2.20 Integrated Care Systems (ICSs) are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. An ICS exists to improve the health and care of all residents, preventing illness, tackling variation in care and delivering seamless services while getting maximum impact for every pound. The collective strength of these organisations work together to address their residents' biggest health challenges, many exacerbated by COVID-19.

2.21 NEL HCP is the North East London ICS, which brings together NHS organisations, local authorities, and community organisations to support local people to live healthier and happier lives. NEL HCP has started responding to the NHS LTP. It is made up of the following London Councils: Barking and Dagenham, Redbridge, Havering, City and Hackney, Newham, Tower Hamlets, and Waltham Forest; and one CCG, five NHS Trusts (three acute and two community), and 286 GP practices.

Local context

Havering Health and Wellbeing Strategy 2019-2023¹³

2.22 Health and Wellbeing Boards are required to produce Health and Wellbeing Strategies to set out how partners will meet local health needs, improve outcomes and reduce health inequalities within the borough.

2.23 The Havering Health and Wellbeing Strategy (2019/20 – 2023/24) plans to address gaps and health inequalities, and to achieve realistic and measurable improvements in the health and

¹¹ The London Vision (2019). <https://www.healthylondon.org/wp-content/uploads/2019/09/London-Vision-short-summary-1.pdf>

¹² North East London Health and Care Partnership website: <https://www.eastlondonhcp.nhs.uk>

¹³ Joint health and wellbeing strategy. Havering wellbeing board.

https://www.havering.gov.uk/download/downloads/id/1533/joint_health_and_wellbeing_strategy_201920_%E2%80%93_202324.pdf

wellbeing of the residents of Havering. To assess and identify the potential health and wellbeing issues affecting Havering, the **Havering Joint Strategic Needs Assessment 2020**, NHS partners and Healthwatch were used as sources to set out the priorities for the health and wellbeing strategy in Havering:

- **Assisting people with health problems (back) into work:** to bring together private, public and third sector stakeholders to assist excluded groups into work.
- **Further developing the council/ NHS trusts as anchor institutions:** to aim to build a healthier community and economy.
- **Preventing homelessness at a strategic level:** life expectancy for homeless people is under 50 years.
- **Realising the benefits of regeneration for health and social care services.**
- **Improving support to residents who are likely or are frequent callers to health and social care services:** e.g., guiding people to more effective forms of support such as social prescribing services where health and social care services are not required.
- **Obesity:** 1 in 5 children are overweight, and 2 in 3 adults are obese. This priority will focus on encouraging individuals to make healthier choices by shifting cultural norms, coordinate and sustain action in addressing the obesogenic environment.
- **Reducing tobacco harm:** smoking remains high in many communities but using and encouraging the use of e-cigs provides opportunities to reduce the harm caused by smoking.
- **Early years providers, schools and colleges as health improvement settings:** Schools and colleges to build partnerships providing support to CYP where issues such as knife crime and mental health problems are on the rise in children and young people.
- **Development of integrated health and social care services of CYP and adults at locality level:** better community and care to support vulnerable residents.
- At each step, a member of the health and wellbeing board will be appointed to lead on a selected priority.

Chapter 3 - The Development of the PNA

3.1 This PNA has been developed using a range of information sources to describe and identify population needs and current service provision from the network of community pharmacies (see Table 3.1). This includes:

- Nationally published data
- The Havering Joint Strategic Needs Assessment
- Local policies and strategies such as the Joint Health and Wellbeing Strategy
- A survey to Havering pharmacy providers
- A survey to the patients and public of Barking and Dagenham, Havering and Redbridge
- Local Authority and BHR CCG commissioners

Table 3.1 PNA 2022-25 data sources

Health need and priorities	<ul style="list-style-type: none"> • National benchmarking ward and borough-level data from Public Health England¹⁴ • London Borough of Havering Joint Strategic Needs Assessment¹⁵ • A range of GLA demographic data sets • Synthesis from a range of national datasets and statistics
Current Pharmaceutical Services	<ul style="list-style-type: none"> • Commissioning data held by the NHS England • Commissioning data held by London Borough of Havering • Commissioning data held by North East London CCG • Questionnaire to community pharmacy providers
Views from community pharmacy contractors	<ul style="list-style-type: none"> • Questionnaire to community pharmacy providers and follow-up interviews
Patients and the Public	<ul style="list-style-type: none"> • Patient and Public survey

3.2 These data have been combined to describe the Havering population, current and future health needs and how pharmaceutical services can be used to support the Health and Wellbeing Board (HWB) to improve the health and wellbeing of our population.

3.3 This PNA was published for public consultation 24th January to 4th April 2022. All comments were drafted into a consultation report for the steering group and have been considered and incorporated into the final PNA final report.

¹⁴ Public Health England (2021) Public Health Profiles: <https://fingertips.phe.org.uk/>

¹⁵ BHR JSNA profile: LB Havering 2020

Methodological considerations

Geographical Coverage

3.4 For the purposes of the PNA the geographical localities of Havering is presented as electoral wards to summarise demographic and health need. At the time of producing this PNA, Havering has 18 wards in total, these are illustrated in figure 3.1.

Figure 3.1 London Borough of Havering Electoral Wards (prior to May 2022)



3.5 Please note, that in the lifetime of this PNA new Havering Ward Boundaries will come into place, the changes include an increase from 18 wards to 20 (Figure 3.2).

Figure 3.2 London Borough of Havering Electoral Wards (from May 2022)



3.6 Analysis in this PNA is based on the ward-based structure that is in place prior to May 2022 (Figure 3.1) as it is in-line with available population health needs data and enables us to identify differences at ward level with respect to demography, health needs or service provision.

- 3.7** Provision and choice of pharmacies is determined by using 1 mile radius from the centre of the postcode of each pharmacy. This is approximately a 20-minute walk from the outer perimeter of the buffer zone created. The 1-mile radius approach illustrates where there is pharmacy coverage and areas without coverage (for example, see Figure 6.1). In addition, 20-minutes travel time by public transport is also considered as being a reasonable measure to identify variation and choice. Where the population are within 1-mile of a pharmacy or can reach a pharmacy within 20-minutes travel time by public transport then the pharmacy provision is considered 'good'.
- 3.8** Where areas of no coverage are identified, other factors are taken into consideration to establish if there is a need. Factors include population density, whether the areas are populated (e.g., Green Belt areas), travel time by public transport, patient demand for services (such as needle exchange) and dispensing outside normal working hours. These instances have all been stated in the relevant sections of the report.

Patient and Public Survey

- 3.9** Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. 364 Barking and Dagenham, Havering and Redbridge residents and workers responded to the survey, their views were explored, including detailed analysis of the Protected Characteristics. The findings from the survey are presented in Chapter 5 of this PNA.

Pharmacy Contractor Survey

- 3.10** The contractor survey was sent to all (44) community pharmacies within Havering and 38 pharmacies responded. The results from this survey are referred to throughout this document.

Governance and Steering Group

- 3.11** The development of the PNA was advised by a Steering group whose membership included representation from:
- Public Health teams in London Borough of Barking and Dagenham, the London Borough of Havering and the London Borough of Redbridge
 - North East London Clinical Commissioning Group
 - North East London Local Pharmaceutical Committee (LPC)
 - Healthwatch Barking and Dagenham, Healthwatch Havering and Healthwatch Redbridge.
- The membership and Terms of Reference of the Steering Group is described in Appendix A.

Regulatory consultation process and outcomes

- 3.12** The PNA for 2022-25 will be published for statutory consultation on the 24th of January 2022 for 60 days and will also be open on the Council website for public comment. This PNA was published for public consultation 24th January to 4th April 2022. All comments were drafted into a consultation report for the steering group (Appendix C) and have been considered and incorporated into the final PNA final report.

Chapter 4 - Demographics and Health Needs

- 4.1 This chapter presents an overview of health and wellbeing in Havering, particularly the areas likely to impact on needs for community pharmacy services. It includes an analysis of the latest Havering population and inequalities projections.
- 4.1 The analysis of health needs and population changes are outlined in five sub-sections of this chapter and are guided by the Havering JSNA¹⁶ priority areas. These are:
- Havering demographic characteristics
 - Wider determinants of health
 - Our health behaviours and lifestyles
 - The places and communities in which we live
 - An integrated health and care system
- 4.2 All the maps that follow present the size of population in relation to different factors such as population density, deprivation, and obesity. They are displayed in gradients, where the lower the marker, the lighter the colour. The gradients are illustrated in the legends attached to each map.

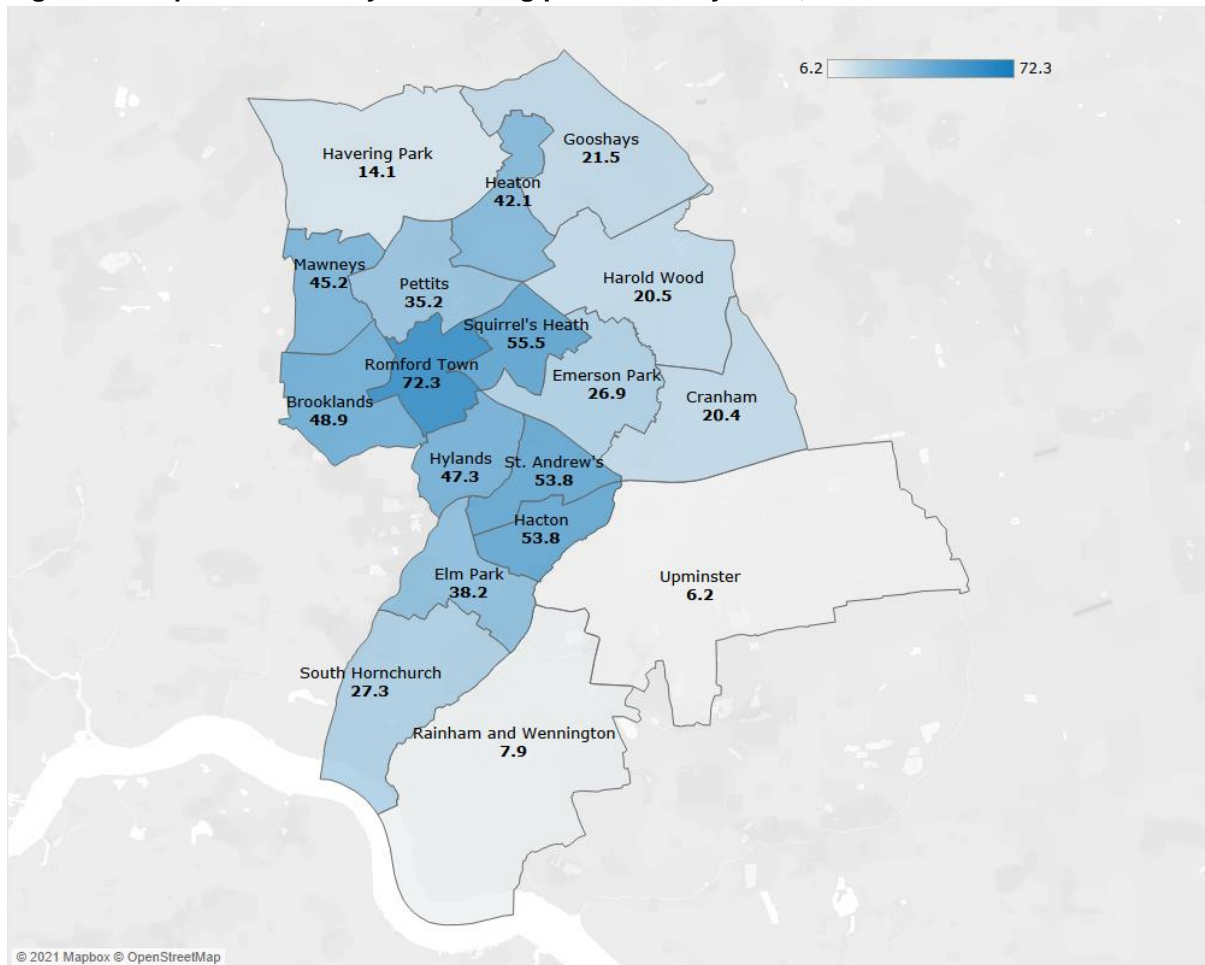
Havering Demographic Characteristics

Population size and density

- 4.3 The London Borough of Havering is a North East London Borough situated in Outer London. It borders Barking and Dagenham, Newham, Bexley, Greenwich and Redbridge. Greater London Authority estimates that the population of Havering is 263,354 in 2022 (Housing-led population projections).
- 4.4 The borough's population density is much lower than the London average (22.6 vs 56.2 - per hectare respectively) with the most densely populated wards being Romford Town and c. The least densely populated wards are Upminster and Rainham Wennington which is mostly covered by open green spaces (see Figure 4.1).

¹⁶ BHR JSNA profile: LB Havering 2019-20

Figure 4.1 Population Density of Havering per hectare by Ward, 2022 estimates

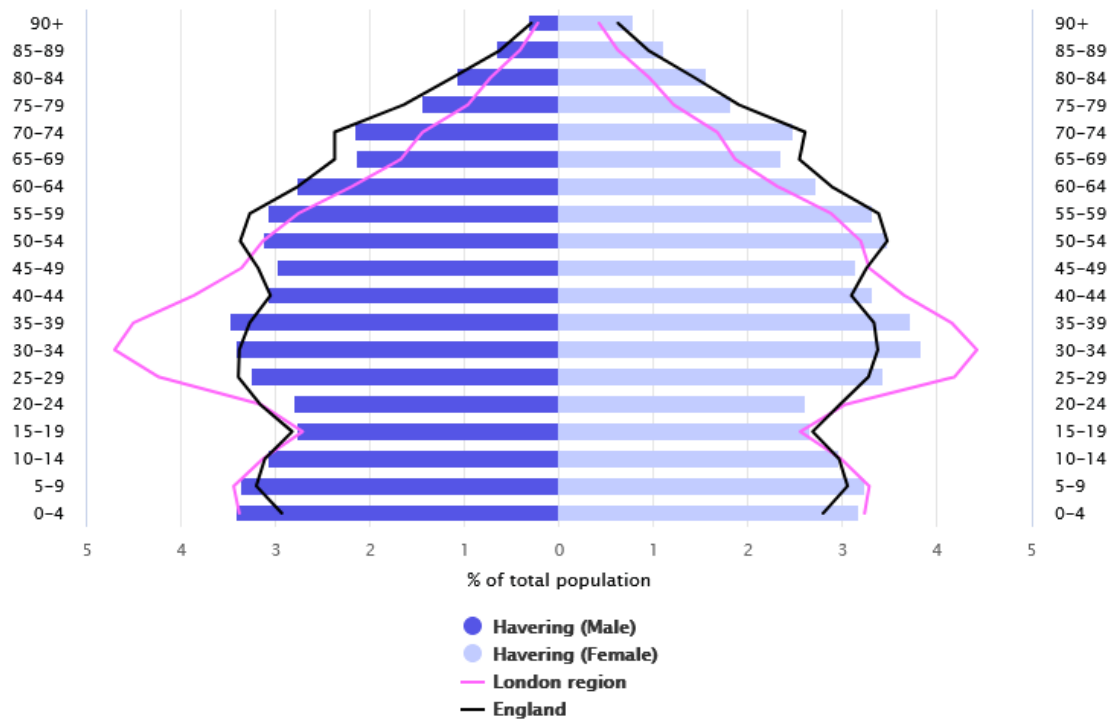


Source: GLA, Land Area, and Population Density

Age and Gender Structure

- 4.5** According to 2020 resident population, overall, Havering has a relatively older population. 17.8% of Havering residents (46,518) are **aged 65 and over** (Public Health Outcomes Framework). This is substantially higher than London's overall rate of 12.2%.
- 4.6** 19% of the population are aged **less than 15 years**, similar to London and England figures.

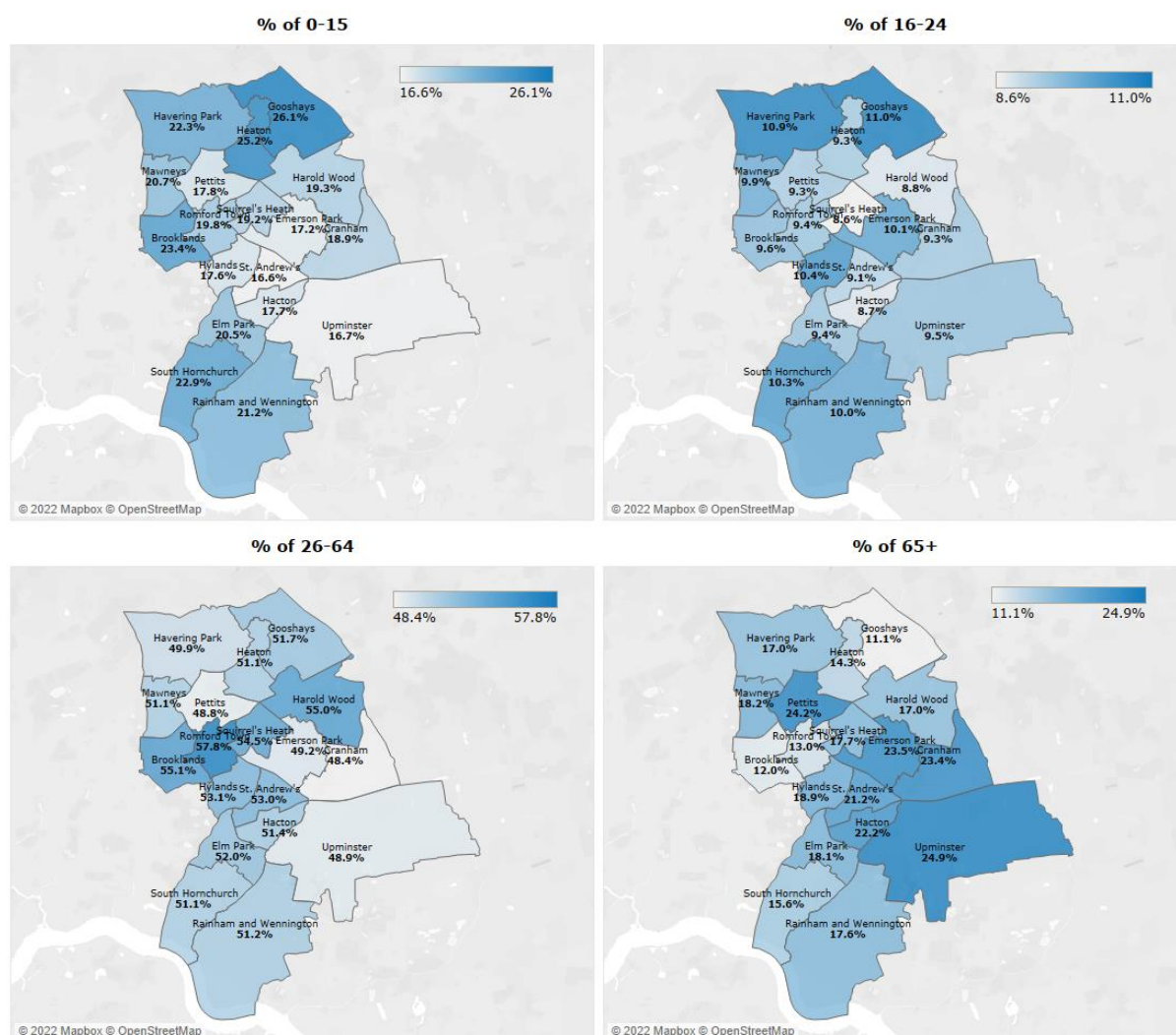
Figure 4.2: 2020 Proportion of Havering resident population by age-band and gender



Source: PHE, Local Authority Health Profiles, 2022

4.7 The northern wards of Gooshay and Heaton have the highest representation of the 0-15 population, while Upminster and Pettits, have the highest representation of those aged 65+ (see figure 4.3 below).

Figure 4.3 Population Age Groups by Ward, 2020 mid-year estimates



Source: ONS, Ward-level population estimates, 2021

Ethnicity and diversity

- 4.8** Areas where diversity is higher correlate with areas of higher levels of deprivation and poorer health. Pharmacy staff often reflect the social and ethnic backgrounds of the community they serve making them approachable to those who may not choose to access other health care services.¹⁷
- 4.9** NICE Guidance¹⁸ highlights that community pharmacies can impact on health inequalities in several ways. For example, they recommend that community pharmacists take into consideration how a patient's personal factors may impact on the service they receive. Personal factors would include, but not limited to, gender, identity, ethnicity, faith, culture, or any disability. It also recommends that community pharmacists make use of any additional languages staff members may have.

¹⁷ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

¹⁸ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

4.10 Havering has a small population of residents from **BAME groups** compared to the rest of London (16.2% vs 40.9%). 5.4% of its residents identify as Black while 5.0% are Asian (Table 4.1).

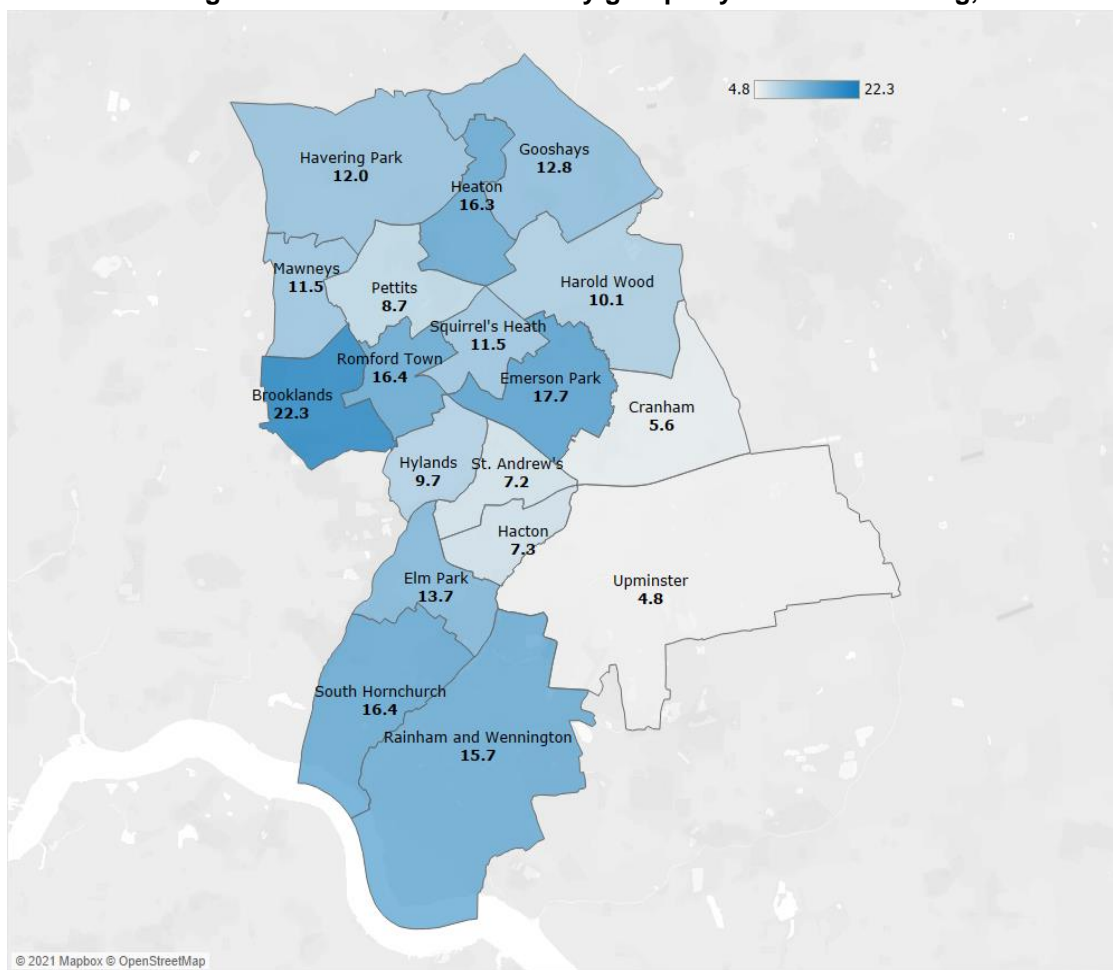
Table 4.1 Ethnicity population breakdown for Havering, London and England and Wales

Area	White	Asian	Black	Mixed/Other
Havering	83.7%	5.0%	5.4%	5.8%
London	59.2%	18.4%	11.9%	10.6%
United Kingdom	85.9%	7.3%	3.3%	3.5%

Source: UK Data Service, Annual Population Survey, 2019

4.11 At a ward level, there is great variability in the representation of the Black, Asian and Minority Ethnic populations with Brookside having the highest percentage at 22.3%, and Upminster with the lowest at 4.8% (see Figure 4.4). Please note, this is based on 2011 census data. While it is the most up-to-date census data available, care should be taken in extrapolating this to the current population.

Figure 4.4: Percentage of black and ethnic minority groups by wards in Havering, 2011

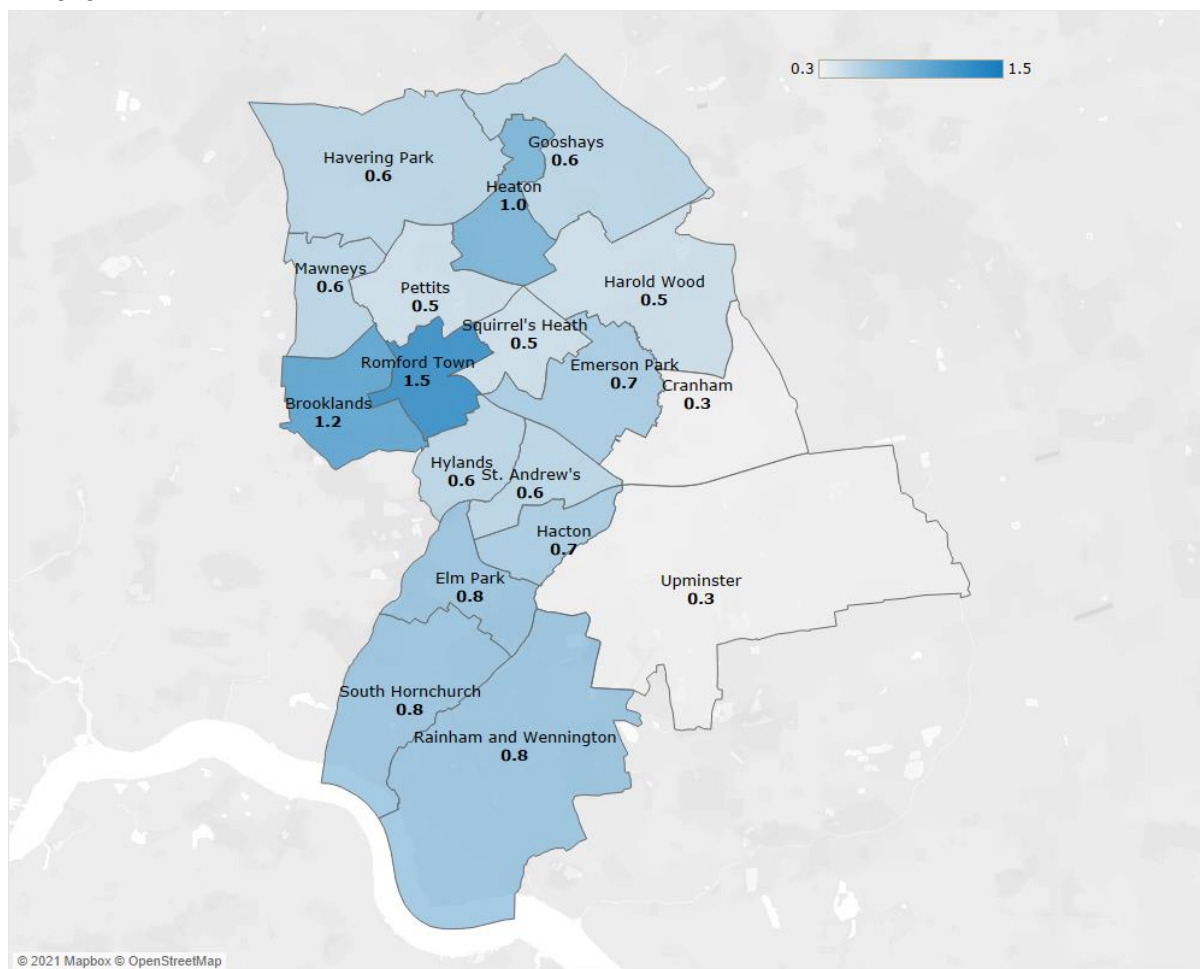


Source: ONS Census, 2011

4.12 4.6% of the borough's residents who are aged 3+ state their main language is not English (2011 census).

4.13 Figure 4.5 shows a breakdown of the population who **do not speak English well or at all**. As with the BME data, the ward with the greatest population of residents not proficient is Brookland while that with the least is Upminster. Please note, this map is created from 2011 census data.

Figure 4.5: Percentage of people that cannot speak English well or at all by Ward in Havering in 2019



Source: PHE, Local Authority Health Profiles, 2021

4.14 Lithuanian, Polish and Panjabi are the most spoken languages after English (Table 4.2) according to the 2011 census, although these figures may have changed in recent years.

Table 4.2: Proportion of languages spoken in Havering

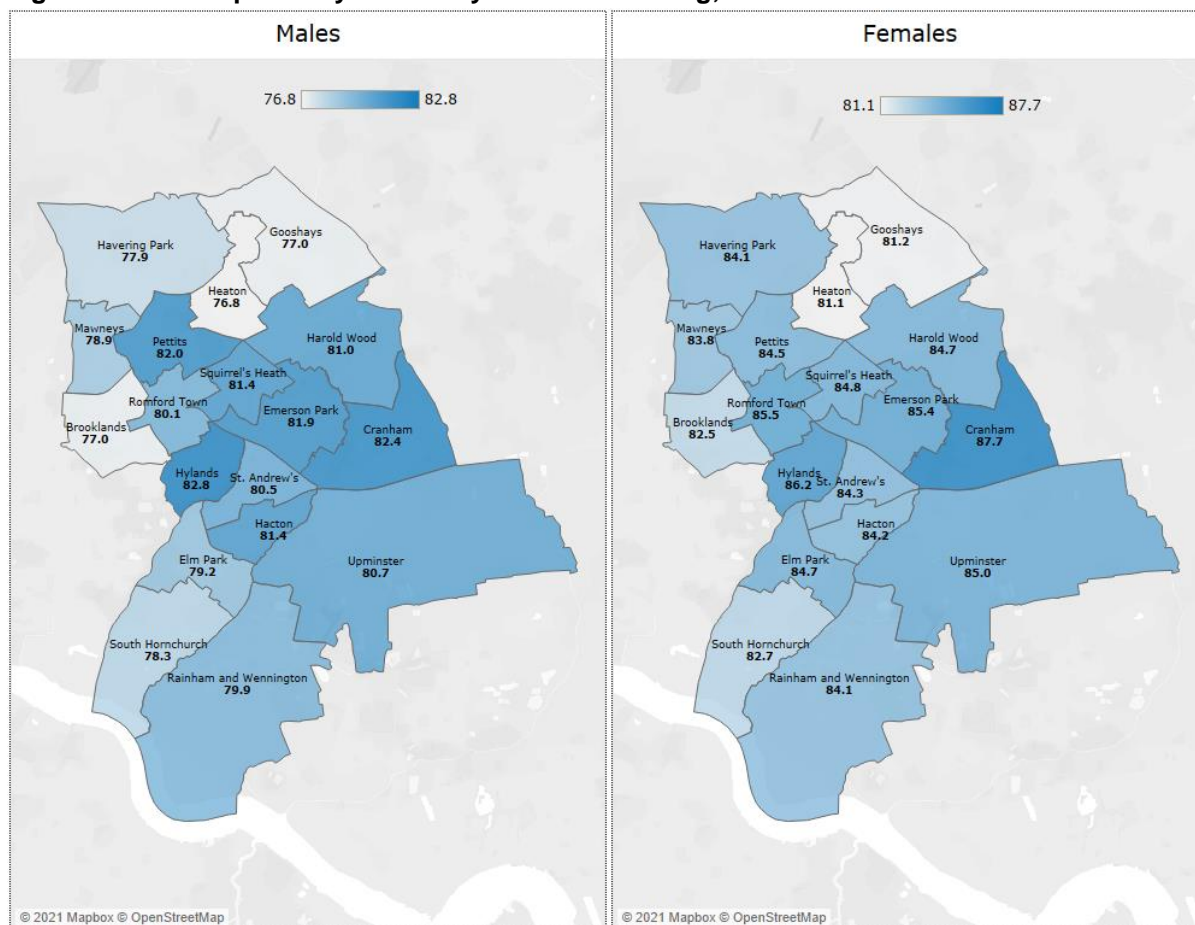
Language	Percentage
English	95.4%
Lithuanian	0.4%
Polish	0.4%
Panjabi	0.3%
Bengali	0.2%
Tagalog/Filipino	0.2%
Turkish	0.2%
Gujarati	0.2%
Urdu	0.2%
Romanian	0.2%
All other Chinese	0.2%

Source: ONS Census, 2011

Population Health Outcomes

- 4.15 Life expectancy at birth** is the average number of years a person would expect to live based on contemporary mortality rates. For males in Havering this is 79.7, and 83.5 years for females (2018-20 figures). This is similar to national figures for males and females at 79.4 and 83.1 years respectively (PHE 2022).
- 4.16** The variation in life expectancy across Havering is low. The **inequality in life expectancy at birth**, which is the measure of the absolute difference in life expectancy between the most and least deprived areas, shows a 7.1-year life expectancy gap for men and a 5.6-year gap for women between those who live in the most deprived areas and the least deprived areas (PHE, 2021).
- 4.17** A breakdown of life expectancy figures at a ward level is presented in Figures 4.6. Heaton ward has the lowest life expectancy among both males and females.

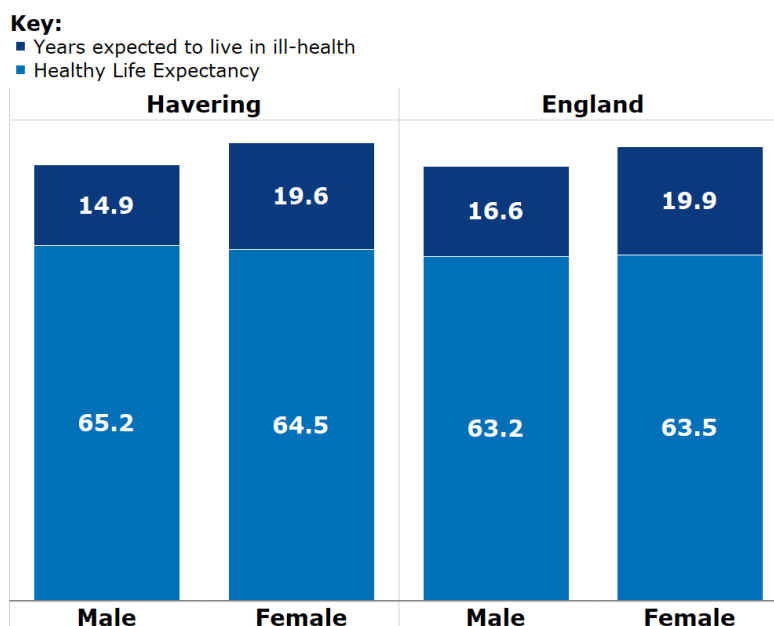
Figure 4.6: Life expectancy at birth by Ward in Havering, 2015 to 2019



Source: PHE, Local Authority Health Profiles, 2021

- 4.18 Healthy life expectancy** at birth is the average number of years an individual should expect to live in good health considering age-specific mortality rates and prevalence for good health for their area.
- 4.19** The healthy life expectancy for males and females are also significantly lower than national figures. They are also the lowest in London for males and third lowest in London for females. Males have a healthy life expectancy of 65.2 years and females have a healthy life expectancy of 64.5 years (2017-19). The England healthy life expectancy for men is 63.2 and 63.5 for women. These figures indicate that males living in Havering could live with ill health for 14.9 years and females for 19.6 years (see figure 4.7).

Figure 4.7 Life expectancy and Healthy life expectancy in years for males and females in Havering, 2017-2019



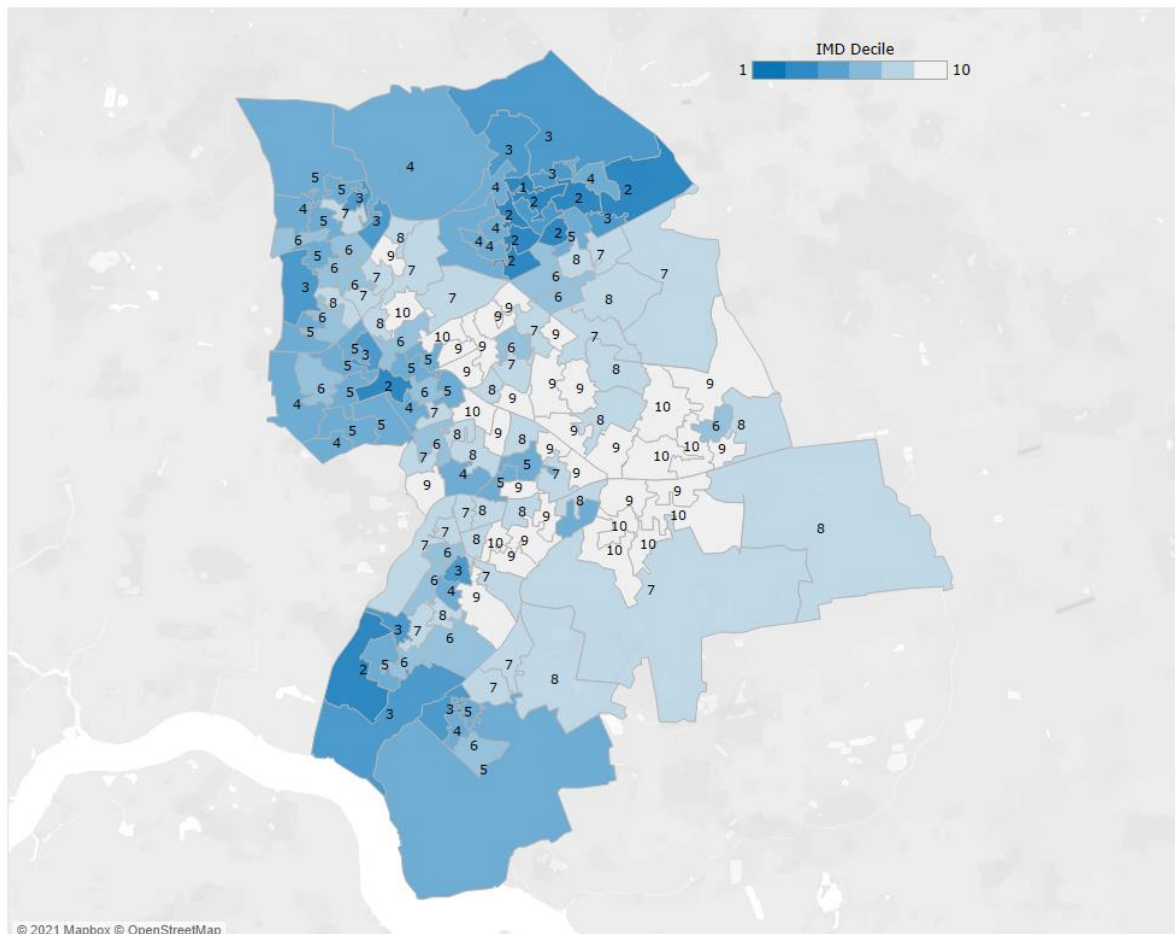
Source: PHE, Public Health Profiles, 2021

Wider Determinants of Health

- 4.20** There are a range of social, economic, and environmental factors that impact on an individual's health behaviours, choices, goals and ultimately health outcomes and life expectancy. These include factors such as deprivation, housing, education, and employment. Havering Joint Health and Wellbeing Strategy¹⁹ acknowledges the need to influence these wider determinants of health to improve health and wellbeing outcomes of its residents.
- 4.21** Access to community pharmacy services in communities where there is high deprivation is important in addressing health inequalities. Index of Multiple Deprivation (IMD) deciles enable a comparison of deprivation in neighbourhoods across England. A decile of one, for instance, means, that the neighbourhood is among the most deprived 10% of neighbourhoods nationally (out of a total of 32,844 neighbourhoods in England).
- 4.22** Havering has 150 neighbourhoods (LSOAs). The borough's overall average IMD decile figure is 6.35 compared to the national one of 5.5. This means that Havering is comparatively less deprived in relation to England as a whole.
- 4.23** Figure 4.8 shows deprivation deciles at LSOA level, highlighting that there is great variability in the levels of deprivation in Havering. 11 LSOAs in Havering are among the least deprived 10% in England, while one LSOA is among the most deprived 10% in the country.

¹⁹ Havering Joint Health and Wellbeing Strategy 2019-2023

Figure 4.8 Deprivation deciles in Havering by LSOA in 2019



Source: MHCLG, 2019

- 4.24** Pharmacies have the potential to play a vital role in improving the health of deprived communities by offering convenient and equitable access to health improvement services. Community pharmacies are typically well-placed within communities that are most likely to experience health inequalities²⁰.
- 4.25** In 2019/20 76.4.1% people of the working age population of the borough are in **employment**. This is higher than the London and England rate at 75.1 and 76.2% respectively (Annual Population Survey, 2020).

The impact of COVID-19

- 4.26** The impact of **COVID-19** has affected those from more deprived areas and ethnic minority groups the most. Nationally, the people who have suffered the worst outcomes from COVID-19 have been older, of black or Asian heritage and have underlying health conditions such as obesity or diabetes²¹.

²⁰ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

²¹ PHE (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups.

- 4.27** Over 4 in 10 Black or Black British adults reported feeling hesitant about taking the COVID-19 vaccine. Some of the reported concerns related to side effects, long term health effect and questions on how well the vaccine works²².

Our health behaviours and lifestyles

- 4.28** Health-related behaviours such as smoking, drinking alcohol to excess, being physical inactive and having a poor diet can significantly impact on health outcomes.
- 4.29** Community pharmacies are mandated to provide the Healthy Living Pharmacy framework. This ensures that they are providing a broad range of health promotion interventions designed to meet local need. The framework includes supporting the delivery of community health promoting interventions, by for example, engaging public health campaigns and rolling out locally commissioned initiatives such as stop smoking services, sexual health services and dementia friends.
- 4.30** As an essential service, pharmacies participate in up to six national health campaigns at the request of NHS England and NHS Improvement. The first mandated health campaign of 2021/22 was the COVID-19 vaccination campaign to inform the public about the vaccine and encourage people to take it up when it is offered to them.
- 4.31** In addition, pharmacies are required to signpost people to other health and social care providers and provide brief advice where appropriate.
- 4.32** In this section of the chapter, we explore different health behaviours and lifestyles that impact the health of the Havering population that pharmacies can support people with.

Smoking

- 4.33** Smoking is the leading cause for preventable death in the world. 13.2% of adults surveyed in Havering smoke in 2019. This is slightly higher rate than London and lower than England where 12.9% and 13.9% smoke respectively (Annual Population Survey, 2021).

Dietary risks

- 4.34** Obesity is recognised as a major determinant of premature mortality and avoidable ill health. It increases the risk of a range of diseases including certain cancers, high blood pressure and type 2 diabetes²³ and increases the risk of death from COVID-19 by 40- 90%²⁴. In 2019/20, 67.3% of adults are overweight or obese in Havering.

²²Fenton, K. (2021). COVID-19, Health Inequalities and Recovery. LGA & ADPH Annual Public Health Conference –23 March 2021

²³Public Health England (2017). Guidance: Health matters: obesity and the food environment.

²⁴Public Health England. Excess weight and covid-19. Jul 2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903770/PHE_insight_Excess_weight_and_COVID-19.pdf.

- 4.35 This proportion is substantially higher than London rate 55.7% and the third highest London. It is also slightly higher than the England rate where 62.8% of adults are overweight or obese (PHE, 2021).

Low physical activity

- 4.36 Just over one-half of adults (58.2%) residing in the borough in 2019/20 are considered **physically active**, meaning they engage in at least 150 minutes of moderate physical activity per week (PHE, 2021). People who are physically active reduce their chances of cardiovascular disease, coronary heart disease and stroke. Physical activity also decreases the risk of obesity, diabetes, osteoporosis and some cancers and can improve mental health.
- 4.37 Havering have the fifth highest proportion of **physical inactive** adults. 29.7% of Havering adults are inactive (2019/20 data), meaning they are doing less than 30 minutes a week. This is significantly higher than regional national figures. 23.8% of Londoners and 22.9% of England residents are physically inactive (PHE, 2021).

Alcohol use

- 4.38 Alcohol consumption contributes to morbidity and mortality from a diverse range of conditions. 5.4 per 100,000 deaths were wholly caused by alcohol consumption in Havering in 2017-19. This is lower than London and national figures of 7.9 and 10.9 respectively (PHE 2021). It is the fourth lowest rate in London.
- 4.39 There were 1,065 admission episodes for Havering residents where alcohol was the main reason for admission in 2019/20. This equates to 437 per 100,000 hospital admissions. This is lower than national figures at 519 per 100,000 but higher than London at 416 per 100,000 (PHE 2021).
- 4.40 **Binge drinking** in Havering is similar to that of the rest of England. 14.3% of adults binge drink on their highest drinking day (2015-18), national and regional figures are at 15.4% and 14.6% respectively (Health Survey for England, 2021).

Substance misuse

- 4.41 **Substance misuse** is defined as intoxication or regular excessive consumption and/or dependence on psychoactive substances. It can lead to mental health problems such as depression or suicides, adverse experiences and behaviours such as truancy, exclusion from school and social and legal problems such as homelessness, time in care and serious or frequent offending.
- 4.42 An estimated 5.4 per 1,000 residents of Havering are opiates and/or crack cocaine users. This is substantially lower than the estimated prevalence for London and England at 8.9 and 9.3 per 1,000 residents respectively (2018/19 figures, PHE 2021). 453 Redbridge residents are receiving treatment at **specialist drug misuse services** (2017/18 figures, PHE 2021).
- 4.43 Community pharmacies are typically well-placed within communities that are most likely to experience health inequalities. 'Underserved' communities, such as those who are homeless

or sleeping rough, people who misuse drugs or alcohol may be more likely to go to a community pharmacy than a GP or another primary care service²⁵.

- 4.44** Pharmacies can provide support for people with substance misuse problems through needle and syringe services; supervised consumption of medicines to treat addiction, for example, methadone; Hepatitis testing and Hepatitis B and C vaccination; HIV testing; provision of naloxone to drug users for use in emergency overdose situations.

Unsafe Sex

- 4.45** In 2019 605 per 100,000 Havering residents were diagnosed with a **Sexually Transmitted Infection** (STI), this is similar to national figures (830 per 100,00) the lowest in London where 1,683 per 100,000 tested positive with an STI (PHE, 2021).
- 4.46** The latest figures show that there are 316 residents (15- to 59- year-olds) in Havering diagnosed with **HIV**. This equates to 2.12 per 100,000 people. This is lower than the national rates at 2.39 and the second lowest in London (PHE, 2020).

Influenza Vaccine

- 4.47** In 2020/21, less than half (47.9%) of the 'at risk' population received their flu vaccine. 'At risk' people are those who are at greater risk of developing serious complications if they catch the flu. Nationally 53% of the 'at risk' population have received a flu vaccination.
- 4.48** 75.7% of the over 65 population and 57.8% of primary school aged children have been vaccinated for the flu in 2020/21. This is lower than the overall proportion of over 65s and primary school aged children vaccinated in England overall (UK Health Security Agency, 2022).

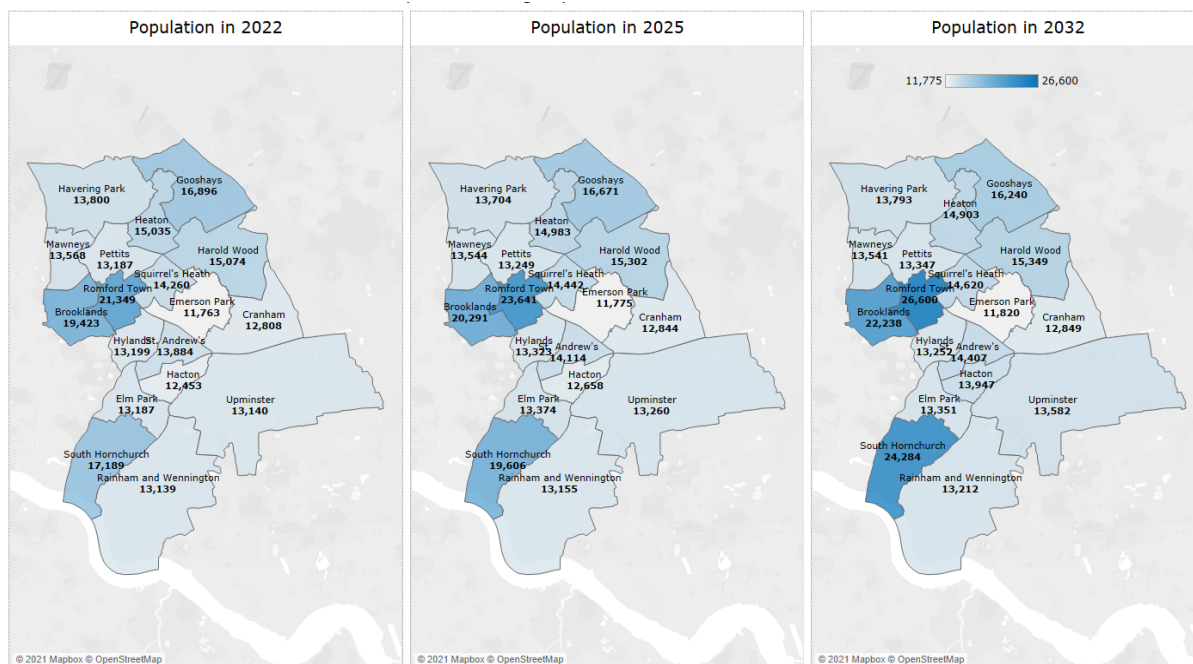
The places and communities in which we live

Regeneration Population Growth

- 4.49** Havering is suburban but with large areas of protected open spaces. Its principal town is Romford, a major retail and night-time entertainment centre. Romford also includes other smaller towns such as Hornchurch, Upminster, Collier Row and Rainham.
- 4.50** The population of the borough is expected to increase by 2.5% between 2022 and 2025 (the lifetime of this PNA) to 269,934 (See Table 4.3). Between 2022 and 2032 it is expected to increase by 6.8% to 281,336 residents (GLA, Housing-led population projections – Identified Capacity Scenario, 2021). These figures are based on mid-year population estimates and assumptions such as births, deaths, and migration.
- 4.51** South Hornchurch, Romford Town and Brooklands are the wards anticipated to have the highest population (Figure 4.9).

²⁵ NICE guideline (2018) Community pharmacies: promoting health and wellbeing [NG102]

Figure 4.9: Population Change by Ward – 2022, 2025 and 2032



Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2021

Table 4.3: Projected population increase by ward between 2022 - 2032

Ward	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Brooklands	0.0%	1.6%	3.0%	4.5%	6.3%	7.9%	9.7%	11.4%	12.5%	13.6%	14.5%
Cranham	0.0%	0.2%	0.3%	0.3%	0.2%	0.2%	0.0%	-0.1%	0.1%	0.3%	0.3%
Elm Park	0.0%	0.8%	1.3%	1.4%	1.4%	1.4%	1.4%	1.2%	1.3%	1.4%	1.2%
Emerson Park	0.0%	0.0%	-0.1%	0.1%	0.0%	-0.2%	0.0%	0.0%	0.3%	0.4%	0.5%
Gooshays	0.0%	-0.3%	-0.8%	-1.3%	-2.0%	-2.6%	-3.1%	-3.6%	-3.7%	-3.8%	-3.9%
Hacton	0.0%	0.4%	0.8%	1.6%	2.8%	3.9%	5.0%	6.1%	8.1%	10.1%	12.0%
Harold Wood	0.0%	0.7%	1.3%	1.5%	1.4%	1.4%	1.2%	1.2%	1.5%	1.7%	1.8%
Haverling Park	0.0%	-0.3%	-0.6%	-0.7%	-1.0%	-1.0%	-1.0%	-1.0%	-0.6%	-0.3%	0.0%
Heaton	0.0%	-0.1%	-0.3%	-0.3%	-0.6%	-1.0%	-1.0%	-1.2%	-1.0%	-1.0%	-0.9%
Hylands	0.0%	0.4%	0.8%	0.9%	0.7%	0.4%	0.2%	0.0%	0.3%	0.4%	0.4%
Mawneys	0.0%	0.2%	-0.1%	-0.2%	-0.2%	-0.2%	-0.4%	-0.5%	-0.2%	-0.1%	-0.2%
Pettits	0.0%	0.2%	0.3%	0.5%	0.3%	0.4%	0.4%	0.4%	0.7%	1.0%	1.2%
Rainham and Wenningt..	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.3%	0.4%	0.5%	0.6%
Romford Town	0.0%	4.2%	8.2%	10.7%	13.7%	16.8%	19.7%	22.9%	23.7%	24.2%	24.6%
South Hornchurch	0.0%	5.2%	10.1%	14.1%	19.2%	24.2%	29.2%	34.1%	36.8%	39.1%	41.3%
Squirrel's Heath	0.0%	0.5%	0.9%	1.3%	1.5%	1.6%	1.8%	2.0%	2.3%	2.4%	2.5%
St. Andrew's	0.0%	0.8%	1.3%	1.7%	2.0%	2.3%	2.6%	3.0%	3.3%	3.6%	3.8%
Upminster	0.0%	0.3%	0.6%	0.9%	1.2%	1.5%	1.9%	2.3%	2.8%	3.1%	3.4%
Borough Total	0.0%	1.0%	1.8%	2.5%	3.2%	3.9%	4.6%	5.4%	6.0%	6.4%	6.8%

Source: GLA, Housing-led population projections – Identified Capacity Scenario, 2021

4.52 South Hornchurch’s population is expected to increase by more than 40% between 2022 and 2032 (from 17,189 to 24,284 residents). This is due to the Thames Gateway regeneration that extends to this area.

4.53 The population of Romford Town is expected to increase by 10.7% in the lifetime of this PNA from 21,349 to 23,641 residents. This is due to the regeneration of the Romford Town centre

that will include a rejuvenation of the market centre and development of town centre apartments.

- 4.54** Please note, there will be Ward Boundary changes that will come into effect from May 2022 (see Figure 3.1). These changes include Pettits Ward changing its name to Marshalls and Rise Park, a new ward 'Beam Park', Hylands Ward changing its name to Hylands and Harrow Lodge, and Romford Ward splitting into two, becoming St. Albans and St. Edwards.
- 4.55** Population increases will likely increase demand on community pharmacy services, this will be considered in Chapter 6 where we look at the capacity of the current pharmacy provision.

Air pollution

- 4.56** **Air quality** is of concern in Havering. Particulate matter contributes to mortality, particularly cardiopulmonary mortality. Like most of London, Havering is within the worst quintile for proportion fine particulate matter within the air. In 2019, 6% of mortality in Havering is attributed to particulate air pollution. This is similar than London and England at 6.4% and 5.1% respectively (PHE, 2021).

Violence against women and girls

- 4.57** Violence against women and girls in London is increasing. 1 in every 10 crimes recorded by the Metropolitan Police being **domestic abuse** related. More than 50% of female mental health service users have experienced domestic violence. In 2017/18, in Havering there were 2300 incidents of domestic abuse reported to the police²⁶. Havering has the fourth lowest rates of hospital admissions for violence (including sexual violence) in 2017/18 to 2019/20 in London at 33 per 100,000 admissions. This is substantially lower than the national rate of 45.8 per 100,000 admissions (HES, 2021).

An integrated health and care system

- 4.58** One of the priorities of the Havering Joint Health and Wellbeing Strategy²⁷ is the development of integrated health and social care services for children and young people and adults at locally level. The rationale is that the majority of care will be delivered at locality level with integrated team of primary and community health care professionals and social care counterparts working with other statutory partners.
- 4.59** This section of the chapter explores the impact on services on:
- Maternity
 - Children and young people
 - Adult mental health
 - Cancer and long-term conditions
 - Older people and frailty

²⁶ London Borough of Havering (2018). Havering Violence Against Women and Girls Strategy 2019-2022

²⁷ Havering Health and Wellbeing Board Joint Health and Wellbeing Strategy 2019/20 – 2023/24

Maternity

- 4.60** Havering has a relatively high birth rate. In 2019, there were 3,186 births in Havering, this equates to a birth rate of 62.9 per 1,000 females aged 15 to 44 years. The national birth rate was 57.7 per 1000 females (ONS, 2021).
- 4.61** Pregnant women in Havering have better early access to maternity care than London overall. Early access to maternity care enables early identification of women who might need more than their usual care and risk factors such as smoking or poor mental health. 58.6% of pregnant women have early access to maternity care, this is similar than the national rate of 57.8% (NHS Digital, 2020).
- 4.62** However, there are a few areas of concern in child and maternal health in Havering. For example, the stillbirth rate is one of the highest in London. There were 52 stillbirths in 2017-19, equating to a rate of 5.2 per 1,000 births in 2017-19. The national rate is 4.0 per 1,000 stillbirths (ONS, 2021).
- 4.63** Havering has one of highest rates of obesity in early pregnancy in London. Excess weight or obesity can lead to increased risk of several issues for both mother and baby, including diabetes, miscarriage and maternal death for the mother and foetal death, stillbirth, congenital abnormality for the baby. 21.7% of mothers were obese in 2018/19, this is higher than London at 17.8% but similar to England with at 22.1% (Maternity Services Dataset, 2021).
- 4.64** Just over half (59.7%) of new mothers gave their babies breast milk in their first 48 hours in 2016/17. This is the lowest recorded figure in London and substantially lower than the England Breastfeeding Initiation rate of 74.5% (NHS England, 2018).

Children and young people

- 4.65** The Joint Health and Wellbeing Strategy²⁸ highlights a number of priorities relating to children and young people. In this section we explore the wider determinants of health in children, health behaviours and health outcomes that are of concern in Havering.

Wider determinants of Health for children

- 4.66** Strong **educational attainment** in childhood is linked to better health outcomes and better access to work opportunities and higher income. In Havering the proportion of children meeting expected standards at key stage 2 in reading, writing and maths are above national and England comparators. In 2019/20, 71.5% of children are meeting these expected standards, whereas 70.7% of London children and 65.3% of children in England overall are meeting expected standards (Department for Education, 2021).
- 4.67** **Persistent school absences** in Havering are lower than national comparators. In 2018/19, 8.4% of primary school enrolled children and 13.4% of secondary school enrolled children missed 10% or more school sessions. The national figures are 11.8% and 21.8% for primary and secondary age children respectively (Department of Education, 2020).

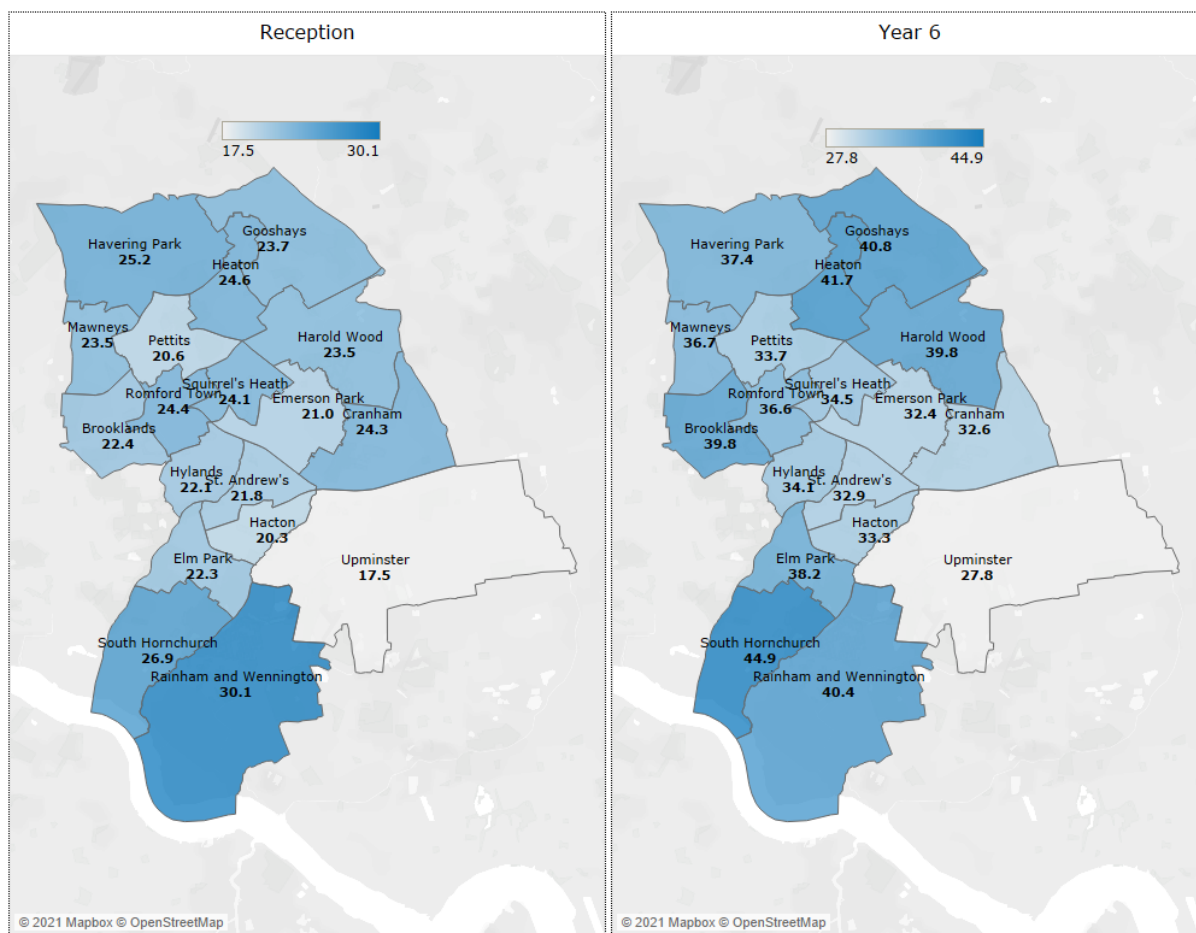
²⁸ Havering Health and wellbeing Board: Joint Health and Wellbeing Strategy 2019/20 – 2023/24.

- 4.68** Since March 2020 children's development has been disrupted by national and local lockdowns, leading to breaks in their education, inequalities in online education and lack of social contact. This may result in long-term impact on educational outcomes and their physical, mental, and emotional wellbeing. Information on the actual impact has not yet been quantified.
- 4.69** Childhood poverty is high in Havering. Children living in poverty are at more exposed to a range of risks that can impact on their mental health. In 2019/20 13,032 (14.1%) children are living in **absolute low-income families**. Although this is a high proportion of families, it is lower than regional and national proportion of 14.6% and 15.6% respectively.
- 4.70** 14.8% of households with dependent children in Havering are owed a duty under the **Homelessness Reduction Act**. This means that they have been identified as homeless by the local authority and the local authority must take reasonable steps to help them to secure accommodation. This equates to 1,557 families in Havering.

Health behaviours and health outcomes for children

- 4.71** **Childhood obesity** is on the rise and can have significant impact on health outcomes. In England, one in 10 children are obese at reception age and one in five Year 6 children are obese. A child who is overweight or obese can have increased blood lipids, glucose intolerance, Type 2 diabetes risk, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.
- 4.72** The COVID-19 pandemic is likely to have impacted on the number of children who are overweight or obese. The impact of the pandemic and lockdowns meant that routines of the children and their families were disrupted, thus hindering opportunities to maintain healthy lifestyle behaviours.
- 4.73** In 2019/20, one in five, or 21.6% of reception age children are overweight or obese in Havering, this is slightly lower than national figures of 23%. However, 38.1% of Year 6 children are overweight or obese, slightly higher than England overall rate of 35.2 (PHE, 2021).
- 4.74** At a ward level, Rainham and Wennington and Southchurch have the highest percentage of children who are overweight or obese in Reception, while South Hornchurch and Heaton have the highest representation in Year 6 (see Figure 4.10)

Figure 4.10: Percentage of children who are overweight or obese by ward.



Source: PHE, Local Health Profiles, 2020

- 4.75 Asthma** is the most common long-term health condition in children in the UK. It is also the one of the most common reasons for emergency hospital admissions in the UK. In 2019/20 there were 85 hospital admissions for asthma for Havering children (under 19 years), this equates to a rate of 138.8 per 100,000 admissions, substantially lower than both London and England rates of 160.7 and 167.6 per 100,000 respectively (HES, 2021).
- 4.76 Dental decay** is a highly preventable condition increased by a high-sugar diet. Nearly one quarter (24.6%) of age-5 children have visual obvious dental decay in Havering in 2018/19; this is lower than regional figures of 27.0% but higher than national figures 23.4% (Dental Public Health Epidemiology Programme for England, 2019).

Adult mental health

- 4.77 Common mental illnesses** include depression, general anxiety disorder, panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. PHE estimates that 32,729 adults, 15.2%, of the Havering population have a common mental illness (based on Adult Psychiatric Morbidity Survey, 2017 data). This is similar to the England estimated prevalence of 16.9%.

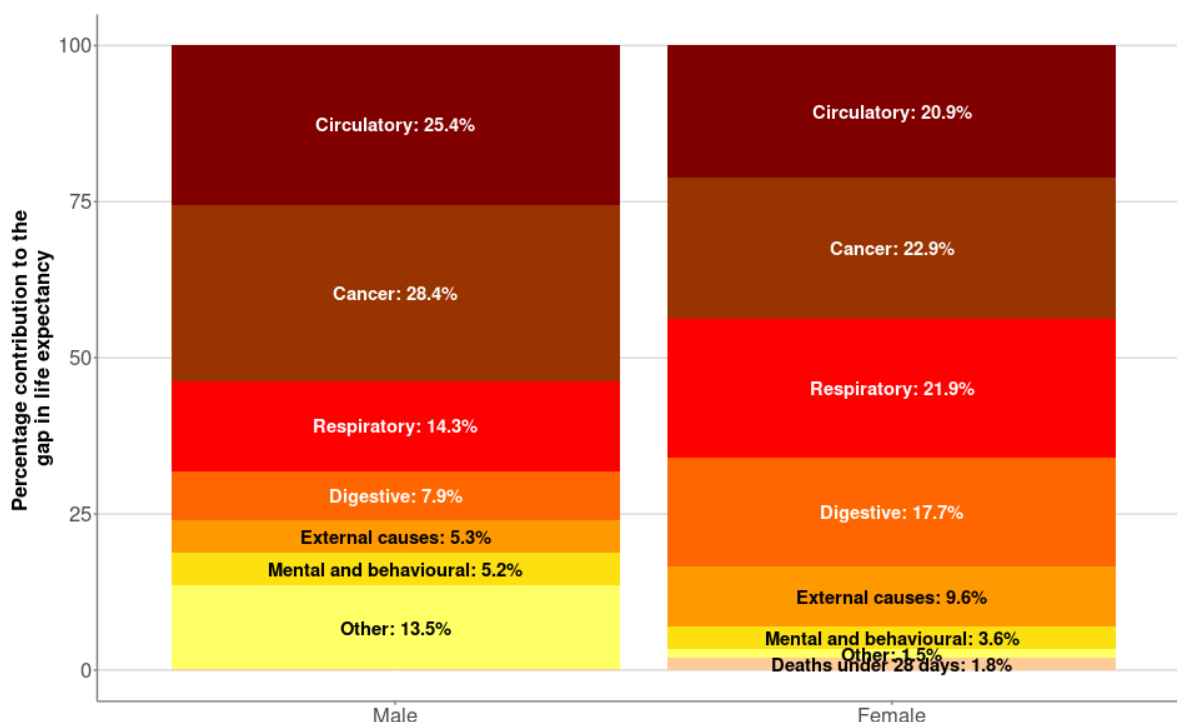
4.78 18.3% of Havering patients who have a long-term mental health condition are current smokers (PHE, 2019/20), this is lower than the national rate and a substantial decrease than previous year where rate was 26.6%. Nationally, a quarter (25.8%) of patients who have a long-term mental health condition currently smoke (GP Patient Survey, 2021).

Cancer and long-term conditions

4.79 The causes of life expectancy gap between the most deprived and least deprived populations within a borough provides a good indicator on what health conditions have a bigger impact on local populations and where a targeted approach is needed.

4.80 The stacked bar chart in Figure 4.11 show, for each broad cause of death the percentage contribution that it makes to the overall life expectancy gap in Havering. It highlights cancer as the biggest cause of the differences in life expectancy between deprivation quintiles, accounting for 28.4% of the life expectancy gap in males and 22.9% in females.

Figure 4.11: Life expectancy gap between the most deprived quintile and least deprived quintile of Havering, by broad cause of death, 2015-17.



Source: Public Health England based on ONS death registration data and mid-year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

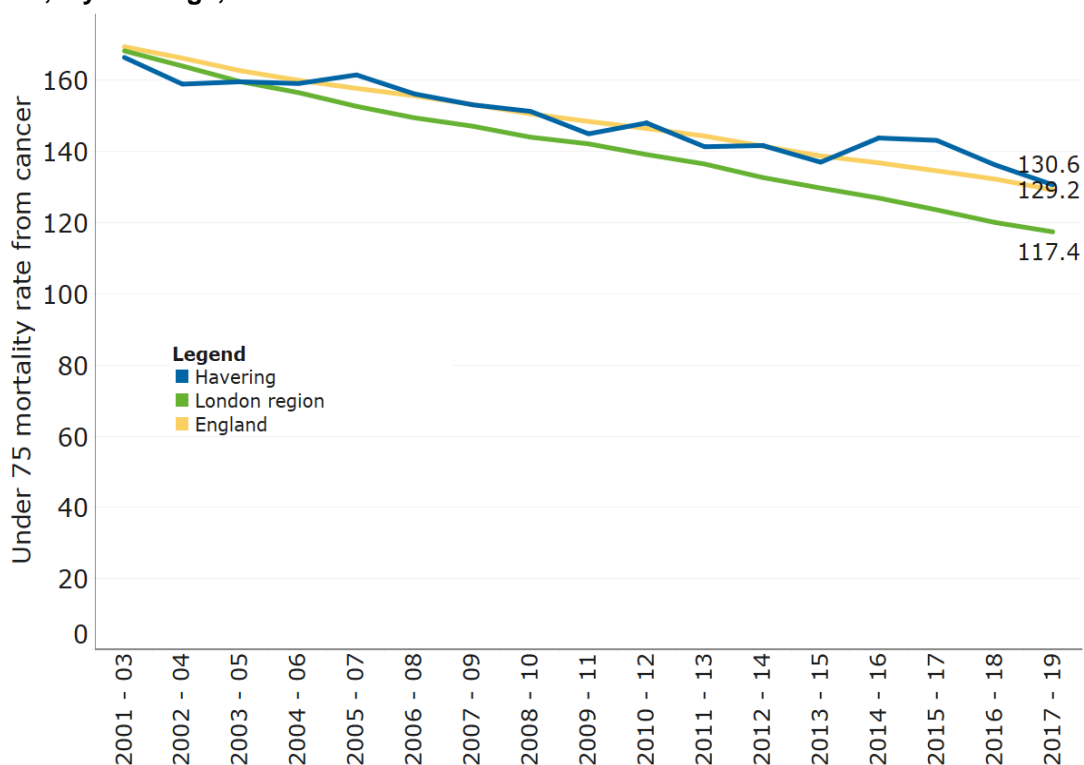
4.81 This is followed by circulatory diseases which includes heart disease and stroke. Circulatory diseases account for 25.4% the male life expectancy gap and 20.9% in the female life expectancy gap. Respiratory diseases are another substantial contributor to the life expectancy gap and account for 14.3% of the gap in men and 21.9% in females.

4.82 We will look at each of these health classifications and their impact on Havering in more depth.

Cancer

- 4.83** Around one in every two people in the UK will get cancer in their lifetime. Pharmacists can play an important role in the early detection and diagnosis of cancer. Raising awareness through public health campaigns and talking to patients about signs and symptoms of different cancers can result in earlier diagnosis and therefore better treatment options for patients.
- 4.84** The incidence of all cancers is high in Havering in comparison to the rest of England. 2014-2018 data shows 103.4 new cases of cancer per 100,000 GP population. This is the fourth highest in London and substantially higher than the national rate of 100 new cases per 100,000 population (AV2018 CASREF01, 2020).
- 4.85** NHS Havering CCG **screening coverage** for bowel, breast and cervical cancers are high in comparison to England. In fact, the screening coverage for breast cancer for females aged 53-70 years is 78.7%, this is the highest in London. The only exception is bowel cancer screening coverage, where 62.3% of 60–74-year-olds are screened, lower than the national rate of 63.8%, although still the fourth highest rate in London (NHS Cancer Screening Programme, 2021).
- 4.86** The **premature mortality rate for cancer** (i.e., under 75 years) for Havering is similar to the national rate although higher than London. Currently 130.6 per 100,000 residents of the borough died prematurely each year from cancer, compared with 129.2 for England and 117.4 for London. This mortality rate, although fluctuating, has generally been on a downward trend since 2001-03 (see Figure 4.12).

Figure 4.12: Trendline of under 75 mortality rates from cancer for Havering, London and England, 3-year range, 2001/03-2017/19.



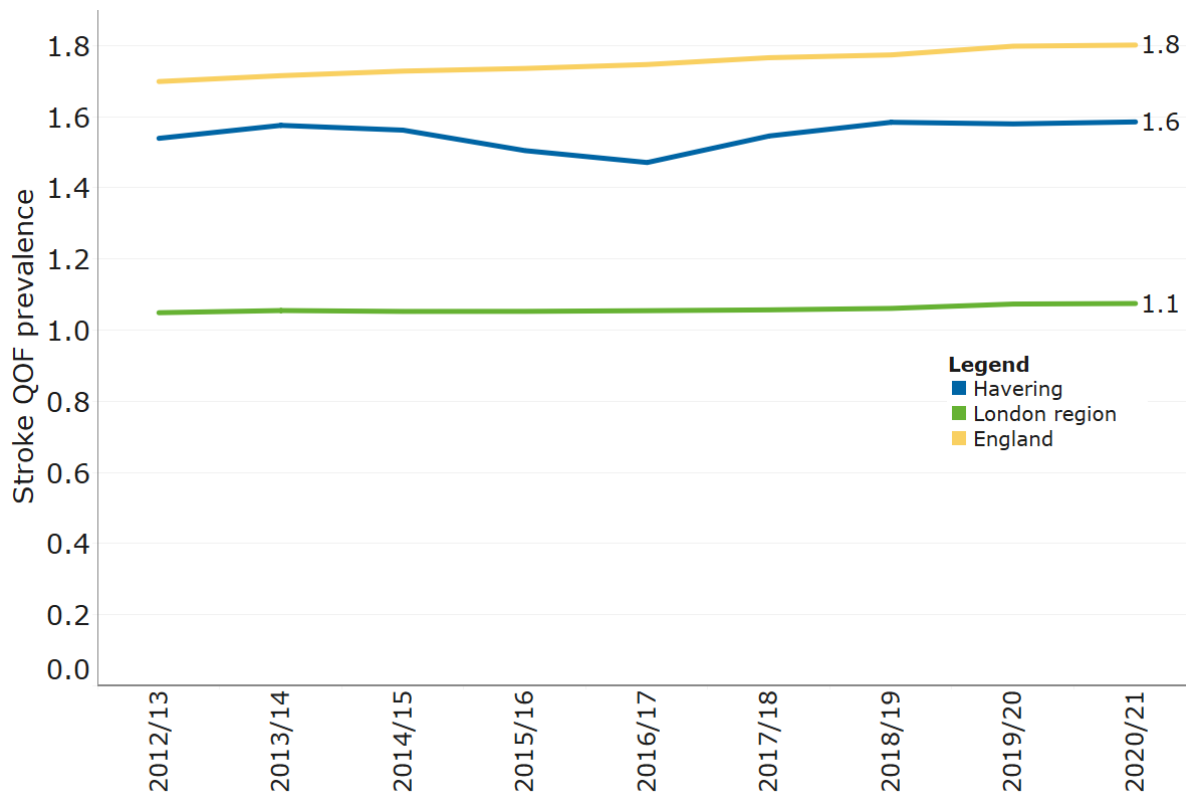
Source: PHE, Public Health Profiles, 2021

Circulatory Disease

4.87 Circulatory diseases such as coronary heart disease and stroke is the second biggest cause of the differences in life expectancy in Havering.

4.88 Havering has the 2nd highest stroke prevalence in London, although it is a low prevalence in comparison to England overall. 1.6% of the GP registered population in Havering have had stroke or transient ischaemic attack at some point in their lives. A trendline shows that this figure has been steady since 2018/19 (see figure 4.13). The national prevalence is 1.8% of the GP registered population (QOF, 2021).

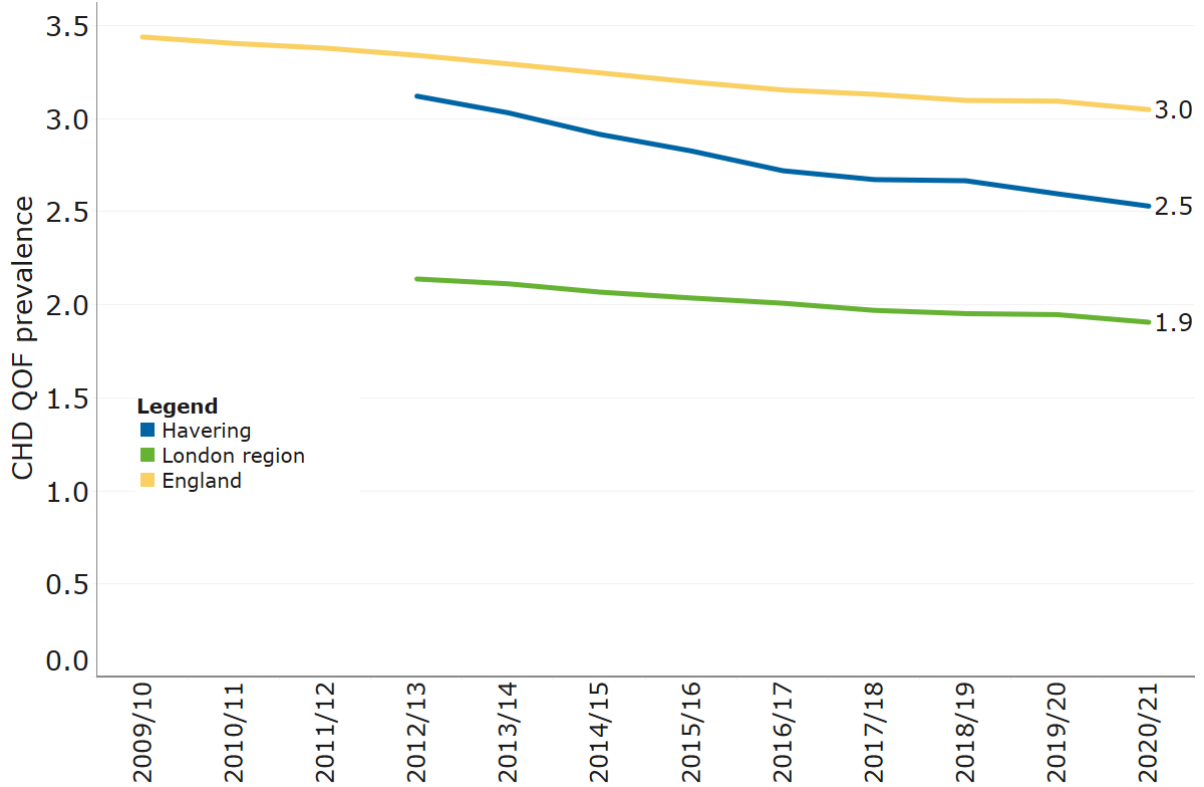
Figure 4.13: Trendline of Stroke: QOF prevalence (all ages) for Havering, London and England, 3-year range, 2012/13-2020/21.



Source: PHE, Public Health Profiles, 2021

4.89 In 2020/21, the NHS Havering CCG prevalence rate for coronary heart disease (CHD) is 2.5% of patients. While this was lower than the national prevalence of 3.0% it is the fourth highest in London (QOF, 2021). This figure has been on a downward trend since 2012/13 (see Figure 4.14).

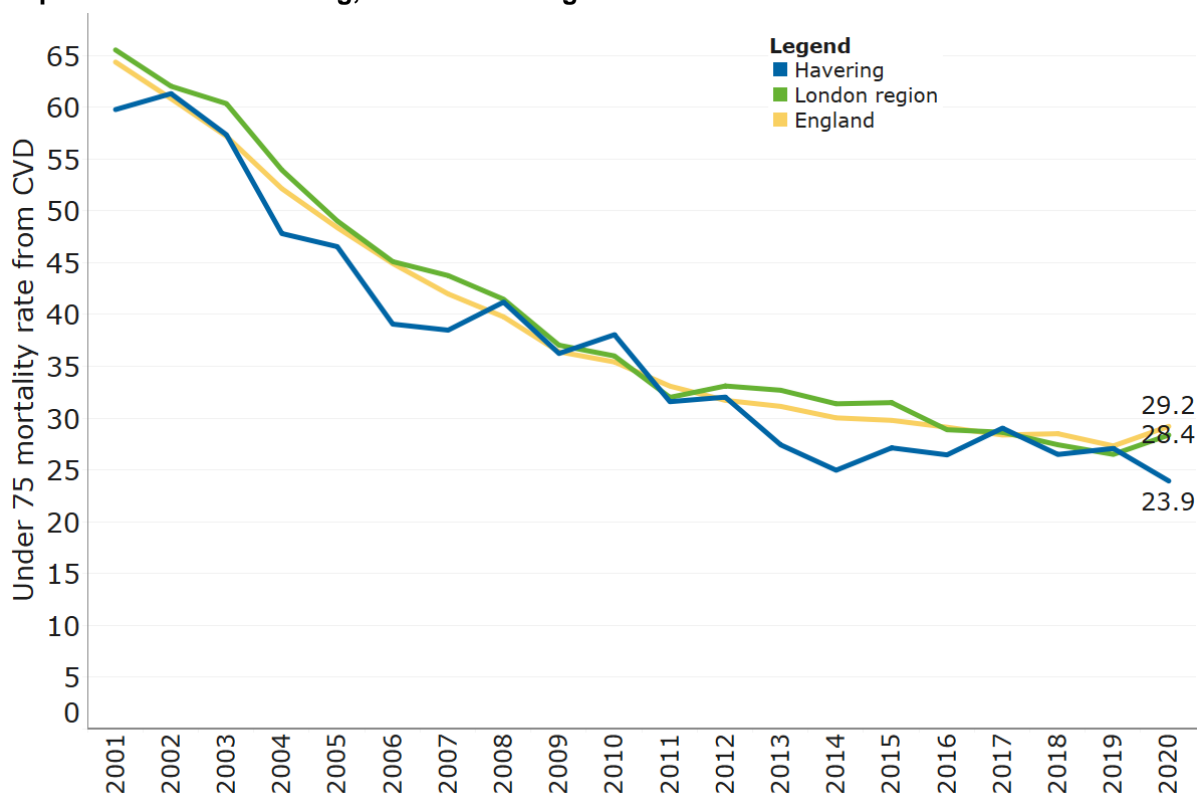
Figure 4.14: Trendline of CHD: QOF prevalence (all ages) for Havering, London and England, 2009-2021.



Source: PHE, Public Health Profiles, 2021

4.90 The under 75 mortality rates for cardio-vascular disease considered preventable is 23.9 deaths per 100,000 population. This is substantially lower than the national rate of 29.2 deaths per 100,000 population and one of the lowest in London (Office for Health Improvement and Disparities, 2021). Rates have been reducing over the years (see Figure 4.15) and this is likely due to timelier and high-quality treatment, effective prescribing, and a reduction in the number of smokers.

Figure 4.15: Under 75 mortality rate per 100,000 from cardiovascular disease considered preventable for Havering, London and England from 2001 to 2020



Source: PHE, Public Health Profiles, 2021

Respiratory diseases

4.91 Respiratory disease is one of the top causes of death in England in under 75s. The under 75 mortality rate by respiratory disease (considered preventable) in Havering is 32.2 per 100,000 population in 2020. This is slightly higher than London and England where the rates are 26.7 and 29.4 respectively (OHID, 2021)

4.92 One of the major respiratory diseases is **chronic obstructive pulmonary disease (COPD)**. Emergency hospital admissions for COPD in Havering is similar to national figures. In 2015/16- 2019/20 there were 101.4 per 100,000 admissions for COPD, the national rate is 100.0 per 100,000 admissions. Helping people to stop smoking is key to reducing COPD and other respiratory diseases (HES, 2021).

Older people and frailty

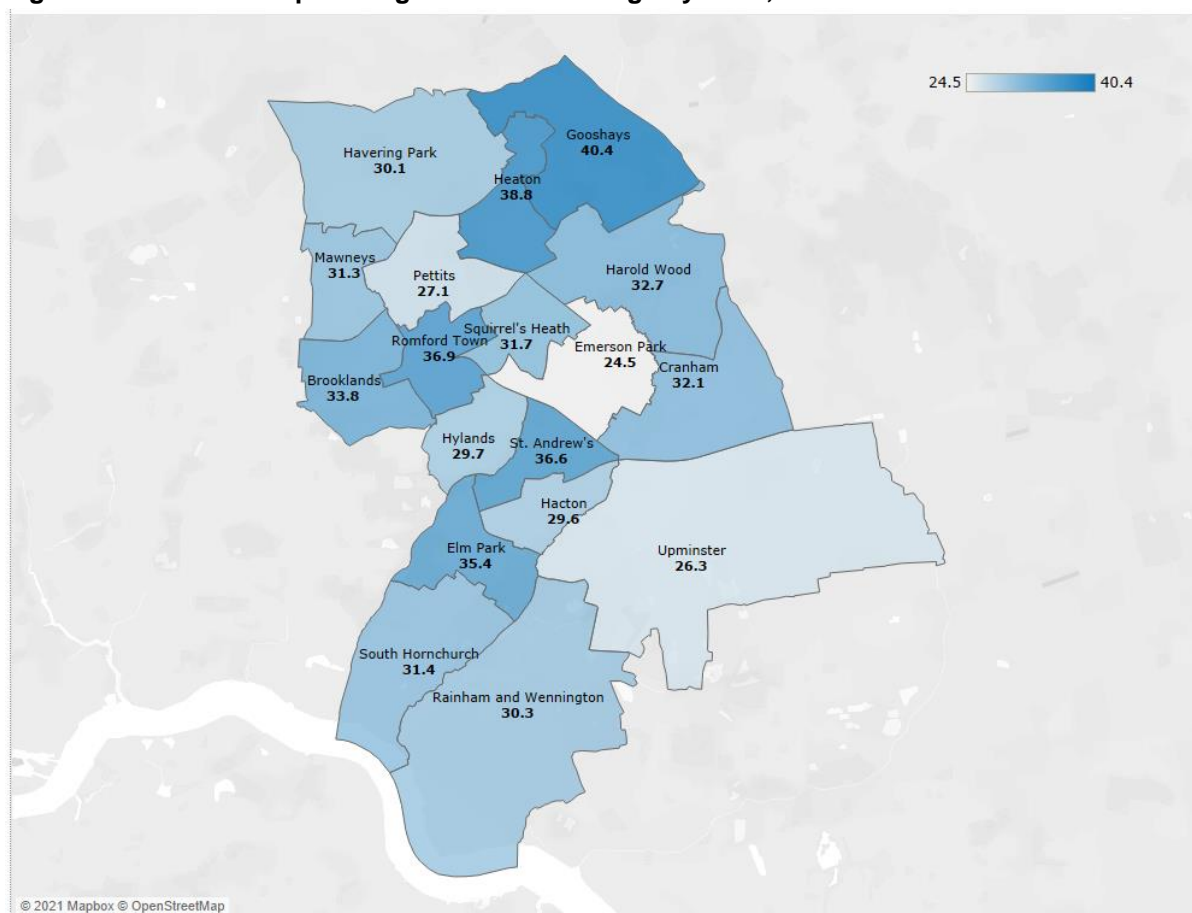
4.93 Havering has the oldest population in London with a median age of approximately 40 years old. Older people are the majority users of healthcare.

4.94 Pharmacies provide a vital resource in providing consistency in care, supporting older people's medicine adherence, and liaising between other health care practitioners and patients to ensure the patient's optimal pharmaceutical care.

- 4.95** In Havering there were 140 excess winter deaths during the winter months in 2019/20, this equates a proportion of 18.4%, similar to the proportion of excess winter deaths in England of 17.4% (ONS, 2021). Excess winter deaths typically affect the older population and those with circulatory, respiratory diseases or dementia.
- 4.96** Excess winter deaths are also linked to drops in temperature in winter, and fuel poverty hinder resilience to the cold. 9,200 households (9%) were considered to be in fuel poverty in 2018, lower than regional and national figures of 11.4% and 10.3% respectively (Department for Business, Energy and Industrial strategy, 2020).
- 4.97** Social isolation and loneliness can impact people of all ages but is more prominent in older adults. It is linked to increased behavioural risk factors, poor mental health as well as morbidity and mortality from acute myocardial infarction and stroke²⁹. Adult social care survey explores isolation and loneliness in its analysis. Findings show that in Havering 48.3% of over 65 adult social care users who responded to the survey have as much social contact as they would like. Although this is higher than national figures of 45.9%, it still shows that more than half of older adults in receipt of social care do not have as much social contact as they would like and are likely feeling isolated and lonely (Adult Social Care Survey, 2021).
- 4.98** 29.9% of Havering over 65s live alone. Although this is lower than England rate 31.5% figure 4.16 shows that there are wards within Havering where the rates of living alone are high. 40.4% of Gooshays residents live alone (PHE 2021, ONS 2011 Census).

²⁹ Hakulinen C, Pulkki-Råback L, Virtanen M, et al (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK Biobank cohort study of 479 054 men and women. *Heart*; 104:1536-1542.

Figure 4.16: Older People living alone in Redbridge by ward, 2011



Source: PHE, Local Authority Health Profiles, 2018

4.99 Approximately 2,075 people (0.8% of GP registered patients) have dementia in Havering in 2019/20. Early diagnosis is important in enabling people to access the right services and support early and live well with dementia.³⁰ However, the estimated percentage of people living with dementia who have a formal diagnosis in Havering is 53.0%, significantly lower than the national rates of 61.6% and the lowest in London (NHS Digital, 2021).

4.100 Falls are a major cause of emergency hospital admissions and loss of independence, disability, or death in older people. 1,623 per 100,000 emergency hospital admissions in 2019/20 were due to falls in people aged 65-79. This is much lower of regional and national rates of 2,215 and 2,222 per 100,000 admissions respectively (HES 2021). Pharmacy services can support people to manage their medicines and signpost them to services that can assist them to live independently and prevent falls and thereby prevent hospital admissions.

³⁰ Social Care Institute for Excellence (2020) Why early diagnosis of dementia is important.

- 4.101** 300 Havering residents (over 65s) had a hip fracture in 2019/20. This equates to a directly standardised rate of 563 per 100,000 population, similar to the national rate of 572 per 100,000 population (HES, 2020).
- 4.102** Frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. It is typically the result of the effects of natural ageing, the outcomes of multiple long-term conditions and a loss of fitness and reserves.
- 4.103** It is estimated that 12% of over 65-year-olds are living with moderate frailty. This equates to approximately 5,634 people living with moderate frailty in Havering. Moderate frailty is defined by having at least three or more symptoms from weight-loss, fatigue, weakness in the form of weak grip strength or low energy expenditure³¹. Around 42% of 65-year-olds are known to be pre-frail (having one or two of these symptoms). This equates to around 19,719 pre-fail older people residing in Havering (GLA, Housing-led population projections, 2021).
- 4.104** Pharmacists can play a role in assisting people who are frail or at risk of becoming frail. This includes highlighting any concerns with the persons GP or reviewing the patient's medication records and identify medications that could amplify the effects of frailty, increase the patient's fall risk, or escalate cognitive decline.in assisting people who are frail or at risk of becoming frail.

³¹ NHS RightCare Frailty Toolkit (2020): <https://www.england.nhs.uk/rightcare/products/pathways/frailty/>

Summary of Demographics and Health Needs of Havering

This chapter looks at the overall health and wellbeing of the population of Havering guided by the JSNA priority areas.

Havering Demographic Characteristics

The London Borough of Havering is North East London Borough situated in outer London. It has a relatively older population, with the oldest population in London. Upminster and Pettits wards have the highest representation of older people in the borough.

There is great variability in the representation of the Black, Asian and Minority Ethnic populations with Brookside having the highest percentage at 22.3%, and Upminster with the lowest at 4.8%.

Romford Town is the ward with the highest proportion of people who cannot speak English well or at all. Lithuanian, Polish and Panjabi are the languages most spoken after English in Havering. Overall Havering have a higher healthy life expectancy than England.

Wider determinants of health

Generally, deprivation is low in Havering. Only one neighbourhood, situated in Heaton Ward is among the most deprived decile in England.

Our health behaviours and lifestyles

Smoking is the leading cause of preventable death in the world, 13.2% of adults smoke in Havering, slightly higher than the national rate. 67.3% of Havering adults are overweight or obese, the third highest figure in London. 29.7% of adults are inactive, again, substantially higher than London figures.

Havering adults drink less than comparators and there are fewer residents who are opiates and/or crack cocaine users.

The rates of STIs in general are similar to national figures. The rates of people living with HIV are lower than the national figures.

The places and communities in which we live

The population of Havering is set to increase by 2.5% by in the lifetime of this PNA. The highest anticipated increases are in South Hornchurch, Romford Town and Brooklands wards.

Children and Young people

Children are doing comparatively well in terms of the wider determinants of health in Havering. However, excess weight in Year 6 children is higher than national figures, as is dental decay.

Adults

Cancer is the biggest cause of life expectancy gap in Havering. The incidence of cancers is the fourth highest in London. Havering has the fourth highest stroke prevalence in London. Premature mortality by respiratory disease is high in Havering.

Older Adults

Approximately 5,634 people are living with frailty in Havering, although hospital admissions for falls is low. Rates of dementia is lower than expected prevalence of dementia.

Chapter 5 – Patient and Public Engagement

- 5.1 This chapter discusses the results of the patient and public engagement that was carried out in Barking and Dagenham, Havering and Redbridge (BHR) between the period of 1st November 2021 to the 31st of December 2021. Results show feedback by Havering residents then BHR results are explored for differences between protected characteristic groups.
- 5.2 A “protected characteristic” means a characteristic listed in section 149(7) of the Equality Act 2010. There are also certain vulnerable groups that experience a higher risk of poverty and social exclusion than the general population. These groups often face difficulties that can lead to further social exclusion, such as low levels of education and unemployment or underemployment.
- 5.3 A community questionnaire was used to engage with residents to understand their use and experience of local pharmacies. This questionnaire was approved for use with the local population by the PNA Steering Group and the communication teams of BHR.
- 5.4 The community questionnaire was disseminated via online and social media platforms. Over the period between 1st November 2021 to 31st December 2021, we engaged with 364 residents in BHR. 184 of those responses were from Havering residents, an additional 53 were from residents living in postcodes bordering Havering making a total of 237 responses. This is a small sample size of the population and therefore not a representative sample, therefore, there are limits to the conclusions that can be made from this analysis.

Online:

- Residents E-Newsletters
Across BHR, e-newsletters were sent to 74947 residents from public health communications teams. This was done on multiple occasions.
- VCS community leads
Across BHR a total of 689 faith and community organisations were contacted by VCS community leads.
- Healthwatch website
The patient and public engagement survey was accessible on the Havering & Redbridge Healthwatch websites, and survey was available via Havering Healthwatch e-bulletin
- Public health website
Survey was also accessible via the Havering public health consultations page

Social media:

- 5.5 BHR public health communications teams disseminated links to the survey using various social media channels multiple times. Social media channels included Twitter, Facebook, Instagram, LinkedIn, and Next Door.

Other engagement:

- 5.6 Healthy Dialogues also contacted 18 cultural community and faith-based organisations within BHR via email, with a link to the survey to be disseminated to their community groups.
- 5.7 This chapter will first look at responses from people from Havering, then will take a deeper look at responses across groups of people from protected characteristics across BHR.

Pharmacy use by Havering residents

- 5.8 We first looked at how and why Havering residents use their pharmacy and what services they would like to see. When asked how **long it takes them to travel to their pharmacy** the top two responses were:

- Between 5-20 minutes: 132 respondents
- 5 minutes: 90 respondents

- 5.9 This result was similar across Redbridge and Barking and Dagenham where the top response from residents in both boroughs also indicated that 5-20 minutes of travel was the most popular choice.

- 5.10 When analysing the reasons for chosen pharmacy and **why the residents chose their local pharmacy**, the top three responses from Havering residents were:

- **Accessibility:** Good location (178 responses)
- **Patient interaction:** Happy with the overall service provided by the pharmacy (161 responses)
- **Satisfaction with the service:** Short wait for prescriptions (126 responses)

- 5.11 This result was similar across Redbridge and Barking and Dagenham where residents chose their pharmacy based on good location, satisfaction with the overall service provided by the pharmacy, and the short waiting times for prescriptions.

- 5.12 In comparison to the previous Havering PNA (2018) which had shown that residents of Havering wanted to see more accessible locations for pharmacies, the current PNA shows that overall, residents were felt their pharmacy is in a good and accessible location.

- 5.13 185 comments were left around what **services the residents would like to see** being provided from their local pharmacy that they do not currently provide. When breaking this down further, 50 comments were left by Havering residents. The top two services the Havering residents would like to see within their pharmacies included:

- Blood checks: 19 respondents
- Vaccinations: 14 respondents

5.14 These results were similar across Redbridge and Barking and Dagenham, where the most popular service the residents of these boroughs would like to see within their pharmacy was also blood checks.

5.15 These results are also similar to that of the previous Havering PNA (2018), where suggestions around services by residents of Havering also included vaccinations, and blood testing.

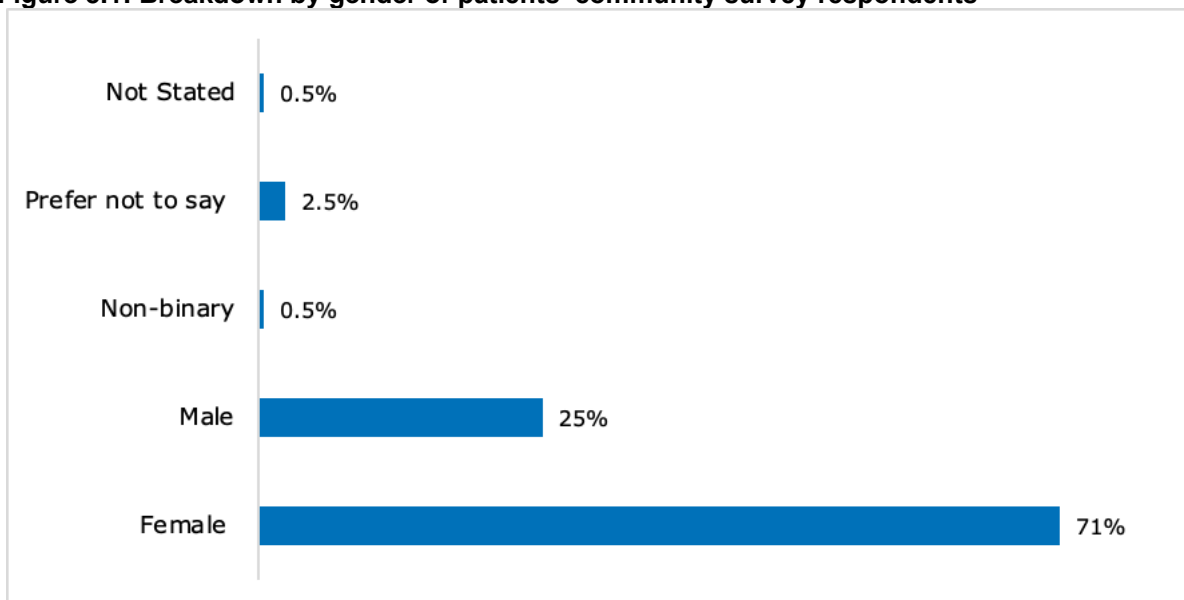
Barking and Dagenham, Havering and Redbridge combined results and Equalities Impact Assessment

5.16 The 364 questionnaires responses collated were analysed to better understand the use of community pharmacies by residents of BHR and identify any potential gaps in service provision for the protected characteristics.

Demographics of the sample population³²

5.17 A breakdown of the gender shows that 71% of the respondents were female, 25% were males, 2.5% preferred not to state their gender, 0.5% were non-binary, and 0.5% did not state their gender on the survey (see figure 5.1)

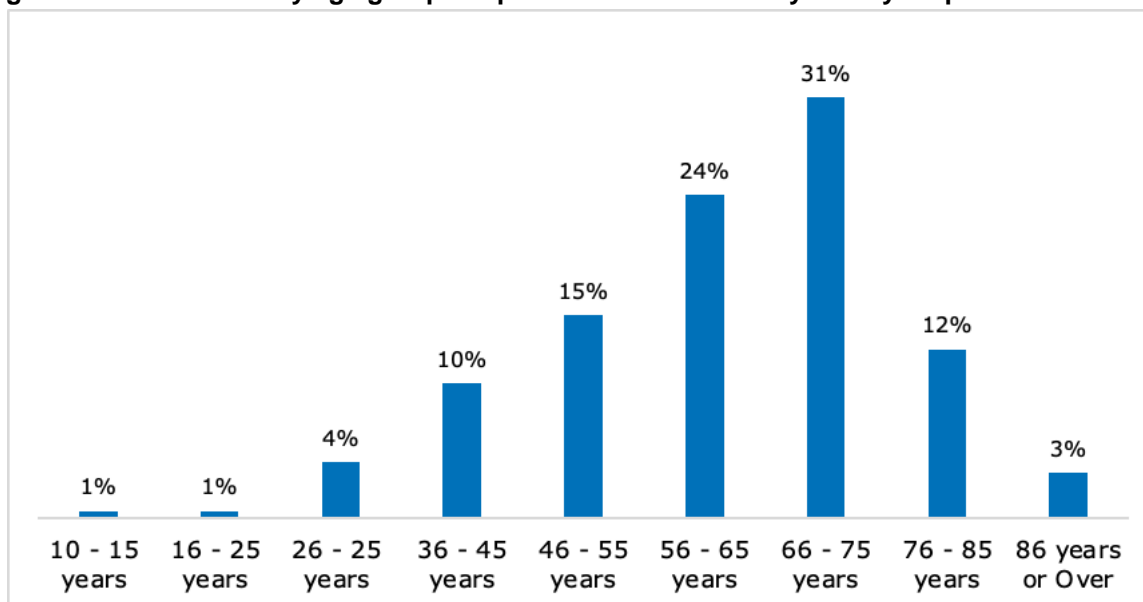
Figure 5.1: Breakdown by gender of patients' community survey respondents



³² NB: The user composition does not reflect the general population because the needs are different by population groups, therefore the responders would not necessarily represent users or general population.

5.18 The survey sample represented a wide range of **age** categories, with the highest representation from the 66-75 age group (31%), followed by the 56-65 age group (24%). The least represented group was between the age categories of 10–15-year-olds (1 %) and 16–25-year-olds (1%) (see figure 5.2).

Figure 5.2: Breakdown by age groups of patients and community survey respondents



5.19 Below is the breakdown data from the survey represented the following **ethnic groups** between the period of 1st November 2021, to 31st December 2021 (figure 5.3):

Figure 5.3: Breakdown of respondent's ethnicities

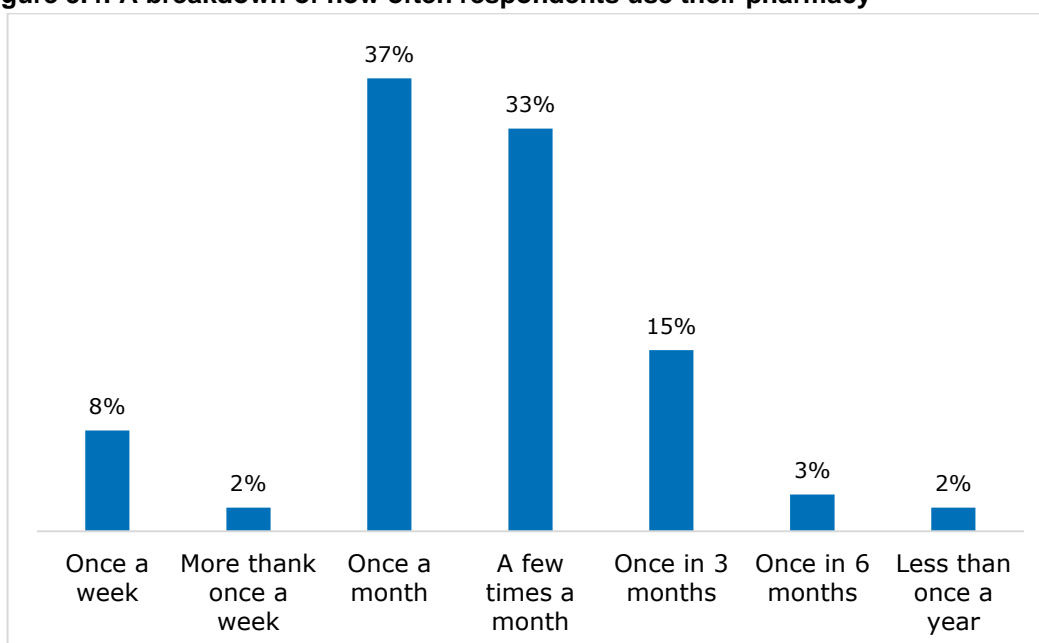
Ethnicity	Number of respondents
White (including English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, and other White background)	317 residents of BHR (87%)
Mixed ethnic groups (including White and Black Caribbean, White and Black African, White and Asian, any other mixed ethnic background)	5 residents of BHR (1.4%)
Asian or British Asian (including Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	26 residents of BHR (7%)
Black African, Caribbean or Black British (including African, Caribbean, any other Black African or Caribbean background)	11 residents of BHR (3%)
Any other ethnic group (including Arab)	1 resident of BHR (0.3%)
Did not state their ethnic background	4 residents of BHR (1%)

5.20 Please note: the user composition could not reflect the general population because the pharmacy and health needs are different, and therefore the responders would not necessarily represent users or general population.

Overall use of Pharmacies

5.21 When asked around **how often they use the pharmacy** around 37% of the BHR residents use the pharmacy monthly, with 33% of residents use the pharmacy a few times in a month, and around 15% using it once in 3 months. Only 8% of residents use the pharmacy weekly, and around 2% more than once a week (figure 5.4).

Figure 5.4: A breakdown of how often respondents use their pharmacy



5.22 The majority (82%) of the respondents indicated that they would prefer to use the pharmacy during the weekday (figure 5.5), with the most popular times being between 9am- 12pm, followed by 2pm- 5pm (see figure 5.6). Note: residents could select multiple responses for this survey question.

Figure 5.5: Preference of when to use the pharmacy

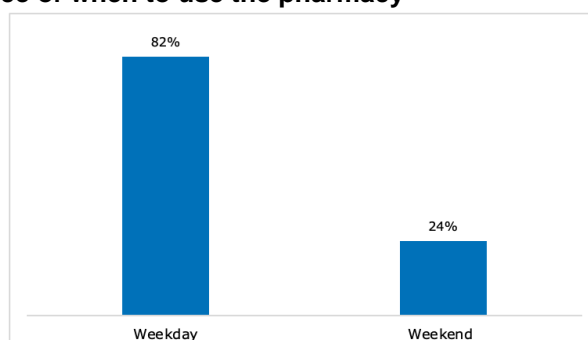
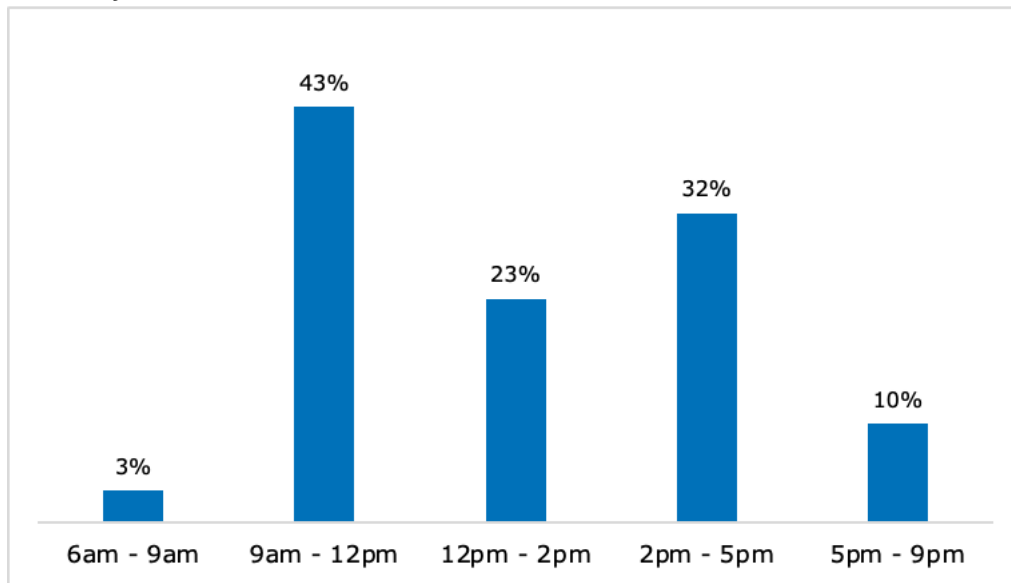


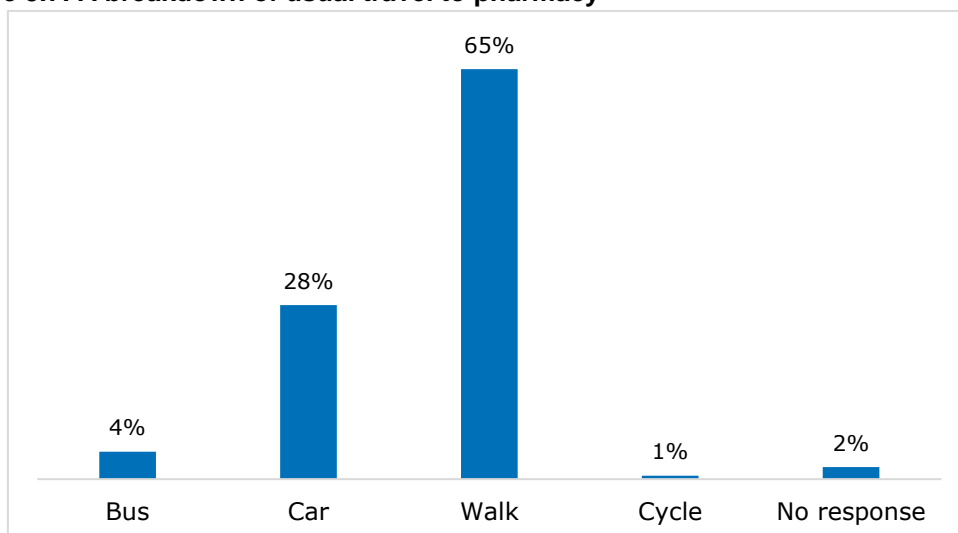
Figure 5.6: A breakdown of preference for time of day to use the pharmacy (includes weekend and weekday times)



5.23 When asked **who they are using the pharmacy for**, 91% of respondents use the pharmacy for themselves, 35% use the pharmacy for their partner/spouse, and 13% use the pharmacy for their children.

When asked around how they usually travel to their pharmacy, the majority of respondents, 65%, walk to their pharmacy. 28% use their car to get to their pharmacy, and 4% take the bus (figure 5.7).

Figure 5.7: A breakdown of usual travel to pharmacy



5.24 Of the 364 responses, 61 residents indicated that they do use an **online pharmacy service**. When asked **what they use their online pharmacy for**, 87% said that they use their online pharmacy to order repeat prescriptions.

5.25 The survey also asked how the patients and publics **use of pharmacy had changed since the COVID-19 pandemic**. 274 people responded to this question, of whom, 38% (107) felt that their use of the pharmacy had not changed since the start of the pandemic.

5.26 230 respondents (63%) left a comment on what they felt **could be improved about their pharmacy**. Of the 230 responses, 82 (35%) residents were very pleased, or had no further recommendations on improving their current pharmacy service.

5.27 An additional 140 comments were left around how residents felt pharmacy services could be improved. These have been categorised below into the top four recommendations for improvement:

The top four recommendations for improvement included:

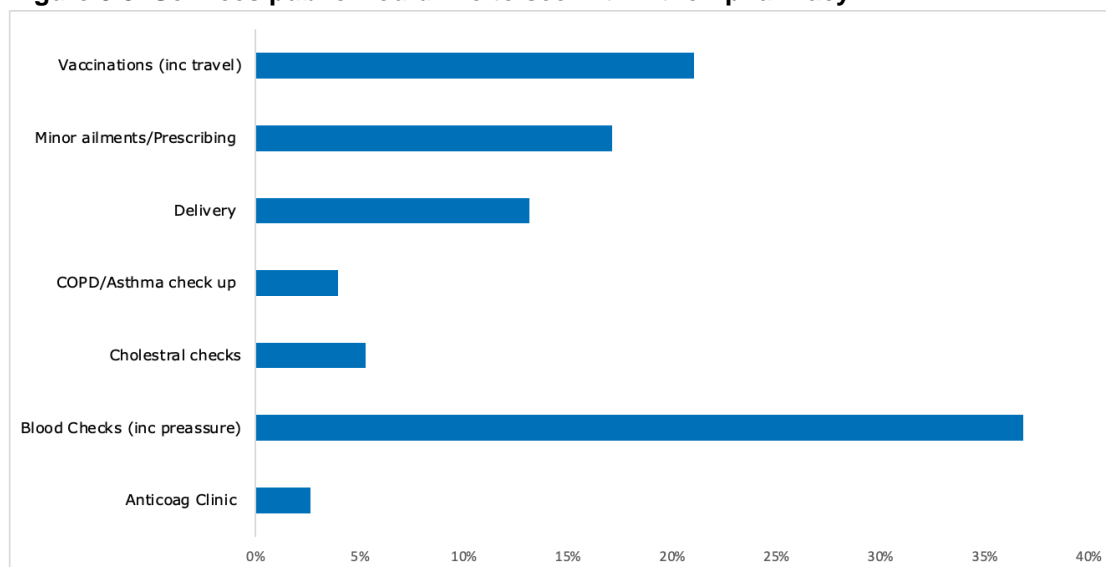
1. Increased opening hours (11%)
2. Staffing, including more staff, and friendlier staff (7%)
3. Accessibility, including parking and disabled access (4%)
4. Better, or more seating inside the pharmacy (3%)

5.28 Of the 364 respondents, 185 left a comment on how **what services they would like to see available** in their pharmacy (figure 5.8).

The top five services the public would like to see within their pharmacy were:

- Blood checks, including blood tests, and pressure checks
- Vaccinations, including travel, COVID-19, flu-jab
- Minor ailments and prescribing
- Delivery service
- Cholesterol checks

Figure 5.8: Services public would like to see within their pharmacy

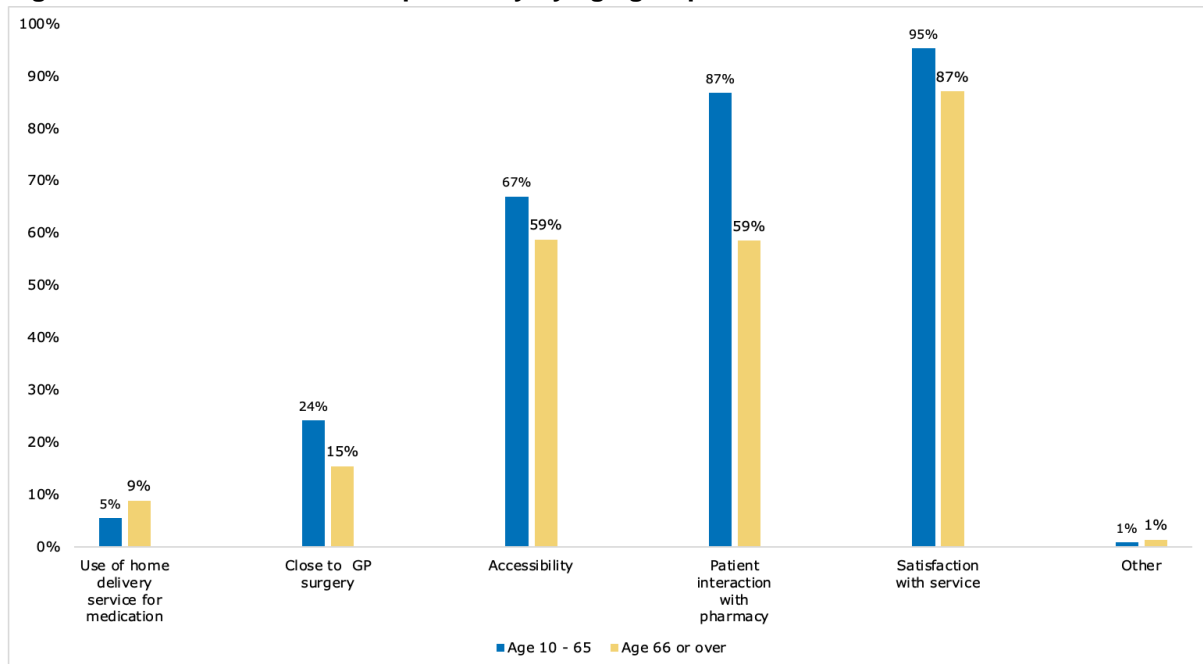


Protected Characteristics

Age

- 5.29** The current age profile and projections of the borough are discussed in Chapter 4. Pharmacies provide essential services to all age groups such as dispensing, promotion of healthy lifestyles and signposting patients to other healthcare providers. Pharmacies providing services to vulnerable adults and children are required to be aware of the safeguarding guidance and local safeguarding arrangements.
- 5.30** To understand any differences, we carried out the analysis by grouping together age groups that are over 66 and compared this with age groups under the age of 65.
- 5.31** We analysed the reasons for chosen pharmacy by age groups i.e., under 65's (n= 195) and over 66's (n=169).
- 5.32** The use of home delivery service for medication was more prevalent in the over 66's compared to the under 65 age group.
- 5.33** When analysing other reasons for chosen pharmacy, the under 65 age categories were more satisfied with the service compared to the over 66 age group. The under 65's also stated that they felt they had better patient-pharmacy interaction, the pharmacy was accessible, and it was closer to their GP surgery. (Figure 5.9)

Figure 5.9: reasons for chosen pharmacy by age group



5.34 There were no differences between the two age categories in terms of which services residents would like to see within their pharmacy. The top three services both age categories would like to see included:

- Blood testing
- Vaccinations
- Blood pressure checks

Ethnicity

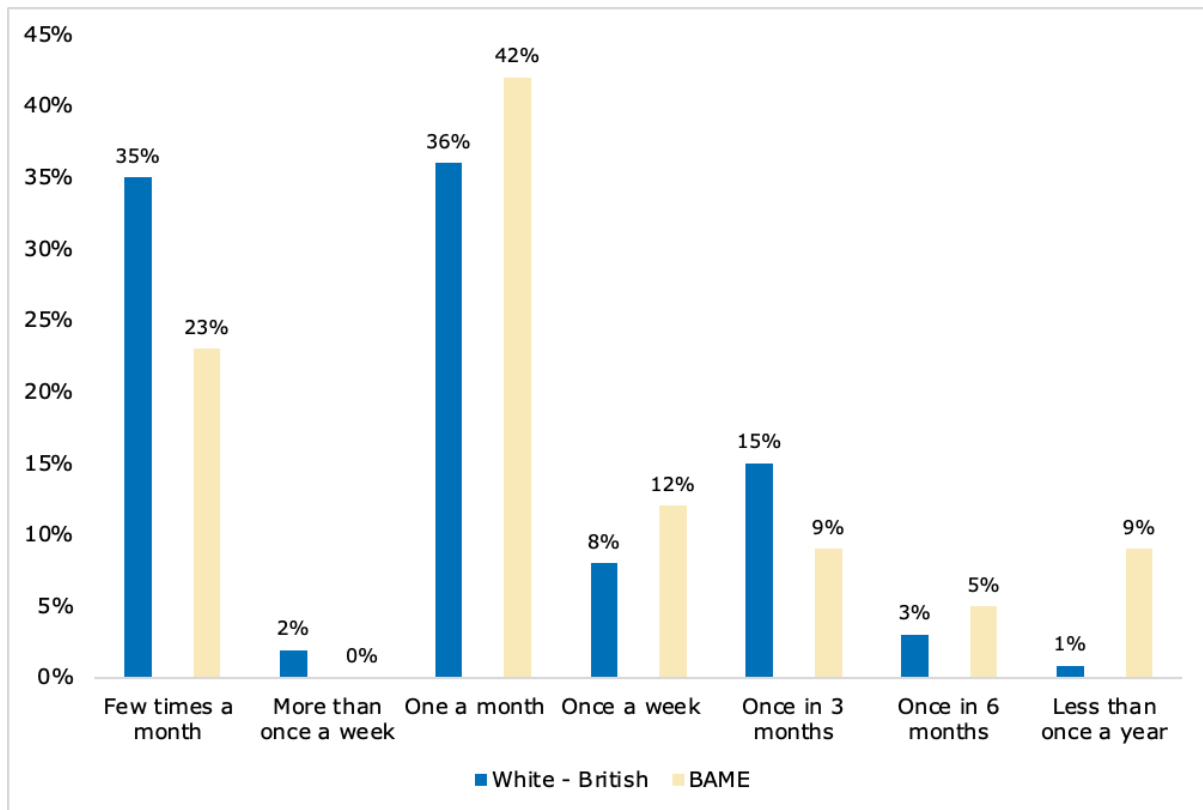
5.35 Of the respondents, 43 (12%) identifying as being from a Black, Asian and Ethnic minority (BAME) background (breakdown in section 5.9). 317 (87%) respondents identified themselves as White.

5.36 For the purposes of studying differences in the use and experience of pharmacies, we compared BAME populations with groups identifying as White (including British, Irish, and other White).

5.37 The majority of the residents used the pharmacy at least once a month, or a few times a month across all ethnic groups.

5.38 Those from a BAME background were more likely to be using the pharmacy at least once a week, White ethnic residents, are more likely to use the pharmacy at least once a month (figure 5.10).

Figure 5.10: Breakdown of ethnicity and pharmacy usage



5.39 19 comments were left by the BAME community in relation to what services they would like to see within their pharmacy. This entailed, delivery service including for single mothers, more minor ailments services and blood checks (cholesterol, pressure, blood tests).

5.40 162 comments were left by the White ethnic groups around what services they would like to see within their pharmacy. 43% of the respondents were happy with the service that was already being provided. Others that left comments felt their pharmacy could offer blood checks (cholesterol, blood tests), COVID-19 vaccinations and other vaccinations.

Pregnancy and maternity

5.41 Five (1%) of the respondents to the community engagement survey were pregnant or breastfeeding. Four of the respondents were aged between 26-35, and one aged between 36-45.

5.42 Those who were pregnant, or breastfeeding tended to use the pharmacy on the weekday. There was no significant difference in their use of pharmacies in comparison to the rest of the survey population.

5.43 No comments were left by those who were pregnant or breastfeeding in relation to what services they would like to see within their pharmacy.

5.44 Reasons for chosen pharmacy included being in a good location, within a 5-minute walk or drive.

5.45 Though pregnant and breastfeeding respondents made a small representation to the overall survey responses, this could be explained by the fact that the majority of people who completed this survey were aged 66 and over.

Gender

5.46 Of the survey respondents, 259 identified themselves as female, 92 as males, 9 preferred not to state, two as non-binary, and two were left blank.

5.47 The usage of pharmacy showed 38% of the 92 males, used the pharmacy a few times a month, compared to 31% of the 259 females. 49% of females used the pharmacy at least once a month, compared to 30% of males.

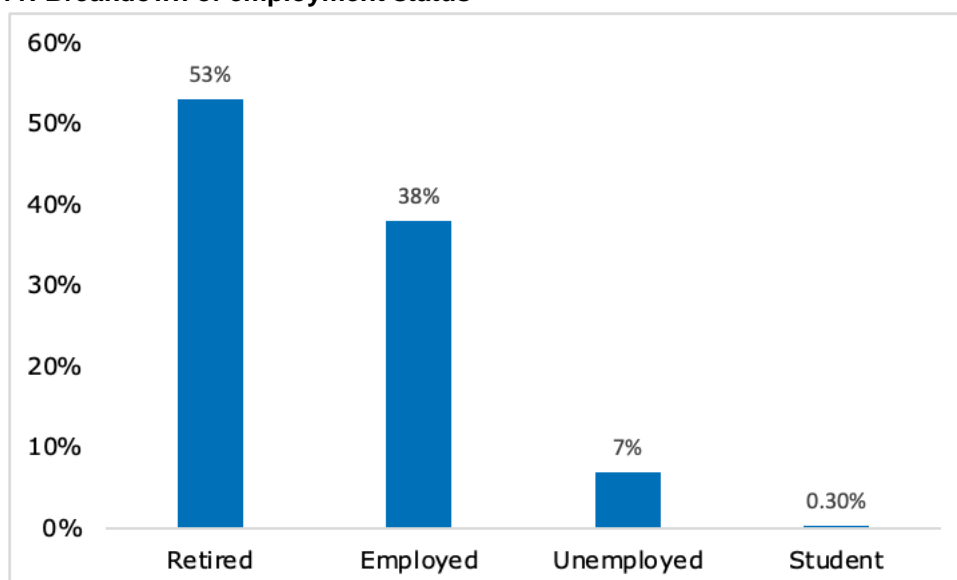
5.48 Overall, women also tended to use the pharmacies for their children, more than their male counterparts.

5.49 There were no significant differences in the reasons for chosen pharmacies across the genders.

Employment Status

5.50 A breakdown of employment status showed that over half of the survey responses were from retired residents. This was followed by employed (part-time, full-time, self-employed, full-time, and part-time carers). 7% were unemployed, and we received one response from a student (figure 5.11).

Figure 5.11: Breakdown of employment status



5.51 The analysis showed that those working in employment still preferred to use their pharmacy during the weekday over the weekend. However, there were no significant differences across the groups around when they would prefer to use the pharmacy (weekend or weekday).

Disability

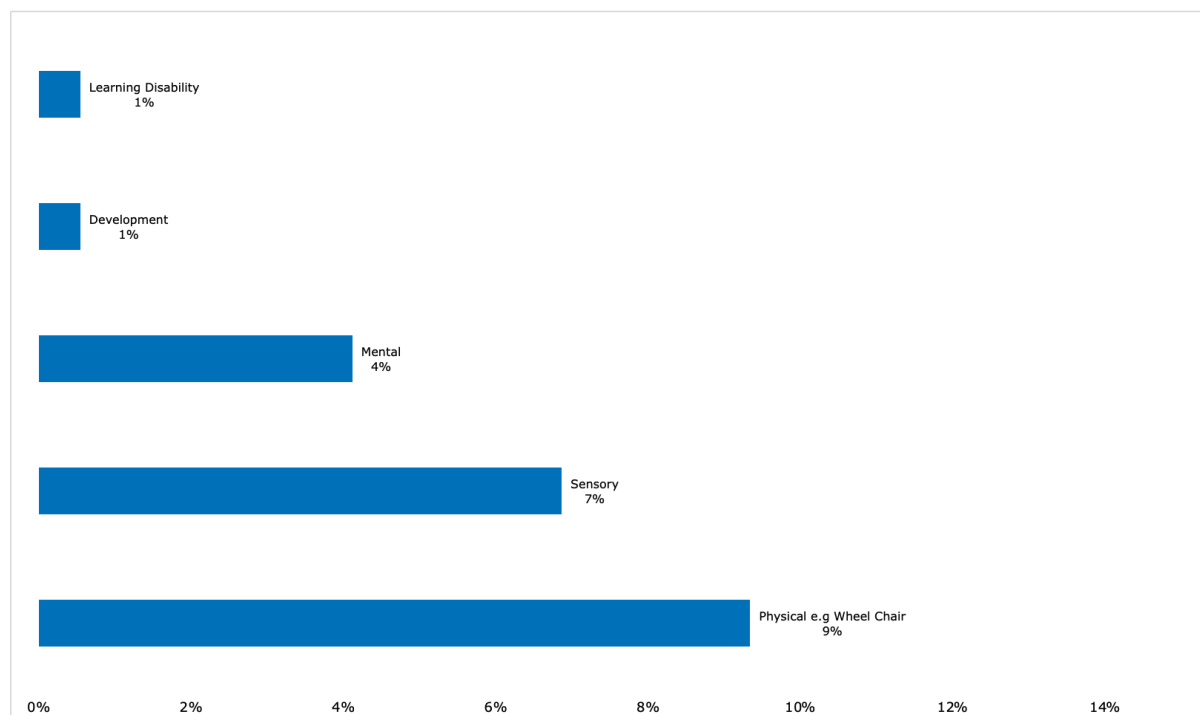
5.52 All pharmacies must comply with the Disability Discrimination Act 1995. Pharmacy contractors may have assessed the extent to which it would be appropriate to install hearing loops or provide access ramps wide aisles to allow wheelchair access. Accessible information formats are alternatives to printed information, used by blind and partially sighted people, or others with a print impairment.

5.53 The survey categorised disabilities into five main groups, followed by other:

1. Physical e.g., wheelchair user
2. Mental health issues e.g., bi-polar disorder, schizophrenia, depression
3. Sensory e.g., mild deafness, partially sighted, blindness
4. Learning disabilities e.g., Down Syndrome
5. Developmental e.g., autistic spectrum disorder, dyslexia, dyspraxia
6. Other

5.54 112 (31%) respondents answered yes to having a disability (figure 5.12) When asked to state what kind, of which the majority of respondents had a physical disability (9%), followed by sensory (7%), and mental health disability (4%).

Figure 5.12: Breakdown of the top 5 disabilities



5.55 Those who said that they have a disability preferred to use the pharmacy during the weekday over the weekend. Weekdays between 9am – 12pm seemed to be the most popular time for use of pharmacies.

5.56 43 residents left comments on how they felt the pharmacy services could be improved for them. Of this, 28 felt very pleased with the service and had no recommendations. The top 3 recommendations included:

1. Better access to pharmacy
2. Home deliveries
3. Opening hours at weekends

5.57 The top 2 services respondents with a disability would like to see included:

1. Blood checks (blood testing, cholesterol, and pressure)
2. Vaccinations

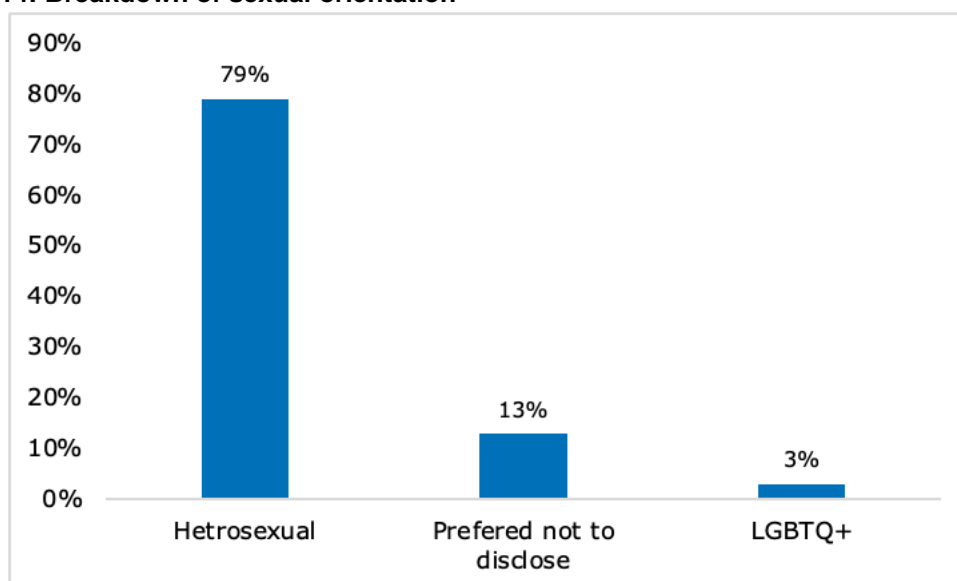
5.58 No significant differences were identified between the overall responses and this protected characteristic in relation to improvements to the pharmacy, and services residents would like to see within their pharmacy.

Sexual Orientation

5.59 Of the total number of respondents, 289 identified as heterosexual, 12 identified as LGBTQ+, and 46 preferred not to disclose (figure 5.13).

5.60 No significant differences were identified between groups of sexual orientation around the use of pharmacy, and services they would like to see.

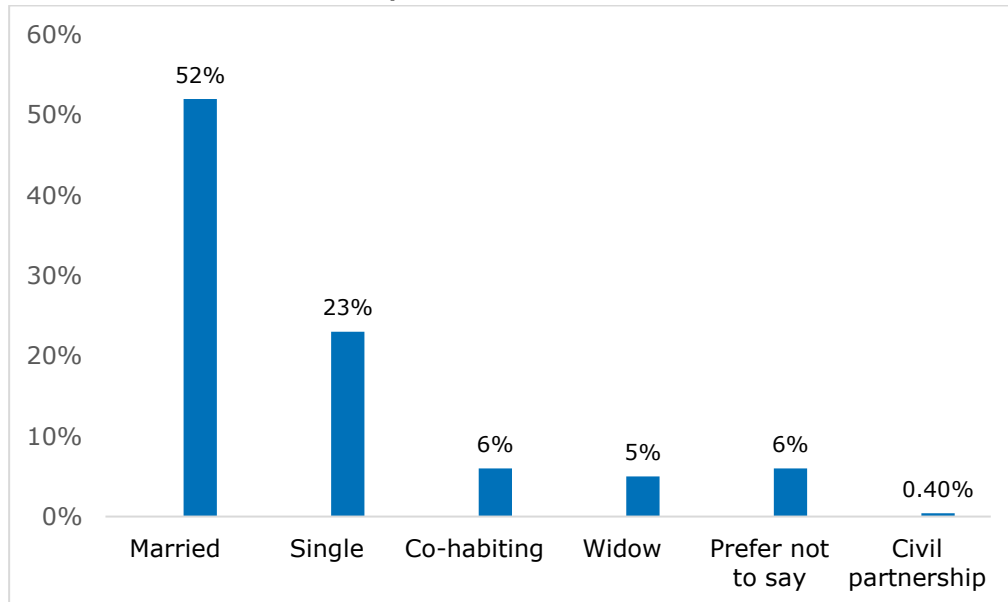
Figure 5.14: Breakdown of sexual orientation



Relationship Status

5.61 190 respondents were married, 85 respondents were single, 23 preferred not to disclose their relationship status, 22 were co-habiting, and 5 in a civil partnership (figure 5.14).

Figure 5.14: Breakdown of relationship status



5.62 No differences were found in the use and experience of those who were single and those who were married, co-habiting or in a civil partnership.

Summary of the Patient and Public Engagement and the Protected Characteristics

Patient and public engagement in the form of a survey was undertaken to understand how people use their pharmacies, what they use them for and their views of the pharmacy provision. It included an exploration of the health needs specific to protected characteristics and vulnerable groups.

Overall, 364 BHR residents and workers responded to the survey, 184 of whom were from Havering. Results showed that residents choose their pharmacy based on overall satisfaction of their pharmacy service, ease of location, and friendly staff.

Most people surveyed used their pharmacy during weekdays and normal working hours. A sizeable proportion (24%) preferred weekend opening.

Overall, people are happy with the pharmacy services they receive in BHR. A small number of survey respondents made some suggestions for improvement. These were mainly around provision of providing simple health check-ups which largely included blood checks (cholesterol, pressure, and testing). Other suggestions included providing vaccinations, including COVID-19 vaccines and travel vaccines flu vaccines.

Overall, no different needs were identified for people who share protected characteristics.

Chapter 6 – Current Provision of Pharmaceutical Services

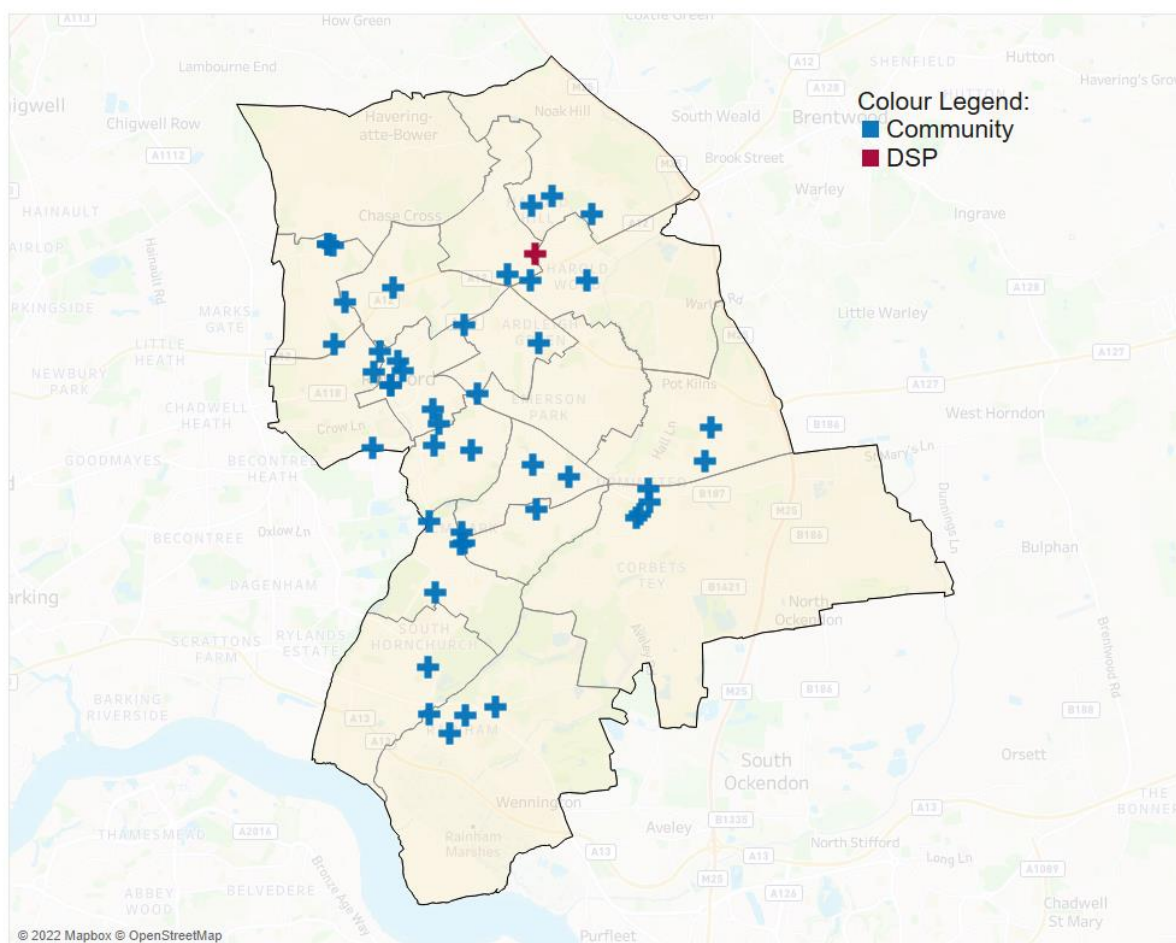
- 6.1** This chapter identifies and maps the current provision of pharmaceutical services in order to assess the adequacy of provision of such services. Information was collected up until April 2022.
- 6.2** It assesses of the adequacy of the current provision of necessary services by considering:
- Different types of pharmaceutical service providers
 - Geographical distribution and choice of pharmacies, within and outside the borough
 - Opening hours
 - Dispensing
 - Pharmacies that provide essential, advanced, and enhanced services.

In addition, this chapter also summarises responses to the contractor survey where contractors have indicated willingness to provide a service to address a specific population health and wellbeing need in Havering, if commissioned.

Pharmaceutical Service Providers

- 6.3** As of April 2022, there are 46 pharmacies in Havering that hold NHS contracts; 45 community pharmacies and 1 distance selling pharmacy. They are presented in the map in Figure 6.1 below.
- 6.4** All the pharmacy providers in the borough as well as those within 1 mile of its border are also listed in Appendix B.

Figure 6.1: Map of pharmacies in Havering, April 2022



Source: NHS England, 2022

Community Pharmacies

6.5 The 45 community pharmacies in Havering equates to 1.7 community pharmacies per 10,000 residents (based on a 2022 population estimate of 263,354). This ratio is below the London and England averages, both of which stand at 2.2 based on 2014 data (LGA, 2021³³).

Distance Selling Pharmacies (DSP)

6.6 A distance Selling Pharmacy works exclusively at a distance from patients. They include mail order and internet pharmacies that remotely manage patients medicine logistics and distribution. DSPs collect prescriptions and provide them to patients at their homes, care homes or nursing homes. They can also provide a ‘click and collect’ service.

³³ Local Government Association: LG Inform. Ratio of pharmacies per 10,000 population (Snapshot: 29 November 2014) https://lginform.local.gov.uk/reports/lgastandard?mod-area=E92000001&mod-group=DEFRA2009_OtherUrbanList&mod-metric=3707&mod-type=namedComparisonGroup (Accessed in December 2021).

6.7 There one DSP in Havering (Ayp Healthcare).

Dispensing Appliance Contractor (DAC)

6.8 There are no DACs on the Havering's pharmaceutical list. A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

6.9 There are no DACs on the Havering's pharmaceutical list. A DAC is a contractor that specialises in dispensing prescriptions for appliances, including customisation. They cannot dispense prescriptions for drugs.

GP Dispensing practices

6.10 There are no GP dispensing practices in Havering.

Local Pharmaceutical services

6.11 There are no Local Pharmaceutical Service (LPS) contracts within Havering. No area in Havering have been designated as LPS areas.

Accessibility

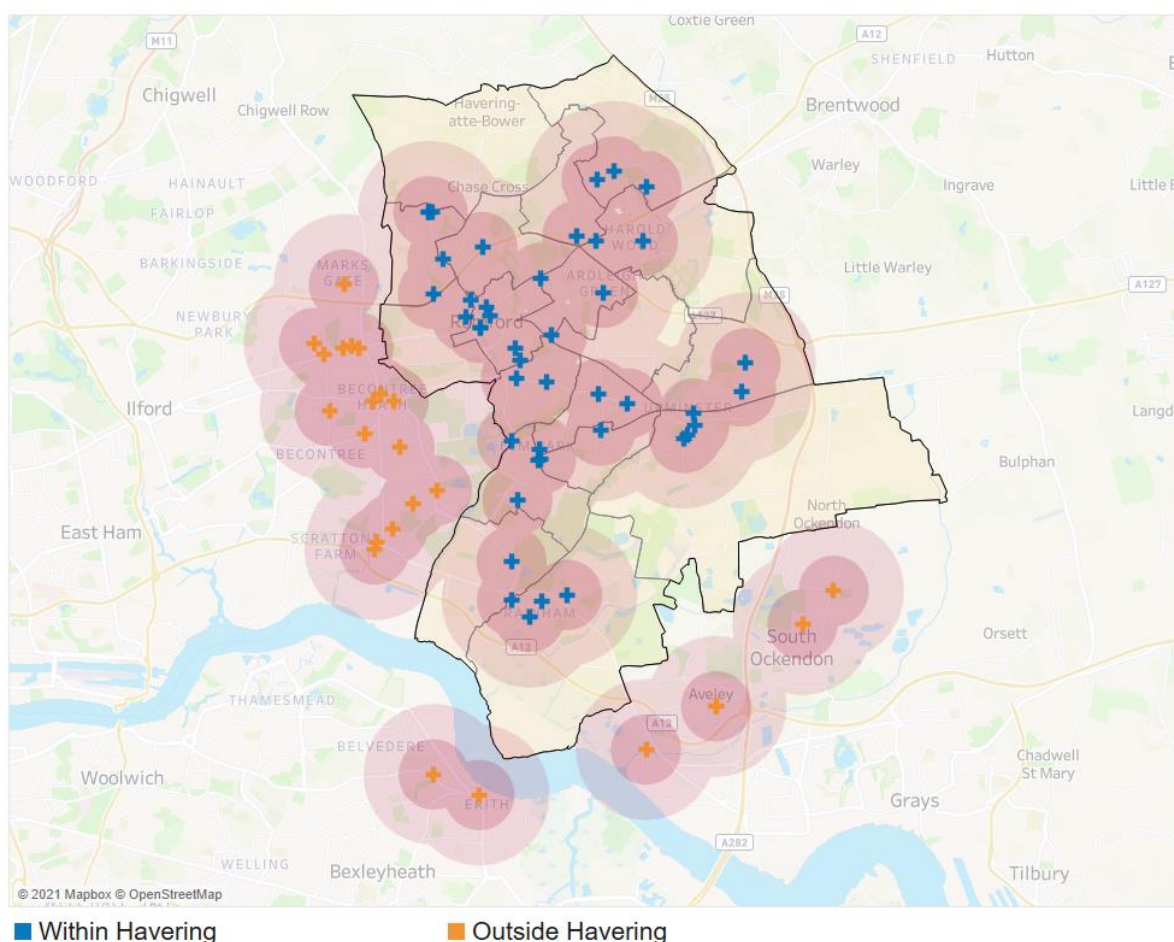
Distribution and choice

6.12 The PNA Steering Group agreed that the maximum distance for residents in Havering to access pharmaceutical services, should be no more than 1 mile. This distance equates to about a 20-minute walk.

6.13 Figure 6.2 below shows the 44 community pharmacies located in Havering as well as an additional 24 that are located in other boroughs but are within 1 mile of Havering's border. A 0.5- and 1-mile radius from each pharmacy's location is shown. These have been included in the pharmacies shown in Figure 6.1 as well as in Appendix B.

6.14 Figure 6.2 shows that most of the borough is within 1 mile of at least one pharmacy. There are some areas around the borders of Havering that are not within 1 mile of a pharmacy. Therefore, travel distance, population density, distance to travel in relation to GP services and deprivation are also considered.

Figure 6.2: Distribution of community pharmacies in Havering and within 1 mile of the borough boundaries, with 0.5- and 1-mile coverage



Source: NHS England, 2022

6.15 The geographical distribution of the pharmacies by electoral ward and the pharmacy to population ratio is shown in Table 7.1. As seen all wards in the borough have at least one pharmacy and there is good distribution of pharmacy by population in most wards.

Table 7.1: Distribution of community pharmacies by ward

Ward	Number of Community Pharmacies	Population Size	Community Pharmacies per 10,000
Romford Town	7	21,349	3.3
Upminster	4	13,140	3.0
Rainham and Wennington	4	13,139	3.0
St. Andrew's	3	13,884	2.2
Gooshays	3	16,896	1.8
Elm Park	3	13,187	2.3
Harold Wood	2	15,074	1.3
Squirrel's Heath	2	14,260	1.4

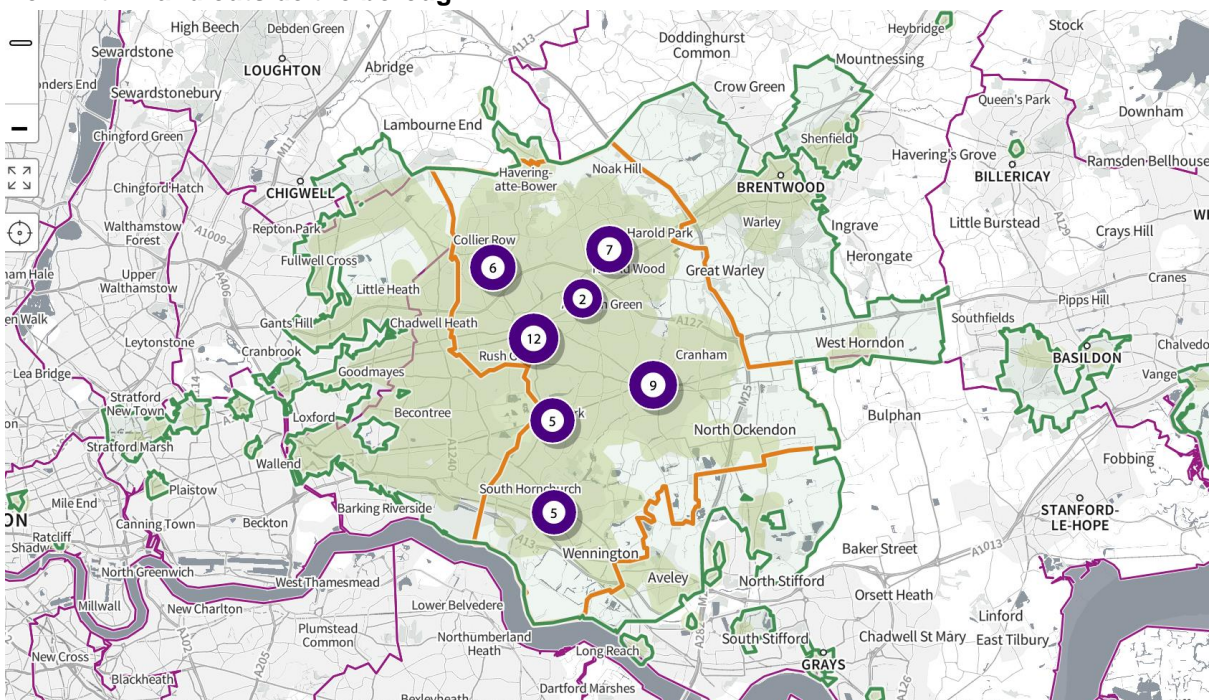
Pettits	2	13,187	1.5
Mawneys	2	13,568	1.5
Hylands	2	13,199	1.5
Havering Park	2	13,800	1.4
Hacton	2	12,453	1.6
Cranham	2	12,808	1.6
Brooklands	2	19,423	1.0
South Hornchurch	1	17,189	0.6
Heaton	1	15,035	0.7
Emerson Park	1	11,763	0.9
Borough Total	45	263,354	1.7

Source: NHSE & GLA (Housing-led population projections)

6.16 Additionally, 100% of Havering residents can reach a pharmacy using public transport within 20 minutes from their home, attesting to the accessibility of the pharmacy provision in the borough. A total of 670,419 people in and outside the borough can reach a Havering pharmacy by public transport within 20 minutes (OHID, SHAPE Atlas Tool, 2022).

6.17 Figure 6.3 presents the coverage of the Havering pharmacies in consideration of public transport, both inside and outside the borough. Coverage is presented in green while the Havering borough border is highlighted in orange.

Figure 6.3: Areas covered by 20-minute travel time by public transport to a Havering pharmacy from within and outside the borough.



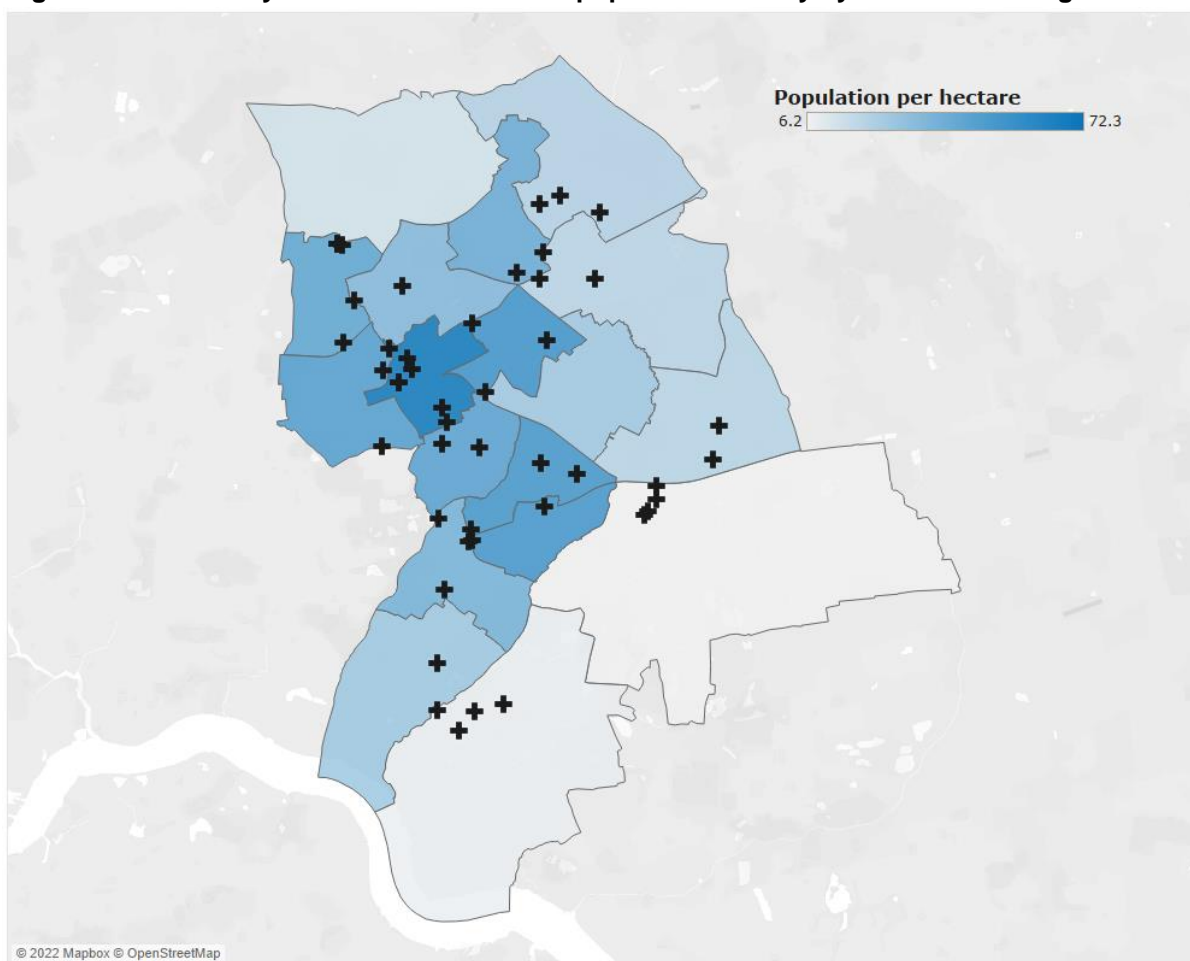
Source: OVID, Strategic Health Asset Planning and Evaluation Atlas Tool, 2022

6.18 Havering tend to fill their prescriptions almost exclusively at local pharmacies. NHSE data shows that in 2020-21, 92% (3,815,162) of items prescribed by GPs in Havering were dispensed by community pharmacies in the borough. 2.2% and 1.6% were dispensed by Barking and Dagenham and Redbridge pharmacies, respectively.

Pharmacy Distribution in relation to population density

6.19 The population density map below (Figure 6.4) indicates that the community pharmacy premises are predominantly located in areas of highest population density although a small number of pharmacies were identified in areas with comparatively low population densities.

Figure 6.4: Pharmacy locations in relation to population density by ward in Havering



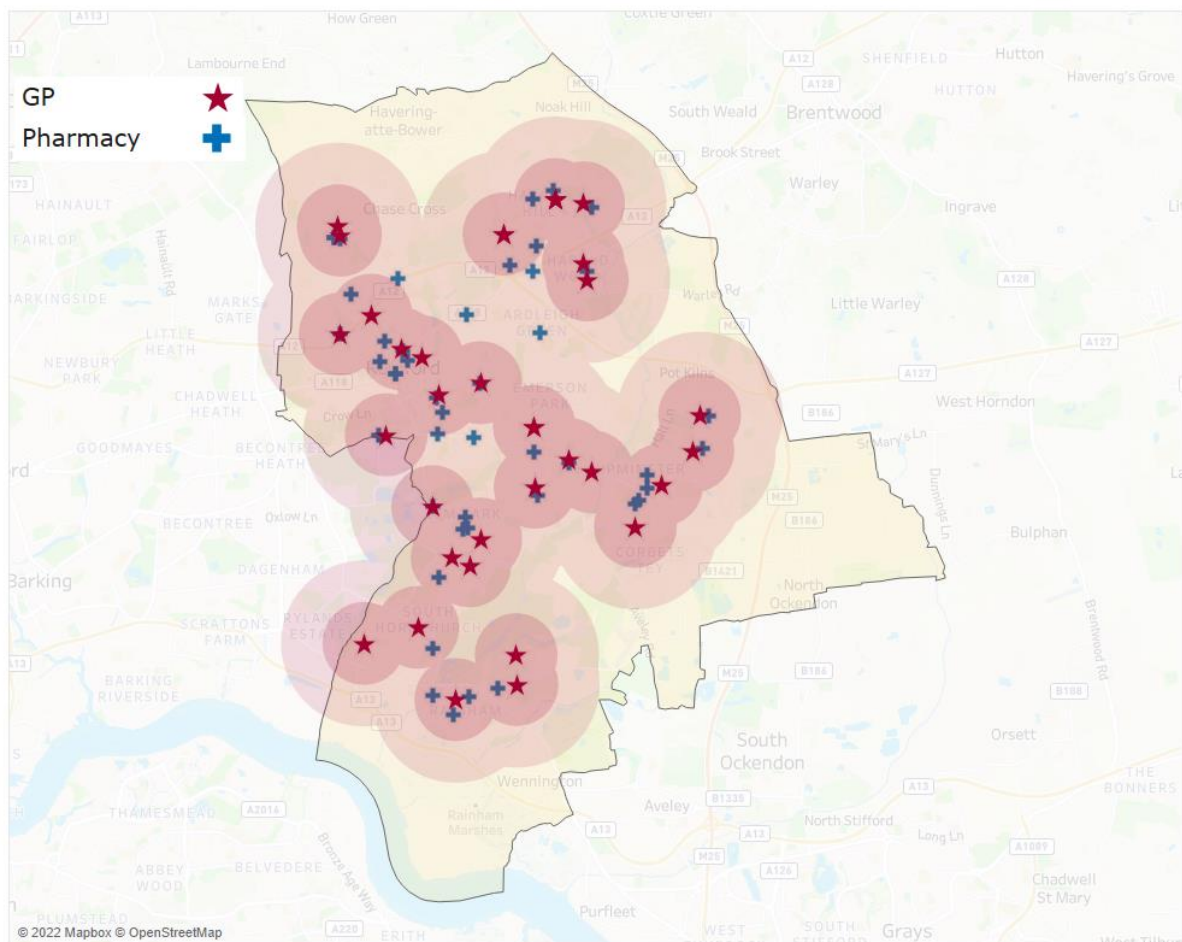
Sources: GLA (Land Area, and Population Density and NHSE)

6.20 There are two main areas of regeneration that will impact on population density in the lifetime of this PNA. These are Thames Gateway regeneration in South Hornchurch and the Romford Town Centre regeneration. Both regeneration areas are within accessible distance to pharmacy provision. Pharmacies in Havering have also indicated in the contractor survey that they are willing to deliver additional services.

Pharmacy Distribution in relation to GP surgeries

- 6.21 As part of the NHS Long Term Plan³⁴ all general practices were required to be in a primary care network (PCN) by June 2019. Since January 2019 Havering GPs organised themselves into four PCNs within Havering. Altogether there are 45 GP member practices across these PCNs. These are presented in Figure 6.5.
- 6.22 Each of these networks have expanded neighbourhood teams which will comprise of a range of healthcare professionals including GPs, district nurses, community geriatricians, Allied Health Professionals, and pharmacists. It is essential that community pharmacies are able to fully engage with the PCNs to maximise service provision for their patients and residents.
- 6.23 There is a pharmacy within accessible distance to all GP practices in Havering. Figure 6.5 shows that there is a pharmacy within half a mile of all GP practices in the borough.

Figure 6.5: GP practices in Havering and their 0.5- and 1-mile coverage, April 2022



Source: NHS England, 2022

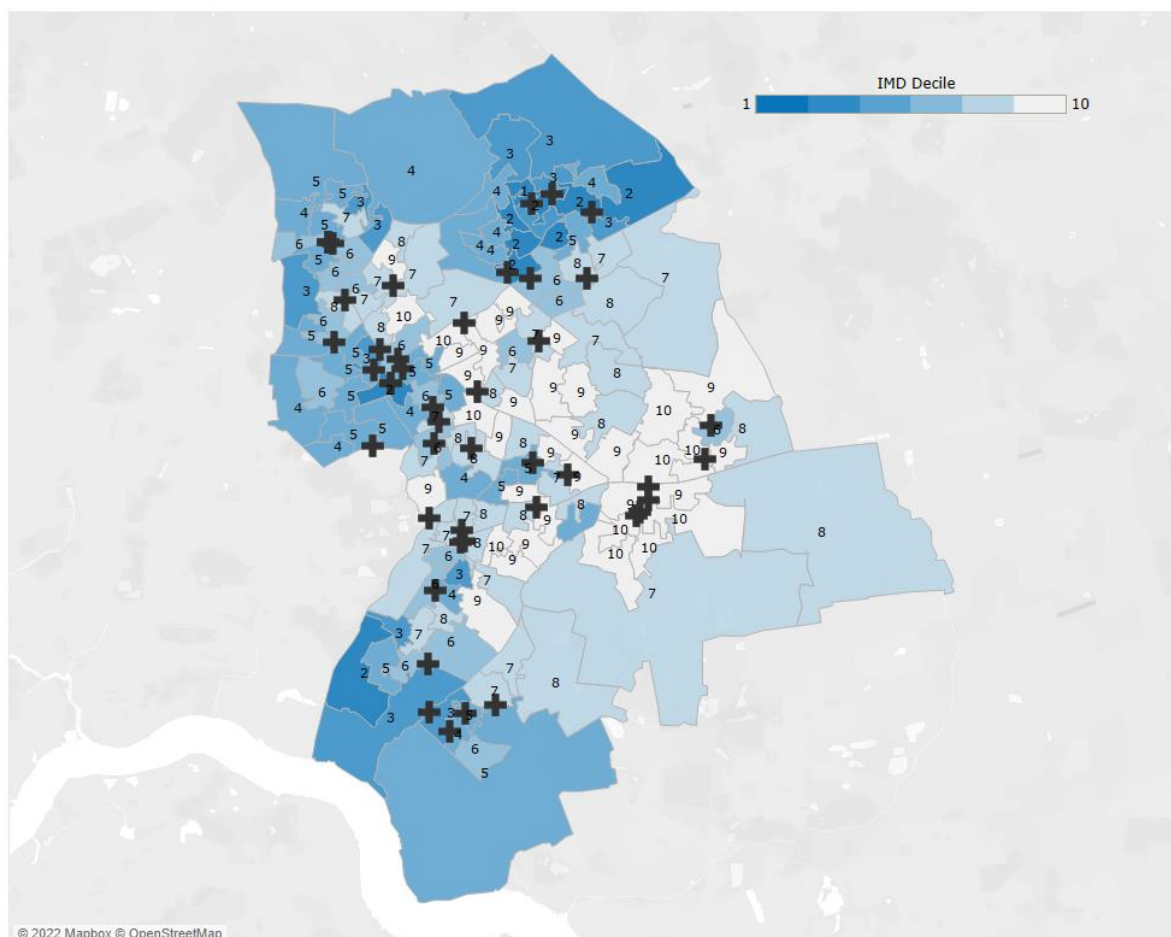
³⁴ NHS England (2019). *The NHS long term plan*. London, England

6.24 The Health and Wellbeing Board is not aware of any firm plans for changes in Health and Social Care services within the lifetime of this PNA.

Pharmacy Distribution in relation to Index of Multiple Deprivation

6.25 Figure 6.6 illustrates that there is higher number of community pharmacies where there is higher deprivation.

Figure 6.6: Pharmacy locations in relation to deprivation deciles in Havering, 2022



Source: MHCLG & NHSE

Opening times

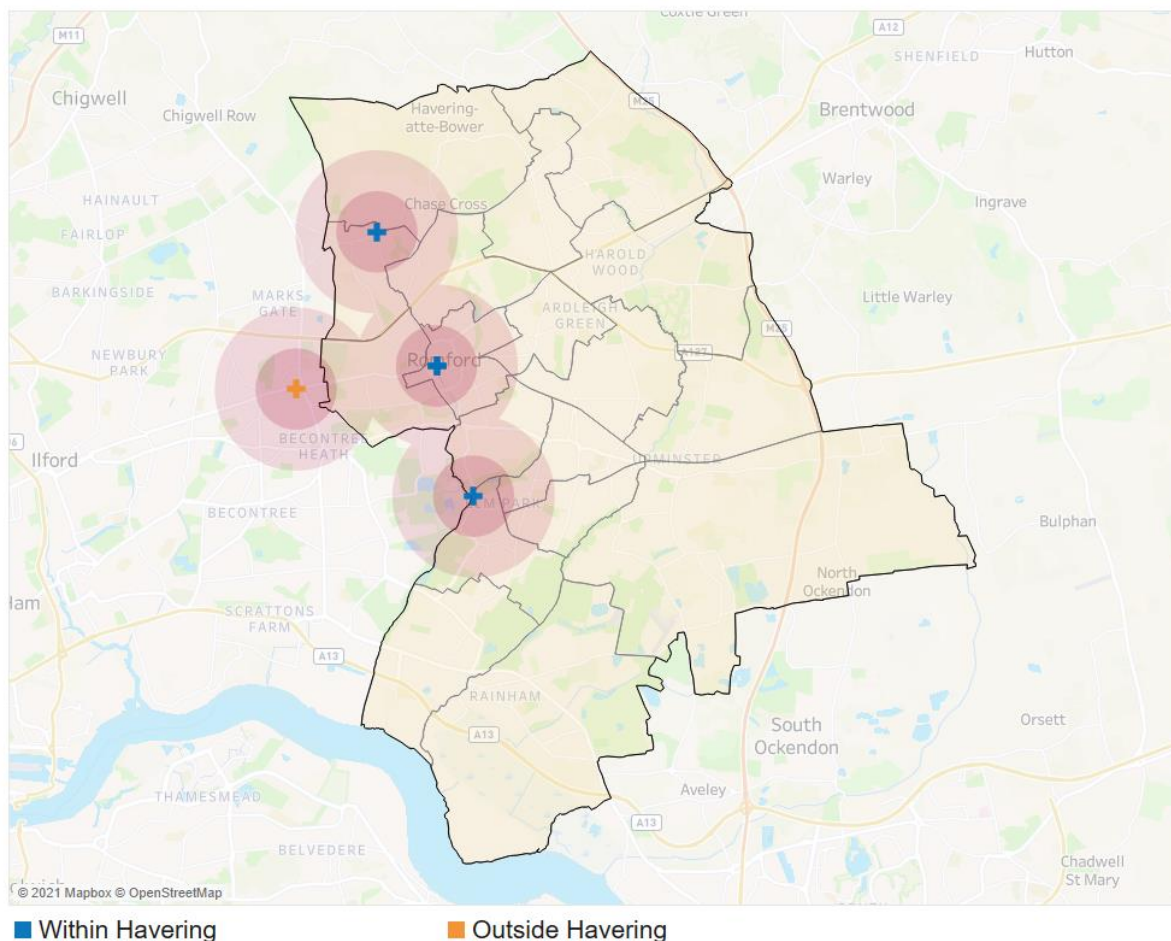
6.26 Pharmacy contracts with NHS England stipulate the core hours during which each pharmacy must remain open. Historically these have been 40-hour contracts (and some recent 100-hour contracts). A pharmacy may stay open longer than the stipulated core opening hours, these are called supplementary hours.

6.27 Opening times were obtained from NHS England in April 2022. Additionally, market entry updates to the NHS England pharmaceutical list were reflected on the original list.

100-hour pharmacies

6.28 NHS England has four 100-hour pharmacies (core hours) on their list for Havering. These are presented in Figure 6.7 and Table 6.3. Two of these pharmacies are within close proximity of each other and therefore indistinguishable on the map. There is one other 100-hour pharmacy which is outside the borough but within 1 mile of its border (Figure 6.7)

Figure 6.7: 100-hour community pharmacies in Havering and their 0.5- and 1-mile coverage April 2022



Source: NHS England, 2022

Table 6.3: 100-hour pharmacies in Havering, April 2022

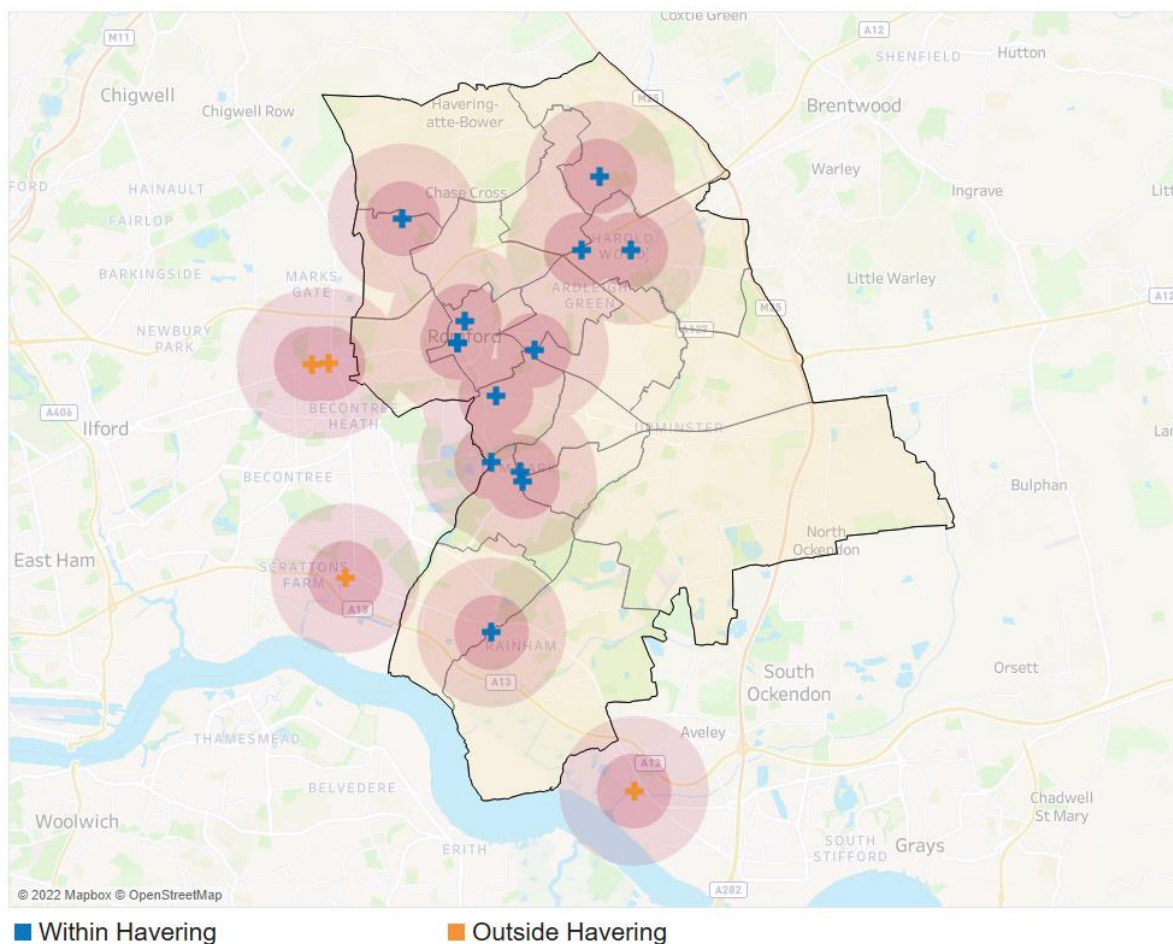
Pharmacy	Address	Ward
Boots The Chemist	Unit 7, The Brewery, Waterloo Road, Romford	Romford Town
Clockhouse Pharmacy	5 Clockhouse Lane, Collier Row, Romford	Havering Park
Lloyds Pharmacy	1-15 The Brewery, Waterloo Road, Romford	Romford Town
Maylands Pharmacy	300 Upper Rainham Road, Hornchurch	Elm Park

Source: NHS England, 2022

Early morning Opening

6.29 Thirteen pharmacies are open before 9 am on weekdays within the borough and another four that are within 1 mile of the borough's border. These are shown in Figure 6.8. Table 6.4 show that there is good coverage of early opening pharmacies in the borough, particularly within areas of higher population density.

Figure 6.8: Pharmacies that are open before 9am on a weekday and their 0.5- and 1-mile coverage, April 2022



Source: NHS England, 2022

Table 6.4: Community Pharmacies open before 9am on weekdays in Havering

Pharmacy	Address	Ward
Instore Pharmacy	Tesco Superstore, Bridge Road, Rainham	Rainham and Wennington
Lloyds Pharmacy	1-15 The Brewery, Waterloo Road, Romford	Romford Town
Lloyds Pharmacy	2 Tadworth Parade, Elm Park, Hornchurch	Hacton
Instore Pharmacy	Bryant Avenue, Gallows Corner, Romford	Harold Wood
Clockhouse Pharmacy	5 Clockhouse Lane, Collier Row, Romford	Havering Park
Day Lewis Pharmacy	Harold Hill Health Centre, Gooshays Dr, Harold Hill, Romford	Gooshays
Well Harold Wood - Station Road	7 Station Road, Harold Wood, Essex	Harold Wood

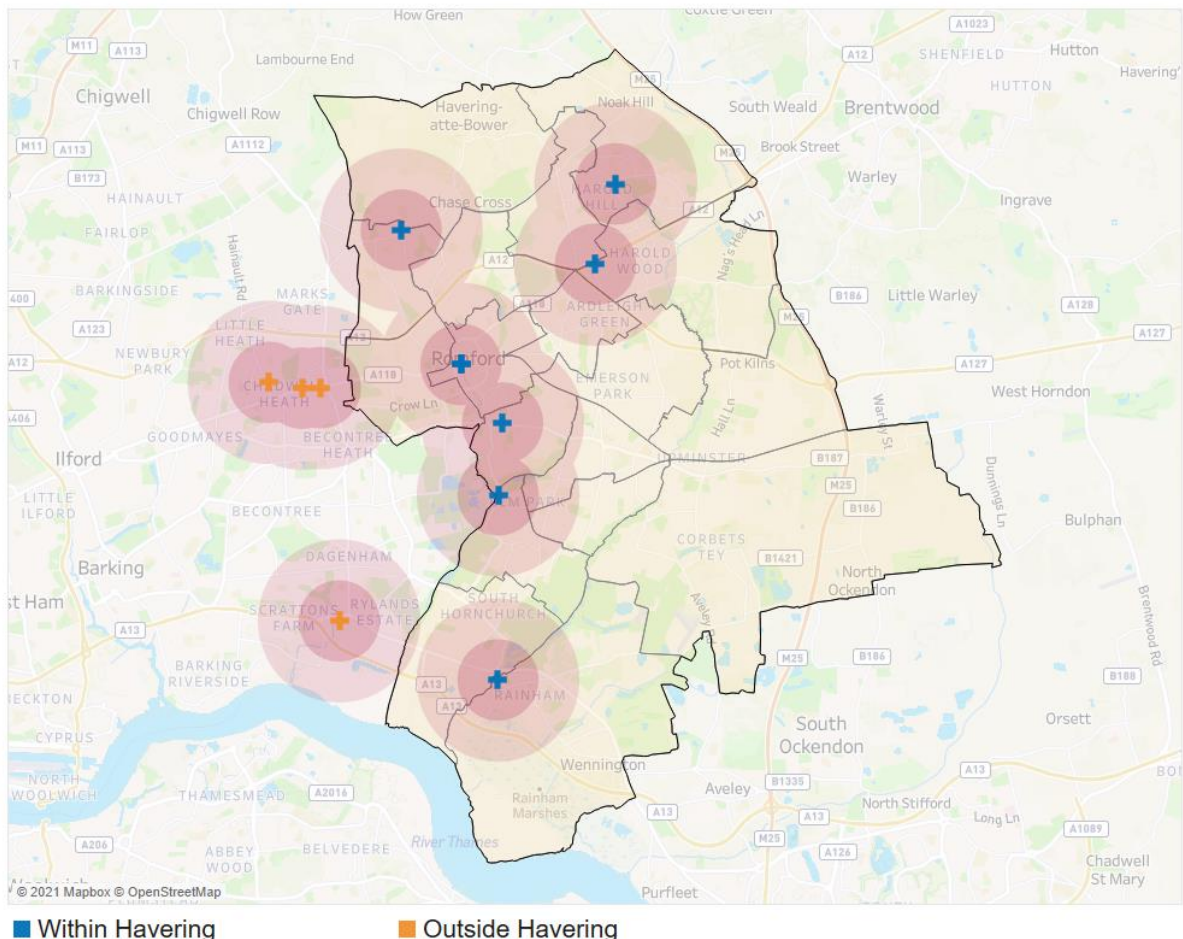
Elm Park Pharmacy	208-212 Elm Park Avenue, Elm Park, Hornchurch	St Andrew's
Shadforth Pharmaceutical Co Ltd	266 Brentwood Road, Romford	Emerson Park
Maylands Pharmacy	300 Upper Rainham Road, , Hornchurch	Elm Park
Boots The Chemist	Unit 7, The Brewery, Waterloo Road, Romford	Romford Town
Boots The Chemist	Unit 4, 47 Market Place, Romford	Romford Town
Instore Pharmacy	Tesco Superstore, 300 Hornchurch Road, Hornchurch	Hylands

Source: NHS England, 2022

Late Evening Closure

6.30 There are eight pharmacies in the borough that still open after 7 pm on weekdays with four other pharmacies within 1 mile of Havering (see Figure 6.9 and Table 6.5).

Figure 6.9: Community Pharmacies that are open after 7pm on weekdays and their 0.5- and 1-mile coverage, April 2022



Source: NHS England, 2022

Table 6.5: Community Pharmacies closing after 7pm on weekdays in Havering

Pharmacy	Address	Ward
Instore Pharmacy	Tesco Superstore, Bridge Road, Rainham	Rainham and Wennington
Lloyds Pharmacy	1-15 The Brewery, Waterloo Road, Romford	Romford Town
Instore Pharmacy	Bryant Avenue, Gallows Corner, Romford	Harold Wood
Clockhouse Pharmacy	5 Clockhouse Lane, Collier Row, Romford	Havering Park
Day Lewis Pharmacy	Harold Hill Health Centre, Gooshays Dr, Harold Hill, Romford	Gooshays
Maylands Pharmacy	300 Upper Rainham Road, Hornchurch	Elm Park
Boots The Chemist	Unit 7, The Brewery, Waterloo Road, Romford	Romford Town
Instore Pharmacy	Tesco Superstore, 300 Hornchurch Road, Hornchurch	Hylands

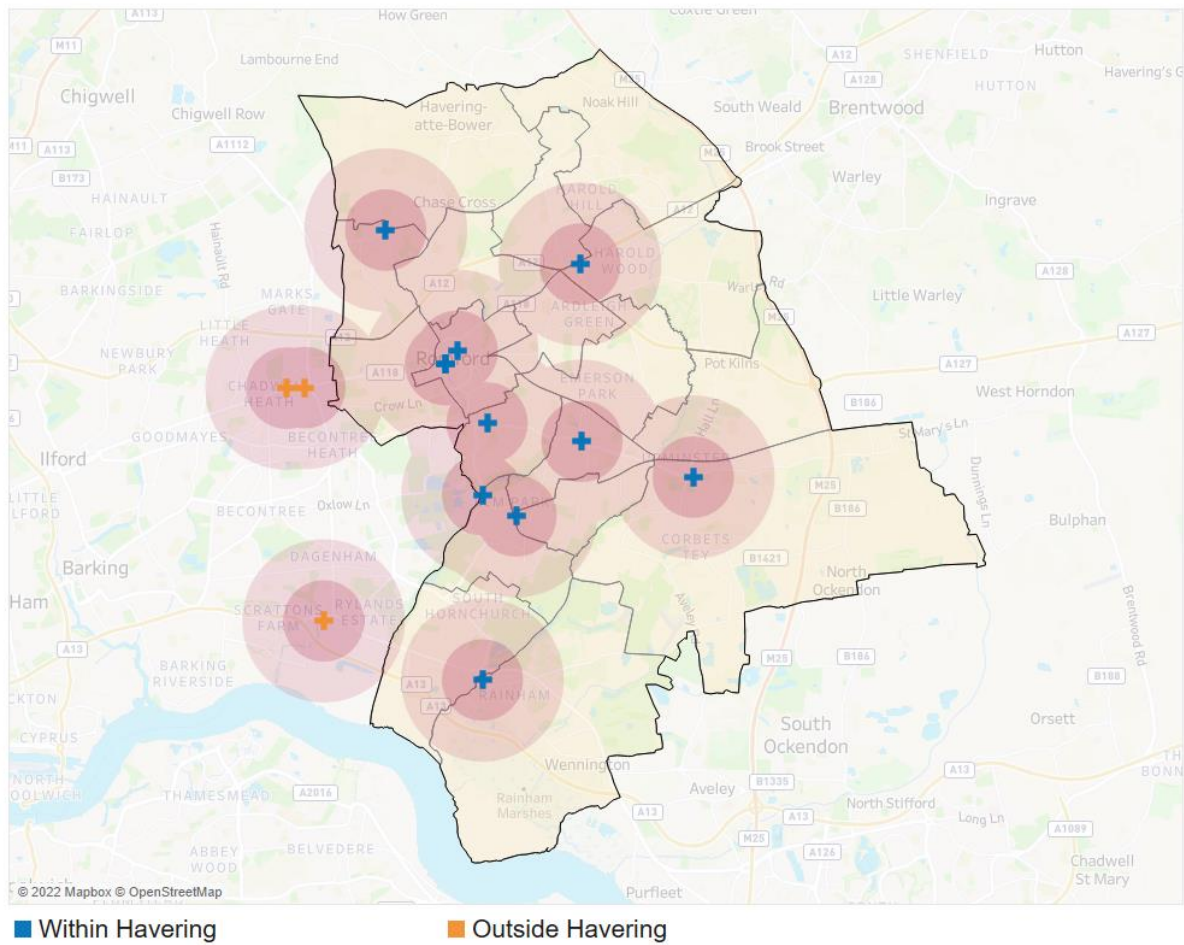
Source: NHS England, 2022

- 6.31** In terms of travel distance, 100% Havering residents live within 20-minute reach of an early opening and late closing pharmacy by public transport (OHID, SHAPE Atlas Tool, 2021).

Saturday Opening

- 6.32** 41 out of the 45 community pharmacies in Havering are open on Saturday. There are another 20 pharmacies near the borough's border that are also open on Saturday (Figure 6.10).

Figure 6.10 Community Pharmacies open on Saturday and their 0.5- and 1-mile coverage, April 2022

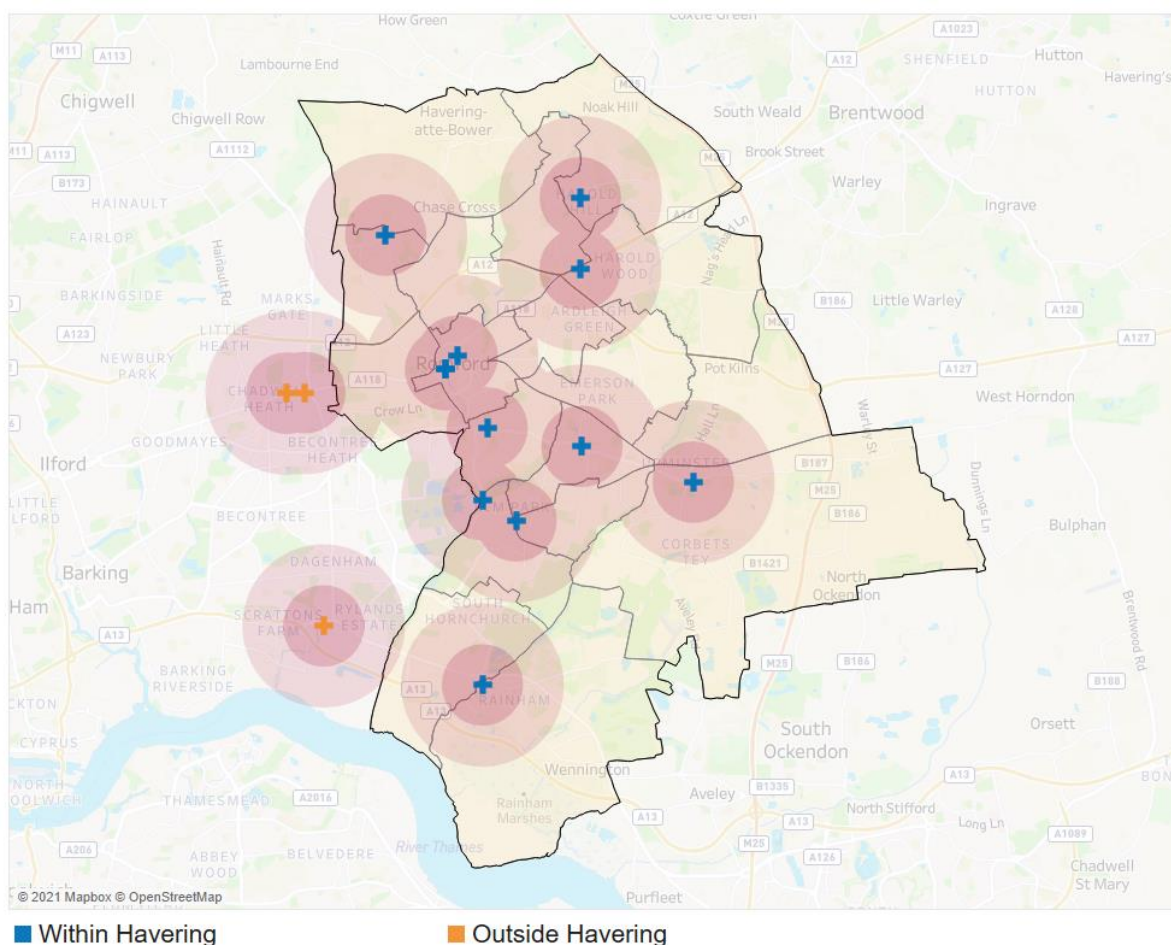


Source: NHS England, 2022

Sunday Opening

6.33 Eleven community pharmacies are open on a Sunday within Havering with another three open in boroughs around Havering within 1 mile of the borough’s borders (Figure 6.11, Table 6.6).

Figure 6.11: Pharmacies open on a Sunday and their 0.5- and 1-mile coverage, April 2022



Source: NHS England, 2022

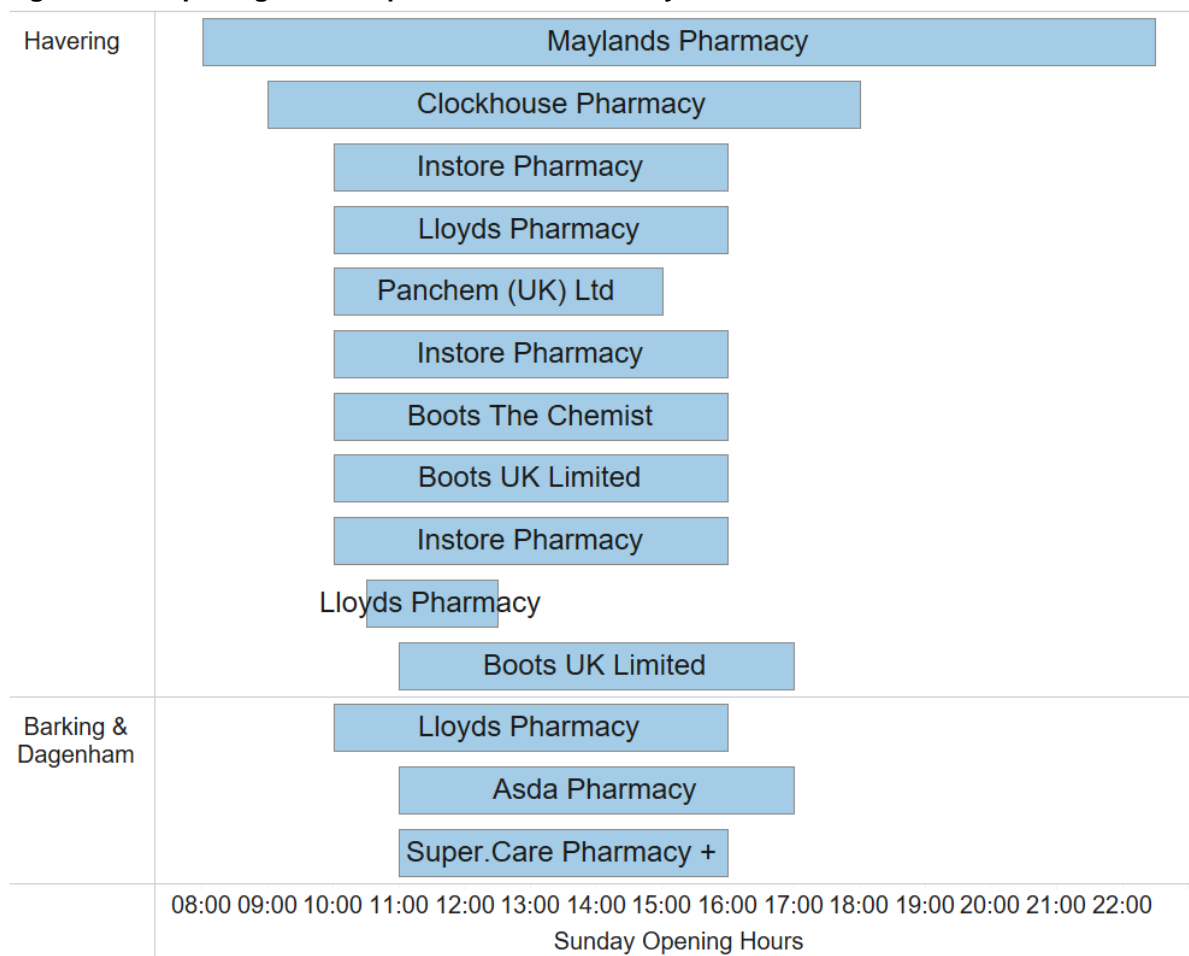
Table 6.6: Community Pharmacies open on Sunday in Havering, April 2022

Pharmacy	Address	Ward
Instore Pharmacy	Tesco Superstore, Bridge Road, Rainham	Rainham and Wennington
Lloyds Pharmacy	1-15 The Brewery, Waterloo Road, Romford	Romford Town
Lloyds Pharmacy	2 Tadworth Parade, Elm Park, Hornchurch	Hacton
Panchem (UK) Ltd	160 St Marys Lane, Upminster	Upminster
Instore Pharmacy	Bryant Avenue, Gallows Corner, Romford	Harold Wood
Clockhouse Pharmacy	5 Clockhouse Lane, Collier Row, Romford	Havering Park
Boots UK Limited	12 The Liberty, Romford, Essex	Romford Town
Maylands Pharmacy	300 Upper Rainham Road, Hornchurch	Elm Park
Boots The Chemist	Unit 7, The Brewery, Waterloo Road, Romford	Romford Town
Boots UK Limited	120-126 High Street, Hornchurch	St Andrew's
Instore Pharmacy	Tesco Superstore, 300 Hornchurch Road, Hornchurch	Hylands

Source: NHS England, 2022

6.34 Overall, as shown in Figure 6.12 below, there is a good range of Sunday opening hours offered in Havering.³⁵

Figure 6.12: Opening times of pharmacies on Sundays



Source: NHS England, 2022

6.35 All but 12,402 residents can reach a Sunday opening Havering pharmacy within 20-minutes if traveling by public transport.

Essential Services

6.36 Essential services are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework. All pharmacy contractors required to deliver and comply with the specifications for all essential services, these are:

- Dispensing Medicines
- Dispensing Appliances
- Repeat Dispensing

³⁵ NB: 'Good' is when the population is able to access their local pharmacy within 20-minutes, a statistic as defined by the Local Government Association: Local Government Association (March 2016). The community pharmacy offer for improving the public's health: a briefing for local government and health and wellbeing boards.

- Clinical governance
- Discharge Medicines Service
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for self-care
- Disposal of Unwanted Medicines

Dispensing

- 6.37** Havering pharmacies dispense an average of 7,496 items per month (based on NHS Business Services Authority, 2020/21 financial year data). While this is higher than the London average of 5,295 per month and England average at 6,675 per month, there is good distribution and capacity amongst Havering pharmacies to fulfil current and anticipated need in the lifetime of this PNA.

Summary of the accessibility pharmacy services and of essential services

Overall, there is good geographical coverage of pharmacies to provide essential services across the borough in both inside normal working hours and outside normal working hours.

Advanced pharmacy services

- 6.38** Advanced services are NHS England commissioned services that community pharmacy contractors and dispensing appliance contractors can provide subject to accreditation, as necessary.
- 6.39** As at October 2021, the following services may be provided by pharmacies:
- new medicine service
 - community pharmacy seasonal influenza vaccination
 - community pharmacist consultation service
 - community pharmacy blood pressure service, and
 - community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- 6.40** In early 2022 a stop-smoking service in pharmacies will be introduced for patients who started their stop-smoking journey in hospital.
- 6.41** As at October 2021, the community pharmacy COVID-19 lateral flow device distribution service and community pharmacy Covid-19 medicines delivery service are also commissioned to be delivered from community pharmacies. NHS England data was not yet available at the time of publication of this PNA.
- 6.42** There are two appliance advanced services that pharmacies and dispensing appliance contractors may choose to provide:
- appliance use reviews, and
 - stoma appliance customisation.

6.43 Medicine Use Reviews is an Advanced Service that was decommissioned on the 31st of March 2021.

New Medicines Services

6.44 The New Medicine Service (NMS) supports patients with long-term conditions, who are taking a newly prescribed medicine, to help improve medicines adherence.

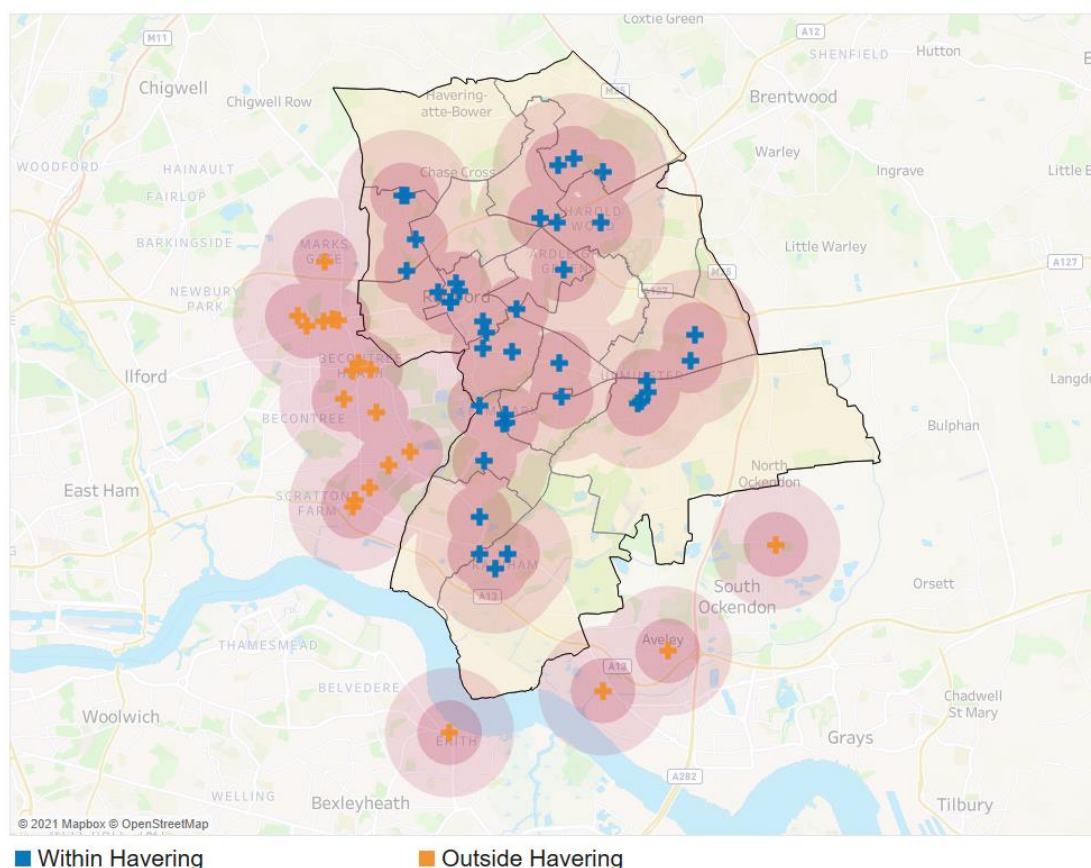
6.45 This service is designed to improve patients' understanding of a newly prescribed medicine for their long-term condition and help them get the most from the medicine. It aims to improve adherence to new medication, focusing on people with specific conditions

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

6.46 New Medicines Service can only be provided by pharmacies and is conducted in a private consultation area to ensure patient confidentiality.

6.47 Thirty-eight pharmacies provided NMS in Havering in 2020/21. An additional 20 pharmacies in bordering boroughs provided NMS. All these pharmacies are shown in Figure 6.13 below

Figure 6.13: Pharmacies providing NMS and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

6.48 Table 6.7 below shows NMS provision by ward.

Table 6.7: Number of NMS provided by Havering pharmacies by ward, 2020/21

Ward	Number of Pharmacies	Total Number of NMSs provided	Average NMS per pharmacy
Brooklands	1	39	39
Cranham	2	305	153
Elm Park	3	380	127
Emerson Park	1	54	54
Gooshays	3	811	270
Hacton	2	172	86
Harold Wood	2	385	193
Havering Park	1	83	83
Heaton	1	167	167
Hylands	2	298	149
Mawneys	2	118	59
Pettits	1	316	316
Rainham and Wennington	3	40	13
Romford Town	6	274	46
South Hornchurch	1	117	117
Squirrel's Heath	1	124	124
St Andrew's	2	277	139
Upminster	4	243	61
Borough Total	38	4,203	111

Source: NHS England, 2021

6.49 NMS is supplied widely across the borough within areas of high density and need, therefore the current provision of the NMS is sufficient to meet the needs of this borough.

Community pharmacy seasonal influenza vaccination

6.50 Flu vaccination by injection, commonly known as the "flu jab" is available every year on the NHS to protect certain groups who are at risk of developing potentially serious complications, such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

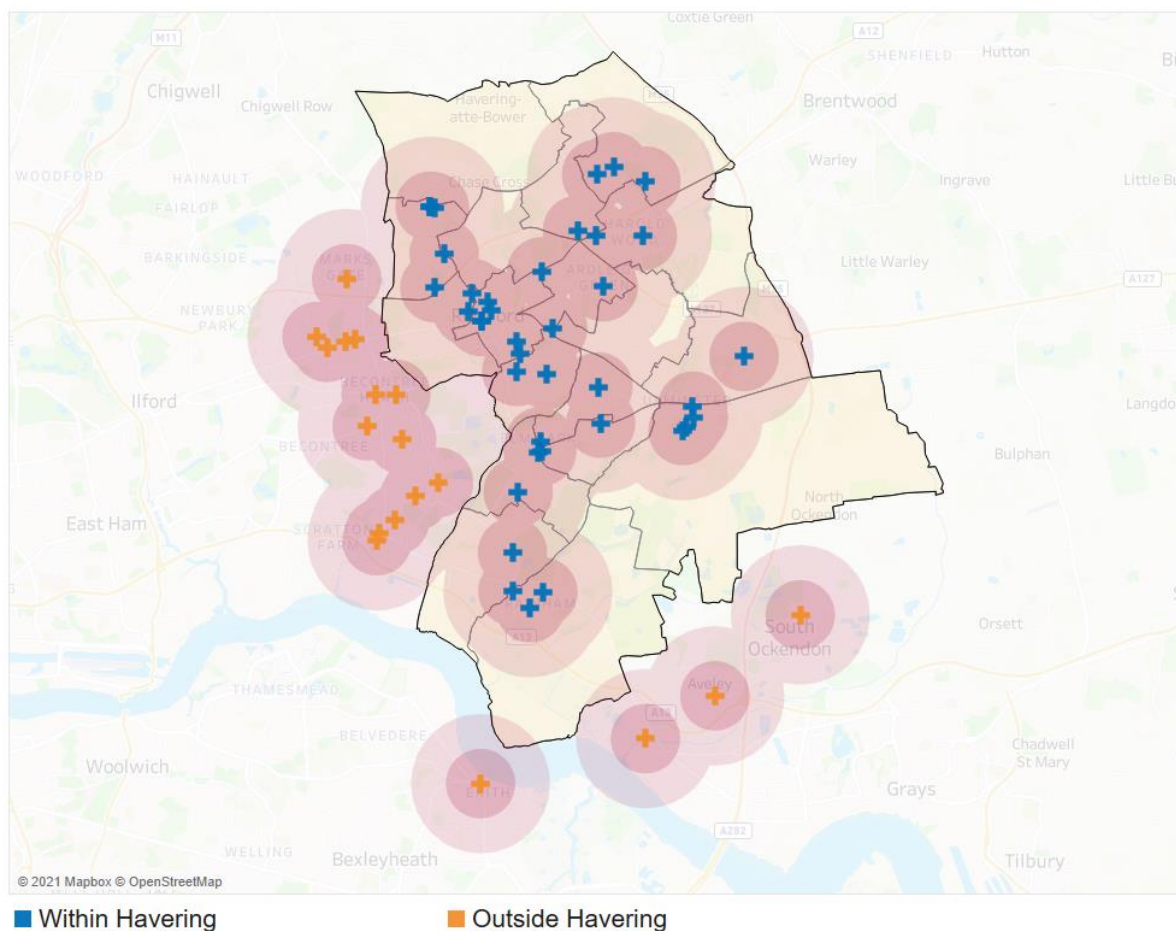
6.51 GPs currently provide most flu vaccinations and pharmacies can help improve access to this service given their convenient locations, extended opening hours and walk-in service. The National Advanced Flu Service is an advanced service commissioned by NHS England to maximise the uptake of the flu vaccine by those who are 'at-risk' due to ill-health or long terms condition.

6.52 Alongside this, the Advanced Flu Service the NHS England London Region commissions the London Pharmacy Vaccination Service. This can be provided by any pharmacy in London. The aims of the service are to:

- sustain and maximise uptake of flu vaccine in at risk groups by continuing to build the capacity of community pharmacies as an alternative to general practice attendance
- to provide more opportunities and improve convenience for eligible patients to access flu vaccinations

6.53 A vast majority of community pharmacies in the borough provided flu vaccines (39/45) in Havering in 2020/21. Another 18 outside but bordering the borough provided the service. The distribution of these pharmacies is shown in Figure 6.14 and Table 6.8.

Figure 6.14: Pharmacies providing Flu vaccination and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

Table 6.8: Pharmacies that provide Flu Vaccinations in Havering by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Romford Town	7	Harold Wood	2
Upminster	4	Hacton	2
Rainham and Wennington	3	Elm Park	2
Gooshays	3	South Hornchurch	1
St Andrew's	2	Pettits	1
Squirrel's Heath	2	Heaton	1
Mawneys	2	Emerson Park	1
Hylands	2	Cranham	1
Havering Park	2	Brooklands	1

Source: NHS England, 2021

6.54 Overall, there is strong coverage of this service across Havering. Therefore, the current provision Advanced Flu Service is sufficient to meet the needs of this borough.

6.55 In addition, there is a National Pandemic Flu Service is designed to support GP provision of antiviral medicines during a flu pandemic. An enhanced service specification has been agreed by the PSNC and NHSE&I for pharmacies acting as antiviral collection points. At the point that a flu pandemic is likely, PSNC and NHSE&I will agree funding for provision of the service and the service specification will be released for use by regional NHSE&I teams. This specification will be used to commission community pharmacies to supply antivirals to patients that have had a supply authorised by the National Pandemic Flu Service.

Community pharmacist consultation service (CPCS)

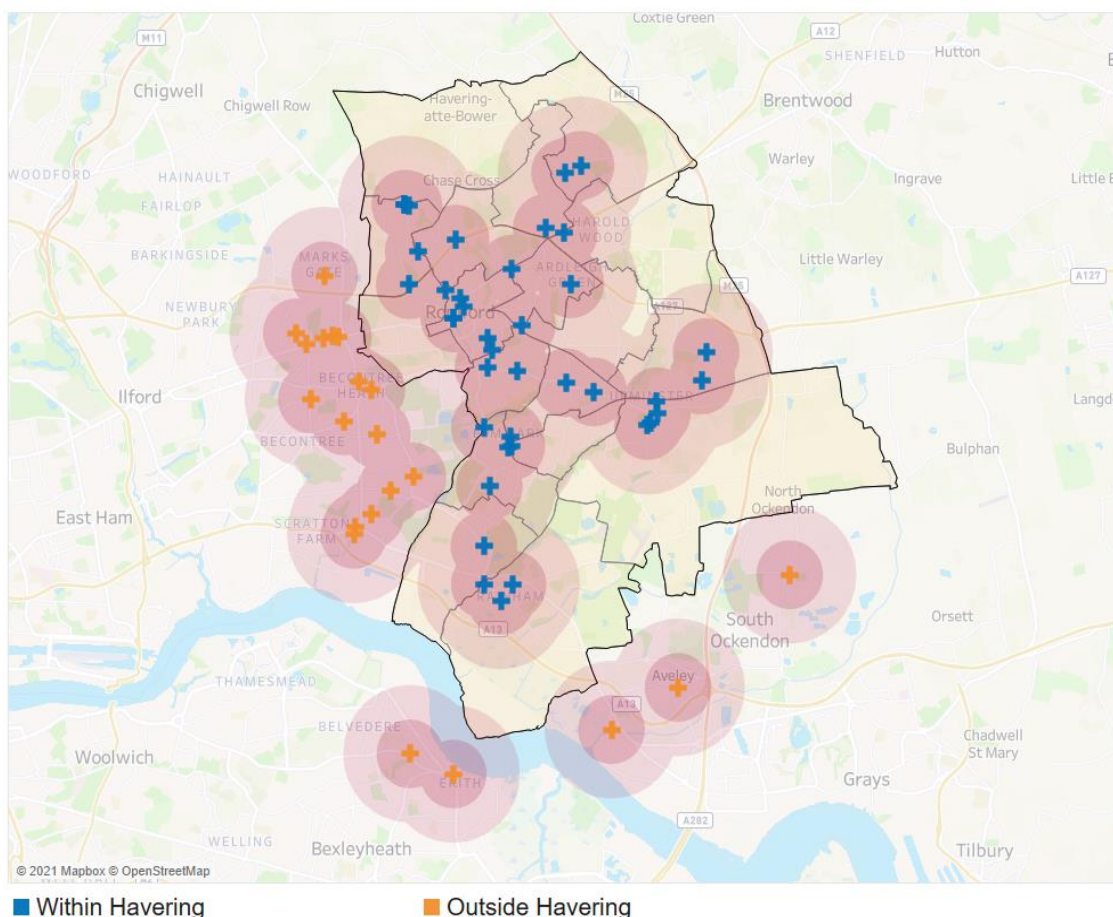
6.56 The community pharmacist consultation service (CPCS) is a new service provided by pharmacies that was launched in October 2019. The aims of the service are to support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions from the urgent care system and to community pharmacy.

6.57 It will also offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service.

6.58 There is strong coverage of CPCS in Havering. A large portion of the community pharmacies (39/45) in the borough provided CPCS in 2020/21. There are an additional 21 pharmacies in neighbouring boroughs that provided the service (Figure 6.15 and Table 6.9).

6.59 The current provision of CPCS is sufficient to meet the needs of this borough.

Figure 6.15: Pharmacies providing CPCS and their 0.5- and 1-mile coverage, October 2021



Source: NHS England, 2021

Table 6.9: Pharmacies that provide CPCS in Havering by ward, October 2021

Ward Name	Number of Pharmacies	Ward Name	Number of Pharmacies
Romford Town	7	Hylands	2
Upminster	4	Havering Park	2
St Andrew's	3	Gooshays	2
Rainham and Wennington	3	Cranham	2
Elm Park	3	South Hornchurch	1
Squirrel's Heath	2	Heaton	1
Pettits	2	Harold Wood	1
Mawneys	2	Hacton	1
Hylands	2	Emerson Park	1

Source: NHS England, 2021

Community pharmacy blood pressure service

6.60 Community pharmacy blood pressure service is a relatively new service and at the time of publication NHSE does not report any pharmacy in Havering offering this service.

6.61 30 respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy hepatitis C antibody testing service

- 6.62** NHSE data does not show any pharmacy offering Community pharmacy hepatitis C antibody testing service as of the time of publication.
- 6.63** 24 respondents to the contractor survey indicated being willing to provide the service if commissioned.

Community pharmacy Covid-19 lateral flow device distribution service and community pharmacy Covid-19 medicines

- 6.64** As at the time of publication, NHSE data was not yet available for these services. However, these services are stopping at the end of March 2022.
- 6.65** Four respondents from the contractor survey indicated that they currently provide COVID-19 vaccinations, while another 25 indicated being willing to provide the service if commissioned.
- 6.66** 30 respondents to the survey indicated they currently provide rapid COVID-19 lateral flow test kits and another 7 are willing to provide the kits if commissioned to do so.

Appliance Use Reviews (AURs)

- 6.67** Appliance Use Review (AUR) is another advanced service that community pharmacy and appliance contractors can choose to provide so long as they fulfil certain criteria.
- 6.68** AURs can be carried out by, a pharmacist or a specialist nurse either at the contractor's premises or at the patient's home. AURs help patient's to better understand and use their prescribed appliances by:
- Establishing the way the patient uses the appliance and the patient's experience of such use
 - Identifying, discussing, and assisting in the resolution of poor or ineffective use of the appliance by the patient
 - Advising the patient on the safe and appropriate storage of the appliance
 - Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.
- 6.69** No pharmacies within or bordering the borough provided this AURs in 2020/21. However, NEL LPC have assure the Health and Wellbeing Board that should the need arise, there would be pharmacies in Havering willing to provide the service. Therefore, no gap is evident in the current provision of this service.

Stoma Appliance Customisation service (SAC)

- 6.70** The SAC service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

- 6.71** Currently two pharmacies provided SACs within Havering in 2020/21: Lloyds Pharmacy on Tadworth Parade, Hornchurch (Hacton ward) and Lloyds Pharmacy on Chase Cross Road, Romford (Mawneys ward).
- 6.72** Residents can access the SAC service either from non-pharmacy providers within the borough (e.g., community health services) or from dispensing appliance contractors outside of the borough. Therefore, the current provision of SAC service is sufficient to meet the needs of this borough.

Medicine Use Reviews

- 6.73** 43 pharmacies in Havering delivered Medicine Use Reviews (MURs) up until the service contract was decommissioned by NHS England in March 2021. With MURs patients were offered a structured review of their medicine use to help them manage their medicines more effectively. MURS ensured that patients understood how their medicines should be used, why they have been prescribed and identified any problems patients may encounter. Where necessary would provide feedback to the prescriber.

Summary of the Advanced Pharmacy Services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the likely needs of residents in Havering:

- new medicine service
- community pharmacy seasonal influenza vaccination
- community pharmacist consultation service
- Community pharmacy blood pressure service, and
- community pharmacy hepatitis C antibody testing service (currently until 31 March 2022).
- Stoma Appliance Customisation service

At the time of data collection for this PNA, no data was available on the following newly commissioned services:

- stop-smoking service in pharmacies for patients who started their stop-smoking journey in hospital
- COVID-19 lateral flow device distribution service and community pharmacy COVID-19 medicines delivery service

Havering pharmacies have indicated their willingness to provide this service, therefore no gap is evident for future access to these advanced services.

No local pharmacies provided Appliance Use Reviews between October 2020 and October 2021. However, Havering pharmacies will be willing to provide them, should the need arise. Therefore, the current provision of the AUR service is sufficient to meet the current and future needs of this borough.

Enhanced Pharmacy Services

- 6.35** There are currently three locally enhanced services commissioned by NHSE&I, the London Region. These are the London Seasonal Influenza Vaccination Service, the Bank Holiday Rota Service, and the COVID-19 Vaccination Service.

London Seasonal Influenza Vaccination Service

- 6.36** In addition to the Advanced Flu Service the NHSE&I commissions the London Seasonal Influenza Vaccination Service. It provides a vaccination service where there may otherwise be gaps and is offered to a wider patient group, including carers, asylum seekers and the homeless and children from 2 to 18 years.
- 6.37** They also offer provision for pneumococcal vaccination to eligible cohorts and MenACWY for 18–24-year-olds living permanently or temporarily in London.
- 6.38** As at the time of publication, NHSE data was not yet available for these services.

Bank Holiday Rota Service

- 6.39** Community pharmacies are not obliged to open on nominated bank holidays. Since 2020 NHSE&I commission pharmacies to open during bank holidays on a rota basis as an enhanced service. This is to ensure pharmacy services are available during bank holidays and they are accessible to other out of hours providers, thus enabling patients to easily access medication if required.
- 6.40** In Havering, this service is provided by two pharmacies: Mim Pharmacy, 118 North Street, Romford, and Britcrown Pharmacy, 5 Balgores Lane, Gidea Park.

COVID-19 Vaccination Service

- 6.74** The aim of this service is to maximise uptake of COVID-19 vaccine by providing vaccination services from accessible pharmacy locations and improving patients' convenience and choice. This service is commissioned as and when required. At the time of the production of this PNA, three pharmacies provide COVID-19 vaccinations in Havering.

Other NHS Services

- 6.75** These are services commissioned by the London Borough of Havering, and Barking and Dagenham, Havering, and Redbridge CCG to fulfil a local population health and wellbeing need. Havering enhanced services are listed below:
- 6.76** Local authority commissioned services:
- Needle exchange
 - Supervised consumption
 - Emergency hormonal contraception

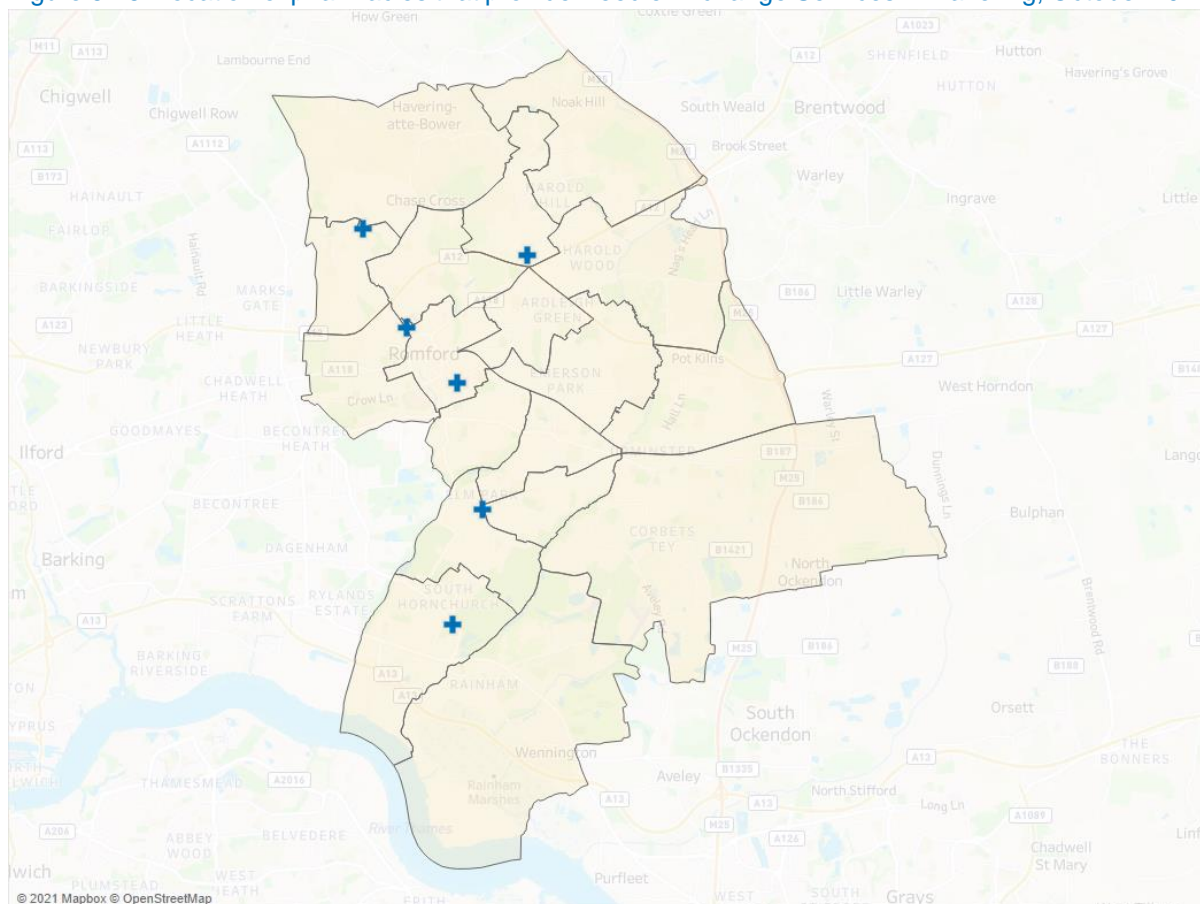
- 6.77** Barking and Dagenham, Havering, and Redbridge CCG commissioned services:
- Community anticoagulation service
 - End of life care medication provision

The provision of these services is explored below.

Needle exchange

- 6.78** Needle exchange service in Havering is subcontracted by Change Grow Live, a national health and social care charity. The needle exchange service supplies needles, syringes and other equipment used to prepare and take illicit drugs. The purpose of this services is to reduce the transmission of blood-borne viruses such as hepatitis B and C, and other infections caused by sharing injecting equipment.
- 6.79** Needle exchange services also aim to reduce the harm caused by injecting drugs through providing information and advice and acting as a gateway to other services, including drug treatment centres.
- 6.80** Six pharmacies offer the needle exchange service. Their locations are shown in Figure 6.16 and Table 6.10

Figure 6.16: Location of pharmacies that provide Needle Exchange Services in Havering, October 2021



Source: Change Grow Live, 2021

Table 6.10: Pharmacies that provide Needle Exchange Services in Havering, October 2021

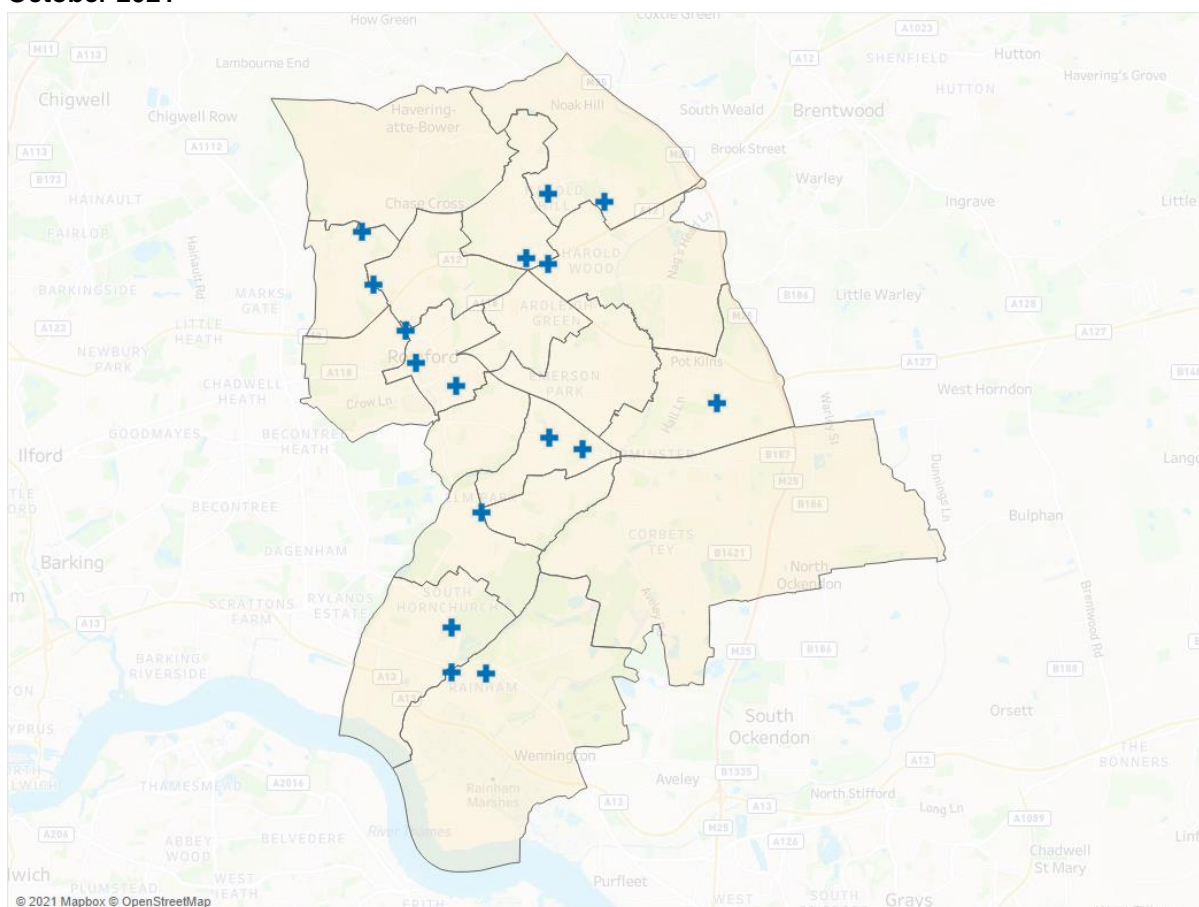
Pharmacy	Address	Ward
Day Lewis Pharmacy	113 Rainham Road, Rainham, Essex	South Hornchurch
Crescent Pharmacy	65 Masefield Crescent, Gidea Park, Romford	Heaton
Lloyds Pharmacy	12 Chase Cross Road, Collier Row, Romford	Mawneys
Mim Pharmacy Ltd	118 North Street, Romford	Romford Town
Park Lane Pharmacy	Park Lane Pharmacy, 1 Park Lane, Hornchurch	Romford Town
Day Lewis Pharmacy	6 Station Parade, Broadway Elm Park, Hornchurch	Elm Park

Source: Change Grow Live, 2021

Supervised consumption

- 6.81** The London Borough of Havering commission community pharmacies to provide supervised consumption as part of as part of treatment services for opioid dependency.
- 6.82** Supervised consumption of opioid substitution treatment forms a critical element of safe and effective treatment in the community. It reduces risk of overdose and non-compliance with treatment, minimises diversion and enables people being treated for opioid dependency to utilise the benefits of pharmacy intervention around health choices. It is typically used for people who are new to treatment and/or have complex needs.
- 6.83** There is good provision of this service in the borough. Sixteen pharmacies have been commissioned to provide supervised consumption services in Havering. These are presented in Figure 6.17 and Table 6.11.

Figure 6.16: Location of pharmacies that provide Supervised Consumption in Havering, October 2021



Source: London Borough of Havering, 2021

Table 6.11: Number of Pharmacies that provide Supervised Consumption in Havering by ward, October 2021

Ward	Number of Pharmacies	Ward	Number of Pharmacies
Romford Town	3	Mawneys	1
St Andrew's	2	Heaton	1
Rainham and Wennington	2	Harold Wood	1
Gooshays	2	Elm Park	1
South Hornchurch	1	Cranham	1
Pettits	1	Pettits	1

Source: London Borough of Havering, 2021

Emergency Hormonal Contraception

6.84 There are two Emergency Hormonal Contraception services that are delivered through Havering pharmacies. These are:

- Ulipristal acetate 30mg
- Levonorgestrel 1500mcg

6.85 Both services are Patient Group Direction services that are commissioned by the London Borough of Havering, Barking and Dagenham, Havering and Redbridge CCG, and Barts Health NHS Trust. Community pharmacists must complete mandatory training approved by Train All East, Barts Sexual Health Primary Care Support Team, and access regular commissioner-approved updates.

6.86 The aim of the emergency contraception is to reduce the number of unwanted pregnancies in Havering, particularly in teenagers and young women. It is for women aged from 13 years to 25 years, within 72 hours following unprotected sexual intercourse or contraceptive method failure with the intention of preventing an unintended pregnancy. Clients who seek this service are also offered advice and guidance on other forms of contraception.

6.87 Two pharmacies offer this service in Havering: Mim Pharmacy on North Street (Romford Town ward) and Crescent Pharmacy on Masefield Crescent (Heaton ward).

Community anticoagulation service

6.88 This service is commissioned by Barking and Dagenham, Havering, and Redbridge CCG to reduce the expected prevalence of atrial fibrillation in Havering.

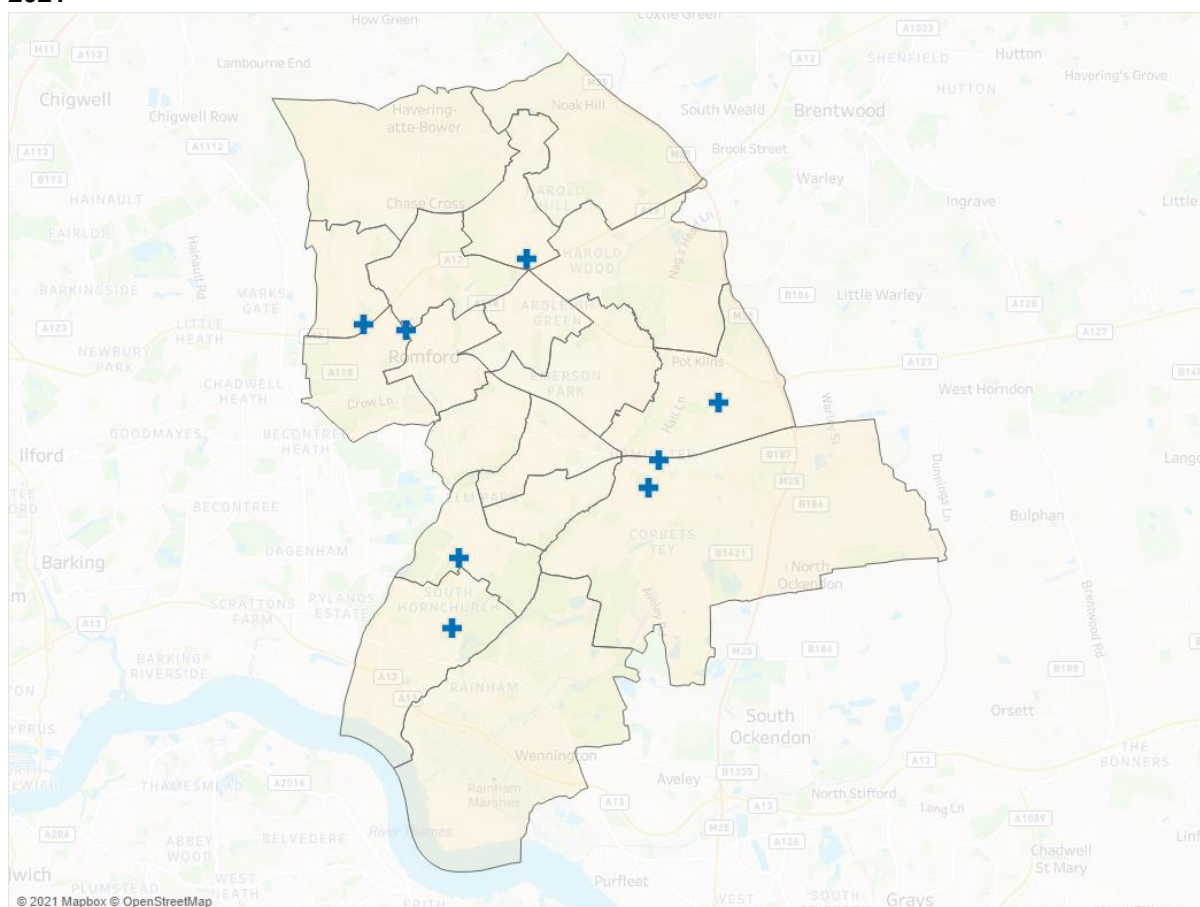
6.89 The overall aim of this service is to provide on-going monitoring and management of anticoagulation therapy in the community for patients aged 18 and over, who are registered with a GP practice in Havering and Havering CCG, including temporary residents.

6.90 The provision of the service includes:

- Point of Care Testing
- Organisation and provision of domiciliary service for housebound patients who require anticoagulation monitoring and on-going management.
- Use of Computer Decision Support Software (CDSS) for dosing advice and frequency of testing.
- Prescribing conducted in accordance with the prescribing protocol

6.91 Eight pharmacies in the borough offer this service. These are presented in Figure 6.17 and Table 6.12

Figure 6.17: Location of pharmacies that provide anti-coagulation service in Havering, October 2021



Source: London Borough of Havering, 2021

Table 6.12: Number of Pharmacies that provide Community anticoagulation service in Havering by ward, October 2021

Ward	Number of Pharmacies
Upminster	2
South Hornchurch	1
Romford Town	1
Mawneys	1
Heaton	1
Elm Park	1
Cranham	1

Source: London Borough of Havering, 2021

End of life care medication provision

6.92 The aim of the end-of-life care (EoLC) medication is to improve access to medications for patients, carers, and healthcare professional when they are required. This is to ensure that there is no delay to treatment whilst also providing access and choice.

- 6.93** Commissioned pharmacies who provide this service maintain a required stock of EoLC medication. Where requested, the pharmacist will provide advice to the healthcare professional regarding the prescribing or dosage of EoLC that should be administered to the patient.
- 6.94** Commissioned pharmacies may also opt-in to provide an Out-Of-Hours dispensing service for EoLC medication. These pharmacies would provide EoLC medication when no other commissioned pharmacies are open, namely:
- Mon - Saturday 12 am -7 am
 - Sunday 12 am – 9 am
- 6.95** The Out-Of-Hour's service is to ensure there is 24 hours 7 days a week availability of medicines for EoLC from community pharmacies across the CCGs three boroughs, Barking and Dagenham, Havering, and Redbridge.
- 6.96** No pharmacies in Havering offer EoLC medication only, but the four that offer both EoLC and OOH provision are shown in table below (Table 6.12).

Table 6.13: Pharmacies providing the EoLC medicines and OOH in Havering

Pharmacy	Address	Ward
Clockhouse Pharmacy	5 Clockhouse Lane, Collier Row, Romford	Havering Park
Crescent Pharmacy	65 Masefield Crescent, Gidea Park, Romford	Heaton
Lloyds Pharmacy	12 Chase Cross Road, Collier Row, Romford	Mawneys
Mim Pharmacy Ltd	118 North Street, Romford	Romford Town

Source: BHR CCG, 2021

Summary of enhanced pharmacy services

It is concluded that there is currently sufficient provision for the following enhanced services to meet the likely needs of residents in Havering:

- Needle exchange
- Supervised consumption
- Emergency hormonal contraception
- Community anticoagulation service
- End of life care medication provision

Contractor survey responses

- 6.97** There are some areas of population health and wellbeing need identified in Chapter 4 that pharmacies do not provide specialist support for. The contractor survey identified where pharmacies would be willing to provide additional services to address these needs if commissioned. These are summarised below.

6.98 The rates of people who smoke in Havering are higher than the national figures. 30 Havering pharmacies stated in the contractor survey they would be willing to provide a stop smoking service if commissioned.

6.99 A high proportion of Havering adults and Year 6 children are overweight or obese. 30 pharmacies responded that they would be willing to provide a disease specific service for obesity management for children and adults.

6.100 Premature mortality for respiratory diseases are high in Havering. There are a number of services Havering community pharmacies would be willing to provide if commissioned:

Premature mortality for

- 34 pharmacies were willing to provide a disease specific service for asthma
- 34 pharmacies were willing to provide a disease specific service for COPD

6.101 Dementia detection rates are low in Havering. 32 pharmacies stated that they were willing to provide an Alzheimer’s or Dementia disease specific service if commissioned.

Communication

6.102 2011 data shows that the most common **languages** spoken by residents in the borough other than English are Lithuanian, Polish, and Punjabi.

6.103 According to the responses to the contractor survey most common languages besides English spoken by pharmacy staff are Hindi, Urdu, and Punjabi. Table 6.14 lists the most common languages spoken by a member of staff in Havering pharmacies. Polish is not reportedly spoken Havering pharmacies.

Table 6.14: Top 10 languages spoken by a member of staff at the pharmacies in Havering

Language	Number of Pharmacies
Hindi	9
Urdu	7
Punjabi	6
Gujarati	3
Italian	3
Persian	3
Lithuanian	2
Turkish	2
Albanian	1
Bangladeshi	1

Source: Havering Contractor Survey, 2021

6.104 29 Havering pharmacies would be willing to provide a Language Access Service if commissioned.

Chapter 7 - Conclusions

- 7.1** This pharmaceutical needs assessment has considered the current provision of pharmaceutical services across Havering in alongside the health needs and demographics of its population.
- 7.2** It has assessed whether current provision meets the needs of the population and whether there are any gaps in the provision of pharmaceutical service either now or within the lifetime of this document, 1st October 2022 to 30th September 2025.
- 7.3** This chapter will summarise the provision of these services in Havering and its surrounding local authorities.

Current provision

- 7.4** The Havering Health and Wellbeing Board has identified the following services as necessary to this PNA to meet the need for pharmaceutical services:
- Essential services provided at all premises included in the pharmaceutical lists.
- 7.5** Other Relevant Services are services provided which are not necessary to meet the need for pharmaceutical services in the area, but which nonetheless have secured improvements or better access to medicines. The Havering Health and Wellbeing Board has identified the following as Other Relevant Services.
- Good provision of advanced, enhanced, and other NHS services to meet the need of the local population.

Current access to essential services

- 7.6** In assessing the provision of essential services against the needs of the population, the Health and Wellbeing Board considered access (distance, travel time and opening hours) as the most important factor in determining the extent to which the current provision of essential services meets the needs of the population.
- 7.7** To determine the level of access with the borough to pharmaceutical services, the following criteria were considered:
- The ratio of community pharmacies per 10,000 population
 - Distance and travel time to pharmacies
 - Opening hours of pharmacies
 - Proximity of pharmacies to GP practices.
- 7.8** There are 1.7 community pharmacies per 10,000 residents in Havering. Though this ratio is lower than the national average of 2.2, as indicated by the contractor survey, the pharmacies have capacity to offer more services.

- 7.9** As demonstrated by the maps in Chapter 7, the entirety of borough's population is within 1 mile (or 20 minutes commute) of a pharmacy. Additionally, all GP practices are within 1 mile of a pharmacy.
- 7.10** No difference in needs for vulnerable groups or people who share protected characteristics were identified.
- 7.11** Considering all this, the residents of the borough are well served in terms of the number and location of pharmacies.

Current access to essential services during normal working hours

- 7.12** All pharmacies are open for at least 40 hours each week. There are 45 community pharmacies in the borough, providing good access as determined in the previous section.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of essential services during normal working hours.

Current access to essential services outside normal working hours

- 7.13** On weekdays, 13 pharmacies are open before 9am and eight are open after 7pm. These are mapped out on Chapter 7 and show good coverage of services available on weekdays outside normal working hours.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of essential services outside normal working hours.

- 7.14** While not all residents can reach the 11 pharmacies that are open on Sundays, all residents can reach 41 of the borough's 45 community pharmacies that are open on Saturday. Considering these pharmacies and those in neighbouring local authorities, as shown in the maps in Chapter 7, there is good accessibility of pharmacies to residents on weekends.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of essential services on Saturdays or Sundays.

Current access to advanced services

- 7.15** The following advanced services are currently available for provision by community pharmacies: new medicine service, community pharmacy seasonal influenza vaccination, community pharmacist consultation service, Community pharmacy blood pressure service, community pharmacy hepatitis C antibody testing service, COVID-19 lateral flow device

distribution service, COVID-19 medicines delivery service, appliance use reviews and stoma appliance customisation.

- 7.16** NMS is widely available with 38 pharmacies in the borough providing it.
- 7.17** Though majority of flu vaccinations are currently provided by GPs, they are also available from 39 pharmacies in the borough.
- 7.18** Thirty-nine of the borough's 45 community pharmacies offer CPCS.
- 7.19** Community pharmacy blood pressure service, hepatitis C antibody testing service, COVID-19 lateral flow device distribution and COVID-19 medicines is finishing in March 2022 as it is no longer required.
- 7.20** Though there are pharmacies in the borough and its surrounding that dispense appliances, none provided reviews of their usage in the last recorded year (AURs). The LPC has assured the Health and Wellbeing Board that should the need arise, there would be pharmacies willing to provide the AURs in Havering.
- 7.21** Stoma Appliance Customisation service is offered by two pharmacies.
- 7.22** It is therefore concluded that there is sufficient provision of advanced services to meet the needs of the residents of Havering.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of advanced services.

Current access to enhanced pharmacy services

- 7.23** There are currently three enhanced services commissioned by the London region of NHSE&I. These are the London Seasonal Influenza Vaccination Service, the Bank Holiday Rota Service (provided by two pharmacies) and the COVID-19 Vaccination Service (delivered by three pharmacies). These are commissioned as and when required.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no current gaps in the provision of advanced services.

Current access to other NHS services

- 7.24** Other NHS services are other services commissioned by the London Borough Havering, or the Barking and Dagenham, Havering, and Redbridge Clinical Commissioning Group. Pharmacies are commissioned to deliver these services to fulfil the specific health and wellbeing of the Havering population. Enhanced services include needle exchange, supervised consumption, emergency hormonal contraception, community anticoagulation service and end of life care medication provision.

- 7.25** Six pharmacies offer the needle exchange service, 16 offer supervised consumption, emergency hormonal contraception is available from two pharmacies while eight offer anticoagulation services.
- 7.26** Three pharmacies offer End of Life Care medicines and its accompanying out-of-hours dispensing service.
- 7.27** Overall, there is very good availability of the enhanced services in the borough.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the provision of other NHS services.

Future Provision

- 7.28** The Health and Wellbeing Board has considered the following future developments:
- Forecasted population growth
 - Housing Development information
 - Regeneration projects
 - Changes in the provision of health and social care services
 - Other changes to the demand for services

Future access to essential services

Future access to essential services during normal working hours

- 7.29** The Health and Wellbeing Board is not aware of any firm plans for changes in the provision of Health and Social Care services. The HWB is aware of and has considered the proposed new housing developments within Thames Gateway regeneration in South Hornchurch and the Romford Town Centre.
- 7.30** The HWB has carefully considered these developments, and other causes of population increases and conclude that pharmacy provision is well placed within Buckinghamshire during the lifetime of this PNA. There is enough choice in pharmacy providers and to support any changing needs of the Havering community.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of essential services during normal working hours.

Future access to essential services outside normal working hours

- 7.31** The Health and Wellbeing Board is not aware of any notifications to change the supplementary opening hours for pharmacies at the time of publication.
- 7.32** Pharmacy provision outside normal working hours is well placed within locations of planned new dwelling housing developments and projected population increases.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of essential services outside of normal working hours.

Future access to advanced services

- 7.33** Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for advanced services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of advanced services.

Future access to enhanced services

- 7.34** These are commissioned as and when required. Through the contractor survey, local pharmacies have indicated that they have capacity for future increases in demand for enhanced services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of enhanced services.

Future access to other NHS services

- 7.35** Through the contractor survey local pharmacies have indicated that they have capacity and future increases in demand for other NHS services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no gaps in the future provision of other NHS services.

Improvements and better access

Current and future access to essential services

- 7.36** In consideration of population health and wellbeing needs and needs of those who share protected characteristics the PNA did not identify any services, that if provided either now or in future would secure improvements or better access to essential services. Further, there is sufficient capacity to meet any increased future demand.

The Health and Wellbeing Board identified no gaps in essential services that if provided, either now or in the future, would secure improvements or better access to essential services.

Current and future access to advanced services

- 7.37** NMS, CPCS and flu vaccination services are all widely available throughout the borough.

- 7.38** There is no data available publicly for the relatively new services namely community pharmacy blood pressure service and hepatitis C antibody testing service but there is sufficient capacity for pharmacies to provide these.
- 7.39** There is good availability of SAC provision. SACs and AURs are also offered by hospital and other healthcare providers.

The Health and Wellbeing Board did not identify any gaps in the provision of advanced services at present or in the future, that would secure improvements or better access to advanced services.

Current and future access to enhanced services

- 7.40** These are commissioned as and when required. The PNA did not identify any services, that if provided either now or in future would secure improvements or better access to the enhanced services offered. Through the contractor survey local pharmacies have indicated that they have capacity for future increases in demand for enhanced services.

Based on the information available at the time of developing this PNA, the Health and Wellbeing Board identified no services that if provided would secure improvements or better access to enhanced services.

Current and future access to other NHS services

- 7.41** There is good provision of services commissioned by Barking and Dagenham, Havering and Redbridge CCG and Havering Council. The PNA did not find any evidence to conclude that these services should be expanded.

The Health and Wellbeing Board identified no gaps, either now or in the future, that if provided would secure improvements or better access to other NHS services in the area.

Appendix A – Steering group membership and terms of reference

- BARKING AND DAGENHAM, HAVERING, AND REDBRIDGE PHARMACEUTICAL NEEDS ASSESSMENT STEERING GROUP

Terms of reference

1. Background

The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List.

The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and subsequent amendments set out the system for market entry. Under the Regulations, Health and Wellbeing Boards are responsible for publishing a Pharmaceutical Needs Assessment (PNA); and NHS England is responsible for considering applications.

A PNA is a document which records the assessment of the need for pharmaceutical services within a specific area. As such, it sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. The PNA is used by NHS England to consider applications to open a new pharmacy, move an existing pharmacy or to provide additional services. In addition, it will provide an evidence base for future local commissioning intentions.

The Barking and Dagenham, Havering and Redbridge Health and Wellbeing Boards have now initiated the process to refresh the PNAs by 1st April 2021.

2. Role

The primary role of the group is to advise and develop structures and processes to support the preparation of a comprehensive, well researched, well considered, and robust PNA, building on expertise from across the local healthcare community; and managed by Healthy Dialogues Ltd.

In addition, the group is responsible for:

- Responding to formal PNA consultations from neighbouring HWBs on behalf of the Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards.

- Establishing arrangements to ensure the appropriate maintenance of the PNA, following publication, in accordance with the Regulations.

3. Objectives

- Ensure the new PNA meets the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and its amendments.
- Develop the PNA so that it documents all locally commissioned services, including public health services commissioned; and services commissioned by the CCG/ICS and other NHS organisations as applicable; and provides the evidence base for future local commissioning.
- Agree a project plan and ensure representation of the full range of stakeholders.
- Ensure a stakeholder and communications plan is developed to inform pre-consultation engagement and to ensure that the formal consultation meets the requirements of the Regulations.
- Ensure that the PNA, although it is a separate document, integrates, and aligns with, with both the joint strategic needs assessment and the health and wellbeing strategies of each of the boroughs as well as other key regional and national strategies.
- Ensure that the requirements for the development and content of PNAs are followed, and that the appropriate assessments are undertaken, in accordance with the Regulations. This includes documenting current and future needs for, or improvements and better access to, pharmaceutical services as will be required by the Barking and Dagenham, Havering, and Redbridge populations.
- Approve the framework for the PNA document, including determining the maps which will be included.
- Ensure that the PNA contains sufficient information to inform commissioning of enhanced services, by NHS England; and commissioning of locally commissioned services by the CCG and other local health and social care organisations.
- Ensure a robust, and timely consultation is undertaken in accordance with the Regulations; including formally considering and acting upon consultation responses and overseeing the development of the consultation report for inclusion in the final PNA.
- Consider and document the processes by which the HWB will discharge its responsibilities for maintaining the PNA.
- Comment, on behalf of the Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards, on formal PNA consultations undertaken by neighbouring HWBs
- Advise the HWB, if required, when consulted by NHS England in relation to consolidated applications.

- Document and manage potential and actual conflicts of interest.

4. Accountability and reporting

The Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards have delegated responsibility for the development and maintenance of the PNA; and for formally responding to consultations from neighbouring HWBs to the PNA Steering Group

The PNA steering group will be accountable to the Barking and Dagenham, Havering and Redbridge Health and Wellbeing boards and will report on progress on a two-monthly frequency or as required by the Health and Wellbeing Board.

The pre-consultation draft and the final draft PNAs will be presented to the Health and Wellbeing Board for approval.

5. Membership

Membership of the group shall be:

Name	Organisation
Chair: Ian Diley	Redbridge Council
Janaka Perera	NEL LPC
Wassim Fattahi-Negro	LB Barking and Dagenham
Anthony Wakhisi	LB Havering
Leaman Jane	LB Barking and Dagenham
Ashlee Mulimba	Healthy Dialogues
Beattie Sturrock	Redbridge Council
Camille Barker	Redbridge Council
Emily Plane	BHR CCG
Manisha Modhvadia	Healthwatch Barking and Dagenham
Ian Buckmaster	Healthwatch Havering
Cathy Turland	Healthwatch Redbridge

An agreed deputy may be used where the named member of the group is unable to attend.

Other staff members / stakeholders may be invited to attend meetings for the purpose of providing advice and/or clarification to the group.

6. Quorum

A meeting of the group shall be regarded as quorate where there is one representative from each of the following organisations / professions:

- Chair (or nominated deputy)
- Barking and Dagenham HWB

- Havering HWB
- Redbridge HWB
- LPC
- Healthy Dialogues

7. Declaration of Interests

It is important that potential, and actual, conflicts of interest are managed:

- Declaration of interests will be a standing item on each PNA Steering Group agenda.
- A register of interests will be maintained and will be kept under review by the HWB.
- Where a member has a potential or actual conflict of interest for any given agenda item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

8. Frequency of meetings

The group will meet monthly for the lifetime of this project. Meetings may be held, or decisions taken, virtually, where appropriate.

Appendix B – Pharmacy provision within Havering and within 1 mile of border

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Havering	FVE89	Alliance Pharmacy	Community	21 Clockhouse Lane, Collier Row, Romford	RM5 3PH	No	No	Yes	No
	FKD50	Ayp Healthcare Ltd	DSP	Unit 9 Guardian Bus Ctr, Farrington Av, Harold Hill, Romford	RM3 8FD	No	No	Yes	Yes
	FR092	Bencrest Chemist	Community	67/69 Park Lane, Hornchurch	RM11 1BH	No	No	Yes	No
	FV092	Boots The Chemist	Community	Unit 7, The Brewery, Waterloo Road, Romford	RM1 1AU	Yes	Yes	Yes	Yes
	FV600	Boots The Chemist	Community	Unit 4, 47 Market Place, Romford	RM1 3AB	Yes	No	Yes	No
	FA737	Boots UK Limited	Community	122 Petersfield Avenue, Harold Hill, Romford	RM3 9PH	No	No	Yes	No
	FF297	Boots UK Limited	Community	12 Farnham Road, Harold Hill, Romford	RM3 8DX	No	No	Yes	No
	FGD64	Boots UK Limited	Community	12 The Liberty, Romford, Essex	RM1 3RL	No	No	Yes	Yes
	FW198	Boots UK Limited	Community	205 Station Lane, Hornchurch	RM12 6LL	No	No	Yes	No
	FX556	Boots UK Limited	Community	120-126 High Street, Hornchurch	RM12 4UL	No	No	Yes	Yes
	FXH36	Boots UK Limited	Community	57-59 Corbets Tey Road, Upminster, Essex	RM14 2AJ	No	No	Yes	No
	FJL00	Bows Chemist	Community	329 Upminster Road North, Rainham, Essex	RM13 9JR	No	No	Yes	No
	FE805	Britannia Pharmacy	Community	36 Corbets Tey Road, Upminster	RM14 2AD	No	No	Yes	No
	FDM09	Britcrown Pharmacy	Community	31 Upminster Road, Hornchurch, Essex	RM11 3UX	No	No	Yes	No
	FGW8 2	Britcrown Pharmacy	Community	5 Balgores Lane, Gidea Park, Romford	RM2 5JR	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FTE90	Chansons Pharmacy	Community	6 Crown Parade, Upminster Road South, Rainham	RM13 9BD	No	No	Yes	No
	FFX17	Clockhouse Pharmacy	Community	5 Clockhouse Lane, Collier Row, Romford	RM5 3PH	Yes	Yes	Yes	Yes
	FGV99	Crescent Pharmacy	Community	65 Masefield Crescent, Gidea Park, Romford	RM3 7PB	No	No	Yes	No
	FC513	Day Lewis Pharmacy	Community	113 Rainham Road, Rainham, Essex	RM13 7QX	No	No	Yes	No
	FEP91	Day Lewis Pharmacy	Community	109 Mungo Park Road, Rainham, Essex	RM13 7PP	No	No	No	No
	FGA85	Day Lewis Pharmacy	Community	Harold Hill Health Centre, Gooshays Dr, Harold Hill, Romford	RM3 9LB	Yes	Yes	Yes	No
	FLN08	Day Lewis Pharmacy	Community	143 Avon Road, Upminster, Essex	RM14 1RQ	No	No	No	No
	FQP07	Day Lewis Pharmacy	Community	52 Collier Row Lane, Romford	RM5 3BB	No	No	Yes	No
	FXW05	Day Lewis Pharmacy	Community	6 Station Parade, Broadway Elm Park, Hornchurch	RM12 5AB	No	No	Yes	No
	FMD27	Elm Park Pharmacy	Community	208-212 Elm Park Avenue, Elm Park, Hornchurch	RM12 4SD	Yes	No	Yes	No
	FE051	Govani Chemists	Community	87 Front Lane, Upminster, Essex	RM14 1XN	No	No	Yes	No
	FPD73	Govani Chemists	Community	64 Station Road, Upminster, Essex	RM14 2TD	No	No	Yes	No
	FA052	Instore Pharmacy	Community	Tesco Superstore, Bridge Road, Rainham	RM13 9YZ	Yes	Yes	Yes	Yes
	FDT86	Instore Pharmacy	Community	Bryant Avenue, Gallows Corner, Romford	RM3 0LL	Yes	Yes	Yes	Yes
	FYN65	Instore Pharmacy	Community	Tesco Superstore, 300 Hornchurch Road, Hornchurch	RM11 1PY	Yes	Yes	Yes	Yes
	FA111	Lloyds Pharmacy	Community	1-15 The Brewery, Waterloo Road, Romford	RM1 1AU	Yes	Yes	Yes	Yes
	FCC42	Lloyds Pharmacy	Community	2 Tadworth Parade, Elm Park, Hornchurch	RM12 5AS	Yes	No	Yes	Yes

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FN391	Lloyds Pharmacy	Community	12 Chase Cross Road, Collier Row, Romford	RM5 3PR	No	No	No	No
	FQV93	Maylands Pharmacy	Community	300 Upper Rainham Road, Hornchurch	RM12 4EQ	Yes	Yes	Yes	Yes
	FT893	Mim Pharmacy Ltd	Community	118 North Street, Romford	RM1 1DL	No	No	Yes	No
	FCN97	Panchem (UK) Ltd	Community	160 St Marys Lane, Upminster	RM14 3BS	No	No	Yes	Yes
	FTV79	Park Lane Pharmacy	Community	Park Lane Pharmacy, 1 Park Lane, Hornchurch	RM11 1BB	No	No	Yes	No
	FRF15	Pharmaca re Chemist	Community	164 Hornchurch Road, Hornchurch, Essex	RM11 1QH	No	No	Yes	No
	FXK72	Rise Park Pharmacy	Community	173 Eastern Avenue East, Rise Park, Romford	RM1 4NT	No	No	Yes	No
	FKK95	Rowlands Pharmacy	Community	3 Fairview Parade, Mawney Road, Romford	RM7 7HH	No	No	Yes	No
	FQD98	Rowlands Pharmacy	Community	100 Ardleigh Green Road, Hornchurch	RM11 2LG	No	No	No	No
	FGD90	Safedale Pharmacy	Community	197 Rush Green Road, Romford	RM7 0JR	No	No	Yes	No
	FN455	Shadforth Pharmaceutical Co Ltd	Community	266 Brentwood Road, Romford	RM2 5SU	Yes	No	Yes	No
	FL514	Well Harold Wood - Station Road	Community	7 Station Road, Harold Wood, Essex	RM3 0BP	Yes	No	Yes	No
	FN123	Wh Burdess Chemist Ltd	Community	178 Mawney Road, Romford, Essex	RM7 8BU	No	No	Yes	No
	FG050	Williams Dispensing Chemist	Community	139A Wennington Road, Rainham, Essex	RM13 9TR	No	No	Yes	No
Barking & Dagenham	FH672	Andrew Bass Pharmacy	Community	1148 Green Lane, Becontree Heath, Dagenham	RM8 1BP	No	No	Yes	No
	FGR47	Asda Pharmacy	Community	Asda Superstore, Merriellands Crescent, Dagenham	RM9 6SJ	Yes	Yes	Yes	Yes
	FKA24	Britannia Pharmacy	Community	167- 169 High Road, Chadwell Heath, Romford	RM6 6NL	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
	FQN03	Britannia Pharmacy	Community	420 Wood Lane, Dagenham	RM10 7FP	No	No	Yes	No
	FKX93	Day Lewis Chemist	Community	149 Broad Street, Dagenham	RM10 9HX	No	No	Yes	No
	FAP61	Day Lewis Pharmacy	Community	2 Royal Parade, Church Street, Dagenham	RM10 9XB	No	No	Yes	No
	FRA86	Day Lewis Pharmacy	Community	7 Beadles Parade, Rainham Road South, Dagenham	RM10 8YL	No	No	No	No
	FCE87	Fittleworth Medical	DAC	Unit 6A Midas Bus Centre, Wantz Road, Dagenham	RM10 8PS	No	No	Yes	No
	FE678	Kry-Ba Pharmacy	Community	21 Goresbrook Road, Dagenham, Essex	RM9 6XA	No	No	Yes	No
	FRH15	Lloyds Pharmacy	Community	97-131 High Road, Chadwell Heath, Essex	RM6 6PA	Yes	Yes	Yes	Yes
	FWG54	Lloyds Pharmacy	Community	281 Wood Lane, Dagenham	RM8 3NL	No	No	Yes	No
	FAR43	Mastaa-Care Pharmacy Ltd	Community	26 Whalebone Lane South, Dagenham, Essex	RM8 1BJ	No	No	Yes	No
	FY843	Oxlow Chemist	Community	217 Oxlow Lane, Dagenham, Essex	RM10 7YA	No	No	Yes	No
	FJT17	Super.Care Pharmacy +	Community	198-200 High Road, Chadwell Heath, Romford	RM6 6LU	Yes	Yes	Yes	Yes
	FFX94	Valence Pharmacy	Community	453 Becontree Avenue, Dagenham, Essex	RM8 3UL	No	No	Yes	No
	FML56	Well Chadwell Heath - Rose Lane	Community	107 Rose Lane, Chadwell Heath, Romford	RM6 5NR	No	No	Yes	No
Bexley	FL579	Harrisons Pharmacy	Community	1 Town Square, Erith	DA8 1RE	No	No	Yes	No
	FA554	Soka Blackmore Pharmacy	Community	2 Pembroke Parade, Erith, Kent	DA8 1DB	No	No	Yes	No
Redbridge	FYT00	Cordeve Ltd Dispensing Chemist	Community	70 Chadwell Heath Lane, Chadwell Heath, Romford	RM6 4NP	No	Yes	Yes	No
	FMC24	Wellbeing Pharmacy	Community	1207 High Road, Chadwell Heath, Romford	RM6 4AL	No	No	Yes	No

Borough	ODS Code	Pharmacy	Contract Type	Address	Post Code	Early Opening	Late Closing	Open on Saturday	Open on Sunday
Thurrock	FF646	Allcures Pharmacy	Community	Allcures House, Arisdale Avenue, South Ockendon	RM15 5TT		No	No	No
	FKK05	Allcures Plc	Community	Purfleet Care Centre, Tank Hill Road, Purfleet	RM19 1SX	Yes	No	No	No
	FQQ40	Boots	DSP	17 Derwent Parade, South Ockendon, Essex	RM15 5EF	Yes	No	Yes	No
	FTK09	Ohms Pharmacy	Community	32 High Street, Aveley, Essex	RM15 4AD	No	No	Yes	No
	FKL83	South Road Pharmacy	Community	1 South Road, South Ockendon, Essex	RM15 6NU	No	No	Yes	No
	FM809	Well Aveley - Aveley Mc	Community	22 High Street, Aveley	RM15 4AD	No	No	No	No

Appendix C – Consultation report

The table below presents a summary of the comments received during the statutory 60-day consultation period and the response from the steering group.

Summary of comments	Response
The term 'Adequate' is subjective.	We have reviewed this again and edited the text to acknowledge the lower provision of pharmacies on Sundays (para 6.35) and highlighted that there is good provision overall during the weekend (para 7.14). 'Good' is described in paragraph 3.7.
Include information on 'Enhanced' services: <ul style="list-style-type: none"> - COVID-19 - Bank Holiday - Enhanced Flu 	This has been included.
Services listed as enhanced are locally commissioned services and need to be labelled as such.	This has been amended.
Updates to openings/closures of pharmacies, times and names of pharmacies: <ul style="list-style-type: none"> • FGD90 Asvacare Ltd t/a Safedale Pharmacy at 197 Rush Green, RM7 0JR is missing. • FKD50 – Now opens on Saturdays • FF297 – does not open on Sundays • FGD64 – Does not open before 9am • FX556 - Does not open before 9am • FN391 – Does not open on Saturdays • FQD98 – Does not open on Saturdays 	These amendments have been made to reflect updates to pharmacy details.
Be clear that we have assessed Improvements or Better Access and included protected characteristics.	This has been included in 'Improvements or better access statement' in chapter 7.
Some of the COVID-19 services are stopping at the end of March 2022 and should therefore be noted as such on the PNA.	Text has been amended to reflect this.
Urban regeneration: Be clear on what we took into account, i.e. housing, population projections and pharmacy can support capacity.	This has been included in Chapter 6&7.
Hypertension Case finding service – now called – Community Pharmacy blood pressure service	This has been amended.
Essential services now needs to include DMS.	This is already listed on Pg. 75
The PNA does not mention GPCPS	This is called the Community Pharmacist Consultation Service Which is discussed in chapter 6&7.
There should be improved channels of communication including an accessible resource of pharmacies with	These comments have been feedback to the LPC. Pharmacy opening times

Summary of comments	Response
<p>opening times included – available for GPs and patients to see.</p> <p>There should be a map of Supervised consumption and Hepatis C Antibody Testing</p>	<p>can be found on https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy</p> <p>A map of supervised consumption is shown within the PNA. Data on Hepatis C Antibody Testing is not yet available for mapping.</p>
<p>NEL LPC will support any current contractors in offering services if a need arises as all contractors are keen to do more and are willing to do so as long as a service is commissioned</p>	<p>No action required</p>
<p>Update the text to reflect that data on pharmacy numbers, locations and opening times was up to April 2022</p>	<p>This is updated in chapter 3 and throughout chapter 6.</p>
<p>Include narrative on how Healthy Living Pharmacies support health and behaviours in chapter 4.</p> <p>Highlight that the framework covers the period up to 2024 and not the lifetime of this PNA.</p>	<p>Narrative on HLP has been included in Paragraph 4.29.</p> <p>A note has been added in para 2.15 to highlight the impact of the next framework will be considered by the Health and Wellbeing Board.</p>