



Health and Wellbeing Board

APPENDICES IN RESPECT OF AGENDA ITEMS 5 & 7

Date: FRIDAY, 16 SEPTEMBER 2022

Time: 11.00 am

Venue: COMMITTEE ROOMS - 2ND FLOOR WEST WING, GUILDHALL

5. **CITY AND HACKNEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021/22**

For Information
(Pages 3 - 72)

7. **PHARMACEUTICAL NEEDS ASSESSMENT 2022**

For Information
(Pages 73 - 254)

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CHSAB Annual Report 2021–22

**People should be able to live a life free from harm
in communities that are intolerant of abuse, work
together to prevent abuse and know what to do
when it happens**

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Message from the Independent Chair



I am very pleased to introduce the Annual Report of the City and Hackney Safeguarding Adults Board 2021/22. As the Independent Chair of the Board. I am extremely grateful to all partners for their ongoing support and contributions to safeguarding people living in the City and Hackney, through the tremendous challenges from the Covid-19 pandemic. Partners have continued to deliver safe services and respond to changing safeguarding needs and risks, as the report describes. I take this opportunity to thank all staff, volunteers and residents for supporting people at risk of abuse or neglect in the City and Hackney during this time.

This annual report shows what the Board aimed to achieve during 2021/22 and what we have been able to achieve, as partners and as a partnership. It provides a picture of who is safeguarding, in what circumstances and why. This informs the priorities in the Delivery Plan for 2022/23, which states what we intend to do during this year despite the considerable pressures on partners in terms of resources and capacity. There are significant challenges, including: the ongoing impact of Covid-19 and safeguarding issues arising from the lockdowns; the impacts of the cyberattack on Hackney Council and greater levels of need in the local population.

The Board and its members continue to address the challenges in respect of safeguarding adults in the City and Hackney, find innovative ways to support residents and staff, and make improvements in the ways in which people are safeguarded. I hope to continue to chair the partnership and support colleagues to achieve the aims and ambitions of the Board.

Dr Adi Cooper OBE,

Independent Chair City and Hackney Safeguarding Adults Board
June 2022

What is the Safeguarding Adults Board?

Role

The City and Hackney Safeguarding Adults Board (CHSAB) is a partnership made up of both statutory and non-statutory organisations. A range of organisations attend the Board including health, social care, housing, criminal justice and fire services, voluntary sector and residents who use services in the City of London and Hackney. The role of the CHSAB is to assure itself that organisations based in the City and Hackney have effective safeguarding arrangements. This is to ensure that adults with care and support are protected and prevented from experiencing abuse and neglect.

The CHSAB has three core legal duties under the Care Act 2014:

- 1) Develop and publish a Strategic Plan outlining how the Board will meet its objectives and how partners will contribute to this
- 2) Publish an Annual Report detailing actions that the Board has taken to safeguard the community and how successful it has been in achieving this
- 3) Commission Safeguarding Adults Reviews (SARs) for any cases that meet the criteria.

In addition to this, the CHSAB is able to lead or undertake work in respect of any other adult safeguarding issue it feels appropriate to meet the objectives described in the statutory guidance accompanying the Care Act 2014.

Membership

The CHSAB has three statutory partners: the Local Authority, Clinical Commissioning Group and Police service and a wide range of non-statutory partners.

Below is a full list of our partners and their attendance at our quarterly Board meetings during 2021/22:

2021-22	
Independent Chair	100%
London Borough of Hackney ASC	100%
City of London Corporation	100%
City & Hackney CCG	100%
Homerton University Hospital	100%
Barts Health NHS Trust	0%
East London NHS Foundation Trust	100%
London Fire Brigade	50%

2021-22	
Metropolitan Police	100%
City of London Police	50%
National Probation Service	25%
Healthwatch Hackney	50%
HCVS	25%
Age UK East London	50%
The Advocacy Project	0%
London Borough of Hackney Benefits and Housing Needs	75%
Turning Point	25%
Department of Work and Pensions	100%
Public Health	75%
Care Quality Commission	25%

Principles

The Board's strategy and annual strategic plan is underpinned by the six safeguarding principles:

- Prevention** – It is better to take action before harm occurs.
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
- Empowerment** – People are supported and encouraged to make their own decisions and informed consent.
"I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens."
- Proportionality** – The least intrusive response appropriate to the risk presented.
"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."
- Protection** – Support and representation for those in greatest need.
"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."
- Accountability** – Accountability and transparency in delivering safeguarding.
"I understand the role of everyone involved in my life and so do they."

- **Partnership** – Local solutions through services working together and with their communities. Services share information safely and each service has a workforce well trained in safeguarding. Communities have a part to play in preventing, detecting and reporting neglect and abuse.



“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Board Governance

Subgroups

The Board has a number of subgroups in place to ensure the delivery of its annual priorities:

Quality Assurance:

This group examines quantitative and qualitative information about safeguarding across the City and Hackney. This information is provided to the Executive group and helps inform the work and priorities of the Board.

Safeguarding Adults and Case Review:

The group fulfils the Board's s44 Care Act duty by considering requests for a Safeguarding Adults Review (SAR). The group reviews referrals and makes recommendations to the Chair when it considers if a SAR is required. It will also monitor the embedding of action plans from reviews that have an adult safeguarding theme to them.

Workforce Development:

This group meets periodically to review and identify training and development opportunities in respect of adult safeguarding. It is also responsible for quality assuring the safeguarding training delivered by partners.

Transitional safeguarding:

The task and finish group is responsible for identifying how to better support young people aged 16 - 25 years old with their safeguarding needs around exploitation and abuse. This is a joint task and finish group on behalf of the City and Hackney Safeguarding Children's Partnership and Hackney Community Safety Partnership as well as the CHSAB.

SAR action plan task and finish group:

This group was designed to ensure that the actions from our most recent SARs are completed in a timely manner. The group also identified how to ensure that learning from SARs has a long-term impact on improving practice.

Digital safety and financial scams group:

The group identifies core risks associated with being online and using digital platforms. Furthermore, the group identifies how to keep residents safe online, particularly with respect to financial scams.

Anti-social behaviour and safeguarding:

This group was set up by the Safeguarding Adults Board and Community Safety Partnership in Hackney to improve the multi-agency response to people both perpetrating or experiencing anti-social behaviour. The role of the group was to ensure that a proportionate response is provided to residents as well as support frontline professionals in responding to anti-social behaviour

The work of the sub and task and finish groups is overseen by the Executive Group, whose role it is to monitor the progress of work undertaken by the groups and identify any other work the Board needs to undertake. The Executive group is attended by statutory partners, the Independent Chair and the Board Manager.

There are also quarterly CHSAB meetings attended by the whole partnership. This allows for discussions on key safeguarding issues, networking and identifying further opportunities for partnership working.

City of London Adult Safeguarding Committee

The City of London has a Safeguarding Adult Committee, which focuses on safeguarding issues affecting residents living in the City of London. The Committee meets quarterly, where it allows partners to share their responses and responsibilities in relation to different safeguarding issues and provides updates in respect of their progress against the Board's strategic priorities.

CHSAB strategic links

The CHSAB has links with partnerships and boards working with residents in the City of London and Hackney, including: the City and Hackney Safeguarding Children's Partnership, Community Safety Partnerships and Health and Wellbeing Boards. The Board also engages with other partnerships where there may be opportunities to work collaboratively or provide an adult safeguarding expertise.

Budget

In 2021/22 the budget was £216,991 from the partners listed below:

Partners Income	Received (£)
City of London Corporation	(28,875)
East London NHS Foundation Trust	(27,500)
Homerton University Hospital	(12,000)
NHS City and Hackney CCG	(20,000)
Metropolitan Police Authority	(5,000)
Bart's and London NHS Trust	(5,000)
City of London Police	(4,400)
London Fire Brigade	(500)
LB Hackney	(104,809)
Total income	(208,084)

The expenditure for the Board in 2021/22 was £182,104. This covered costs including staff, the Independent Chair, training and design costs.

The Board have made the decision to keep the partner contributions the same on the basis that there is a current reserve of £199,396, to meet any unplanned expenditure that may be incurred in this financial year.

Supporting the CHSAB

The CHSAB has a full-time Board Manager and Business Support Officer to manage the work of the Board.

Case Study 1: North East London Clinical Commissioning Group

Sophie* is a young woman who resides at a local nursing home. She is largely bed bound, and lacks capacity to consent to care and treatment. However, she is not resistant to care being provided. There has been a positive relationship between the care home and family, and all report that the GP is very engaged with managing her care plan.

When residents at her nursing home were routinely being offered the Covid-19 vaccine – Sophie's family stated that they did not wish for her to receive the vaccine. As Sophie lacks the capacity to consent to treatment, the responsibility for a **'best interest decision'** under the **Mental Capacity Act** lies with the CCG and the GP who manage her care arrangements. The CCG were anxious to reach a safe decision that engaged with



her families' concerns and worked collaboratively, taking into account the significantly higher levels of Covid-19 deaths of care home residents.

The care home had done a lot of work with families to ensure that they have the information to assist in being involved in decision making where residents could not make their own decisions. This involved providing information leaflets, discussions, etc and centred upon consent to "testing" and vaccinations. The family had previously advocated for their daughter to have the flu vaccine. It was agreed that the first step should be to engage further with the family and understand the basis of their concerns. The CCG sought Adult Safeguarding advice from the Adult Safeguarding Lead at the London Borough of Hackney. Following discussions between the case manager and the family it became apparent that their objections were specific to the Astra-Zeneca vaccine, rather than the overall principle of vaccination. This was in part due to their understanding that this vaccine contained animal products that are prohibited in their faith. This understanding allowed the case manager to engage in a more personalised way with the family accepting their concerns and working in partnership. A best interest decision was taken to administer the vaccine and the family agreed with this plan.

Case Study 2: Metropolitan Police Service

The police responded to a call from neighbours of a **Kate***, concerned that they had not seen her at the address for some time. They also noted that there were multiple males coming and going to the property at different times of the day. Police attended and managed to confirm that Kate was safe and well but established that she was extremely fearful of the males who had attended the address. The officers were able to establish that Kate was a Class A drug user whose address had been ‘cuckooed’ by males who she had previously bought drugs from. These men, up to five in total, took over her flat and used it to deal and store drugs from. They threatened violence should she ever inform the police. Neighbourhood officers were already working in partnership with Peabody Housing to obtain a closure order for the address. Kate was safely removed from the premises, with her consent, and put up in a hotel by police. This was so that she could be away from the immediate area whilst work with the Housing association was completed to urgently re-house her elsewhere. A search of the premises located a large amount of class A drugs, cash, and a suspected firearm. Kate was safely placed away from harm and is receiving ongoing support from social services, and a criminal investigation remains ongoing into the items found and identifying suspects for prosecution.

“I’ve got my life back.”



CHSAB Achievements for 2021/22

Safeguarding Adults Review (SARs)

- The Board commissioned one Safeguarding Adults Review and one discretionary Safeguarding Adults Review. Both are due to be published in 2022 and will be included in the annual report for 2022/23.
- The Board held one reflection event identifying how well learning from the MS SAR was embedded into practice. The Independent Reviewer provided positive feedback on the actions Board partners had taken to address the recommendations from the review.
- The SAR action plan group measured how well learning had been embedded into practice. This undertaking feedback exercises with frontline staff and partners allows us to understand how well SARs were known and perceived across the City and Hackney.
- The SAR Protocol was updated in response to the National Analysis from SARs.
- The SAR action plan group reviewed learning from SARs across London to identify themes and how the Board can pre-emptively address these.

Training and engagement with professionals

- The Board commissions a package of training for frontline line staff working across the City and Hackney on a yearly basis. This year the Board commissioned 11 different safeguarding courses, including a new course on trauma informed approaches to safeguarding. In total, 413 people attended training in 2021/22.
- The Board published monthly bulletins for frontline staff providing them with update on adult safeguarding issues.
- The Board delivered a series of bitesize training including learning from SARs and best practice working with rough sleepers.
- The Board has commissioned a new training system so that all training will be contained in one centralised location.

Safeguarding Adults Week

- The Board held a number of bite-sized learning sessions on different areas of safeguarding for professionals. In total, over 200 professionals attended these session; an increase upon the previous year.
- The Board created a series of seven-minute briefings and learning resources to support frontline staff.
- A number of posters and promotional resources were circulated across all staff at the London Borough of Hackney.

Quality Assurance

- The Board undertook one multi-agency case file audit which assessed safeguarding practice in respect of self-neglect. In total 10 cases were reviewed at a multi-agency event attended by Board partners and the neighbourhood team.
- Board partners audited their safeguarding training, with specific scrutiny into mental capacity training offered to staff.
- There was a review of how well the Board was meeting its statutory obligations under the Care Act 2014 and Care Act statutory guidance.
- There was one challenge event, which assessed the Board partners in relation to safeguarding priorities set out in the Safeguarding Adults Partnership Audit Tool; which is a Londonwide audit tool.
- The Independent Chair of the Board has initiated yearly check-ins for all Board partners. The purpose of these check-ins is to ensure that all safeguarding issues affecting residents are identified and addressed and to continue to improve engagement with partner agencies.

Multi-agency working

- King's College London have undertaken a Communities of Practice around homelessness and self-neglect, which the Board has participated in.
- The Board supported the Domestic Abuse Intervention Service to create and promote the Intergenerational Domestic Abuse Protocol in the London Borough of Hackney.
- The financial scams and digital safety group worked to help ensure people stay safe online. The group reviewed core safety risks and will continue to raise awareness of how professionals and residents can avoid safeguarding risks.
- There was Board attendance at a number of partnership groups including the Carers Partnership Board, Death in Treatment Panel, no recourse to public funds meetings and domestic abuse work streams.

Financial Scams and Digital Safety Task and Finish Group

- A small group of partners formed the financial scams and digital safety task and finish group to look at the risks for residents using digital platforms.
- The group has raised awareness of digital safety and online scams in the Board's newsletters.
- The group has directed that all future safeguarding projects review any online or digital risks that may be relevant.
- The group will continue to develop resources to assist frontline professionals and residents over the forthcoming year.

“I'm thankful for the help and support.”



Case Study 3: City of London Police

Leila* experienced domestic abuse over the years however she had never reported it to the police. Leila has three children, all known to Children's Social Care at different stages of their lives. At a strategy meeting for the youngest, Leila disclosed information about domestic abuse she was experiencing. Staff in the Public Protection Unit attempted to engage with Leila and she was allocated a specialist domestic abuse detective.

There was a violent incident at the home address, leading to Leila calling 999 and reporting the perpetrator. The VVA and officer on duty collected Leila from the address along with her youngest child and took her to a place of safety. This was the first time Leila had the courage to report the abuse she was suffering. The Police Public Protection Unit arranged emergency accommodation, with the support of social services, to ensure that Leila and her child did not have to return to the family home.

Leila's case was referred to the MARAC, which ensures that there is a multi-agency response to domestic abuse. The MARAC ensured that Leila was housed in an appropriate location. The case was referred to the Crown Prosecution Service to ensure that there was a criminal prosecution for the perpetrator.

Case Study 4: Hackney CVS

Gio had engaged with the service for a number of years, volunteering for one of the programmes run by the service. Gio identifies as non-binary and bisexual, which has caused them to become estranged from their family due to their sexuality. They do not have settled immigration status in the UK. Furthermore, Gio has been diagnosed with high performing autism, depression and also struggles with anxiety. This has led to them have periods of suicidal ideation and they have attempted to take their own life.

Gio was receiving support from East London Foundation Trust mental health teams, their GP and a housing provider. Gio found that support from Hackney CVS (HCVS) to get them into work has been really valuable and they are now on a salaried wage. HCVS supported Gio to obtain accommodation and furniture for this.

Gio still experiences panic attacks which were exacerbated by being stopped and searched as a young black person and fears that they may be supported. However, HCVS has put in support for them, so they are able to manage these. Gio reports to feeling generally much happier in their life.



“Due to the support I received, I was able to obtain accommodation, a place to call home.”

Anti-Social Behaviour and Safeguarding Task and Finish Group (on behalf of the Safeguarding Adults Board and Community Safety Partnership in Hackney)

- A group of officers within the London Borough of Hackney formed the group to look at strengthening the safeguarding response to anti-social behaviour.
- The group have explored the key concerns for professionals working with people feeling and perpetrating anti-social behaviour.
- The pathways for anti-social behaviour cases have been reviewed and revised to ensure that these are accessible.
- The group explored the issue of cuckooing, where people take over the home of another person and use it for their own means, often for criminal activity. The group explored how to respond to and raise awareness of this issue.

Transitional Safeguarding Task and Finish Group (on behalf of the Safeguarding Adults Board and Children's Safeguarding Partnership and Hackney Community Safety Partnership)

- The Group has worked with the University of Sussex Innovate Project to continue to drive learning and understanding around the safeguarding risks affecting young people aged 16 - 25 years old.
- The group undertook a number of learning sessions with staff to raise awareness of what is available to support young people.
- The group developed a briefing for staff outlining how they could apply the law when supporting young people being exploited or abused.

Resident engagement

- The Board has commissioned a voluntary sector agency, The Advocacy Project, to obtain feedback from residents who have lived experience of safeguarding.
- The Board advertised for the role of Safeguarding Champion and also for volunteers to join the London Safeguarding Voices Group.
- Age UK undertook a feedback session with residents to hear their views on digital safety.
- The Board continues to publish quarterly newsletters to residents and also provided an article to the Older People's Reference Group on keeping safe over the Christmas period.

Neighbourhoods Team

- The Board has continued to work collaboratively with the Neighbourhoods Team, through regular meetings and reporting back to the Board.
- The Neighbourhoods Team were involved in the Board's multi-agency case file audit.

Engagement and partnership work

- The Board provided a response to the consultation undertaken by North East London Clinical Commissioning Group in relation to changes to the structure of their safeguarding teams.
- The Board expanded its professionals mailing list and networks to ensure that all professionals in the City and Hackney are up to date with safeguarding news. If you would like to join this network please contact: **chsab@hackney.gov.uk**.
- The Board delivered a number of bite-sized training sessions on different areas of safeguarding to different teams across the City and Hackney. This includes presentations to the public health teams, The Advocacy Project and the Health and Wellbeing Board.

National work

- The Board contributed to the National Safeguarding Adults Board Chairs survey, which looks at the effectiveness and priorities of Safeguarding Adults Boards across England.
- Members of the Board attend a number of regional and national groups including, the London Safeguarding Adults Board, London and national SAB Chairs, London and regional SAB Manager Networks and Care and Health Improvement Partnership (Local Government Association and the Association of Directors of Adult Social Services) Safeguarding adults workstream.
- Members of the Board have presented at national safeguarding events that have occurred across England.

Case Study 5:

Homerton University Hospital Foundation Trust

Loretta was a 90-year-old widow with vascular dementia and a number of other health issues. Loretta was normally resident in Nottingham, and she was an active member of her local church. She had a large family, with five children and an extended social network. Her daughter supported her with some tasks at home. Loretta had discussed Lasting Power of Attorney (LPA) with her daughters before she lost capacity and had given three of her daughter's this authorisation for her financial and health affairs.

Loretta suffered a severe stroke which resulted in her requiring support with all activities of daily living. It also impacted her ability to make decisions around her care.



Loretta receives home care from her daughters and carers

This occurred during the Covid-19 pandemic and it unfortunately meant that visitations were restricted.

Staff determined that Loretta lacked capacity to make decisions about her discharge from hospital, specifically where she would be discharged to. In line with the Mental Capacity Act, a best interests assessment was arranged to discuss her LPA with her family. A number of discharge options were discussed for Loretta, including factors to consider with each option. Loretta's daughters had different views on where she would be discharged to.

An Independent Mental Capacity Advocate was appointed to support and establish the past and present wishes of Loretta. A social worker and discharge team, provided the daughters with care home options as well as dates for discharge. Unfortunately, it was not possible to reach a unanimous decision on Loretta's care. It was determined that it was in Loretta's best interest to be discharged to the care home with nursing attached to the Hospital. In conjunction with this, a social worker liaised with the Office of Public Guardianship and the Court of Protection.

The Court of Protection agreed that Loretta lacked capacity to make decisions about her life. She remained in the care home during the pandemic, although efforts were made to ensure her family could visit once restrictions were lifted and to ensure she had access to Christian shows and music, which she enjoyed. Staff also worked to ensure that Loretta could have a 90th birthday celebration that her family could all attend safely.

The Court of Protection eventually ruled that Loretta could return to Nottingham to be cared for in her home by her daughter and carers. The rest of the family were supportive of this decision. The manager of the care home arranged transport and a handover to staff and her daughter, so her needs were met.

What did the Board not achieve?

The Board always sets itself an ambitious set of goals to achieve in its annual strategic plan. This is to ensure that the safeguarding adults' agenda is driven forward across the City and Hackney. Unfortunately, it is not always possible to achieve all goals. The Board was unable to meet the following objectives during 2021/22:

1. Whilst the Board has undertaken outreach work to improve its engagement with residents, it has not been possible to re-establish the service user network it had with residents prior to the Covid-19 lockdowns. The Board will continue to identify ways it can improve engagement with service users and residents in the City and Hackney.
2. In preparation for inspection by the Care Quality Commission (CQC), the Board intended to audit safeguarding within the City and Hackney's Adult Social Care teams. This did not go forward on the basis that the Board were awaiting the publication of a template for this from the CQC. This action has been rolled forward into the Board's annual strategic plan for 2022/23.
3. At the start of the financial year the Board put on a number of learning sessions for voluntary sector agencies. Unfortunately, these were not well attended, and the Board had to cancel further sessions. To address this the Board is working with its voluntary sector members to help engage with wider voluntary and community sector organisations.

Safeguarding Adults Reviews (SARs)

The Board has a statutory duty to undertake Safeguarding Adults Reviews (SAR) under section 44 of the Care Act 2014. The following criteria must be met for a SAR:

1. An adult has died or suffered serious harm.
2. It is suspected or known that this was due to abuse or neglect.
3. There is concern that agencies could have worked better to protect the adult from harm.

The Board is also able to undertake a discretionary SAR under the Care Act 2014, where a case does not meet the threshold for a review but it is considered that there is valuable learning to be gained in terms of addressing abuse and neglect.

In 2021/22, the Board did not publish any Safeguarding Adults Reviews. The Board initiated two reviews in 2021/22, one was a SAR as defined under section 44 of the Care Act and the other a discretionary review. It is anticipated that the Board will publish these two reviews and an outstanding discretionary review in 2022/23.

CHSAB Strategy 2020-25

Under the Care Act 2014, Safeguarding Adults Boards are required to publish a strategy outlining how it will meet its obligations in respect of adult

safeguarding. The Board renewed its Strategy in 2020 and published a five-year plan on how it will deliver its goals. The following objectives have been met in respect of the Board's 2020-25 strategy:

- We will find innovative ways to communicate key learning from the CHSAB to frontline staff across the partnership, this will include written, online and face-to-face formats.
- We will continue to run an annual Safeguarding Adults Week to help raise awareness of emerging issues with the public and frontline staff.
- We will undertake horizon scans of local, London and national safeguarding trends to help us identify thematic priorities for the Board.
- We will continue to engage with the Integration Model and Neighbourhood teams to support them in ensuring that safeguarding is embedded through all aspects of their work.
- We will continue to identify how we can work with different organisations and partnerships across City and Hackney where we have overlapping interests. This includes supporting teams to consider safeguarding in their own projects and work streams.
- We will continue to work collaboratively with the Safeguarding Children's Partnerships, Community Safety Partnerships and Health and Wellbeing Boards on mutual areas of interest.
- We will quality assure the safeguarding work of the Board's partners through our Quality Assurance Framework, undertaking the SAPAT and yearly multi-agency case file audits.
- We will identify how much impact the Board and SARs are having in improving safeguarding practice across City and Hackney.
- We will undertake periodic reviews of the Board and its Chair to ensure that it is meeting its obligations in respect of the Care Act 2014.

In the forthcoming year the Board will focus on the following priorities:

1. Engaging with voluntary and community sector organisations in a meaningful way to ensure that adult safeguarding messages are incorporated into practice.
2. Oversee The Advocacy Project in their delivery of an adult safeguarding feedback service for people with lived experience of adult safeguarding. If you have received adult safeguarding support in the City or Hackney and would like to provide feedback to this service, please contact: **chsab@hackney.gov.uk**.
3. Identifying and responding to people who are 'on the edge of care' and may not meet the criteria for statutory safeguarding intervention, but still have safeguarding needs.

4. Continuing to raise awareness of self-neglect and how to work effectively with adults who may be neglecting themselves.
5. Engaging with services across the City and Hackney to ensure that they have embedded core duties in relation to adult safeguarding.

“My daughter is able to help me with the support she receives.”



Case Study 6: East London Foundation Trust

Anita was a 51 year old woman from the Irish Traveller community, who was diagnosed with psychosis, depression and anxiety. There were suspicions that she may have a mild learning disability and some memory loss due to heavy drinking. Anita had been known to the EQUIP team, who work with people experiencing or at risk of

experiencing their first episode psychosis, for a year. She lived with her ex-partner and daughter and had a joint tenancy with him. Her ex-partner had care and support needs of his own and was using illicit substances and drinking heavily. Anita's ex-partner had been abusive towards her. She also had a current boyfriend whom she described as being "on/off", and he was also abusive towards her. Anita's daughter helped to provide care to her and her ex-partner.

The EQUIP social worker had worked closely with Anita to understand her needs and her wishes for the future. The EQUIP social worker recognised that she was an adult at risk of domestic abuse, but her low mood and anxiety prevented her to seek support. Her circumstances meant that she was restricted in moving to alternative accommodation, and Anita also stated that she wanted to stay close to where her daughters were.

The EQUIP social worker held a professionals meetings to try and ascertain what could be done to support Anita, specifically advocating for her to move accommodation with the support of her housing association. The social worker worked with the Named Professional for Safeguarding Adults and domestic abuse team to move things forward by escalating concerns with the housing association. The EQUIP social worker also worked with the Carer's Lead to support Anita's daughter who was struggling with the demands placed on her as a carer. As a result, Anita was offered alternative accommodation with her daughter and her daughter was provided with support in her carer role.



CHSAB Board Partners Safeguarding Achievements

This section outlines the Board Partners main achievements in relation to adult safeguarding for 2021/22:

London Borough of Hackney

- Provided support to partners in relation to the roll out of Covid-19 testing and vaccination, particularly where there may be concerns in relation to the person's mental capacity to consent to vaccination or testing. This helped to ensure more people had access to testing and the vaccine.
- There have been contributions to and progress around a multi-disciplinary approach to working within neighbourhoods based around GP practices. This supports early engagement and reduces the likelihood of people having to re-tell their stories to several professionals. This was undertaken while rearranging the safeguarding team so that the response and outcomes when abuse is first reported is more proportionate and accessible for residents.
- There were a number of projects where Adult Social Care collaborated to improve outcomes for residents. This included work with colleagues in the Domestic Abuse Intervention Services to devise and implement an intergenerational domestic abuse protocol. This will assist in promoting a joint approach to situations where the victim is generally an older adult with care and support needs. There was also social work involvement in the temporary accommodation team, to further embed multi-agency working with people who are street homeless or facing eviction.

City of London Corporation

- The pilot recruitment of a social worker to be based in the Homelessness and Rough Sleeping Service has been a success with an increase in related Care Act 2014 assessments, and in preventative interventions. The post has now been made permanent.
- Systems which were put in place to facilitate and monitor hospital discharges have been effective in meeting the demands created by the pandemic in terms of response times, increases in numbers of patients from a higher number of hospitals, and managing increased levels of risk.
- There has been improved partnership working which has contributed to continued improvements in multi-agency approaches to managing and reducing risk. Most notably the work alongside the Rough Sleeping and Mental Health Programme in supporting rough sleepers, and the further embedding of the Neighbourhood model of integration.

North East London Clinical Commissioning Group (CCG)

NHS Improvement requested **Safe and Wellbeing Reviews**, a rapid review process for commissioners to urgently assess the wellbeing of individual's living at long-stay hospital settings. In total there were 20 reviews across

NEL CCG and 20 across the provider collaborative. This process included individuals with a learning disability who are in long-stay secure hospital placements outside of the borough. The key findings for City and Hackney were as follows:

- Actions could be taken around physical health such as obesity management and ensuring primary health checks e.g. dental checks.
- Some individuals experienced delayed discharge which tended to be related to challenges sourcing an appropriate community placement.
- In some instances the practice conducting care plan reviews remotely or virtually (due to Covid) had impacted the quality and oversight.
- The CCG undertook extensive and creative efforts to ensure that at risk populations including those who are housebound were offered and administered the Covid-19 vaccination with urgency.
- Following a comprehensive review of current services in primary care; the CCG and Public Health agreed to combine resources to commission a new enhanced Early Identification Domestic Abuse Service. The early identification service aims to provide secondary prevention of domestic abuse for all residents of the City of London and Hackney.

Homerton University Hospital NHS Foundation Trust

- The relationship between Homerton Hospital and Adult Social Care, in particular the Deprivation of Liberty Safeguards team, Integrated Discharge team and the Police has improved.
- There was an increase in staff training and awareness raising sessions. This includes the launch of a safeguarding adults level 3 as part of the induction process for staff.
- There has been working across acute and community sites to raise awareness on the safeguarding agenda. This includes providing face-to-face support to patients and service users and supporting them to make their own decisions.

East London Foundation Trust

- The Trust continued to ensure that adults were safeguarding throughout the pandemic despite significant pressures on mental health services. Trust reporting systems have been developed to help capture the nature of abuse affecting residents with mental health needs. This has enabled senior staff to identify specific training that is required for practitioners, for example domestic or financial abuse.
- The Trust has rolled out quarterly safeguarding supervision across services based in the City and Hackney. This is delivered by the Named Professional for Safeguarding Adults and allows frontline staff the opportunity to seek advice and guidance on safeguarding.

Case Study 7: City of London Corporation

There were on-going concerns regarding the self-neglect of **Asif** who moved across different local authority areas. The concerns led to a section 42 safeguarding enquiry being undertaken by the City of London and the case was allocated to the specialist rough sleeper social worker.

A number of cross boundary meetings were held with other Local Authorities, including legal teams, to share ideas and best practice. There were regular check-ins with legal teams to make sure that all legal options and thresholds to meet our duties to Asif were considered. Throughout periods of cold weather, a temporary accommodation was booked for him, even if he did not indicate that he would come inside. This was so that there was always a self-enclosed option for them. The street cleansing team undertook weekly visits for a period to support Asif and minimise health risks arising from rotting food and vermin.

Mental capacity assessments were completed by a lead professional in a collaborative way, for example, a joint assessment was undertaken around a decision to decline housing offers, the social worker organised meetings with Psychotherapist and Community Psychiatric Nurse to discuss the assessment and get his views. A social worker completed weekly visits with Asif to try and establish trust, understanding, and compassion. A number of creative options were considered for Asif from temporary accommodation to placement in a residential care home. All these options considered what his goals were and how he wanted to live their life.

Asif case was allocated to a specialist, rough sleeper social worker



Metropolitan Police Service

- Police in Hackney achieved the highest sanctioned detection rate for domestic abuse across the Metropolitan Police Service. This stood at 16.2% for 2021/22.
- The Police were able to maintain a business as usual approach during Covid-19.
- The Police delivered and oversaw an effective Multi-Agency Risk Assessment Conference (MARAC) supporting those who are at highest risk of domestic abuse. The MARAC adopted a holistic approach to the safeguarding risks that arose during the MARAC.

City of London Police

- Funding was secured for a Mental Health Triage nurse for 2021/22. The nurse has facilitated a decrease in the need to invoke section 136 of the Mental Health Act, which gives police emergency powers to take someone from a public place to a place of safety.
- A Vulnerable Victim Advocate has been recruited until 2023; the Advocate supports victims of domestic abuse, sexual violence and fraud, as well as undertaken engagement work with outreach services.
- A Violence Against Women and Girls (VAWG) action plan has been developed which has informed and filtered across all areas of the City of London Police's work.

Hackney CVS

- Hackney CVS continues to address the issue of race inequality through all its work; this includes challenging agencies and policy makers across Hackney to consider race equality in their work.
- On-going support has been provided to the voluntary sector to help them improve their safeguarding practice. This includes the delivery of training for the workforce and the promotion of safeguarding policies and practice.
- Hackney CVS has raised awareness of how sectors can improve engagement with young people who may be treated differently due to their age, race or background. In particular, the work of the Account group has strived to improve relations between the police and young people with safeguarding needs.



“My link worker kept me updated and outlined the options available to me.”

Case Study 8: London Borough of Hackney

An adult safeguarding concern was received from the local Drug & Alcohol Dependence Service to alert the adult safeguarding team of a possible “cuckooing” situation involving one of their service users, **Samuel**. Samuel had informed the service of people using his property to use and circulate drugs and was limiting his access to the accommodation. Samuel stated that although he wanted this to end, he was extremely anxious about possible repercussions, and wanted any subsequent actions to be at a pace that was agreed by him.

The referring agency had begun to establish Samuel’s wishes and his vulnerability, including his ability to address the situation themselves. The team initially concluded that Samuel was able to make his own decisions and that there was a plan in place to deal with the current situation which suited his needs. Samuel also stated that he was happy for the drug and alcohol worker to advocate for him at any upcoming meetings.

Further concerns were received regarding Samuel. This led to a multi-agency meeting which included the drug and alcohol team, adult social care, safer neighbourhood team, housing and police, to discuss options for him.

The drug and alcohol worker discussed the potential options with Samuel, who initially stated that he wanted a full closure order to help him. A time frame was agreed, and alternative accommodation was sourced which was then shared with him.

These plans were disrupted after neighbours alerted police to the fact that Samuel had not been seen for a couple of days, which they thought was unusual. Staff undertook a visit to the property, which led to the implementation of the previously agreed support plan. Samuel was facilitated to move into emergency accommodation, provided with a support plan and his property was closed by the Safer Neighbourhood Team.

Samuel reported that his experience with services was positive, although he identified that the temporary accommodation did not have the basics due to him leaving his home at short notice. This was taken on board by agencies who will be incorporating this into a forthcoming multi-agency protocol. Samuel also commented on the value of having one link worker who was able to provide updates and outline the options available to him.

Age UK

- There has been a focus on preventative work to support adults, and there have been a number of examples where Age UK have achieved positive outcomes in supporting people.
- There has been an increase in calls made to carers to check on their welfare and wellbeing.
- Work was undertaken to support residents, who required it, to join video meetings. This enabled the team to get better insight into their unspoken circumstances.

The Advocacy Project

- Staff within the organisation continue to raise safeguarding alerts and provide support for people through safeguarding enquiries. Safeguarding training has helped increase the depth of understanding amongst the advocates of what constitutes safeguarding. The quality of support to people experiencing abuse has improved with advocates providing a more holistic approach across different legislation. This is notable in terms of supporting people who experience abuse alongside their acute mental health support needs.
- The team continues to strive to create dynamic professional working relationships across the borough. This helps ensure that professionals have multiple ways to seek support from advocates to support Hackney residents. The professional relationships built by the advocacy team result in referrals and support for people experiencing abuse being often made direct to the advocates on the frontline; this is notable in referrals from the Homerton Hospital and adult social care teams. The online / telephone referral process helps ensure that people experiencing abuse and professionals supporting them have timely access to advocacy support.
- Advocates have continued to build upon their skills and their understanding of the local community. This helps ensure that issues are picked up on and responded to, alerted, and escalated appropriately. Working in a person-centred way with individual clients but having a great understanding of the community issues means that over the year there was a need to raise over 60 safeguarding alerts by advocates on behalf of those experiencing abuse / at risk of abuse.

Turning Point

- The rough sleeper project has utilised the rough sleeper multi-disciplinary partnership meeting to discuss risk and safeguarding cases allowing the formulation of joint risk assessments and care plans for vulnerable rough sleepers.
- Opiate substitute prescribing can be included in a monthly depo form; which has been a treatment option for people with memory or and mobility issues reducing trips to pharmacies or missing appointments.

- Turning Point ensures that Specialist teams and workers reflect the diverse community and endeavour to meet needs of vulnerable adult service users.

London Borough of Hackney Benefits and Housing Needs

- The Benefits and Housing Needs Service led the Everyone In programme for the protection of rough sleepers and those at risk of homelessness in response to the Covid-19 pandemic to save lives. At its peak, the project had secured accommodation, food, support and health care for 219 vulnerable residents with multiple and complex needs, including 44 individuals with no recourse to public funds. The accommodation was provided for two years and provided regular testing and health screening and Covid-19 vaccinations and a larger range of health interventions.
- The service made a successful bid to the Government's RSAP funding prospectus totalling £1.7m to deliver more, newly refurbished self-contained temporary and supported accommodation for rough sleepers.
- Our primary frontline response to rough sleeping is delivered through the Street Outreach team (SORT). In 2020/21, the Hackney SORT service assisted 350 rough sleepers; 47% of which were non-UK nationals. Despite the significant increase in the annual rough sleeper numbers, Hackney has maintained low levels of street population through early intervention and a coordinated support and housing offer.

City and Hackney Public Health team

- Partnership work has been undertaken with Change Please and the Driving For Change initiative. This is an innovative and disruptive approach to tackling homelessness, that brings direct intervention for those in need. Using revamped London buses as a delivery site, Rough sleepers are given first-hand access to GP consultations, a mobile dentist, showers and haircuts on board, all of which are valued services for vulnerable homeless people. The bus is sited in Hackney Central (near the Hackney Empire) on Thursdays and in Dalston (Gillett Square) on Fridays.
- Hackney is one of the leading boroughs in London in ensuring that our homeless residents are vaccinated to protect them from Covid-19. 67% of the people experiencing homelessness in Hackney are now fully vaccinated. This incredible achievement in supporting clinically vulnerable homeless residents to access covid vaccinations places Hackney as the 4th highest in London. This vaccination rate has been achieved despite the significant challenges that all too often mean that the homeless population do not access the medical care they need.
- Two social events were held at the Greenhouse with free food, clothing, haircuts, housing advice, smoking cessation support, drug and alcohol advice, Streetvet advice and treatment, which acted as an encouragement to also receive a flu jab and Covid-19 vaccination.



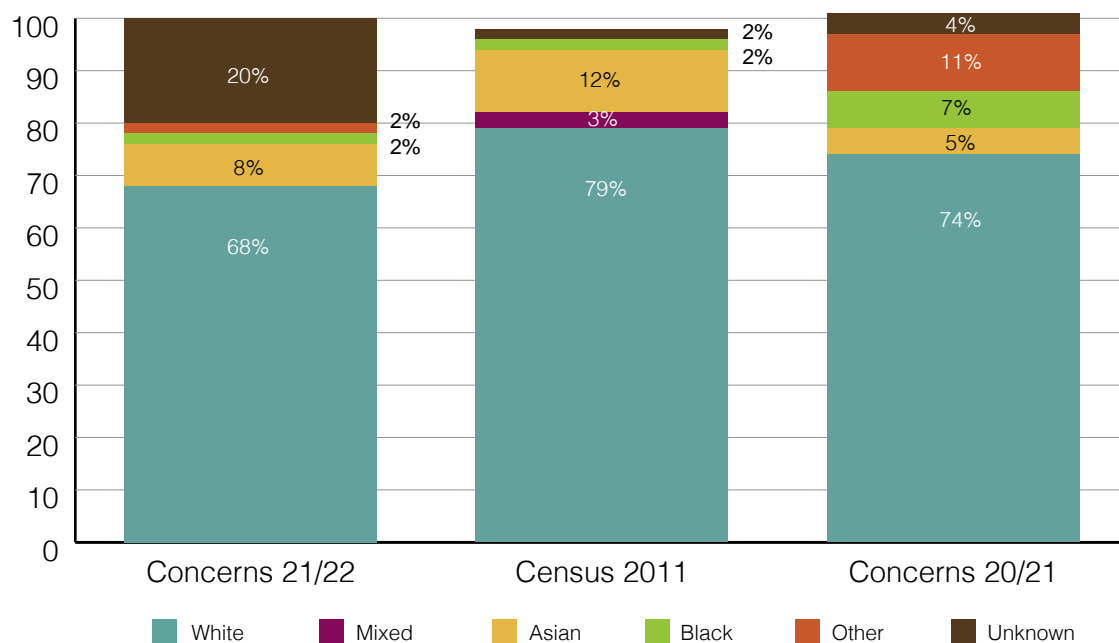
Safeguarding data for 2021/22

The safeguarding data for 2021/22 is presented separately for the City and Hackney. This data is submitted to NHS Digital's Safeguarding Adults Collection, which collects statutory returns on safeguarding.

City of London

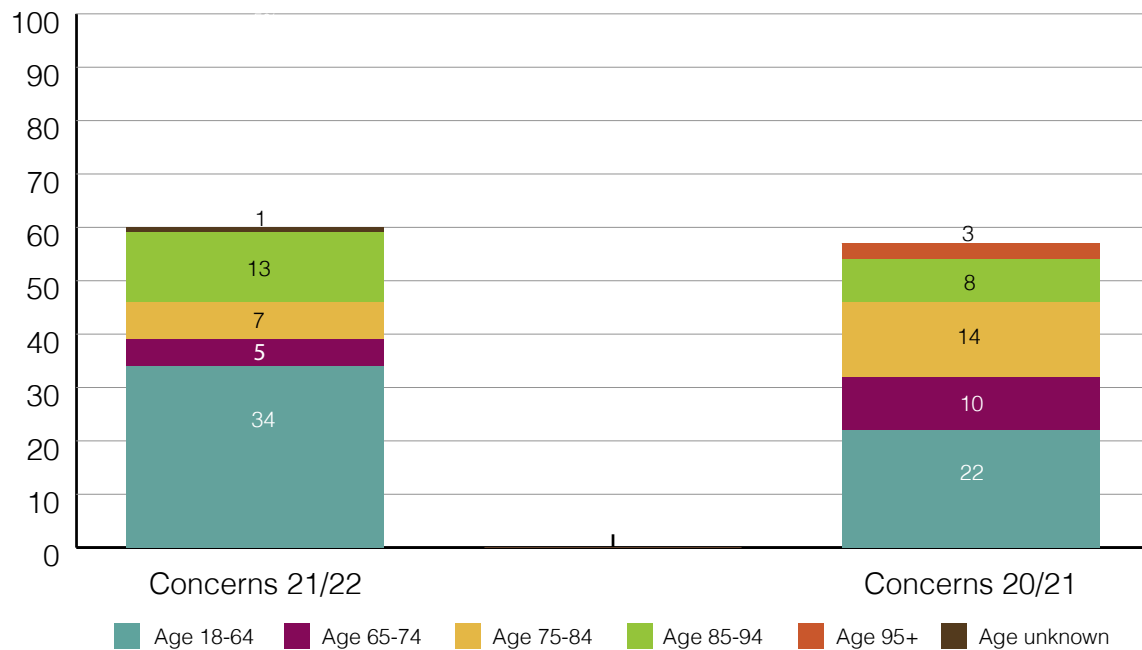
- 60 safeguarding concerns were raised
- 33 of the concerns led to Section 42 Enquiry
- Of the 35 concluded cases 27 were asked about their desired outcome, of which 18 expressed their desired outcomes. Of the 18 people that expressed 17 had their desires fully or partially achieved
- 19 repeat concerns whereby 14 individuals accounted for this cohort

Concerns by ethnicity



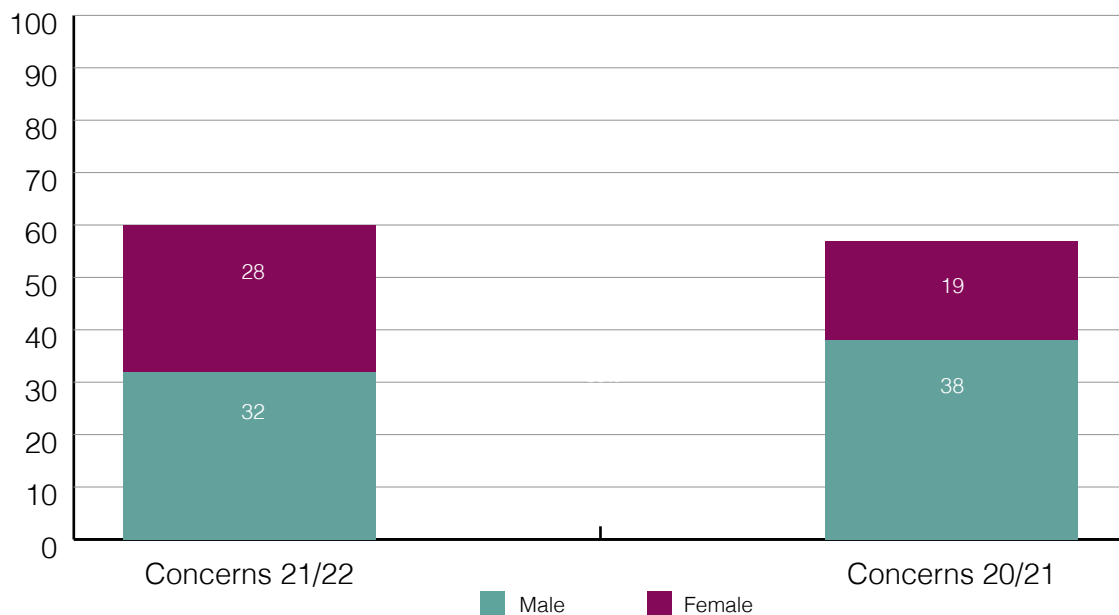
This data should be reviewed with some caution given that a fifth of residents did not disclose their ethnicity. In 2021/22, 68% of safeguarding concerns started were from "White" ethnicity, which is slightly lower than the 2011 City of London census breakdown. 8% of safeguarding concerns were for people from a "Asian / Asian British" background, which is a slight increase from 2020/21, where concerns accounted for 5%. This information is anticipated given that people from an Asian and Asian British background account for the second largest ethnic group in the City of London.

Concerns by age



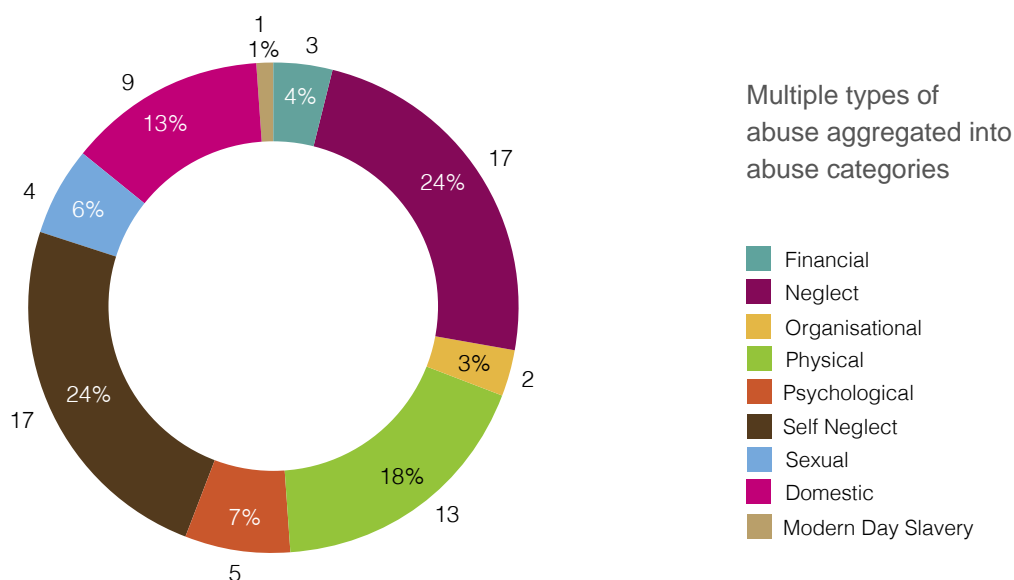
The majority of safeguarding concerns were for people aged 18-64 which was also the case during 2020/21. This was followed by people aged 85-94 whereas last year it was followed by people aged 75-84. The increased number of younger people aged 18-64 years with safeguarding concerns is thought to be linked to homelessness and rough sleeping. This trend is also apparent in last year's data. Prior to 2019/20 those aged 65 or over made up a larger proportion of safeguarding concerns.

Concerns by gender



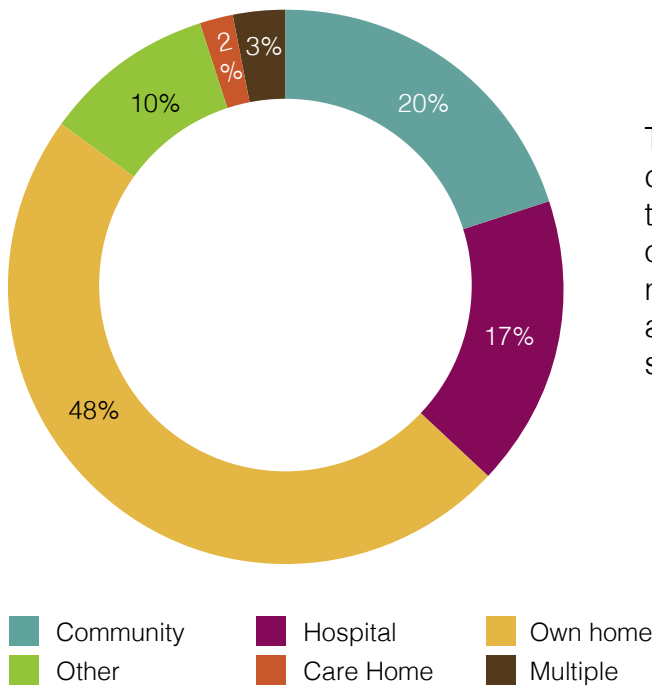
There were a similar number of males and females that were reported into adult safeguarding. This is consistent with national data obtained in NHS Digitals Safeguarding Adults Collection (SAC) which show that the number of safeguarding concerns for females and males are broadly the same.

Concerns by type of abuse



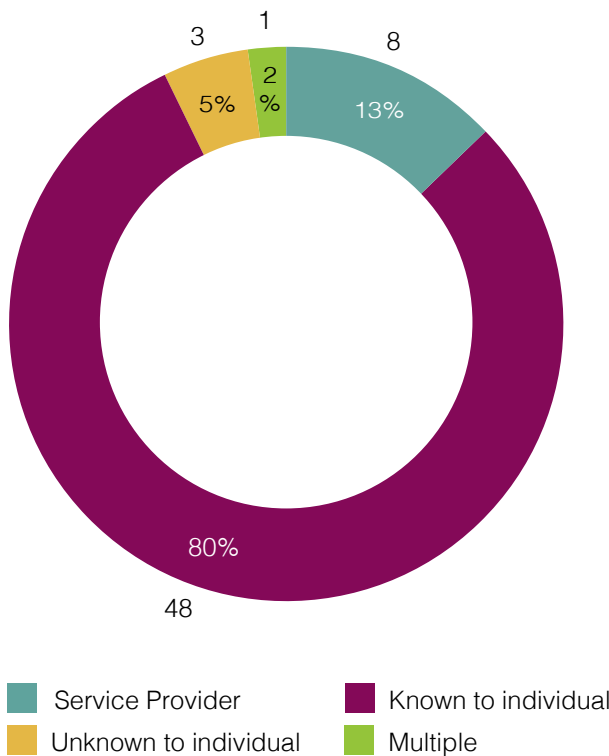
The most common form of abuse was evenly split between self-neglect and neglect and acts of omission. The number of domestic abuse concerns being reported into the City of London also continues to increase accounting for 13% of the concerns. Financial abuse continues to decline, this could be due to better awareness of scams. Alternatively, it may be that since the Covid-19 pandemic there could have been an increase in different types of abuse, such as self-neglect.

Concerns by location of risk



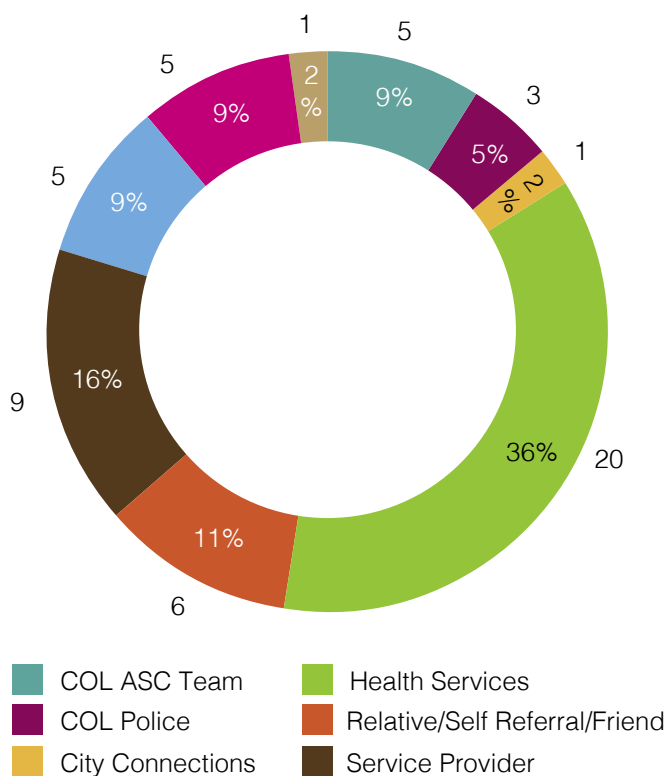
The majority of safeguarding concerns related to alleged abuse that happened in the person’s own home. This is consistent with national data which identifies that abuse typically happens within someone’s own home.

Concerns by source of risk



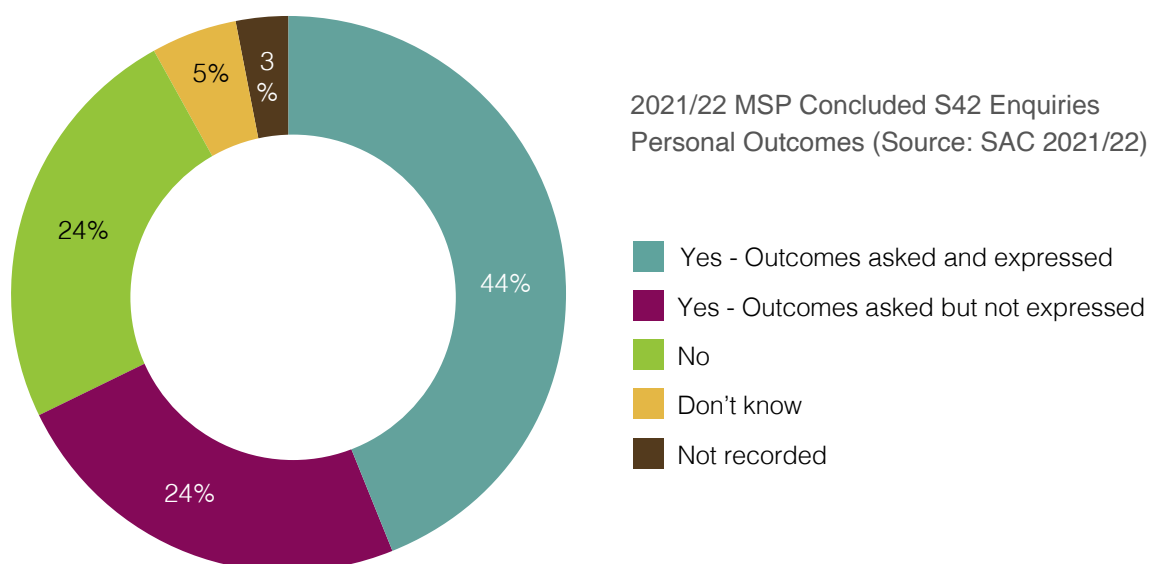
In line with previous years and national data, the overwhelming source of risk was someone known to the individual.

Source of referral



The top three sources of referral were from health services, the City of London Corporation and from service providers. Other referrals included concerns being reported in by the Home Office and London Fire Brigade. It is positive to see a wider range of agencies refer concerns into the City of London Adult Safeguarding.

Making Safeguarding Personal



2021/22 MSP Concluded S42 Enquiries
Personal Outcomes (Source: SAC 2021/22)

In total 68% of people were asked about their desired outcomes, of which 95% had their desires either fully or partially met. This represents a lower figure than the previous year and this is likely to be due to challenges with the current

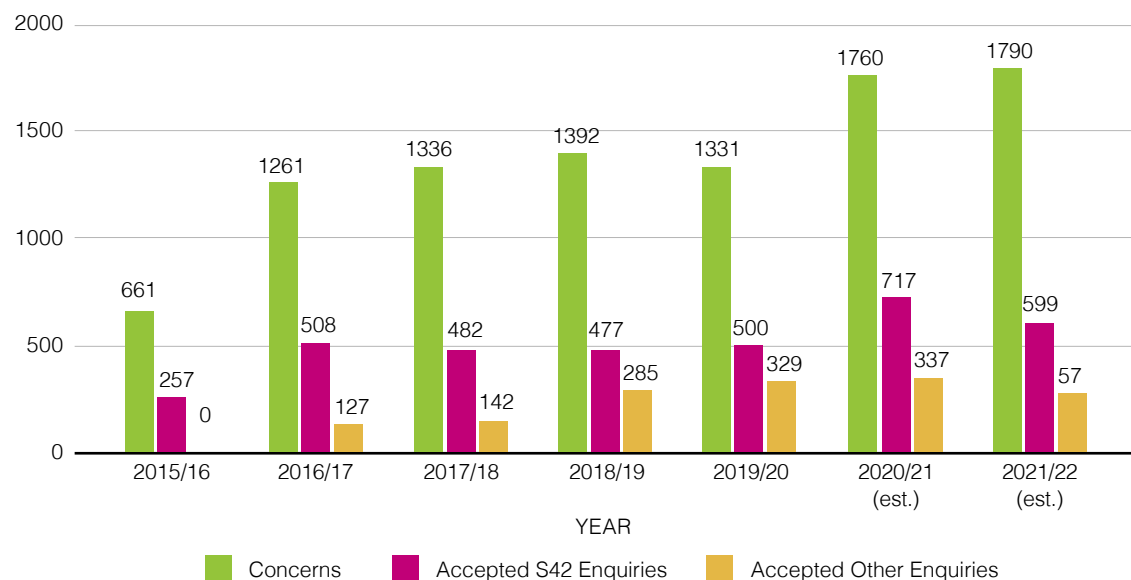
reporting system. The data system continues to be refined and the data around Making Safeguarding Personal will be monitored to see whether there has been any changes to the way this is being delivered.

London Borough of Hackney

In last year's annual report, the London Borough of Hackney was unable to provide a full set of safeguarding data due to the impact of the Cyberattack. This year it is possible to deliver a full data set for Hackney, however it is important to note that whilst efforts have been made to ensure the data is as fully accurate as possible there should be some caution exercised when reviewing figures. This is due to an interim system being used which could cause some duplication in figures.

Concerns by source of risk

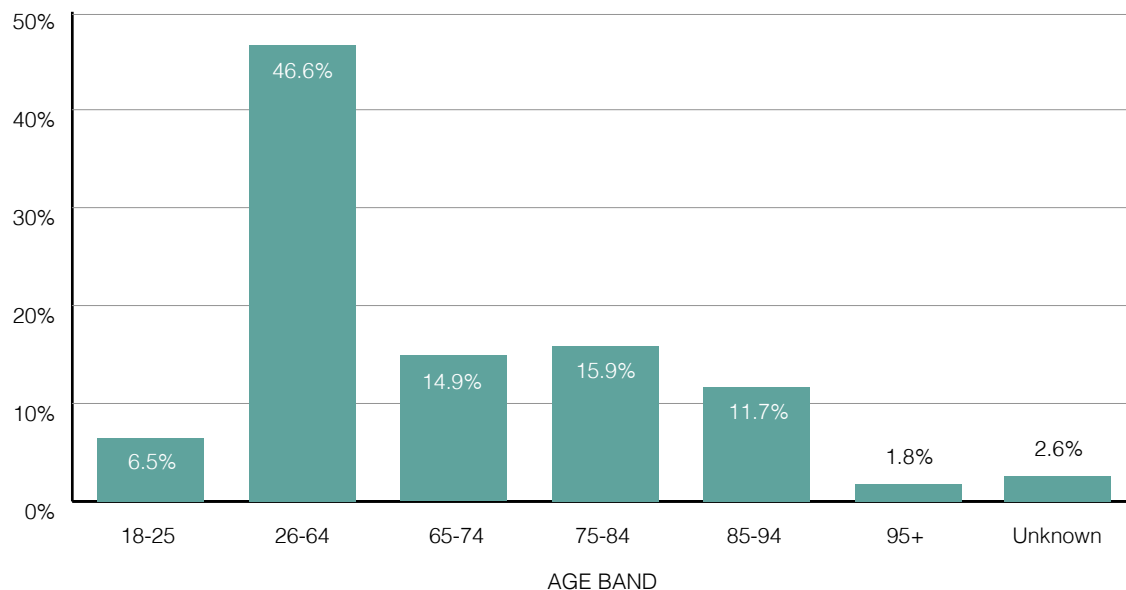
Total number of Safeguarding Concerns and Enquiries, 2015 to 2022



The data should be reviewed with a level of caution due to the on-going impact of the cyberattack affecting the London Borough of Hackney. The general trend shows that there have been an increase in the number of concerns being referred to adult safeguarding. There have generally been more cases that have met the criteria for section 42 enquiry over the past year; although the figures have reduced in the past year, this may be due to more accurate data capture. The Board will continue to monitor this over the course of the year.

Age

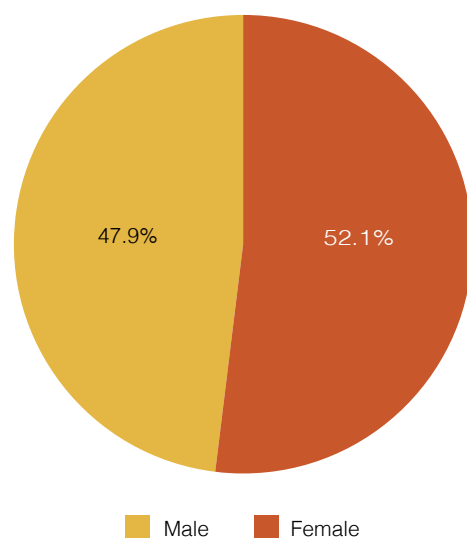
Proportion of Concerns by Age Band



The data shows minimum change in profile from previous years, with the highest amount of concerns being raised in respect of residents aged 26 - 64 years old. Over half the recorded concerns relate to people under the age of 64 years old, which is in contrast to the national picture of safeguarding, captured by NHS Digital's Safeguarding Adults Collection, which highlights that abuse is typically experienced by older adults. The reason for this is likely to be due to the younger demographic based in Hackney, which has a lower proportion of older adults in comparison to other Local Authorities across England.

Gender

Proportion of Concerns by Gender

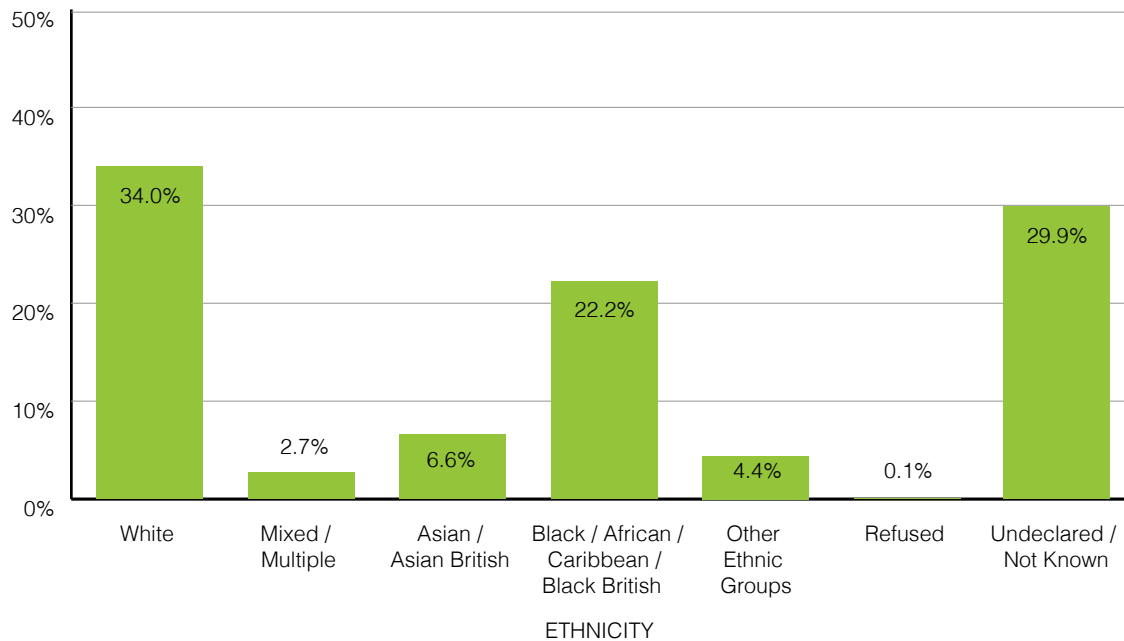


There is a slightly higher number of females referred into adult safeguarding in comparison to males. This is consistent with the 2021 census for Hackney¹ which highlights there are more females living in the Borough and therefore there is an expectation that there would be a slightly higher proportion of safeguarding referrals for females.

¹<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationandhouseholdestimatesenglandandwalescensus2021>

Ethnicity

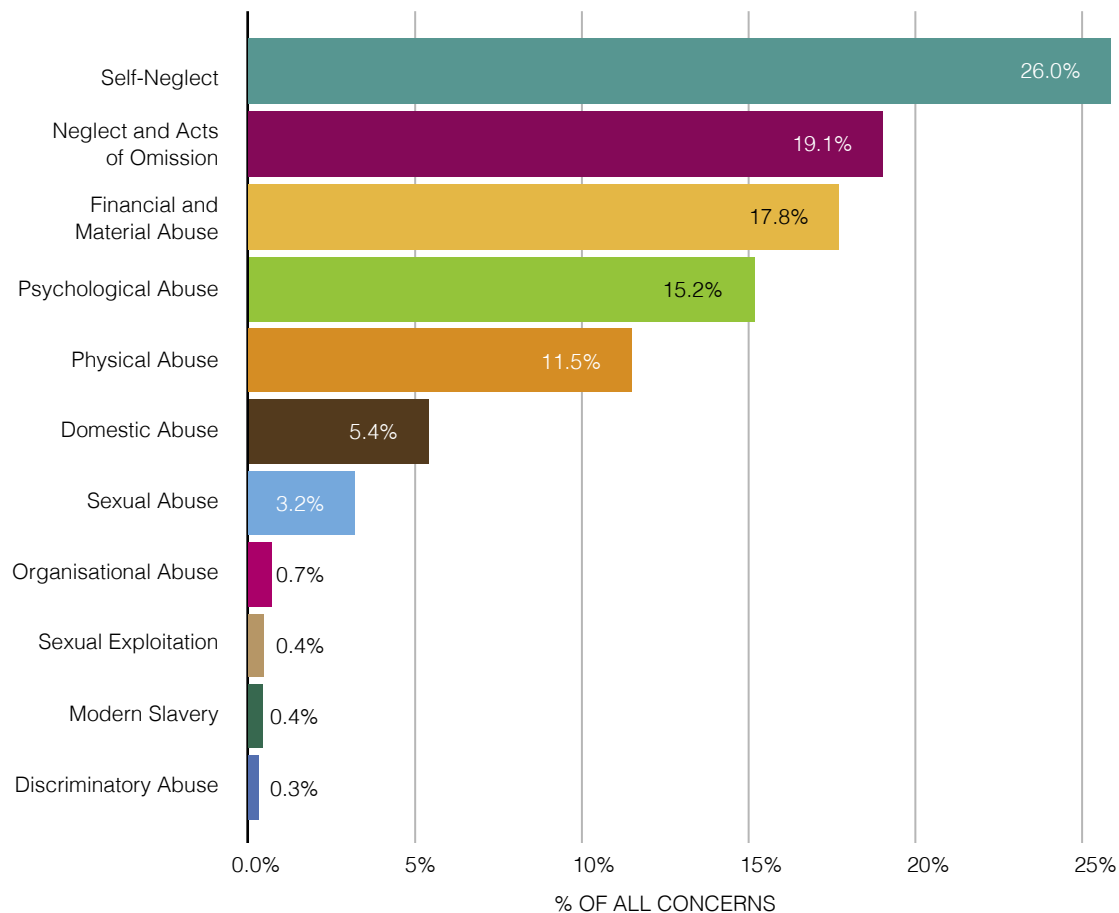
Proportion of Concerns by Ethnicity



Due to the cyberattack and lack of access to case management software capturing accurate data around ethnicity continues to prove challenging. Whilst it is positive to see an increase in data captured around ethnicity, in nearly a third of all concerns no information was obtained. The data that is available shows that most concerns continue to relate to adults from a White or Black African, Caribbean, or British background. This is consistent with the profile of Hackney, whereby people from a White or Black African, Caribbean or British background make up most of the population.

Forms of abuse

Proportion of Concerns by Type of Risk

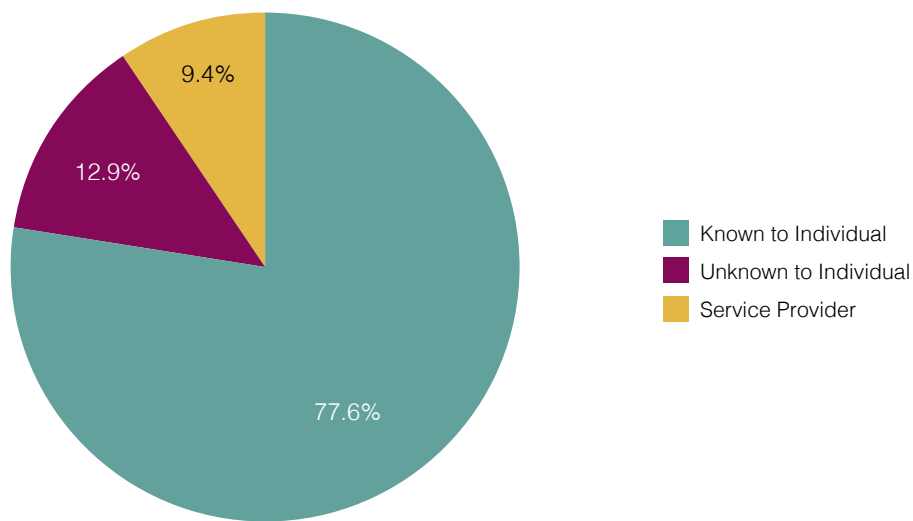


Self-neglect continues to be the most common form of abuse reported into adult safeguarding as a concern. This data is interesting as it is in some respects at odds with the SAC Collection, which collects safeguarding data across England, which recognises that neglect and acts of omission as the most common form of abuse. It is important to note that self-neglect is the fastest growing form of abuse in England. It is positive to see that after extensive awareness raising and focus on self-neglect there are more people being referred into Adult Safeguarding with concerns regarding self-neglect. Addressing the underlying causes of self-neglect and how to support residents who self-neglect continues to be a priority for the Board in 2022/23. Further information on the profile of self-neglect in Hackney can be found at page 44

The prevalence of other forms of abuse remains broadly consistent with previous years. Neglect and acts of omissions have overtaken financial abuse as the second highest form of abuse. The Board will continue to review trends over the forthcoming year to assess whether there are any specific safeguarding trends arising as a result of the long-term impacts of Covid-19 and the economic recession.

Source of risk

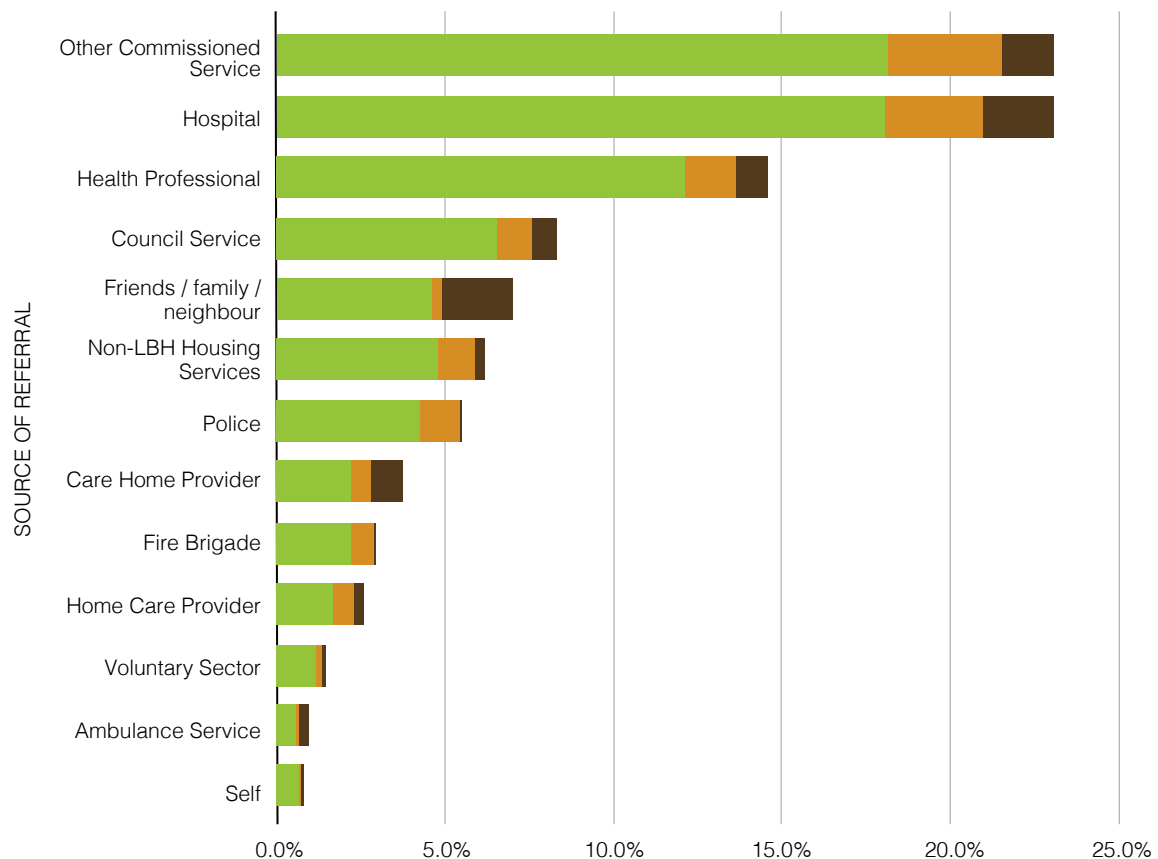
Proportion of Concerns by Source of Risk



The data shows that the source of risk is most likely to be someone known to the individual, which makes up nearly 77% of the concerns referred into Adult Safeguarding. This is consistent with national data captured in the SAC collection which shows that the perpetrator of abuse is most likely to be someone known to the person. There has been a significant increase in the service provider being identified as the source of risk, from 4% in 2020/21 to 9.4% in 2021/22. This is not considered as an area of concern for the Board, on the basis that the figures for 2020/21 were exceptionally low compared to the usual figures for Hackney. The source of risk data for 2021/22 is consistent with the national figures around this.

Source of referral

Proportion of Concerns by Source of Referral and Source of Risk

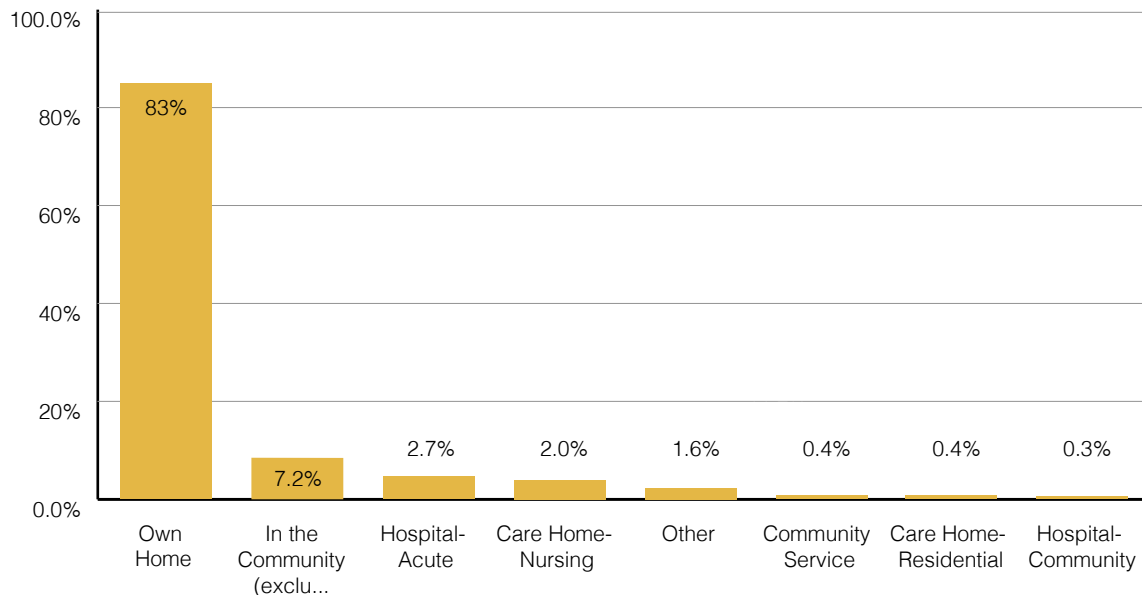


There has been a significant increase in the number of safeguarding concerns reported to be from an 'other commissioned service', overtaking hospitals, health professionals and the police. The recording system for adult safeguarding has been reviewed and from April 2022 there will be a more detailed breakdown of the 'source of referral' which will help the Board better understand which agencies are referring concerns into the Adult Safeguarding.

It is positive to see an increase in safeguarding referrals from friends and family. The Board will continue to work with residents and community groups to build awareness of adult safeguarding across the City and Hackney.

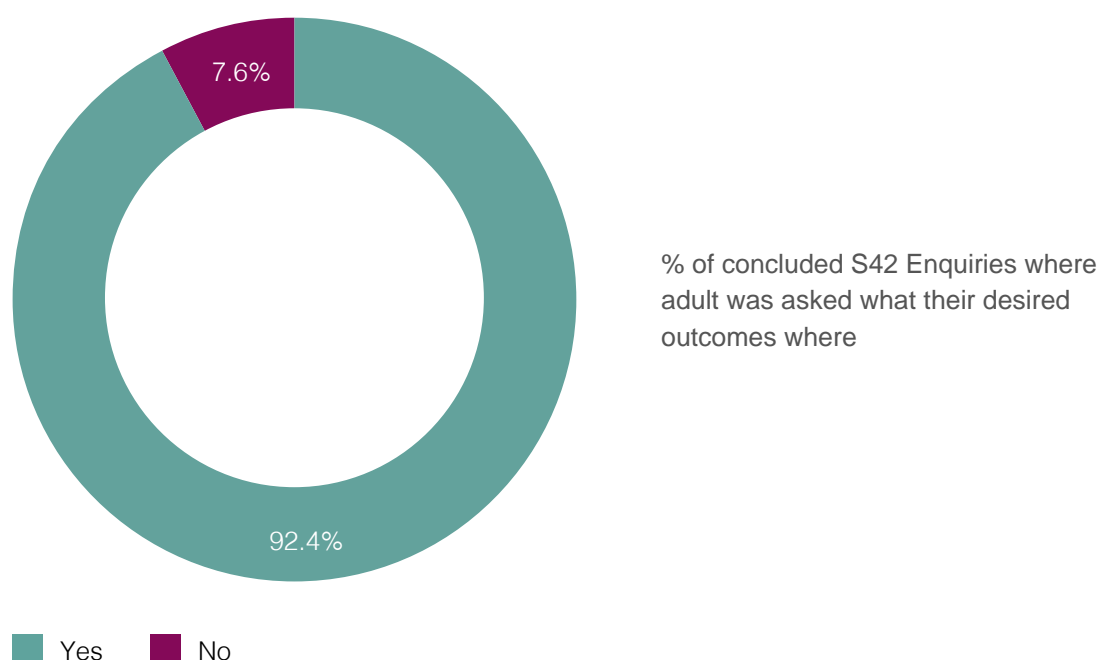
Location of risk

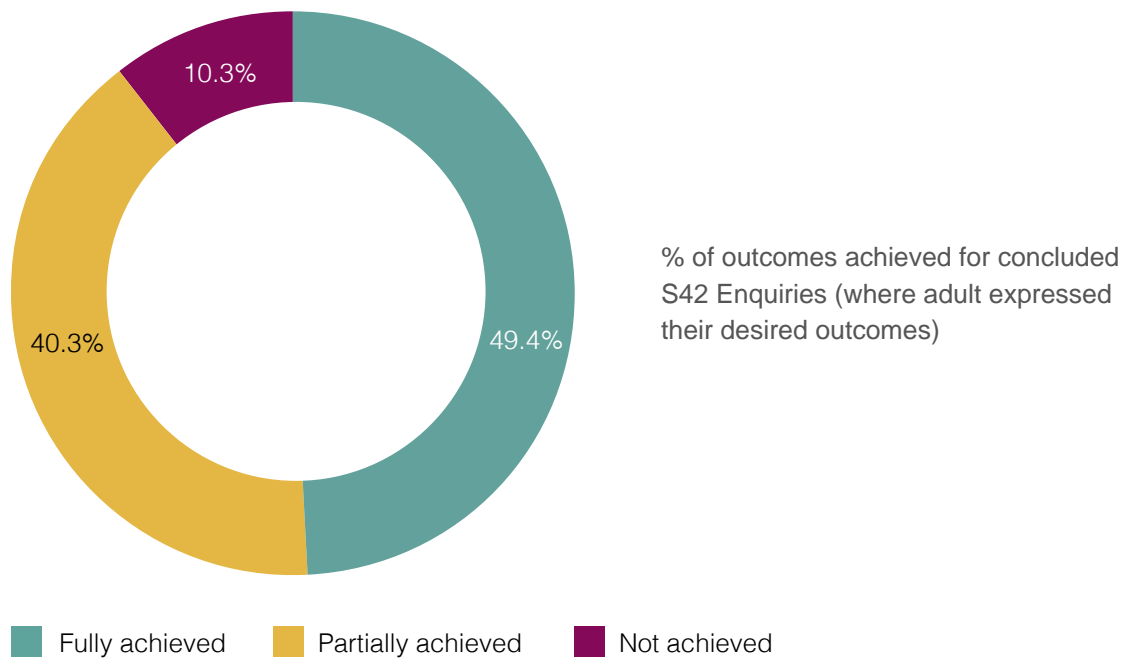
Proportion of S42 Decisions by Location of Risk



The data continues to show that most abuse occurs within the home. The figures for abuse within the own home continue to grow and this is likely to be a knock-on impact of the increase figures in relation to self-neglect, as most/all cases will occur within the own home. There is no data in relation to abuse occurring within mental health hospitals; this is due to East London Foundation Trust's data not being included in data as a result of recording differences between the Trust and London Borough of Hackney.

Making Safeguarding Personal





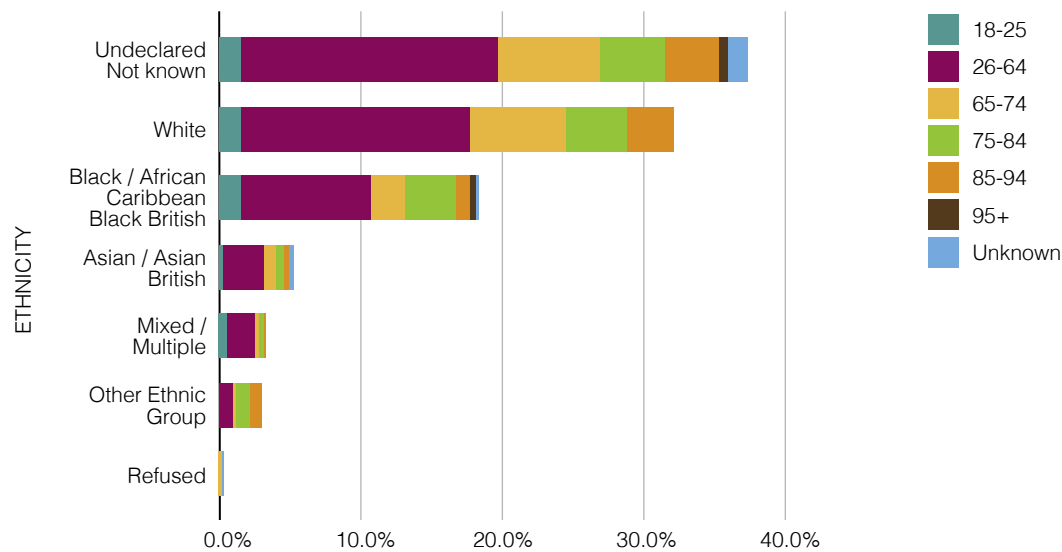
It has been possible to collate Making Safeguarding Personal data for 2021/22. This information is helpful to help ensure that safeguarding is person-centred and the process focuses on the wishes and needs of the individual.

The data shows that nearly 93% of people were asked about their desired outcomes. Of which, nearly 90% had their desires either partially or completely met. This is consistent with previous data. It is noted that some people are unable to express their desired outcomes therefore the Board would not expect to see 100% of residents expressing their wishes in relation to the safeguarding process.

This year it has been possible to evaluate whether people felt safer and involved in the safeguarding process. The rates of people being asked this is lower, however the data shows that an overwhelming majority of those involved in safeguarding felt safer and involved in the process.

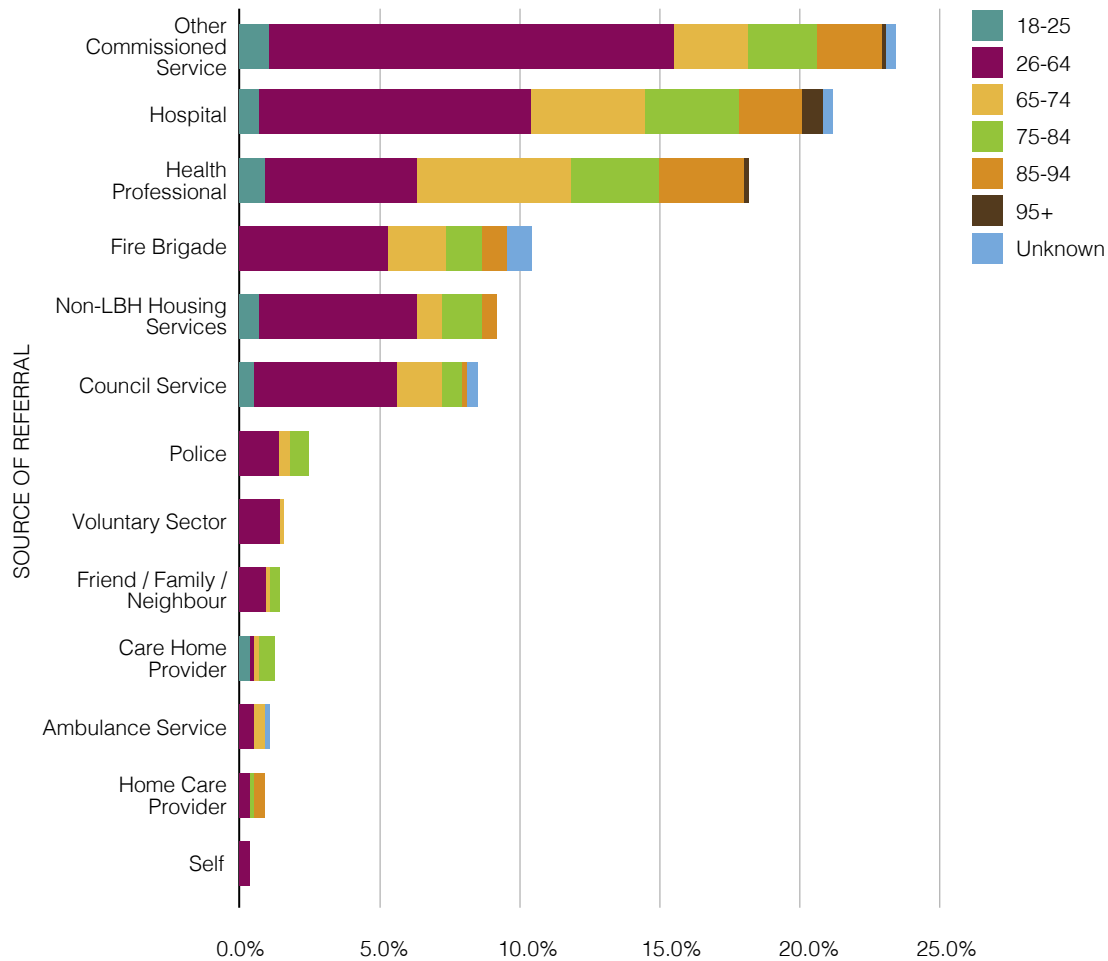
Self-neglect data

Proportion of Concerns by Ethnicity and Age Band



The data shows that people from a white background aged between 26 - 64 years old are more likely to be referred into adult safeguarding in respect of self-neglect. There are also proportionately high rates of self-neglect amongst the 65 - 74 age group as well. This data needs to be interpreted with a level of caution given that ethnicity was not recorded in many cases, therefore a full picture of the links between self-neglect and ethnicity are not clear.

Proportion of Concerns by Source of Referral and Age Band



It is positive to see that there is a wide range of professionals referring self-neglect cases into adult safeguarding, this includes self-referrals and referrals from friends and family. The data shows that most concerns are reported from health although there are relatively high proportions of concerns being reported from the London Fire Brigade too. The Board will continue to explore the issue of self-neglect and continue to refine our response to this as a Borough.



Appendix A:

CHSAB Annual Strategic Plan 2021-2022

CHSAB Annual Strategic Plan 2022 – 2023

The CHSAB Plan addresses the six core principles contained in the CHSAB's Strategy for 2020 – 2025

Partner	Lead	Partner	Lead
London Borough of Hackney (LBH)	Helen Woodland	City of London Corporation (CoL)	Andrew Carter / Chris Pelham
City and Hackney CCG (CCG)	Diane Jones / Mary O'Reardon	Hackney Metropolitan Police (MPS)	Marcus Barnett / Daniel Rutland
City of London Police	Anna Rice	Homerton University Hospital Foundation Trust (HUHFT)	Breeda McManus / Jennie Wood
Barts Health NHS Trust	Claire Hughes	East London Foundation Trust (ELFT)	Dean Henderson
London Fire Brigade (City of London and Hackney)	James O'Neill	Age UK	Larissa Howells
National Probation Trust	Stephanie Salmon	Department of Work and Pensions	Laura Anderson
Healthwatch Hackney	Jon Williams	Healthwatch City of London	Paul Coles
Hackney CVS	Saqib Deshmurkh	The Advocacy Project	Judith Davey
London Borough of Hackney and City of London Public Health	Andrew Trathen	London Borough of Hackney Housing	Jennifer Wynter
Turning Point (substance misuse service)	Jude Unsworth	City and Hackney Safeguarding Children's Partnership	Jim Gamble
Older Person's Reference Group	Cynthia White	City of London Commissioning	Ian Jarman
Commissioning LBH	Zainab Jalil	City of London Housing	Liam Gillespie

Sub-group	Chair	Task & Finish Groups	Chair
SAR & Case Review	Chris Pelham	Transitional Safeguarding (joint group with Community Safety Partnership & Children's Safeguarding Partnership)	Dr Adi Cooper
Quality Assurance	John Binding		
SAR Action Plan Group	Mary O'Reardon		
Sub-Committee	Chair		
City of London	Dr Adi Cooper	Safeguarding and Anti-Social Behaviour	Dr Adi Cooper

Principle 1: Proportionality - “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”				
Priority	Action	Lead	Intended Impact	Update
1. To continue to raise awareness in relation to mental capacity, including seeking assurance from partners on preparing their staff for the introduction of the Liberty Protection Safeguards. Please see section 6 on self-neglect for aligning actions.	1.1 LPS Leads in the City and Hackney Adult Social Care will provide assurances to the Board that they have appropriately prepared for the introduction of LPS. This includes responding accordingly to any national issues and staff are trained to	LPS Leads	<ol style="list-style-type: none"> 1. The Board is confident that practitioners can exercise their duties in relation to LPS 2. Residents in the City and Hackney will have appropriate LPS arrangements in place. 	
	1.2 LPS Leads will work in partnership with Childrens' Services and the Safeguarding Childrens' Partnership to ensure that staff are appropriately trained in relation to mental capacity and understand how LPS will apply to their services.	Head of Adult Safeguarding / LPS Project Lead	<ol style="list-style-type: none"> 1. The Board is assured that all 16 - 17 year olds that require a LPS are provided with this 2. That there are effective transitions of young adults on an LPS into adult services 	
	1.3 The workforce development leads will review training content in relation to mental capacity, to ensure that it provides practical approaches to responding to complex issues relating to mental capacity.	CHSAB Manager / Head of Adult Safeguarding City of London and London Borough of Hackney	<ol style="list-style-type: none"> 1. There is assurance that mental capacity training gives staff practical advice on how to apply the Act and key learning around mental capacity 	

Priority	Action	Lead	Intended Impact	Update
			2. There is more support offered to residents who have fluctuating or lack executive capacity.	

Principle 2: Empowerment - “I am asked what I want as the outcomes from the safeguarding process and this directly informs what happens.”				
Priority	Action	Lead	Intended Impact	Update
2. To engage with the community and voluntary sector to support them to build their confidence in delivering their safeguarding duties and raise awareness of adult safeguarding	2.1 The Hackney CVS and the Board Manager will work together to expand the Boards reach into the community, including: <ul style="list-style-type: none"> a. Meet with senior management teams in Hackney CVS to develop a strategy for engagement with voluntary sector groups b. Set up a regular forum to discuss adult safeguarding with voluntary and community groups c. Undertake promotional work with voluntary and sector groups to raise the profile of the Board 	CHSAB Manager / HCVS	<ol style="list-style-type: none"> 1. Voluntary sector services will feel more empowered to support residents with their safeguarding needs 2. There will be an increase in intelligence from voluntary sector services being referred back to the CHSAB 3. There will be an increased awareness of the adult safeguarding and the CHSAB across voluntary sector services in the City and Hackney 	
	2.2 The Board will recruit and train a new cohort of Safeguarding Champions to raise awareness of safeguarding across the community.	CHSAB Manager / HCVS	<ol style="list-style-type: none"> 1. There will be a Panel of Champions who are able to deliver safeguarding pre-sentations across the City and Hackney 	

Principle 2: Empowerment...					
Priority	Action	Lead	Intended Impact	Update	
			2. There will be increased awareness of adult safeguarding amongst residents in the City and Hackney		
	2.3 To create a suite of resources to help voluntary sector agencies deliver and audit their safeguarding duties	CHSAB Manager / HCVS / The Advocacy Project / Age UK	1. The voluntary sector will feel more empowered to provide adult safeguarding support. 2. The Board will receive assurances that adult safeguarding is being delivered effectively amongst the voluntary sector		
	2.4 The Board will create a feedback loop with voluntary sector staff and volunteers so that safeguarding issues and intelligence can be routinely shared with the Board.	CHSAB Manager / HCVS / The Advocacy Project / Age UK	1. There will be a better understanding of the safeguarding issues affecting residents in the City and Hackney 2. There will be increased engagement with the Board's work and resources		
	2.5 Healthwatch will invite the Board to contribute to a selection of their reviews of health services in the London Borough of Hackney to assess practice in relation to adult safeguarding.	Healthwatch	1. There will be better understanding of how well adult safeguarding is embedded operationally across		

Priority	Action	Lead	Intended Impact	Update
			<p>organisations in the City and Hackney</p> <p>2. The Board will have increased intelligence on adult safeguarding issues in the City and Hackney</p>	
3. To continue to embed engagement with people with lived experience and ensure that they can influence all aspects of the Board's work	<p>3.1 The Advocacy Project will deliver the Lived Experience of Safeguarding Service, obtaining feedback on people's experiences of safeguarding. As part of this, the organisation will be required to provide quarterly feedback on the delivery of the service.</p>	The Advocacy Project	<p>1. The Board will be able to identify how to improve adult safeguarding services for residents</p> <p>2. The Board will be able to ensure that safeguarding services are person centred</p>	
	<p>3.2 The Board Manager will work with corporate communications teams to set up a system of yearly consultation to ensure that residents in the City and Hackney are given the opportunity to influence the work of the Board.</p>	CHSAB Manager / London Borough of Hackney corporate teams/ City of London Corporation	<p>1. The Board's annual strategic plan will reflect the needs and concerns of residents within the City and Hackney</p>	

Principle 3: Prevention - “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”				
Priority	Action	Lead	Intended Impact	Update
4. To identify and respond to the needs of people who are at the ‘edge of care’ and may not have safeguarding needs that meet the criteria for section 42(2) safeguarding	4.1 To audit concerns that do not reach the criteria for a s42(2) Enquiry under the Care Act 2014 to identify whether there are any particular groups that are ‘at the edge of care’ to be a focus for preventative support	London Borough Hackney Adult Social Care / City of London Corporation Adult Social Care	1. The Board will better understand which groups require support in terms of prevention 2. The Board will be able to identify key priorities for future years	
	4.2 To horizon scan which groups may be at high risk of falling through the gaps between services and identify actions that can be taken to better support these groups	Quality assurance sub-group	1. The Board will better understand which groups require support in terms of prevention 2. There will be better support in place for those people who are high risk of There will be better support in place for those people who are high risk of safeguarding 3. There are less people being referred into safeguarding services at ‘crisis point’	

Priority	Action	Lead	Intended Impact	Update
	4.3 To develop a pathway for people who may have safeguarding needs but are not eligible for support under s42(2) of the Care Act 2014 so that frontline staff know how to support this cohort.	Quality assurance sub-group	<ol style="list-style-type: none"> 1. There is more equitable access to safeguarding services for all residents 2. Professionals will have a better understanding of how to apply legislation around the Care Act 2014, therefore leading to greater compliance with statutory duties 	
	4.4 To review what support is being offered to informal carers, particularly in circumstances where carers assessments have been refused, and identify how to improve safeguarding support offered to them.	Quality assurance sub-group	<ol style="list-style-type: none"> 1. There is better support offered to informal carers and there is an increased understanding amongst informal carers on what support is available to them 	

Principle 4: Partnership - “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

Priority	Action	Lead	Intended Impact	Update
5. To work collaboratively with agencies and partnerships across the City and Hackney to respond to the safeguarding needs of residents.	5.1 The Transitional Safeguarding Task and Finish Group will continue to deliver the transitional safeguarding action plan on behalf of CHSAB, the Safeguarding Children's Partnership and Community Safety Partnerships across City and Hackney .	Transitional safeguarding T&F group	<ol style="list-style-type: none"> 1. There will be an improved safeguarding response to young adults in the City and Hackney 2. The work will build trust amongst young people and statutory organisations 	
	5.2 The Anti-Social Behaviour and Safeguarding Task and Finish Group will continue to develop a multi-agency response to both victims and perpetrators of ASB who have safeguarding needs.	Anti-social behaviour and safeguarding task and finish group	<ol style="list-style-type: none"> 1. Practitioners will have a better understanding of how ASB is linked to safeguarding 2. There will be improved interventions for people who have safeguarding needs and also exhibit anti-social behaviour e.g support will be offered at an earlier stage. 	

Priority	Action	Lead	Intended Impact	Update
	<p>5.3 The Board will review Modern Day Slavery work undertaken in the City and Hackney and identify further actions to address this issue in terms of both prevention and support for victims.</p>	<p>Modern Slavery Leads for City of London Corporation / London Borough of Hackney</p>	<p>1. Safeguarding will inform prevention work and decrease the need for people to receive safeguarding support in the long-term</p> <p>2. Professionals will have a better understanding of their duties in respect of supporting victims of modern slavery</p>	
	<p>5.4 The Board will continue to review online safety and access to digital platforms with particular focus of ensuring equity of access to services for those not using digital platforms</p>	<p>Online scams and digital safety task and finish group</p>	<p>1. Professionals routinely consider online and digital safety in their care planning.</p> <p>2. Residents will be aware of online safeguarding risks and how to protect themselves from these</p> <p>3. There are assurances that residents who do not use digital platforms are not excluded from accessing support and safeguarding services</p>	

Principle 4: Partnership...					
Priority	Action	Lead	Intended Impact	Update	
	5.5 The Safeguarding Adults Board, Safeguarding Children's Partnership and Domestic Abuse Service will develop a Think Family Approach Protocol and establish a task and finish group to embed the principles of Think Family	Safeguarding Adults Board Manager / Head of Adult Safeguarding / Professional Advisor for the Safeguarding Children's Partnership / Domestic Abuse Intervention Service	1. Professionals routinely consider the needs of all key family members when managing a safeguarding case 2. There is evidence of collaborative working between adults and children's services		
	5.6 The Board will work with the London Borough of Hackney and the City of London to ensure that safeguarding issues arising from the economic crisis are identified and addressed.	Executive Group / Poverty Reduction Strategy Leads	1. Safeguarding influences the Poverty Reduction Strategy 2. The Board is aware of arising issues relating to the economic crisis and puts tools in place to mitigate this risk.		
	5.7 The Board will work with the Sexual Violence Lead at East London Foundation Trust to update the Board's Sexuality and Consent Guidance and raise awareness of this topic	QA Sub-Group / East London Foundation Trust	1. There are assurances that safeguarding concerns relating to sexual consent and violence are reported and responded to appropriately		

Priority	Action	Lead	Intended Impact	Update
	5.8 The Independent Chair will review partners contributions to the Board and will identify how key roles (e.g. chairing task and finish and sub-groups) can be evenly distributed amongst partners	Independent Chair of the Safeguarding Adults Board	1. The work of the Board is evenly distributed across Board partners and strategic priorities meet the needs of all partners.	

Principle 5: Protection - “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”				
Priority	Action	Lead	Intended Impact	Update
6. To support frontline professionals to respond to complex issues relating to self-neglect.	6.1 The Board will review any recommendations made by King's College London Communities of Practice on self-neglect and homelessness, allocate actions to partners and review progress accordingly .	Independent Chair of the Safeguarding Adults Board	<ol style="list-style-type: none"> 1. There is a better understanding across the partnerships on how to support people who experience self-neglect 2. There will be improved interventions for people who have safeguarding needs and also exhibit anti-social behaviour e.g support will be offered at an earlier stage. 	
	6.2 The Board Manager will promote the Board's resources available to support staff to respond to cases involving self-neglect.	CHSAB Manager	<ol style="list-style-type: none"> 1. Professionals are given the tools to ensure that they can effectively support residents experiencing self-neglect 2. There will be improved outcomes for people experiencing self-neglect 	

Priority	Action	Lead	Intended Impact	Update
	6.1 A working group of Board partners will develop a toolkit to support staff to respond to self-neglect and mental capacity issues. This toolkit will bring together existing tools as well as new tools such as good practice case studies.	Adult Social Care London Borough of Hackney & the City of London Corporation / East London Foundation Trust / Turning Point / North East London CCG / London Fire Brigade	<ol style="list-style-type: none"> 1. There will be better outcomes for people who self-neglect 2. Self-neglect is detected and disrupted at an earlier stage 	
7. To deliver and implement recommendations that arise in relation to both local, regional and national Safeguarding Adults Reviews	7.1 Independent SAR Reviewers will complete and publish learning for two Safeguarding Adults Reviews that have been commissioned by the Board.	SAR sub-group	<ol style="list-style-type: none"> 1. The Board will be able to evidence that it meets its statutory obligations effectively 2. Learning from reviews will help drive the improvement of adult safeguarding practice across the City and Hackney. 	
	7.2 A roundtable review will be undertaken into fire deaths that have occurred in the London Borough of Hackney to assess how future fire deaths can be prevented.	SAR sub-group	<ol style="list-style-type: none"> 1. There will be assurances that professionals understand fire safety risk and how to manage this effectively 2. There will be a reduction in fire related deaths in Hackney 	

Principle 5: Protection...				
Priority	Action	Lead	Intended Impact	Update
	<p>7.3 The SAR sub-group will review learning from national and regional SARs and LeDeR reviews to identify whether there is any learning that can be applied to the City and Hackney specifically any learning that has arisen from the Cawston Park Safeguarding Adults Review</p>	SAR sub-group	<p>1. The Board will be able to evidence that it meets its statutory obligations effectively</p> <p>2. There is less risk that the same safeguarding concerns will arise in the City and Hackney</p>	

Principle 6: Accountability - “I understand the role of everyone involved in my life and so do they.”				
Priority	Action	Lead	Intended Impact	Update
8. To ensure that all agencies across the City and Hackney deliver their core duties in relation to safeguarding	8.1 The Board to undertake a Making Safeguarding Personal temperature check with all partners	QA sub-group	<ol style="list-style-type: none"> 1. MSP has been embedded into practice properly 2. The Board can identify areas where MSP needs to be strengthened 	
	8.2 London Borough of Hackney Adult Social Care will undertake a self-assessment of adult safeguarding across their service in preparation for the forthcoming Care Quality Commission assurance regime	London Borough of Hackney Adult Social Care / City of London Corporation London Borough of Hackney / Executive Group	<ol style="list-style-type: none"> 1. The Board will understand how well adult safeguarding is being embedded into practice 2. There will be an action plan identifying how to improve the adult safeguarding response to residents 	
	8.3 The Board will raise awareness of the different roles and responsibilities of partner agencies whose core duties are not delivering statutory duties.	East London Foundation Trust / Metropolitan Police Service/ City of London Police Service / Housing teams / Turning Point	<ol style="list-style-type: none"> 1. Professionals will have better awareness of who can provide support where adult safeguarding may arise 2. There is clarity on who should lead 	

Principle 6: Accountability...					
Priority	Action	Lead	Intended Impact	Update	
			on and be involved in managing adult safeguarding enquiries		
	8.4 The Board will promote a safeguarding first approach across the wider City of London Corporation and London Borough of Hackney to raise awareness of adult safeguarding and duties around this.	CHSAB Manager / Central Learning and Development team London Borough of Hackney and the City of London Corporation	1. Professionals outside Adult Social Care will understand their duties in respect of adult safeguarding 2. Adults experiencing abuse or neglect will be identified and supported at an earlier stage		
	8.5 To deliver a series of learning sessions on the law relating to safeguarding, specifically ensuring that this is practical in nature to help build confidence in understanding legislation.	CHSAB Manager / London Borough of Hackney/ Assistant Director, Quality Assurance, Safeguarding and Workforce Development / Head of Service ASC City of London Corporation/ London Borough of Hackney	1. The Board will be assured that professionals are delivering their statutory functions in respect of adult safeguarding		



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Pharmaceutical Needs Assessment 2022

City of London
Health and Wellbeing Board

This Pharmaceutical Needs Assessment (PNA) has been produced by Soar Beyond, contracted by the City of London Corporation. The production has been overseen by the PNA Steering Group for City of London Health and Wellbeing Board (HWB) with authoring support from Soar Beyond Ltd.

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Executive summary

Health and Wellbeing Boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve health and wellbeing of their local population. Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). There is also a requirement to reassess and revise the PNA within three years of its previous publication. However, the HWB must make a revised assessment as soon as it is reasonably practicable after identifying any changes that have occurred since the previous assessment that may have an effect on the needs of the pharmaceutical services. Due to the COVID-19 (C-19) pandemic the Department of Health and Social Care (DHSC) postponed the requirement for all HWBs to publish until 1 October 2022.

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

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

This PNA has been produced through the PNA Steering Group on behalf of the City and Hackney HWBs supported by the City of London Corporation with authoring support from Soar Beyond Ltd.

NHS pharmaceutical services in England

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

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

Community pharmacies operate under a contractual framework, last agreed in 2019, which sets three levels of service:

Essential Services (ES)	Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (CPCF).
Advanced Services	Negotiated nationally, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

Enhanced Services	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHSE&I.
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Pharmacies in the City of London

The City of London has 14 community pharmacies (as of January 2022) for a population of around 10,238, and a daytime worker population of 522,000 (prior to the C-19 pandemic). Provision of current pharmaceutical services and Locally Commissioned Services (LCS) are well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided from pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for City of London is currently 137.0, which has decreased from 211.8 in 2018.

The majority (93%) of community pharmacies in the City of London are open weekday evenings (after 6 pm) and on Saturdays (36%).

A number are open on Sundays (21%), mainly in shopping areas. There is a much higher than national ratio of multiples to independent, providing a good choice of providers to local residents.

Conclusions

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

Section 1: Introduction

1.1 Background

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

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

Table 1: Timeline for PNAs

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

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

1.1.1 NHS Long Term Plan²

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

¹ The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013
www.legislation.gov.uk/ukxi/2013/349/contents/made

² NHS Long Term Plan. www.longtermplan.nhs.uk/

Table 2: Priority clinical areas in the LTP include:

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

1.1.2 Services stopped, started and changed

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

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

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

free universal symptomatic and asymptomatic testing for the general public in England stopped.⁵

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

1.2 Purpose of the PNA

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

⁵ Cabinet Office. COVID-19 Response: Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁶ [Regs explainer \(#12\): Facilitating remote access to pharmacy services : PSNC Main site](#)

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

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

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

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

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

1.3 Scope of the PNA

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

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

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

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

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

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

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

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

1.3.1 Community pharmacy contractors

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

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

Details of these services can be found in Section 6.

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

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

Pharmacy contractors comprise both those located within the City of London as listed in Appendix A, those in neighbouring HWB areas and remote suppliers, such as distance-selling pharmacies. Although distance-selling pharmacies may provide services from all three levels as described above, and must provide all Essential Services, they may not provide Essential Services face-to-face on the premises.

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

1.3.2 Dispensing Appliance Contractors (DACs)

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

DACs must provide a range of Essential Services such as dispensing of appliances, advice on appliances, signposting, clinical governance, and home delivery of appliances. In addition, DACs may provide the Advanced Services of Appliance Use Reviews (AURs) and Stoma Appliance Customisation (SAC).

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

Pharmacy contractors, dispensing doctors, and LPS providers may supply appliances, but DACs are unable to supply medicines.

1.3.3 Dispensing General Practitioner (GP) practices

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

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

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

1.3.4 Local Pharmaceutical Service (LPS) providers

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

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

1.3.5 Pharmacy Access Scheme (PhAS) providers¹⁰

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

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

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

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

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

1.3.6 Other services and providers in the City of London

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

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

1.4 Process for developing the PNA

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

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

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

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

Soar Beyond Ltd was chosen from a selection of potential candidates due to their significant experience of providing services to assist pharmaceutical commissioning, including the production and publication of PNAs.

Step 1: Steering group

On 19 October 2021 City and Hackney's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

Step 2: Project management

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

Step 3: Review of existing PNA and JSNA

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹¹ and JSNA.

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

Step 4a: Public questionnaire on pharmacy provision

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

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

The survey was promoted via:

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

A total of 108 responses were received. A copy of the public questionnaire can be found in Appendix C and the detailed responses can be found in Appendix H.

Step 4b: Pharmacy contractor questionnaire

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

A total of 11 responses were received. A copy of the pharmacy questionnaire can be found in Appendix D and the responses can be found in Appendix I.

Step 4c: Commissioner questionnaire

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

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

Step 4d: Primary Care Network (PCN) questionnaire

The Steering Group agreed a questionnaire to be distributed to all Primary Care Networks (PCNs) within the City of London to inform the PNA.

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

Step 5: Mapping of services

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

Step 6: Preparing the draft PNA for consultation

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

Step 7: Consultation

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

Step 8: Collation and analysis of consultation responses

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

Step 9: Production of final PNA - future stage

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

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

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its second meeting, considered how the localities within the City of London geography would be defined. It was decided that the City of London geography would be used to define a single locality for the PNA.

A list of providers of pharmaceutical services in the City of London is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list for each HWB area), the City Corporation, North East London CCG (NEL CCG) and from local intelligence.

Section 2: Context for the PNA

2.1 NHS Long Term Plan¹²

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

Table 3: Priority clinical areas in the LTP include:

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

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

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

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

- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check and rapidly treating those identified with high-risk conditions, including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicines Service (NMS) is an Advanced Service that provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.
- Section 6.17 identifies ten priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states: 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

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

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

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

The PNA should therefore be read alongside the JSNA. The JSNA is an online tool and an ongoing process by which local authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify

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

priorities for action process.¹⁴ This will inform a new Joint Health and Wellbeing Strategy (JHWS) that will take into account the findings of the new JSNA.

2.3 Joint Health and Wellbeing Strategy (JHWS)

The current City Corporation Joint Health and Wellbeing Strategy 2017/18-2020/21¹⁵ (JHWS) is guided by the JSNA and other relevant sources of information, such as the City and Hackney CCG's Five-Year Strategic Plan 2014-19. The strategy draws together the work of many key organisations working in partnership to improve the health and wellbeing of people in the City of London.

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

The JHWS identifies five key priorities:

- Good mental health for all
- A healthy urban environment
- Effective health and social care integration
- All children have the best start in life
- Promoting healthy behaviours

A new strategy is currently under development for 2022.

2.4 Population overview

In 2018, the City of London was among the four fastest-growing local authorities in the country. The resident population of the City of London has grown by approximately 2,800 in the last ten years – from 7,400 in 2011 to 10,200 in 2021. There is a daytime worker population of 522,000 (prior to the COVID-19 pandemic).

The City of London also has a substantial cohort of hidden workers in frontline and essential roles, such as cleaners, security officers, hospitality, private hire drivers, and construction workers – many of whom work outside of regular office hours.

The City of London's total population is predicted to grow 3.2% in the next ten years, changing from 10,238 in 2021 to 10,561 in 2031.¹⁶ The highest growth is predicted among the older population, while the number of residents under the age of 40 is expected to reduce. The predicted change is smaller than the one predicted for London (7.2%), but London's growth is also concentrated in the older age group.

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

¹⁵ City of London Corporation. Joint Health and Wellbeing Strategy 2017/18-2020/21. www.cityoflondon.gov.uk

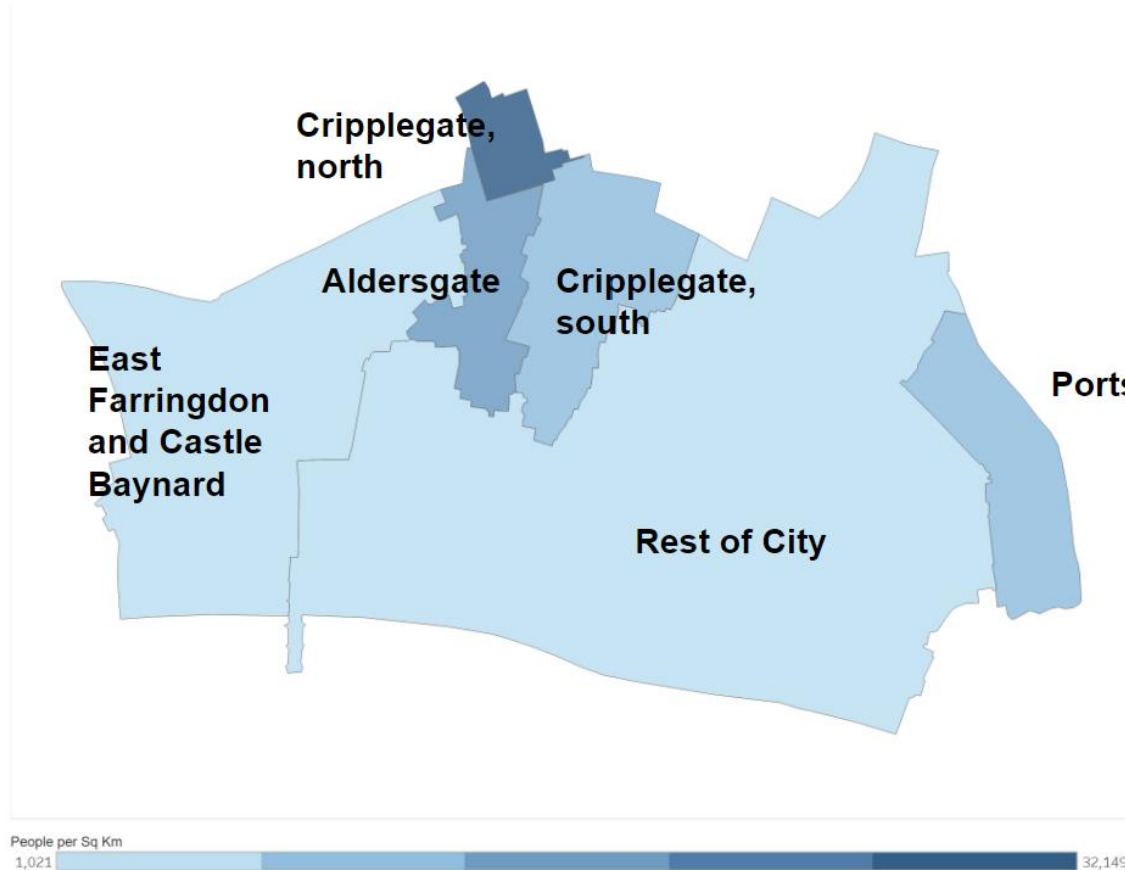
¹⁶ Greater London Authority. GLA Housing led population projections. 2020. [Accessed 10 February 2022.] <https://apps.london.gov.uk/population-projections/>

Table 4: Population by age groups and projections, City of London, 2021 and 2031¹⁶

Age group (years)	2021	2031	Change
0–19	1,117	1,054	-5.6%
20–39	4,188	3,485	-16.8%
40–65	3,163	3,471	9.7%
>65	1,770	2,551	44.1%
Total	10,238	10,561	3.2%

The City of London is densely populated with 3,785 people per square kilometre, with a variation from 1,021 in the rest of the City to 32,149 people per km² in Cripplegate, north, see Figure 1. This compares with a density of 5,727 people per km² in London and 434 people per km² in England.

According to the local planning data, the current residential population estimate is 9,292, which has grown from 7,246 in 2018 and is projected to increase further to 10,092 by 2036. The number in employment in 2020 was 549,700. Additional housing units will increase by 694 from 2021-22 to 2025-26. This includes an estimate of 260 from new student housing. There is also the potential for a further 644 student rooms to come on-stream in 2024-25, subject to planning approval.

Figure 1: Population density by Lower Super Output Areas (LSOA), City of London, 2020¹⁷

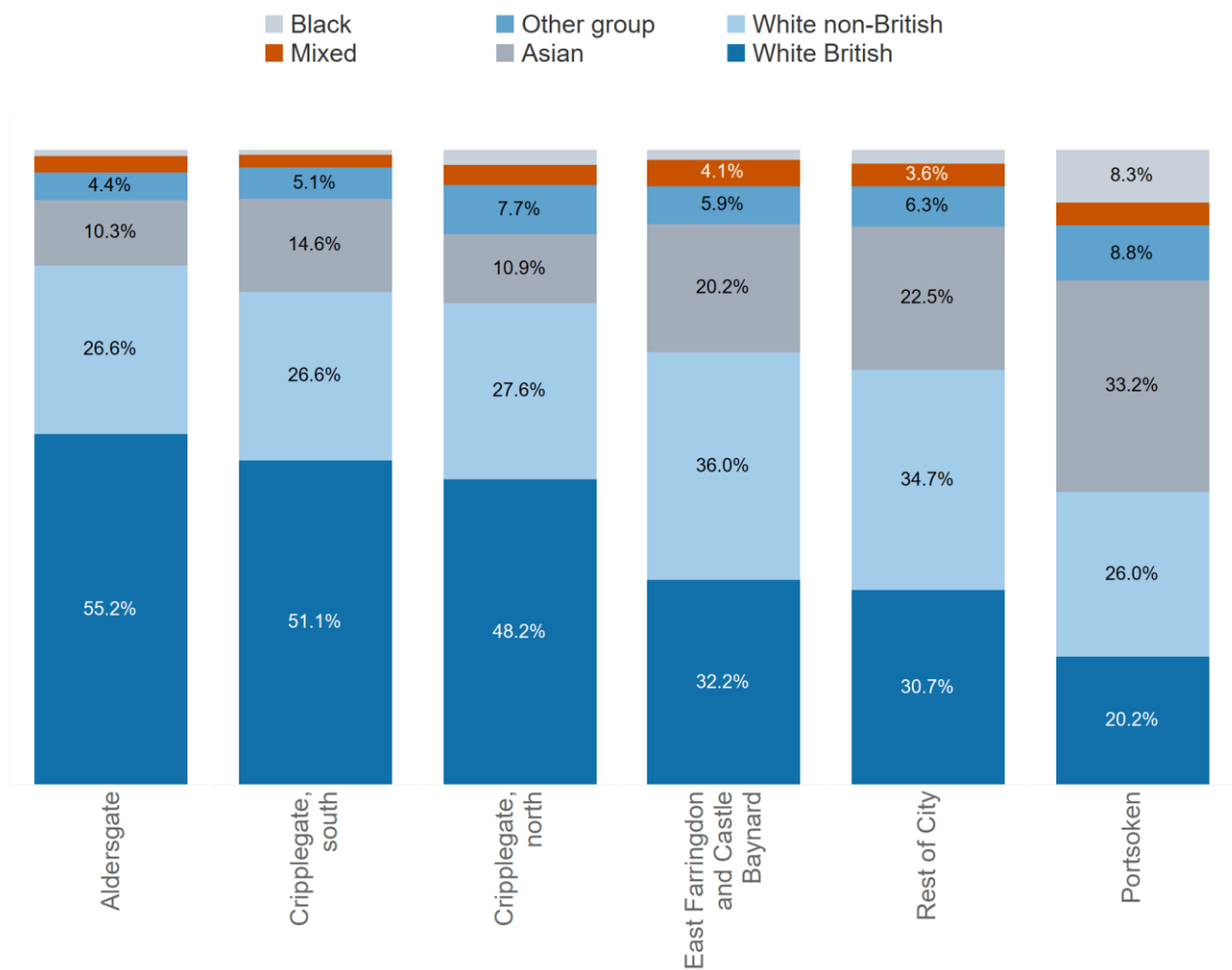
	LSOA name	People per square kilometre
001C	Cripplegate, north	32,149
001A	Aldersgate	13,475
001E	Portsoken	11,503
001B	Cripplegate, south	7,347
001G	East Farringdon and Castle Baynard	2,733
001F	Rest of the City	1,021

2.5 Ethnic mix

Compared with other inner London areas, the City of London is less ethnically diverse, with around 30% of residents coming from a black or minority ethnic group (compared with an average of 38% for London and 13% for England). However, in Portsoken, one of the City of London's most ethnically-diverse wards, almost half (49%) of the population are ethnic minorities.

¹⁷ ONS. LSOA population statistics. Lower layer Super Output Area population density. [Accessed 10 February 2022.] www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/lowersuperoutputareapopulationdensity

Figure 2: Proportion of individuals by ethnic group and PCN, City of London, 2021¹⁸

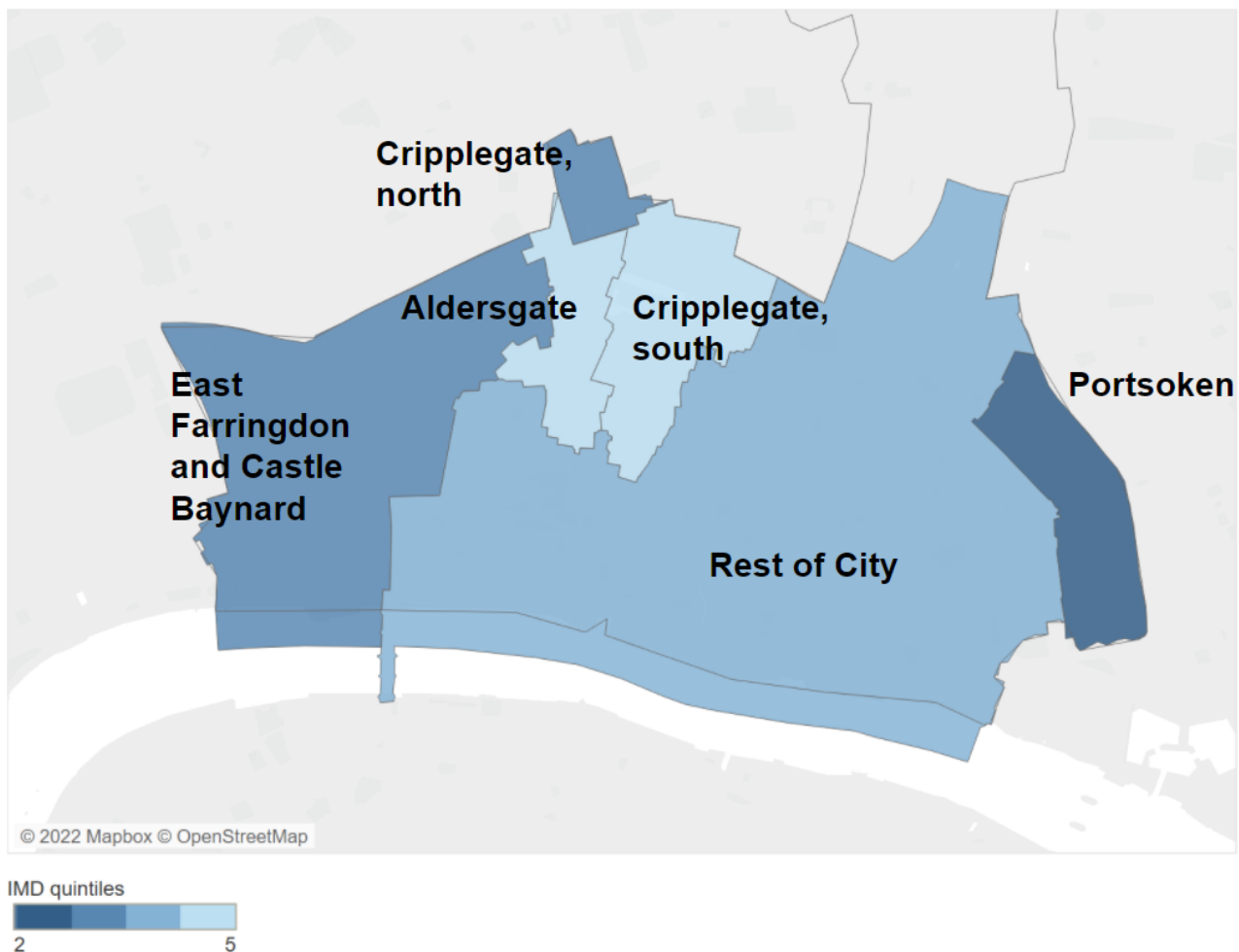


2.6 Deprivation

The City of London consistently ranks among one of the least deprived local authorities in England. According to the 2019 Index of Multiple Deprivation (IMD), the City of London ranked 208 out of 317 local authorities in the country on the 'average rank' measure, and 212 out of 317 on the 'average score' measure (1st being most deprived and 317th being least deprived). Despite the relative affluence, significant variations in levels of relative deprivation exist within the City of London.

None of the City's LSOAs falls into the most deprived quintile. Portsoken, on the east side of the square mile, is the most deprived area within the City of London.

¹⁸ NHS. National Immunisation Management System. 2022.

Figure 3: Index of Multiple Deprivation quintiles by LSOA, 2019¹⁹

2.7 Health profile

2.7.1 Life expectancy and healthy life expectancy

The life expectancy at birth has increased for both females and males in the City of London in the last four years of available data. Life expectancy in the City is higher than in England for both males and females: 88.8 vs 79.5 for males and 90.7 vs 83.1 for females, respectively, see Table 5. Healthy life expectancy statistics for the City of London were not available.

Table 5: Life expectancy at birth (years), City of London, 2009-13 and 2013-17²⁰

Life expectancy at birth (years)	2009-13	2013-17	Difference
Female	88.4	90.7	2.3
Male	84.6	88.8	4.2

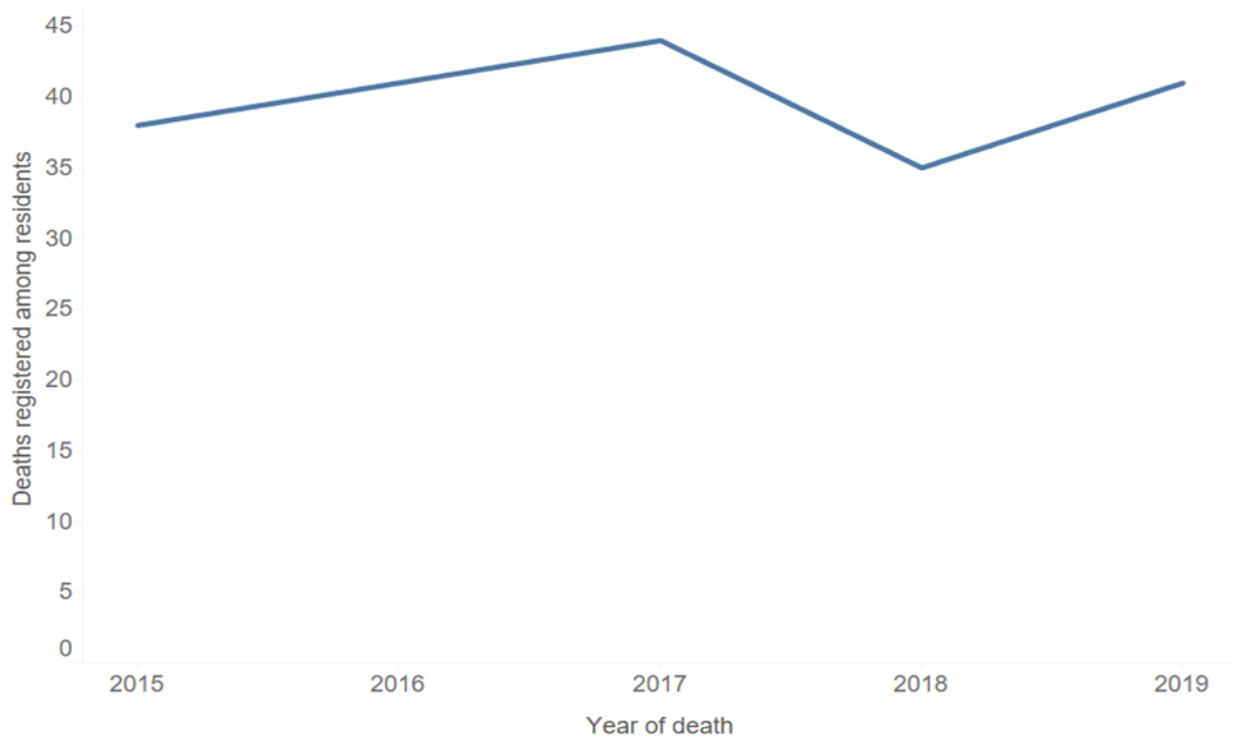
¹⁹ Indices of Deprivation. Indices of deprivation. [Accessed 10 February 2022.] <https://data.london.gov.uk/dataset/indices-of-deprivation>

2.7.2 Mortality

2.7.2.1 All-cause mortality

Between 2015 and 2019, the City of London recorded a relatively consistent mortality rate year to year. Mortality rates recorded in the City of London are consistently lower than both London and England because of the City's unique population structure: in 2019, 422 deaths were recorded per 100,000 population in the City of London, compared with 809 per 100,000 in London and 918 per 100,000 in England.

Figure 4: Number of deaths registered among residents of the City of London by year, 2015-19²¹



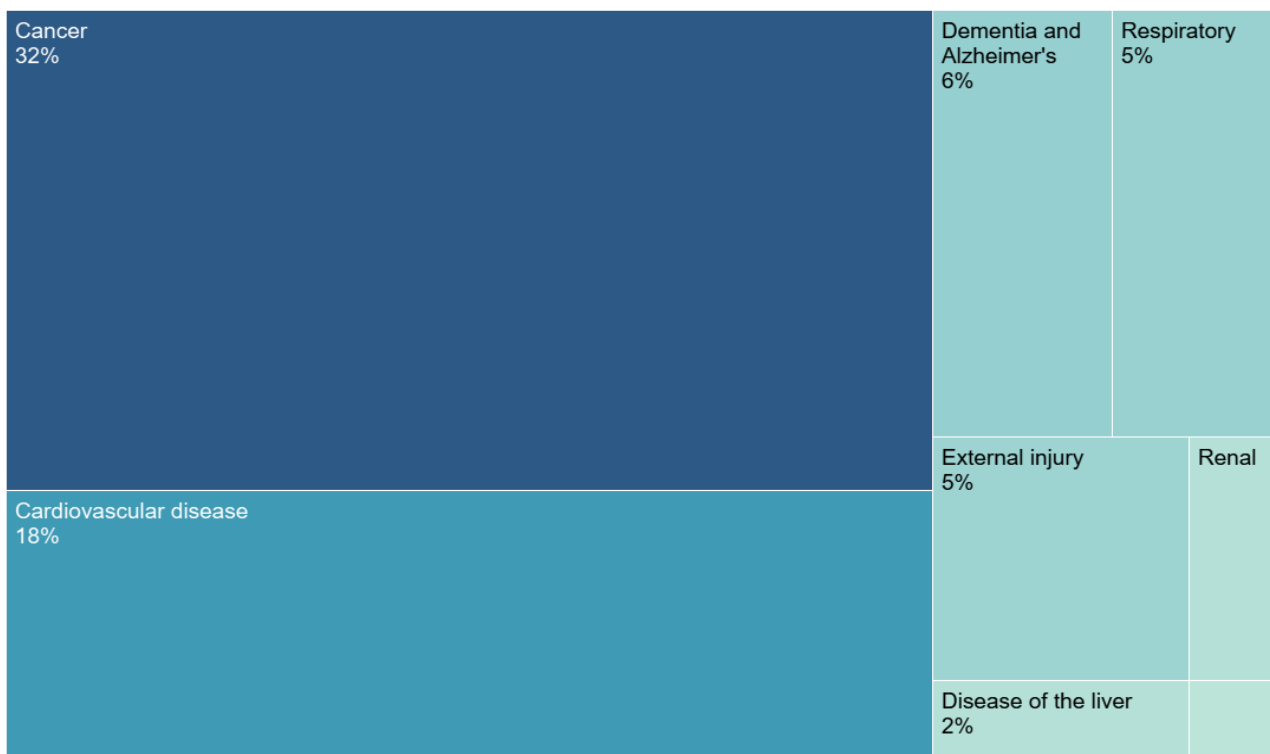
2.7.2.2 Cause-specific mortality

In the City of London, between 2015 and 2019, cancer caused the highest number of deaths, directly causing 32% of all deaths registered. This was followed by Cardiovascular Disease and dementia and Alzheimer's, which caused 18% and 6% of deaths respectively.²²

²¹ NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

²² NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

Figure 5: Proportion of deaths by main cause, residents of the City of London, 2015-19²¹



2.7.2.3 Premature mortality

According to 2016-18 data, premature mortality from all causes (defined as mortality among people under 75 years old) is significantly lower than the regional and national averages: 222 per 100,000 in the City of London versus 303 in London and 331 per 100,000 in England.²³

2.7.2.4 Mortality from COVID-19

In this report we have concentrated on deaths recorded prior to the onset of the COVID-19 pandemic since COVID-19 introduces complexities when determining underlying causes and has affected general trends. However, it is worth exploring separately.

Since the onset of the COVID-19 pandemic, mortality rates have increased nationally. However, the City of London has continued to record a relatively consistent number of deaths. In 2020, there were 44 deaths in the City of London; this represents an increase of 41% compared with the five-year average of 41 deaths between 2015 and 2019. Of these 44 deaths recorded in 2020, 6 (14%) were directly linked to COVID-19.²⁴

While death certificates for the whole of 2021 are not yet available, when comparing deaths registered in the second and third²⁵ quarter of 2021 with those recorded in the second and

²³ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

²⁴ NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

²⁵ No deaths were recorded in City and Hackney until March 2021.

third quarter of 2020, total mortality did not continue to increase in 2021: 22 deaths were recorded in both years.

2.7.3 Morbidity

2.7.3.1 Diabetes

Data from GP records show that 219 adults in the City of London have been diagnosed with diabetes (prevalence of 3.2%) and a further 116 people have 'pre-diabetes', meaning that they are at increased risk of developing diabetes in future.²⁶ Estimates suggest that around 90% of all diabetes cases are type 2.

2.7.3.2 Cancer

Compared to the England average, incidence of cancer was low in the City for the 2018 (latest available figures). Similar to the national picture, breast and prostate cancer are most common in the City of London, as well as colorectal cancer.

Cancer is among the most common causes of deaths accounting for just over a quarter of deaths among City of London residents. Mortality rates from cancer, overall and in the under-75s, are similar in the City of London to the England average. Between 2008 and 2018 there was a 13% drop in the under-75 mortality rate from cancer, and a 15% reduction in the mortality rate from cancers considered preventable among under-75s.

2.7.3.3 Respiratory conditions

Approximately 300 adults in the City (4.7% of the population) are recorded by their GP as having Chronic Obstructive Pulmonary Disease (COPD) or 'active asthma' meaning they have received medication to manage their condition within a predetermined time frame.²⁷

2.7.3.4 Mental health

According to the latest available figures (2017) provided by the Office for Health Improvement and Disparities (OHID), the estimated prevalence of common mental disorders among City of London residents aged 16 and over was 13.4% (significantly lower than the English average – 16.9%) and the recorded prevalence of depression among City of London residents aged 18+ is 5.5%.²⁸

2.7.4 Causes of ill health

2.7.4.1 Sexual health

The City of London has recorded a significantly higher rate of newly diagnosed Sexually Transmitted Infections (STIs) (excluding chlamydia and populations aged under 25) than London and England for the past nine years of available data (2012-20). In 2020 alone, the City of London recorded 1,850 diagnoses per 100,000 population, in comparison with 1,391

²⁶ Joint Strategic Needs Assessment (JSNA): Hackney and City – Diabetes. [Accessed 10 February 2022.] <https://hackneyjsna.org.uk/wp-content/uploads/2018/12/Diabetes-1.pdf>

²⁷ Joint Strategic Needs Assessment (JSNA): Hackney and City – Respiratory. [Accessed 10 February 2022.] <https://hackneyjsna.org.uk/wp-content/uploads/2018/12/Respiratory-Disease.pdf>

²⁸ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

and 619 diagnoses per 100,000 population in London and England respectively. Between 2012 and 2019, the City of London recorded a 26.7% increase in newly diagnosed STIs over time, whereas national rates increased by 6.3% during this time.

However, the high rates of diagnosis in the City of London are thought to be due to workers in the City of London accessing sexual health services using their work postcode, which is inflating rates. Additionally, attendees at local sexual health clinics who refuse to give a postcode or who are from overseas may also be allocated to the City of London.

The prevalence rate of diagnosed Human Immunodeficiency Virus (HIV) in residents aged 15–59 is also higher in the City of London than elsewhere locally (13.6 per 1,000 compared with a London average of 4.7), though this has dropped from a peak of 19 per 1,000 in 2014.²⁹ The City of London does, however, perform better than the England and London averages for HIV testing coverage. In 2020, the City of London recorded population coverage of 61% in comparison with a national average of 55%.³⁰ The gap between City of London and national testing figures has also grown relatively consistently each year since 2014.

When excluding 2020, rates of prescription for Long-Acting Reversible Contraception (LARC) (excluding injections) prescribed to female City of London residents by GP and sexual and reproductive health services have remained relatively stable over the past six years (2014–19). However, for all years between 2014 and 2019, the City of London recorded a lower rate of LARC prescription than both London and England: in 2019, 24.3 LARCs were prescribed per 1,000 population in the City of London compared with 39.6 and 50.8 in London and England, respectively.³¹

2.7.4.2 Smoking

Estimates suggest that almost one in five (18.4%) City of London residents aged 18+ smoke regularly or occasionally.³² The overall smoking prevalence in the City of London is similar to the national and London averages, although it is known that smoking levels are higher in Portsoken ward than in the rest of the City of London.

Local smoking prevalence rates are higher in men than in women and the difference varies across ethnic groups, with similar prevalence for men and women in 'White – Other' groups, compared with a rate three times higher in Asian men compared with Asian women. Prevalence of smoking among young residents (aged 16–24) is significantly higher compared with the City of London prevalence overall.³³

2.7.4.3 Alcohol

Over a third of respondents to a 2012 survey of City of London residents, workers, students and visitors in the City of London (not representative of the City's resident population)

²⁹ NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

³⁰ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

³¹ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

³² OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

³³ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

reported levels of drinking at increasing risk and 13% at higher risk. Roughly two adult residents in every 100 in the City of London are estimated to be dependent on alcohol (higher than the England rate of 1.35) and 24 City of London residents were in treatment for alcohol-only dependency in 2017-18. Of all ambulance dispatches in the City of London during 2018-19, 10.5% were alcohol-related.³⁴

2.7.4.4 Substance misuse

Estimates from the 2017-18 Crime Survey for England and Wales (CSEW) suggest that around 100 City of London residents aged 16–59 are frequent drug users. The estimated prevalence of opiate and/or crack cocaine use among City of London residents is 22 individuals, with just under half of users (46.8%) not in treatment. In 2017-18, 19 people aged 18+ were in treatment for drug and/or alcohol dependency in the City of London.³⁵

In 2017-18 drug-related admissions to hospital (with a primary diagnosis of poisoning by drug misuse) had a rate of 24 per 1,000 population.³⁶ Due to the relatively small population in City, data is difficult to interpret for the City of London and treated cautiously.

2.7.4.5 Obesity

An estimated 45% of adult City of London residents (18+) are classified as overweight or obese. In 2019, around 25% of Year 6 pupils were classified as obese, which is higher than the national average.³⁷

2.7.4.6 Physical activity

Compared with the England average, the City of London performs well in terms of the proportion of adults who are physically active – 73%, compared with 66% nationally and in London. However, 13.8% of City of London residents report a long-term Musculoskeletal (MSK) problem, with 9.9% reporting at least two long-term conditions, at least one of which is MSK-related. MSK conditions can hinder individuals from engaging in physical activity, which can further exacerbate these conditions.³⁸

2.8 Coronavirus Pandemic

The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.³⁹ During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of

³⁴ Joint Strategic Needs Assessment (JSNA): Hackney and City – Alcohol. [Accessed 10 February 2022.] <https://hackneyjsna.org.uk/wp-content/uploads/2017/07/JSNA-Lifestyle-and-behaviour-Alcohol.pdf>

³⁵ Home Office. Drug misuse: findings from the 2017 to 2018 CSEW. [Accessed 10 February 2022.] <https://www.gov.uk/government/statistics/drug-misuse-findings-from-the-2017-to-2018-csew>

³⁶ NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

³⁷ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

³⁸ OHID Fingertips. [Accessed 10 February 2022.] <https://fingertips.phe.org.uk/>

³⁹ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. *Irish J Psych Med* 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

pharmacies in England since 2015-16.⁴⁰ 11 million people (about 20% of the population) lack basic digital skills, motivation, or the means to use digital technology. These people are likely to be older, less educated, and in poorer health than the rest of the population. Being able to afford and use the internet is not only crucial for accessing healthcare and information, it is also essential for accessing education, employment and participating socially. Despite the acceleration of digital services due to the pandemic, there are still many patients who struggle to access the internet and smartphones – and patients facing these barriers are at risk of worse access to services and worse health outcomes. As a result, digital inclusion is now recognised as a wider determinant of health. People who have characteristics that are protected under the Equality Act 2010 (age, disability, race) are less likely to have access to the internet, and the skills to use it. It will be important to be able to offer face to face provision of services alongside 'virtual'.⁴¹

⁴⁰ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁴¹ NHS Long Term Plan. <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

Section 3: NHS pharmaceutical services provision, currently commissioned



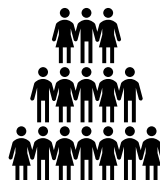
Figure 6: All contractors in City of London HWB



There are a total of 14 contractors in the City of London

- 13 x 40 hour community pharmacies
- 1 x 100 hour community pharmacy

3.1 Community pharmacies

<p>14 community pharmacies in City of London</p> 	<p>10,238 population of City of London</p> 	<p>137.0 pharmacies per 100,000 population*</p> 
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* Correct as of December 2021

During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.⁴²

Since the previous PNA, published in 2018, there has been a decrease in the number of community pharmacies from 16 to 14 in the City of London. One of these were due to a consolidation of two pharmacies that was approved and did not result in a gap.

The City of London has 137 pharmacies per 100,000 population, which has decreased from 211 in 2018. This figure remains high compared with the England average of 20.6 community pharmacies per 100,000 population (decreased from 2018 average of 21.2). The London average has also decreased to 21.7 from the previous 22.3 community pharmacies per 100,000 population. This decrease in number of community pharmacies per 100,000 population is due to the number of pharmacies slightly decreasing and the population increasing from 7,553 to 10,238 between the two PNAs.

However, when we consider the pre-pandemic working-day population, estimated to be 542,000,⁴³ then the average number of pharmacies per 100,000 population reduces to 2.6, which has decreased from 4.4 per 100,000 in the 2018 PNA. This working-day population is likely to be outdated due to the pandemic however working patterns appear to be changing. There is a return to the workplace with various models of hybrid and flexible working in place⁴⁴ and a large proportion of people travelling to the City for work on Tuesdays, Wednesdays, and Thursdays⁴⁵.

London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to the City of London: Hackney (17.2), Westminster (31.1),

⁴² Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁴³ City of London Corporation. Statistics about the City. 6 January 2022. [City statistics briefing - City of London](https://www.cityoflondon.gov.uk/press-releases/city-statistics-briefing)

⁴⁴ Bloomberg's Pret Index (<https://www.bloomberg.com/graphics/pret-index/>)

⁴⁵ Transport for London data on contactless and Oyster card taps out of stations in the City (<https://tfl.gov.uk/info-for/open-data-users/our-open-data#on-this-page-7>)

Camden (22.5), Islington (18.1), Tower Hamlets (15.7), Southwark (18.4), Lambeth HWB (20.2). It is considered that a number of residents and daytime workers will access pharmacies in neighbouring HWB areas and further afield, i.e. in HWB areas where they live.

Table 6 shows the change in the numbers of community pharmacies over recent years compared with regional and national averages. The City of London is well served with community pharmacies and comparable with the London and national averages.

Table 6: Number of community pharmacies per 100,000 population

	England	London	City of London (residents)	City of London (working-day population)
2020-21	20.6	20.7	137.0	2.6
2019-20	21.0	21.2	154.3	3.1
2018-19	21.2	20.7	211.8	4.4

Source: ONS Population

The public questionnaire details the perception of access to community pharmacies and the services they provide (Section 5).

The full results of the pharmacy user questionnaire are detailed in Section 5.

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

3.1.1 Choice of community pharmacies

Table 7 shows the breakdown of community pharmacy ownership in City of London. The data shows that pharmacy ownership is different from that seen in the rest of London, as the City of London has a much higher percentage of multiple pharmacies compared with national data. This may pose a challenge when commissioning or ensuring continuity of services when the multiple ownership is 13 out of the 14.

Table 7: Community pharmacy ownership, 2020-21

Area	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
City of London (2021 data)	93%	7%

3.1.2 Weekend and evening provision

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

Table 8 shows that the City of London has a similar percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. However, as a number this is just one pharmacy.

Table 8: Number of 100-hour pharmacies (and percentage of total)

Area	Number (%) of 100-hour pharmacies
England (2020-21 data)	1,094 (9.4%)
London	104 (5.5%)
City of London	1 (7%)

3.1.3 Access to community pharmacies

Many pharmacies provide extended opening hours and are open at weekends.

A previously published article⁴⁶ suggests:

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

A list of community pharmacies in City of London HWB area and their opening hours can be found in Appendix A.

3.1.3.1 Routine daytime access to community pharmacies

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

⁴⁶ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 7: Average walk times to community pharmacies in the City of London

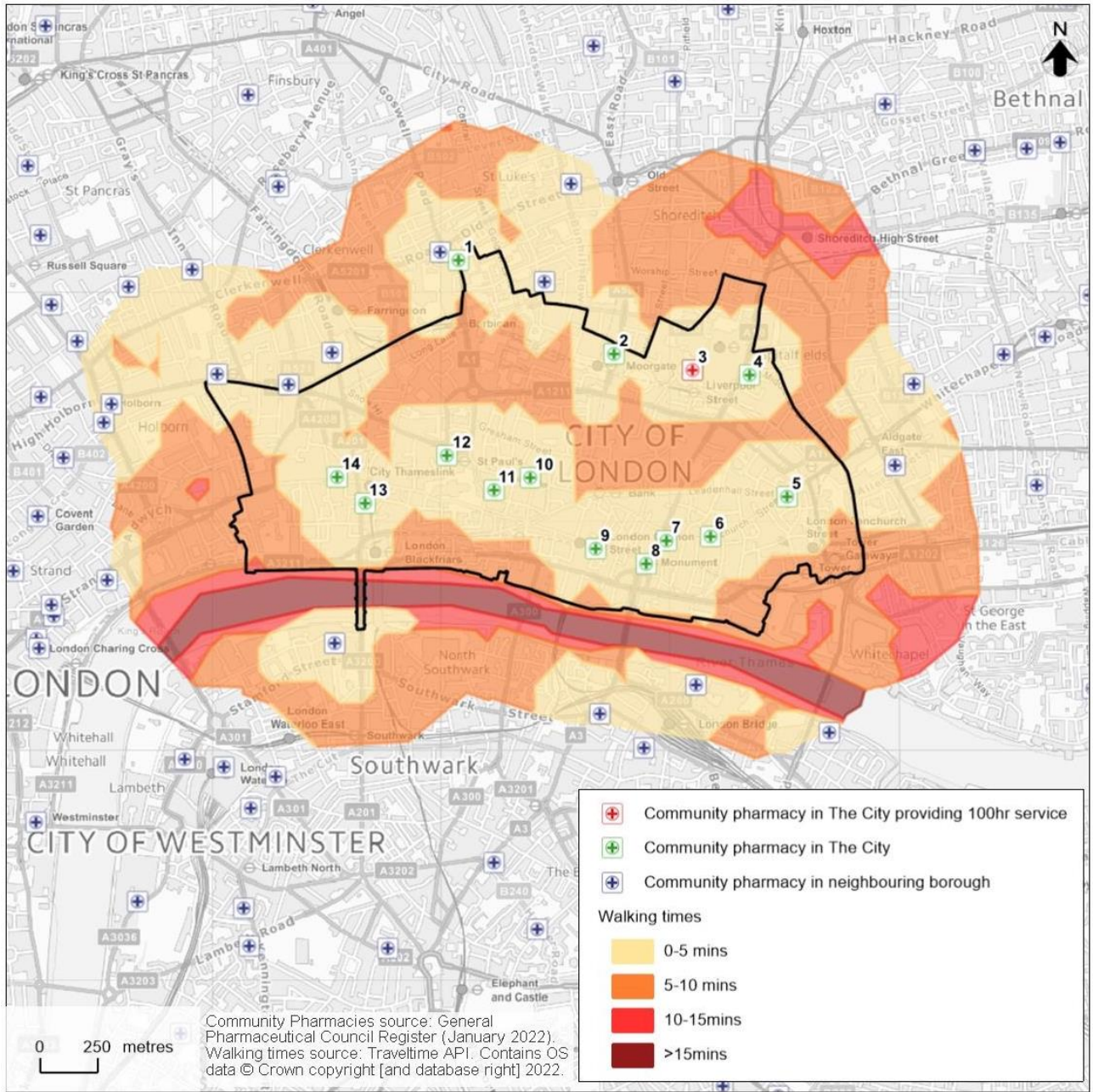


Figure 8: Average public transport times to community pharmacies in the City of London

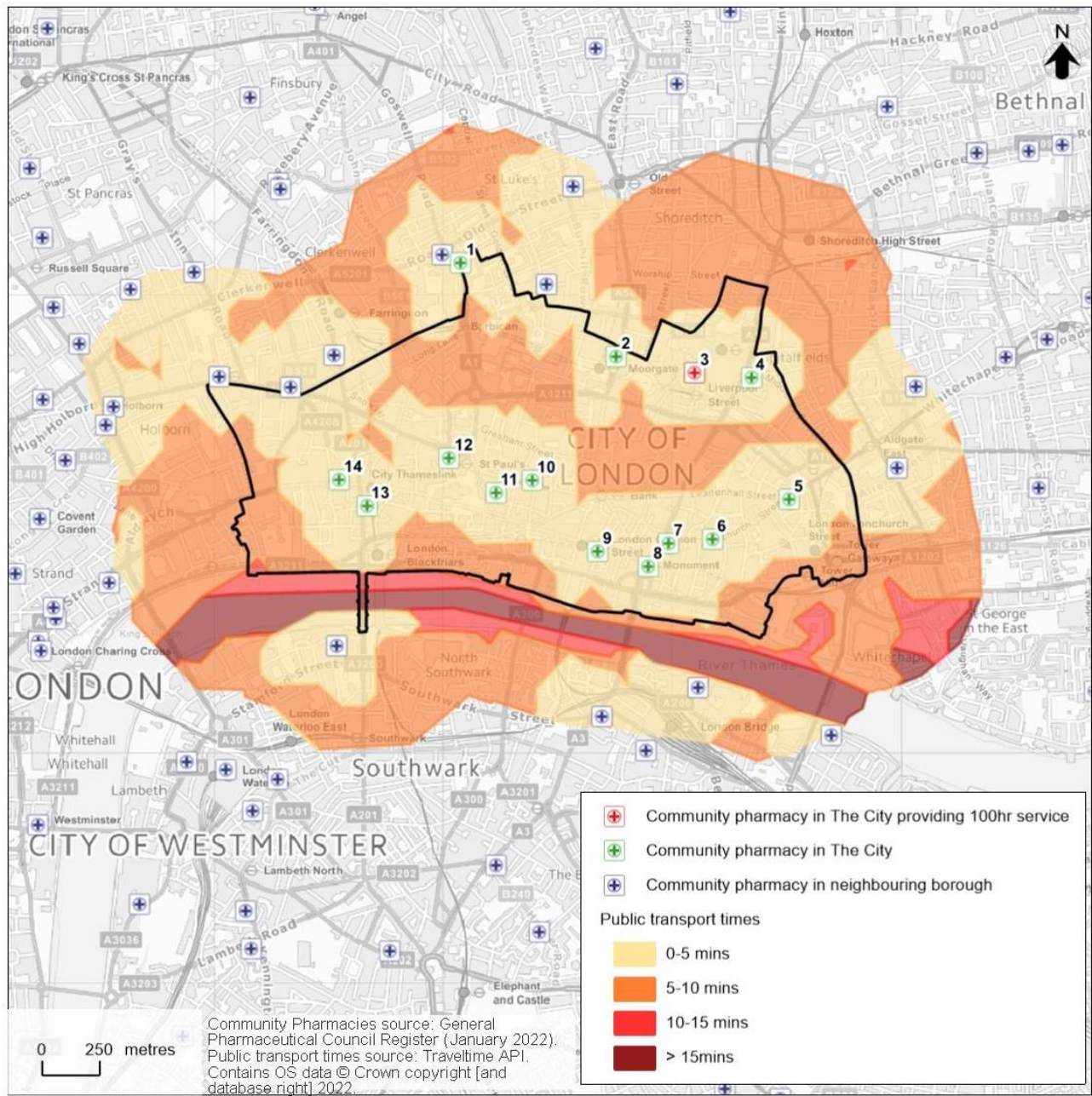
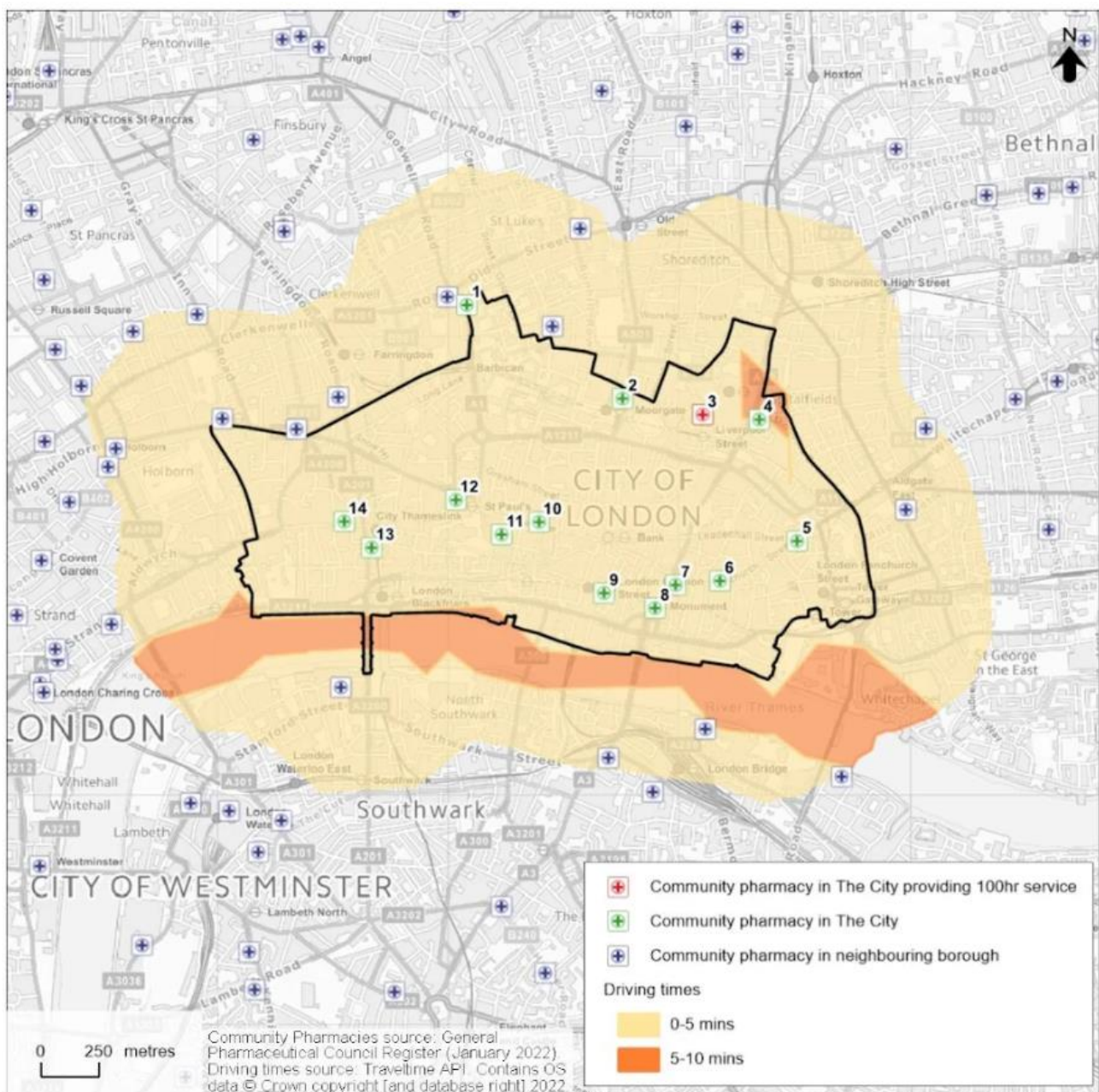


Figure 9: Driving times to community pharmacies in the City of London



In summary:

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

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays), are listed in the table below. Full details of all pharmacy opening hours can be found in Appendix A. 'Average' access is difficult given

the variety of opening hours and locations. Access can be found from Table 9: the population including the hidden workforce of the City of London have good access to community pharmacies in the evening. This is because the majority of providers in the City of London are open after 6 pm.

Table 9: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on a Saturday and Sunday

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on a Saturday	Percentage of pharmacies open on a Sunday
City of London	86%	36%	21%

3.1.3.3 Routine Saturday daytime access to community pharmacies

In City of London, 36% of pharmacies are open on Saturdays, majority of which are open into the late afternoon. Access is therefore adequate. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

Fewer pharmacies are open on Sundays than any other day in City of London. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

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

For the last two years NHSE&I has had an Enhanced Service for coverage over bank holidays to ensure that there are pharmacies open on these days and their location is near to the hubs and out-of-hours providers, so patients can easily access medication if required. The current Service-Level Agreements (SLAs) expire in August 2022 and are being extended. This is a change since the publication of the 2018 PNA. There are no pharmacies commissioned to open in the City of London during these times, however some multiple pharmacies are open on bank holidays, apart from Easter Sunday and Christmas Day.

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies have signed up to provide the Advanced Services in Table 10. Details of individual pharmacy providers can be seen in Appendix A.

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

Table 10: Providers of Advanced Services in the City of London (April 2022)

Advanced Service	Percentage of community pharmacy providing Advanced Services in City of London
New Medicine Service (NMS)	100%
Community pharmacy seasonal influenza vaccination	100%
Community Pharmacist Consultation Service (CPCS)**	71%
Hypertension Case-Finding Service	36%
Hepatitis- C Testing Service	0%
Stop smoking	0%

*This includes CPCS and GP CPCS consultations

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

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

Table 11: Advanced Service activity data - Percentage of providers where activity is recorded

Advanced Service	England	London	City of London
New Medicine Service (NMS)*	91%	82%	100%
Community pharmacy seasonal influenza vaccination*	85%	85%	100%
Community Pharmacist Consultation Service** (CPCS)*	81%	83%	71%
Hypertension case-finding service	43%	71%	0%
Community pharmacy hepatitis C antibody-testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Appliance Use Review (AUR)*	0.5%	0.2%	0%
Stoma Appliance Customisation (SAC)*	8.6%	2%	0%

Source: NHS BSA Dispensing Data

*Data from NHS BSA 2021-22 7 months ** This includes CPCS and GP CPCS consultations

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

Table 11 provides information on the recorded activity of Advanced Services across the City of London based on 2021-2022 for a period of 10 months. Activity data shows Advanced Services are used, but information is skewed due to the pandemic. The COVID-19 pandemic will have affected this activity data in several ways:

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

New services such as CPCS are being used, but data shows low uptake nationally.⁴⁷ A recent report (October 2021) demonstrated there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.⁴⁸ National data as of November 2021 shows 77% of community pharmacies are using CPCS. However, the City of London shows use of CPCS service, with 71% of community pharmacies providing this service.

The new hypertension case finding service started as of October 2021. Activity data is still low nationally, and currently no activity in City of London. The service was delayed in City and Hackney due to a delay in on delivery of Ambulatory BP machines required to operate the service. This was especially acute in the London region where demand was particularly high.

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

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

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

3.1.5 Enhanced Service provision

Under the pharmacy contract, Enhanced Services are those directly commissioned by NHSE&I (Section 1.3). Therefore, any Locally Commissioned Services (LCS) commissioned

⁴⁷ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

⁴⁸ Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

by CCGs or the LA are not considered here. They are outside the scope of the PNA but are considered in Section 4.

There are currently two Enhanced Services commissioned in City of London:

- Delivery of the COVID-19 vaccination service has been added as an Enhanced Service from community pharmacies to support the public during the pandemic
- NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in the City of London. This Enhanced Service is in addition to the National Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations.

3.2 Dispensing Appliance Contractors (DACs)

There are no Dispensing Appliance Contractors (DACs) in City of London, however DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 11 responses and 70% of respondents reported that they provide all types of appliances.

As part of the Essential Services of DACs, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside the City of London. There were 112 DACs in England in 2020-21. 1% of items prescribed in City of London in 2021/22 10 Months were dispensed by DACs.⁴⁹

3.3 Distance-selling pharmacies

There are no distance-selling pharmacies within the City of London.

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

It is therefore likely that residents within the City of London will be receiving pharmaceutical services from a DSP outside the City of London.

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

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

⁴⁹ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

Figures for 2020-21 show that in England there were 372 distance-selling pharmacies, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 distance-selling pharmacies, accounting for 2.3% of all pharmacy contractors. 1.68% of items prescribed in City of London in 2021/22 10 Months were dispensed by DSPs.⁵⁰

3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS pharmacies in the City of London.

3.5 Dispensing GP Practices

There are no Dispensing GP Practices in the City of London.

3.6 PhAS Pharmacies

From January 2022, this scheme is being updated to the Pharmacy Access Scheme (PhAS), to continue to support patient access to isolated, eligible pharmacies.

There are no PhAS pharmacies in the City of London.

3.7 Pharmaceutical service provision provided from outside City of London

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

It is not practical to list here all those pharmacies outside City of London by which City of London residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of City of London boundaries and are marked on Figure 6. Further analysis of cross-border provision is undertaken in Section 6.

⁵⁰ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

Section 4: Other services that may affect pharmaceutical services provision

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

The results of the commissioner questionnaire can be seen in Appendix J; there were two responses. There were some services were identified as 'would consider commissioning' from community pharmacies including diabetes (type 2), asthma and COPD.

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

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

Table 12: Commissioned services from community pharmacies in the City of London

Commissioned service	CCG-commissioned service	LA-commissioned service
Chlamydia screening and treatment		x
Free condom distribution		x
COVID-19 testing		x
Healthy start vitamins		x
Stop smoking (supply only or advice and supply)		x
Emergency Hormonal Contraception (EHC) Supply		x
Supervised consumption		x
Needle exchange		x
Naloxone supply		x
Minor ailments	x	
Palliative care	x	

4.1 Local authority-commissioned services provided by community pharmacies in the City of London

City Corporation commissions the following services from community pharmacies:

- Sexual Health services
 - Emergency Hormonal Contraception (EHC) service
 - Chlamydia screening and treatment
 - Free condom distribution
- COVID-19 testing
- Healthy vitamins

- Support to stop smoking services (supply only or advice and supply)
- Supervised consumption by Turning Point
- Needle Exchange by Turning Point
- Naloxone supply by Turning Point

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

4.2 CCG-commissioned services

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

- Minor ailments
- Palliative Care

A full list of community pharmacy providers is listed in Appendix A and a service description is in section 6.5.

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

4.3 Other services provided from community pharmacies

As part of the community pharmacy contractor questionnaire, found in Appendix D, respondents were asked to indicate which from a range of other services, including disease-specific, vaccination and screening services, they currently provide, would be willing to provide or would not be willing to provide. The majority of respondents indicated that they either currently provide these services or would be willing to provide if commissioned, although this varied by disease and service.

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

4.4 Collection and delivery services

A quarter of pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 13% of pharmacies offer a free delivery service of dispensed medicines on request, while 13% provide a chargeable service. Depending on the area in question and the ability of residents to pay for a delivery service, this could affect individuals' ability to receive a delivery service and affect their access to medications.

Free delivery is required to be offered without restriction by all distance-selling (internet) pharmacies to patients who request it throughout England. Free delivery of appliances is also offered by DACs. There are no DACs based in City of London, however there are 110 throughout England.

4.5 Language services

Of the 11 pharmacies who responded to the community pharmacy contractor questionnaire, three reported that they offer at least one other language in addition to English.

4.7 Services for less-abled people

Under the Equality Act 2010,⁵¹ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. From the community pharmacy contractor questionnaire, 82% of respondents of the community pharmacy contractor questionnaire reported the pharmacy had wide door access for wheelchair users.

4.8 GP practices providing extended hours

There is one GP practice in City of London that provides extended hours on a Monday. Identifying this allows the HWB to determine whether there is a need for additional pharmaceutical services to ensure adequate service provision for those who might access these services.

Table 13 below provides details of the GP practice that provides extended hours.

Table 13: GP hubs providing extended hours

GP practice name and address	Extended opening hours	Name of nearest community pharmacy open during extended hours	Distance of community pharmacy to GP practice
The Neaman Practice 15 Half Moon Court, London EC1A 7HF	Mon 18.30-19.45	Boots, Unit 21, One New Change Shopping Centre, London EC4M 9AG	0.4 miles

4.9 Other providers

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

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

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

⁵¹ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

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

- St Bartholomew's Hospital, West Smithfield, London EC1A 7BE
- Moorfield Eye Hospital, 162 City Road, London, EC1V 2PD

There are no walk-in centres or urgent care centres in the City of London.

Sexual Health Additional Service- residents of City and Hackney have access to a sexual health service:

- The City of London Corporation hosts the London Sexual Health Programme on behalf of the 30 participating authorities across the capital, who work together on sexual health commissioning. The Programme also commissions the sexual health e-service for London – www.shl.uk – which is provided by Preventx. Preventx works in partnership with Chelsea and Westminster NHS Trust and Lloyds Online Doctor, which is responsible for delivering the contraception pathways and chlamydia treatment. Treatments and contraception (both routine and emergency) can be posted to a person's home or be collected from a Lloyds pharmacy or larger Sainsbury's store. This service is available to people aged 16+, although people aged under-18 must collect their treatment or contraception in-person from a Lloyds pharmacy.

Section 5: Findings from the public questionnaire

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

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

The survey was promoted via:

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

Of the 108 responses received from the public questionnaire:

5.1 Visiting a pharmacy

- 68% have a regular or preferred pharmacy (2% prefer online pharmacies)
- 87% describe the service as good or excellent (only 4 respondents (2%) identified the service from their pharmacy as poor)
- 51% have visited a pharmacy once a month or more for themselves in the past six months
- 29% have used an internet pharmacy instead of visiting a pharmacy in the past 6 months

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'very important'
Convenience	70%
Quality of service	73%
Availability of medication	70%

5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy is by walking, with 85% using this method. The next most common method is by car 8% (5% used public transport).

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
97%	90%

- 98% report no difficulty in travelling to a pharmacy
- The 2% who report difficulty in travelling to a pharmacy was due to accessibility

5.5 Preference for when to visit a pharmacy

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy. Of note: 93% of respondents suggest that the pharmacy is open on the most convenient day and 88% state it is open at the most convenient time.

5.6 Service provision from community pharmacies

There was generally an awareness of Essential Services provided from community pharmacy (over 70%) with the exception of the Discharge Medicines Service (31%) and disposal of unwanted medicines (69%). However due to DMS being a service provided to patients discharged from hospital, you would not expect a high percentage to be aware due to the lack of need or perceived need.

Table 14 shows the awareness of respondents for each service and a second column that identifies the percentage that would wish to see the service provided.

Table 14: Public questionnaire responses about services

Service	% Of respondents who were aware	% Of respondents who would wish to see provided
DMS	31%	75%
CPCS	39%	84%
Flu vaccination	86%	80%
NMS	51%	68%
Stop smoking/nicotine replacement therapy	77%	58%
Supervised consumption	30%	42%
Sexual health services	52%	61%
Immediate access to specialist drugs	20%	72%
Needle exchange	29%	45%
Hepatitis testing	12%	43%
COVID-19 vaccination	63%	76%

It can be seen that there is a lack of awareness of some of the services that are currently provided but also a wish to see the provision of these services from community pharmacy.

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

Table 15 provides the demographic analysis of respondents.

Table 15a: Demographic analysis of community pharmacy user questionnaire respondents
- Sex

Sex	Male	Female
Percentage	35%	65%

Table 15b: Demographic analysis of community pharmacy user questionnaire respondents
- Age

Age Range	Under 16	16–17	18–24	25–34	35–44	45–54	55–64	65–84	85+
Percentage	0%	0%	1%	7%	18%	22%	20%	30%	0%

Table 15c: Demographic analysis of community pharmacy user questionnaire respondents
– Illness or disability

Illness or disability?	Yes	No
Percentage	6%	94%

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

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

The following priorities can be supported by the provision of pharmaceutical services within the City of London HWB area.

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

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

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

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

It should also be recognised that there was a significant increase in the demand for self care, minor ailment treatment and advice during the pandemic. An audit conducted by the PSNC enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.⁵²

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

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

6.1.1 City of London health needs

The City of London consistently ranks as one of the least deprived local authorities in England. According to the 2019 IMD, the City of London ranked 208 out of 317 local authorities in the country on the 'average rank' measure (1st being most deprived and 317th being least deprived). None of the City's LSOAs falls into the most deprived quintile.

⁵² <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

Portoken, on the east side of the square mile, is the most deprived area within the City of London.

Causes of ill health in the City of London are discussed in detail in Section 2.7 of this document. Some of the key areas are as follows:

- Life expectancy in the City of London is higher than in England for both males and females: 88.8 vs 79.5 for males and 90.7 vs 83.1 for females, respectively
 - Mortality rates recorded in the City of London are consistently lower than both London and England because of the City's unique population structure.
- Compared with the England average, the City of London performs well in terms of the proportion of adults who are physically active – 73%, compared with 66% nationally and in London
 - An estimated 45% of adult City of London residents (18+) are classified as overweight or obese
- The overall smoking prevalence in the City of London is similar to the national and London averages, although it is known that smoking levels are higher in Portoken ward than in the rest of the City
- Cancer caused the highest number of deaths followed by Cardiovascular Disease and dementia and Alzheimer's⁵³
 - Cancer rates are similar to the England average
- There are lower rates of diabetes in the City of London than the England average
- The level of respiratory conditions – COPD and 'Active Asthma' are reported together as 4.7%: it is difficult to assess compared with England averages (COPD 1.9% and severe asthma approximately 4.5% nationally)
- The City of London has recorded a significantly higher rate of newly diagnosed Sexually Transmitted Infections (STIs) (excluding chlamydia and populations aged under 25) than London and England.
 - The City of London recorded a 26.7% increase in newly diagnosed STIs compared with an increase in national rates of 6.3% between 2012 and 2019
 - High rates of diagnoses in the City of London may partly be explained by workers in the City of London accessing sexual health services using their work postcode, which may inflate rates
- The prevalence rate of diagnosed HIV in residents aged 15–59 is higher in the City of London than elsewhere locally (13.6 per 1,000 compared with a London average of 4.7).
 - HIV testing coverage of 61% in comparison with a national average of 55%

⁵³ NHS Digital. Primary Care Mortality Database. [Accessed 10 February 2022.] <https://digital.nhs.uk/services/primary-care-mortality-database>

6.1.2 City of London Joint Health and Wellbeing Strategy

This is discussed in detail in Section 2. The following summarises the key priorities:

The JHWS identifies five key priorities:

- Good mental health for all
- A healthy urban environment
- Effective health and social care integration
- All children have the best start in life
- Promoting healthy behaviours

6.1.3 Priorities from the NHS Long Term Plan (LTP)

Table 16: LTP priorities that can be supported from community pharmacy

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

From 2019, NHS 111 started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. The Community Pharmacist Consultation Service (CPCS) has been available since 29 October 2019, as an Advanced Service.

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

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

that provides support for people with long-term conditions newly prescribed a medicine, to help improve medicines adherence.

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

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

6.2 Essential Services (ES)

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

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

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

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

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

ES4 provides the ability to:

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

Community pharmacy also plays a vital role in the management of minor ailments and self-care. Community pharmacists are potentially the most accessed healthcare professionals in any health economy and are an important resource in supporting people in managing their own self-care and directing people to the most appropriate points of care for their symptoms.

Although the evidence base is currently very small in measuring the effectiveness and value of community pharmacies' contribution to urgent care, emergency care and unplanned care, there is a growing recognition of the importance of this role. The coronavirus pandemic has highlighted this even further and there appears to be a desire and appetite to do more to integrate the system and pharmacy workforce spanning across community pharmacy, primary and secondary care, to improve the health outcomes and reduce inequalities.

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

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

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

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

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

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

Both Essential and Advanced Services provide an opportunity to identify issues with side effects or changes in dosage, confirmation that the patient understands the role of the

medicine or appliance in their care, and opportunities for medicine optimisation. Appropriate referrals can be made to GPs or other care settings, resulting in patients receiving a better outcome from their medicines and, in some cases, cost saving for the commissioner.

6.3 Advanced Services

There are several Advanced Services within the NHS Community Pharmacy Contractual Framework (CPCF). Community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.

The Advanced Services are listed below and the number of pharmacy participants for each service in City of London can be seen in Section 3.1.4. A description of each service is found below.

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

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

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

A.1 Appliance Use Review

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

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

A.2 Stoma Appliance Customisation (SAC)

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

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

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

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

From 24 February 2022, the government eased Covid-19 restrictions. Therefore, the pandemic delivery was decommissioned on 6 March 2022. From 1 April, the Government no longer provides free universal symptomatic and asymptomatic testing for the general public in England.⁵⁴

A.5 Community Pharmacist Consultation Service (CPCS)

Since 1 November 2020, general practices have been able to refer patients for a minor illness consultation via CPCS, once a local referral pathway has been agreed. As well as referrals from general practices, the service takes referrals to community pharmacy from NHS 111 (and NHS 111 online for requests for urgent supply), Integrated Urgent Care Clinical Assessment Services and, in some cases, patients referred via the 999 service.

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

A.6 Flu vaccination

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

⁵⁴ [COVID-19 Response: Living with COVID-19 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/covid-19-response)

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

A.7 Hepatitis C testing service

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

A.8 Hypertension case-finding service

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

A.9 New Medicine Service

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

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

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

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

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

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.⁵⁵

A.10 Smoking cessation

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

6.4 Enhanced Services

6.4.1 COVID-19 vaccination

This has been added into the Enhanced Services provided from community pharmacies and commissioned by NHSE&I. On 21 January 2022 it was the one-year anniversary of providing C-19 vaccinations in City of London from community pharmacies.

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

6.4.2 London Vaccination Service

This service is provided in addition to the National Advanced Flu Vaccination Service and includes a top-up element to cover additional groups of patients, e.g. carers, asylum seekers and the homeless.

There is also provision for pneumococcal vaccination to eligible cohorts.

6.5 Locally Commissioned Services (LCS)

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

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

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

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

⁵⁵ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

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

6.5.1 Palliative care medicines supply service

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

The priorities for EoLC in City and Hackney, set by the City and Hackney End of Life Care Board are:

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

The service specification forms the basis of the network of community pharmacists (Pharmacy Services Partnership Ltd) to provide a pharmaceutical care service (both in and out of normal hours) to palliative care patients in City and Hackney with the aim: 'To provide better, more timely access to end of life care medicines required for patients in City and Hackney (such that patients can receive a continuous supply of medications and devices for drug delivery; both in hours and out of hours), in order to improve their quality of life.'

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

6.5.2 Minor Ailments

This service has been commissioned after NHS England decommissioned the Pharmacy First minor ailments service that was in place in City and Hackney from 2004 until 31 March 2020.

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

The objectives are:

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

- To promote the principle that community pharmacies are the first port of call for minor ailments – to increase the supply of information to patients with minor ailments

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

6.5.3 Sexual Health Services

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

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

The City of London commissions community pharmacies to provide service for sexual health, and to contribute to an improvement in the sexual and reproductive health and wellbeing of people in Hackney with a particular emphasis on young people.

One pharmacy in the City provides free EHC, chlamydia screening and treatment or condom distribution.

6.5.3.1 Emergency Hormonal Contraception

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

One pharmacy in the City provides free EHC under the Local Authority (LA) contract (though others may offer it as a paid-for service). Individuals who work in the local area but reside elsewhere cannot access the LA-commissioned EHC service (free) and will need to pay for their EHC.

6.5.3.2 Chlamydia screening and treatment

The National Chlamydia Screening Programme (NCSP) specifically targets 15–24-year-olds.

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

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

6.5.3.3 Free condom distribution

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

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

6.5.4 Healthy Start vitamins

The service 'A Healthy Start for All in City and Hackney' aims to reach all universal families residing in City of London and Hackney or who are registered with a GP in City of London and Hackney, to dispense Healthy Start vitamin drops to children aged from birth to their fourth birthday and Healthy Start vitamin tablets to women who are pregnant or have a child aged under one year. The service will be provided free to all residents who meet the criteria.

6.5.5 Stop smoking services

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

Estimates suggest that almost one in five (18.4%) City of London residents aged 18+ smoke regularly or occasionally compared with the national average (14.4% in 2019), although it is known that smoking levels are higher in Portsoken ward than in the rest of the City of London.

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

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

- Provide stop smoking advice to individual clients ('stop smoking clinics')
- Supply Champix (under a PGD) and nicotine replacement therapy
- Promote Smokefree City and Hackney

City of London and Hackney have two different aspects to the Stop Smoking SLAs:

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

6.5.6 Supervised consumption, Needle Exchange and Naloxone Supply

The substance misuse provider, Turning Point, provides a range of interventions for City and Hackney residents which includes: testing for blood borne viruses, including a Hepatitis C pathway; HIV testing and a pathway to secondary care; opiate substitution therapy, which includes supervised consumption and GP shared care; provision of buprenorphine and

Buvidal, this being a longer acting form of buprenorphine; needle exchange; pabrinex injections for harmful alcohol use. The clinical team also provides regular medical reviews.

6.6 PNA locality – City of London

There are 14 pharmacies within City of London HWB area. Pharmacy opening times are listed in Appendix A.

As described in Section 1.5, the PNA Steering Group decided that the City of London PNA should be left as one single locality due to the relatively small number of pharmacies.

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

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

Table 17: Opening hours of community pharmacies by locality

Opening times	Number of community pharmacies 14
100-hour pharmacy	1 (7%)
After 18:30 weekdays	12 (86%)
Saturday	5 (36%)
Sunday	3 (21%)

Table 18: Provision of NHSE&I Advanced and Enhanced Services by locality

NHSE Advanced or Enhanced Service	Number of community pharmacies 14
NMS	14 (100%)
CPCS	10 (71%)
Hep C testing	0
Hypertension case-finding	5 (36%)
Flu vaccination	14 (100%)
Smoking Cessation	0
C-19 vaccination*	1 (7%)
London Vaccination Service*	11 (79%)

*Enhanced

Table 19: Provision of Locally Commissioned Services (CCG and LA)

Locally Commissioned Services	Number of Community Pharmacies 14
CCG	
Palliative care supply service	0
Minor ailments	14 (100%)
LA	
Sexual health Chlamydia screening and treatment Free condom distribution EHC	1 (7%)
Healthy Start vitamins	1 (7%)
Stop Smoking	10 (71%)
Supervised Consumption	3 (21%)
Needle Exchange	3 (21%)
Naloxone supply	3 (21%)

Appendix A contains details of pharmacy opening times, contractual status and the provision of Advanced Services, Enhanced Services and LCS. A number of community pharmacies provide free prescription delivery services, which many residents may find helpful.

For the purposes of the PNA, Necessary Services for the City of London are:

All **Essential** Services

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

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

The City of London HWB has identified **Enhanced** Services as pharmaceutical services that secure improvements or better access, or that have contributed towards meeting the need for pharmaceutical services in the HWB area.

Enhanced Services in City of London

- Covid vaccination from NHSE data

- Flu vaccine – provided by London Flu Vaccination Service

The City of London HWB has identified **Locally Commissioned** Services that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in the area of HWB.

- Sexual Health services
 - Emergency Hormonal Contraception (EHC) service
 - Chlamydia screening and treatment
 - Free condom distribution
- COVID-19 testing
- Healthy vitamins
- Support to stop smoking services (supply only or advice and supply)

6.6.1 Necessary Services: current provision

The City of London's total population is predicted to grow 3.2% in the next ten years, changing from 10,238 in 2021 to 10,561 in 2031.

The City of London consistently ranks among the least deprived local authorities in England. According to the 2019 IMD, the City of London ranked 208 out of 317 local authorities in the country on the 'average rank' measure (1st being most deprived and 317th being least deprived). None of the City's LSOAs falls into the most deprived quintile. Portsoken, on the east side of the square mile, is the most deprived area within the City of London.

There are 14 community pharmacies in the City (down from 16 in 2018) and the estimated average number of community pharmacies per 100,000 resident population is 137 (212 in 2018), which is significantly higher than the England average of 20.5. The reduction in community pharmacies per 100,000 population is due to the reduction in pharmacy numbers and an increase in population (7,553 in 2018).

However, when we consider the pre-pandemic working-day population, estimated to be 542,000, then the average number of pharmacies per 100,000 population reduces to 2.6 (which has decreased from 4.4 per 100,000 in the 2018 PNA). This working-day population is likely to be outdated due to the pandemic however working patterns appear to be changing. There is a return to the workplace with various models of hybrid and flexible working in place and a large proportion of people travelling to the City of London for work Tuesdays, Wednesdays, and Thursdays.

The variation between the resident population and the working-day population (50-fold difference) does complicate any assessment regarding service delivery.

Of the 14 community pharmacies:

- 12 pharmacies (86%) are open after 6.30 pm on weekdays
- 5 pharmacies (36%) are open on Saturdays
- 3 pharmacies (21%) are open on Sundays
- 13 hold a standard 40-core hour contract, while one holds a 100-core hour contract
- There are 13 pharmacies that are the same multiple and one independent

There are also a number of accessible providers open in neighbouring localities and HWB areas.

6.6.2 Necessary Services: gaps in provision

The following have been considered when assessing the provision of Necessary Services in City of London and each of the five localities:

- The health needs of the population of City of London from the JSNA, JHWS and nationally from the NHS LTP
- IMD and deprivation ranges compared with the relative location of pharmacy premises
- Population changes and housing developments (Section 2)
- Section 3.1.3 discusses access to community pharmacies including:
 - Walking: 100% of the population can walk to a pharmacy within 10 minutes
 - Public transport: large majority of the population can access a pharmacy via public transport within 15 minutes
 - Driving: large majority of the population can access a pharmacy within 10 minutes by car
- The location of pharmacies the City of London (Section 3, Figure 6)
- The number, distribution and opening times of pharmacies across the City of London (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix H)
- Results of the contractor questionnaire (Appendix I)

There is expected to be a growth in population of 3.2% over the next ten-year period (323 persons), however additional housing units will increase by 694 from 2021-22 to 2025-26. This includes an estimate of 260 from new student housing. There is also the potential for a further 644 student rooms to come onstream in 2024-25, subject to planning approval.

There is a 'hidden' population in the City made up of workers who often clean and service office space into the late evening and overnight. This can make it difficult to access healthcare services that are not open late at night, or in the early hours, for example. Given that this group of workforce tends to experience poorer health outcomes and higher health inequalities compared with desk-based workers, ensuring that there is access through provision of 100-hour pharmacies and pharmacies open at weekends and Bank Holidays, can help to address some of the barriers to access. There is a 100-hour pharmacy located nearby between Moorgate and Liverpool Street (Octagon Arcade), which is open until 11pm on weekdays and all day until 8pm on both Saturday and Sunday.

The City of London is densely populated with 11,371 people per square kilometre, with a variation from 1,021 in the rest of the City to 32,149 people per km² in Cripplegate, north. There are two pharmacies within Cripplegate, north, and a further two in close proximity.

The public questionnaire did not record any specific themes relating to pharmacy opening times (Section 5). Although there were a relatively small number of responses (108), this and other information on current provision allows us to conclude, therefore, that there is no

significant information to indicate that there is a gap in the current provision of pharmacy opening times.

The same conclusion is reached in considering whether there is any future specified circumstance that would result in creating a gap in pharmaceutical provision at certain times based upon the current information and evidence available.

It is anticipated that, in all cases, pharmaceutical service providers will make reasonable adjustments under the Equality Act 2010 to ensure services are accessible to all populations. The PNA was not provided with any evidence to identify a gap in service provision for any specific population.

There are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday.

Generally, there is good pharmaceutical service provision across the City with a high ratio of community pharmacies per unit of resident population. The impact of the workday population on the provision of Necessary Services has changed during the C-19 pandemic, with fewer commuters in the City. It is unclear if these numbers will revert to 'normal' levels during the lifetime of the PNA.

No gaps in the provision of Necessary Services have been identified for City of London.

6.6.3 Other relevant services: current provision

Table 18 shows the pharmacies providing Advanced and Enhanced Services in the City of London.

Regarding Advanced Services that are considered relevant, there are the following numbers of providers:

- CPCS – 10 (71%)
- NMS – 12 (86%)
- Flu vaccination 11 (79%)
- Appliance Use Review – none
- Stoma Appliance Customisation – none
- Hepatitis C testing service – no data
- Hypertension case-finding service – 5 pharmacies
- Smoking Cessation Advanced Service – no providers

6.6.4 Improvements and better access: gaps in provision

The Steering Group considers it is those services provided in addition to those considered necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes

Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5.

The PNA recognises that any addition of pharmaceutical services by location, provider, hours or services should be considered, however, a principle of proportionate consideration should apply.

Regarding access to **Enhanced Services**:

- 11 pharmacies (79%) provide the London Vaccination Service
- 1 (7%) pharmacy provides the C-19 vaccination service
- There are currently no pharmacies commissioned to open on Easter or Christmas day Bank Holidays, but these services are available in neighbouring HWBs e.g. Hackney.

Regarding access to **Locally Commissioned Services** within the 14 pharmacies:

- No pharmacies provide the access to palliative medicines service commissioned via the CCG, but there are several providers in neighbouring Hackney
- All 14 pharmacies provide minor ailments services
- 1 pharmacy (7%) provides both the sexual health
- 1 pharmacy (7%) provides Healthy Vitamins service commissioned via Public Health
- 10 pharmacies (71%) provide the Stop Smoking service. This service has been delivered in limited numbers as a consequence of the focus being on pandemic service delivery
- 3 pharmacies (21%) provide supervised consumption, needle exchange and naloxone supply.

The City of London is a relatively healthy area regarding the resident population, with life expectancy being higher than the England average for both males and females. In addition, mortality among residents under 75 years old is significantly lower than the regional and national averages. Most major areas of ill-health in the resident population are at similar or lower levels than the national average (e.g. cancer, diabetes, respiratory disease). Smoking prevalence is slightly higher than the national average and there are a majority of pharmacies providing a stop smoking service (although delivery has been impacted by the pandemic). As some of the pandemic services are stopping there may be an opportunity to reinvigorate the stop smoking services.

The significant variations in health are in the significantly higher rate of newly diagnosed Sexually Transmitted Infections (STIs) (excluding chlamydia and populations aged under 25) than London and England, with an increase of 26.7% (6.3% nationally) between 2012 and 2019. The prevalence rate of diagnosed HIV in residents aged 15–59 is also higher in the City of London than elsewhere locally (13.6 per 1,000, compared with a London average of 4.7). The level of respiratory conditions – COPD and ‘Active Asthma’ – are reported together as 4.7%.

Should these high rates of STIs be a priority target area for commissioners, they may want to consider the current provision and uptake of services from community pharmacies. There is currently one pharmacy within the City of London providing sexual health services as a locally commissioned service, although these services are available from other providers (e.g. sexual health clinics and GPs).

There are not any pharmacies in the City providing the Advanced Hepatitis C testing service, which may be of benefit based on the rates of STIs described above. The service is focused on provision of Point of Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate. The steering group would wish to see a greater uptake in the provision of this Advanced service based on the established health need.

The results of the commissioner questionnaire can be seen in Appendix J: there were two responses. There were some services identified as 'would consider commissioning' from community pharmacies, including HIV screening (and PrEP – Pre-exposure Prophylaxis), diabetes (type II), asthma and COPD.

While the uptake of existing services (e.g. NMS, CPCS) has been difficult to assess completely, methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the pandemic impact. The public questionnaire does indicate a lack of awareness of some of these services from community pharmacies. The GPCPCS is relatively new and therefore monitoring of the impact during the timespan of the PNA would be beneficial. Targeted campaigns of the NMS in disease specific areas that are priorities for the City (e.g. diabetes, respiratory) could help promote these services more generally.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Delivery of the recently implemented Advanced Services – Smoking Cessation and hypertension case-finding – would seem appropriate. Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across the City. This will mean that more eligible patients are able to access and benefit from these services.

Between 55 and 77% of the 11 contractors in City of London who responded to the questionnaire indicated that they would be willing to provide disease-specific services if commissioned (varied by disease).

Based upon the results of the public and pharmacy contractor questionnaires, provision of 100-hour pharmacies in City of London and access to pharmacies across City of London or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Necessary Services outside normal hours.

City Corporation will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes (e.g. housing developments, returning working-day

population) on the City of London in the future, which may provide evidence that a need exists.

The impact of the COVID-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA:

- New Advanced Services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery, e.g. lateral flow test distribution and COVID-19 vaccination
- Managing significantly increased demand for existing services, e.g. repeat dispensing.

The successful implementation of new Advanced and Enhanced Services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacies or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of City of London, this has been included within the document. Appendix O discusses some possible services that could fulfil these criteria.

While no gaps in pharmaceutical service provision have been identified, the Steering Group recognise that the burden of health needs in City of London will increase as the population grows and ages and would welcome proactive proposals from commissioners, including NHSE&I and all CCGs to commission pharmacy services that meet local needs but are beyond the scope of the PNA.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Advanced Services across the City of London.

Section 7: Conclusions

The HWB provides the following conclusions and recommendations on the basis that funding is at least maintained at current levels and or reflects future population changes.

The PNA is required to clearly state what is considered to constitute Necessary Services as required by paragraphs 1 and 3 of Schedule 1 to the Pharmaceutical Regulations 2013.

For the purposes of this PNA, Necessary Services for City of London HWB are defined as Essential Services.

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

For the purpose of this PNA, Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or which have contributed towards meeting the need for pharmaceutical services in City of London HWB area.

Locally Commissioned Services are those that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in City of London HWB area, and are commissioned by the CCG or LA, rather than NHSE&I.

7.1 Current Provision of Necessary Services

Necessary Services – gaps in provision

Necessary Services are Essential Services, which are described in Sections 6.2 and 6.3. Details of Necessary Service provision in the City of London are provided in Section 6.6.

In reference to Section 6, and required by paragraph 2 of schedule 1 to the Pharmaceutical Regulations 2013:

7.1.1 Necessary Services – normal working hours

There is no current gap in the provision of Necessary Services during normal working hours across the City of London to meet the needs of the population.

7.1.2 Necessary Services – outside normal working hours

There are no current gaps in the provision of Necessary Services outside normal working hours across the City of London to meet the needs of the population.

7.2 Future provision of Necessary Services

No gaps have been identified in the need for pharmaceutical services in specified future circumstances across the City of London.

7.3 Improvements and better access – gaps in provision

Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Enhanced Services are defined as pharmaceutical services that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in the City of London HWB area.

Locally Commissioned Services are those that secure improvements or better access to or that have contributed towards meeting the need for pharmaceutical services in City of London HWB area, and are commissioned by the CCG or Local Authority rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of the services are outlined in Section 6.3.

Section 6.6.4 discusses improvements and better access to services in relation to the health needs of the City of London.

Appendix O discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of the City of London.

There are no gaps in the provision of Advanced Services at present or in the future that would secure improvements or better access to Advanced Services across the City of London.

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 6.4.

Section 6.6.4 discusses Improvements and better access to services in relation to the health needs of the City of London.

The London Vaccination Service and C-19 vaccination service are the Enhanced Services provided in the City of London with 79% of pharmacies providing the London Vaccination Service.

No gaps have been identified that if provided either now or in the future would secure improvements or better access to Enhanced Services across the City of London.

7.3.3 Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the Steering Group is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through the Local Authority; these services are described in Section 6.5.

Section 6.6.4 discusses improvements and better access to LCS in relation to the health needs of the City of London.

Appendix O discusses the opportunities that may be available for expansion of existing services or delivery of new services from community pharmacies that may have benefit to the population of City of London.

Based on current information the Steering Group has not considered that any of these LCS should be decommissioned, or that any of these services should be expanded.

A full analysis has not been conducted on which LCS might be of benefit, as this is out of the scope of the PNA.

Based on current information, no current gaps have been identified in respect of securing improvements or better access to Locally Commissioned Services, either now or in specific future circumstances across City of London to meet the needs of the population.

Appendix A: List of pharmaceutical service providers in City of London HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced								NHSE&I Enhanced		CCG	LA										
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination		Bank Holiday	Minor ailments	Palliative care	Chlamydia	Condom distribution	EHC	Healthy Start Vitamins	Stop smoking	Naxosone	Supervise consumption	Needle exchange
Chauhan S Chemist	FD099	Community	36 Goswell Road, London	EC1M 7AA	09:00-17:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y	Y	Y	Y	Y	Y	-	-	-
Boots	FDC23	Community	80 Cannon Street, London	EC4N 6AE	07:00-19:30	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	Y	Y	Y	Y
Boots	FF501	Community	138 Fenchurch Street, London	EC3M 6BL	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	
Boots	FFJ28	Community	54 King William Street, London	EC4R 9AA	08:00-19:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	
Boots	FGC54	Community	200 Bishopsgate, London	EC2M 4NR	08:00-20:00	08:00-20:00	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	
Boots	FGG53	Community	11 Octagon Arcade, Liverpool Street Station, Broadgate, London	EC2M 2AB	07:00-23:00	08:00-20:00	09:00-19:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Boots	FGQ44	Community	60 Gracechurch Street, London	EC3V 0HR	08:00-19:30	11:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	Y	-	-	-	
Boots	FBK56	Community	120 Fleet Street, London	EC4A 2BE	07:30-19:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	Y	-	-	-	-	-	Y	Y	Y	Y	
Boots	FHN79	Community	Unit 21, One New Change Shopping Centre, London	EC4M 9AG	07:30-19:30	07:30-19:30	12:00-18:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Boots	FTH22	Community	88 Aldgate High Street, London	EC3N 1LH	07:30-19:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	
Boots	FTP53	Community	104 Cheapside, London	EC2V 6DN	07:30-19:30	10:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	
Boots	FVC98	Community	143-171 Moorgate, London	EC2M 6XQ	07:30-19:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	
Boots	FVK70	Community	100 New Bridge Street, London	EC4V 6JJ	07:30-20:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	-	-	-	-	
Boots	FXD18	Community	Unit 9 King Edward Court, Paternoster Square, Newgate Street, London	EC4M 7DX	08:00-19:00	Closed	Closed	-	-	Y	-	-	-	-	Y	-	-	-	Y	-	Y	-	-	-	-	-	Y	-	-	-	

Appendix B: PNA Steering Group terms of reference

Purpose

Ensure the development of 2022 City of London Pharmaceutical Needs Assessment (PNA) so that City of London Health and Wellbeing Board (HWB) meets its statutory responsibility for publishing its PNA in line with the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations.

Objectives

- To oversee the development of the PNA in accordance with, and ensure the City of London PNA complies with, the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.
- Ensure the PNA takes into account the local demography within the City of London and ascertains whether there is sufficient choice and accessibility (e.g. physical access, language, etc.) with regard to obtaining pharmaceutical services.
- Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy, the CCG's Commissioning Strategy Plans and other relevant strategies.
- Ensure the consultation on the PNA meets the requirements of Regulation 8 of the Pharmaceutical Regulations 2013. In particular, ensure that both patients and the public are involved in the development of the PNA.
- Ensure all appropriate stakeholders in City of London are aware, engaged and involved in the development of the PNA.
- Present the PNA's first and final draft to the HWB.
- Publish the PNA on the City Corporation's websites by October 2022.
- Develop a community pharmacy vision that is integrated across health and social care spectrum, ensuring direct link to the Health and Wellbeing vision for the area.
- Horizon-scan for future policy direction and identify system decision-makers to transform the vision into a reality for City of London residents.
- Ensure the vision paper has adequate and appropriate patient and public involvement along with the wider community pharmacies operating in City of London.

Governance

- The Health and Social Care Act 2012 transferred the statutory responsibility for PNAs from NHS Primary Care Trusts (PCTs) to HWBs from 1 April 2013, with a requirement to publish a revised assessment at least every three years.
- This Steering Group has been established to oversee the production of the 2022 PNA for the City of London, reporting progress and presenting the final report to the HWB on or before its summer 2022 meeting.
- The HWB will be informed of progress towards the production of the PNA and relevant milestones through the HWB programme manager's quarterly updates.

A summary report will be submitted to update the HWB at suitable stages of the development process.

- If a statement or decision from the HWB is needed in relation to the production of the draft PNA, the chair of the Steering Group is welcome to draft a formal report for consideration.
- The Steering Group will report directly to the directors of Public Health and is accountable to the City of London HWB.

Frequency of meetings

Meetings will be arranged at key stages of the project plan. The Steering Group will meet in summer 2022 to sign off the 2022 PNA for submission to the HWB.

Responsibilities

- Provide a clear and concise PNA process
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs
- To consult with the bodies stated in Regulation 8 of the NHS Regulations 2013:
 - Any Local Pharmaceutical Committee for its area
 - Any Local Medical Committee for its area
 - Any persons on the pharmaceutical lists and any dispensing doctors list for its area
 - Any LPS chemist in its area
 - Any Local Healthwatch organisation for its area
 - Any NHS trust or NHS foundation trust in its area
 - NHS England
 - Any neighbouring HWB
- Ensure that due process is followed
- Report to the HWB on both a draft and final PNA
- Publish a final PNA for the HWB by 1 October 2022

Membership

Job title	Organisation
Public Health Registrar	City and Hackney Public Health Team
Principal Public Health Analyst	City and Hackney Public Health Team
Senior Procurements and Contracts Officer	City and Hackney Public Health Team
Deputy Director of Public Health	City and Hackney Public Health Team
Consultant in Public Health	City and Hackney Public Health Team
Head of Medicines Management	City and Hackney CCG
Chief Executive	City and Hackney LPC
Director	Healthwatch Hackney

Job title	Organisation
Strategic Communications Advisor	London Borough of Hackney Comms
Comms Officer	City of London Comms
Senior Public Health Specialist	City and Hackney
Public Health Intelligence	London Borough of Hackney
Chair	City and Hackney LMC
Assistant Director of Primary Care	City and Hackney LMC
General Manager	City of London Healthwatch
Senior Commissioning Manager Market Entry/Pharmacy	NHSE&I – London Region
Director of Pharmacists Services	Soar Beyond Ltd
Associate Director	Soar Beyond Ltd
Senior Project Executive	Soar Beyond Ltd

Soar Beyond are not to be a core member, although the meeting will be chaired by Soar Beyond. Each core member has one vote. The Consultant in Public Health, City and Hackney Public Health Team, will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with five core members from each representative organisation in attendance, one of which must be an LPC member. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision. To be included in decision-making, members' (or their nominated deputies') attendance is essential.

In attendance at meetings will be representatives of Soar Beyond Ltd, who have been commissioned by the City Corporation to support the development of the PNA. Other additional members may be co-opted if required.

Appendix C: Public questionnaire



Pharmaceutical Needs Assessment 2022 Public Questionnaire City of London Health and Wellbeing Board

Tell us what you think of pharmacy services in the City of London

We want to hear what you think of pharmacy services in the City of London to help us develop services in the future. Everybody's views are important to ensure the pharmacy services in the City of London meet your needs. Your views will help us to develop future pharmacy services and how these are accessed.

The information you give us will enable us to:

- check whether or not our services are equally accessible to everyone who is entitled to them;
- identify and address any barriers to accessing (information about) our services;
- continually improve the services we deliver.

We would be grateful if you would take your time to answer some questions about your own experience and views. It takes between 3 and 20 minutes, depending on your answers.

The information in the questionnaire you provide is confidential. Please see the privacy statement below (on p 2) to understand what happens to your information and answers. Information returned in the 'A bit about you' section will be recorded separately from your questionnaire response.

This questionnaire is available in other formats upon request, if you require an Easy Read copy please contact Public Health Team on 020 8356 7100 (Monday to Friday 9–5 pm)

If you would like to complete this online please follow the link or scan the QR code:

<https://www.surveymonkey.co.uk/r/CityofLondonPNA2022Public>



Closing date for this questionnaire is 17 December 2021

Please return the completed questionnaire to your Pharmacist, Librarian, Vaccination Centre or
send by post to: City and Hackney Pharmaceutical Needs Assessment

Public Health, Hackney Service Centre, 1 Hillman St, London E8 1DY

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: <https://www.cityoflondon.gov.uk/footer/privacy-notice>

1) What could a pharmacy offer to make it your first point of call for your health needs? (Please note this question is mandatory)

2) Do you have a regular or preferred pharmacy that you visit/contact? (Please note this question is mandatory)

☐ Yes – if happy to do so, please provide the name and address if you have it

☐ No, I use different pharmacies

☐ I regularly prefer to use an online pharmacy – if happy to do so, please provide the website

3) How would you rate your overall satisfaction with your regular/preferred pharmacy? (Please note this question is mandatory)

☐ Excellent

☐ Good

☐ Fair

☐ Poor

Why have you given this rating?

4) How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic? (Please note this question is mandatory)

☐ Very easy

☐ Easy

☐ Difficult

☐ Very difficult

Why have you given this rating?

5) On a scale from 1 to 10 how well does your local community pharmacy meet your need for treating a minor illness? (1= Extremely poor, 10= Extremely well) (Please note this question is mandatory)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

6) When considering a choice of pharmacy, please select the importance of each of the following aspects:

	Very important	Important	Neutral	Not important	Completely irrelevant
Quality of service (friendly staff, expertise)					
Other languages spoken					
Convenience (e.g. location, opening times)					
Accessibility (e.g. parking, clear signage, wheelchair access)					
Availability of medication/ services (e.g. stocks, specific services)					
Other, please specify _____					

7) How often have you visited / contacted (spoken to, emailed or visited in person) a pharmacy in the last six months?

For yourself:

- ☐ Once a week or more
- ☐ Once a month
- ☐ Once every few months
- ☐ Once in six months
- ☐ I haven't visited/contacted a pharmacy in the last 6 months

For someone else:

- ☐ Once a week or more
- ☐ Once a month
- ☐ Once every few months
- ☐ Once in six months
- ☐ I haven't visited/contacted a pharmacy in the last 6 months

8) If you have not visited/contacted a pharmacy in the last six months, is there a reason why?

- ☐ I regularly prefer to use an internet/online pharmacy (An internet pharmacy is one which operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home) If happy to do so, please provide the name of the online pharmacy/website _____
- ☐ Other, please specify _____

9) Who would you normally visit/contact a pharmacy for? (Please select all that apply)

- ☐ Yourself ☐ A family member ☐ Neighbour / friend ☐ Someone you are a carer for
- ☐ All of the above

☐ Other, please specify _____

10) If you visit/contact a pharmacy regularly *on behalf of someone else*, please give a reason why? (Please select all that apply)

- ☐ Opening hours of the pharmacy not suitable for the person
- ☐ More convenient
- ☐ Access (for example disability/transport)
- ☐ The person cannot use the delivery service
- ☐ For a child/dependant
- ☐ The person is too unwell
- ☐ The person does not have access to digital or online services
- ☐ All of the above
- ☐ Other, please specify _____

11) How would you usually travel to the pharmacy? (Please select one answer)

- ☐ Car ☐ Taxi ☐ Public transport ☐ Walk ☐ Bicycle ☐ Wheelchair/mobility scooter
- ☐ I don't, someone goes for me.
- ☐ I don't, I use an online pharmacy or delivery service
- ☐ I don't, I utilise a delivery service
- ☐ Other, please specify _____

If you have answered that you don't travel to the pharmacy, please go to question 16.

12) If you travel to the pharmacy, where do you travel from? (Please select all that apply)

- ☐ Home ☐ Work ☐ Other, please specify _____

13) On average, how long would it take you to travel to a pharmacy? (Please select one answer)

- ☐ 0 to 15 minutes ☐ 16 to 30 minutes ☐ Over 30 minutes ☐ Varies

14) Do you have any difficulties when travelling to a pharmacy?

- ☐ Yes ☐ No

If you have answered No, please go to question 16.

15) If you have any difficulties when travelling to a pharmacy, please select one of the following reasons:

- ☐ Location of pharmacy ☐ Parking difficulties ☐ Public transport availability
☐ It's too far away ☐ Access issues ☐ I don't, someone goes on my behalf
☐ Other, please specify _____

16) What is the most convenient day for you to visit/contact a pharmacy? (Please select one answer)

- ☐ Monday to Friday ☐ Saturday ☐ Sunday ☐ Varies ☐ I don't mind

17) Is your preferred pharmacy open on the most convenient day for you?

- ☐ Yes ☐ No

18) When do you prefer to visit/contact a pharmacy? (Please select one answer)

- ☐ Morning (8 am–12 pm) ☐ Lunchtime (12 pm–2 pm) ☐ Afternoon (2 pm–6 pm)
☐ Early evening (6 pm–8 pm) ☐ Late evening (after 8 pm) ☐ Varies
☐ I don't mind/no preference

19) Is your preferred pharmacy open at the most convenient time for you/at your preferred time?

- ☐ Yes ☐ No

20) How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy? (Please select one answer)

- ☐ Varies – when I need it
☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Yearly ☐ Rarely ☐ Never

21) Which of the following [pharmacy services](#) are you aware that a pharmacy may provide? (Please select all that apply – even if you do not use the service)

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat dispensing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home delivery and prescription collection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
New medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge from hospital medicines service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Pharmacist Consultation Service (emergency supply of prescribed medicine or minor illness referral to community pharmacy via NHS 111 or GP practice)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stoma appliance customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stopping smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please specify _____	

22) Which of the following [pharmacy services](#) would you like to see always provided by your pharmacy? (Please select all that apply)

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion

COVID-19 vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New medicine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge from hospital medicines service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (emergency supply of prescribed medicine or minor illness referral to community pharmacy via NHS 111 or GP practice)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma appliance customisation service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Other, please specify _____	

23) Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?

- ☐ Yes ☐ No ☐ I don't know

If you have answered No or I don't know, please go to question 25.

24) If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?

- ☐ Yes ☐ No ☐ I don't know

Any other comments you would like to make about the consultation room?

25) Is your pharmacy able to provide medication on the same day that your prescription is sent to it?

- ☐ Yes
- ☐ No – it normally takes one day
- ☐ No – it normally takes two or three days
- ☐ No – it normally takes more than three days
- ☐ I don't know

26) If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (Please select all that apply)

- ☐ Paper request form to my GP practice
- ☐ Paper request form through my pharmacy
- ☐ Telephone request to my pharmacy
- ☐ By email to my GP practice
- ☐ Online request to my GP practice
- ☐ My pharmacy orders on my behalf without me asking them
- ☐ Electronic Repeat Dispensing (eRD)
- ☐ NHS app
- ☐ Varies
- ☐ Other (Please specify) _____

27) Have you ever used [Electronic Repeat Dispensing](#) (eRD)

- ☐ Yes – Do you have any comments about it?

- ☐ No

☐ I don't know/I have never heard of it

28) Do you have any other comments you would like to make about your pharmacy?

Thank you for completing this questionnaire

For more information about the Pharmaceutical Needs Assessment please visit

www.cityoflondon.gov.uk/pnasurvey

A bit about you

Why do we monitor?

To help us continually improve our services. You can help us find out who we're reaching by providing the following details.

It is your choice whether you answer these questions. Your replies will not be used in a way that identifies you however they will help us to understand how community needs may vary; and helps us make informed decisions on how we develop services and target resources.

29) Age: What is your age group?

- | | | | | |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 16–17 | <input type="checkbox"/> 18–24 | <input type="checkbox"/> 25–34 | <input type="checkbox"/> 35–44 |
| <input type="checkbox"/> 45–54 | <input type="checkbox"/> 55–64 | <input type="checkbox"/> 65–84 | <input type="checkbox"/> 85+ | |

30) Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail disabled or has mental health or substance misuse problems.

Do you regularly provide unpaid support caring for someone?

- ☐ Yes ☐ No

31) Disability: Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Do you consider yourself to be disabled?

- ☐ Yes ☐ No

32) Ethnicity: Are you:

White:

- | | |
|---|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Italian |
| <input type="checkbox"/> English | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> North American |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Other Eastern European |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Other Western European |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Australian/New Zealander | <input type="checkbox"/> Turkish Cypriot |
| <input type="checkbox"/> European Mixed | <input type="checkbox"/> Other White, please describe _____ |

Mixed or multiple background:

- | | |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> Any other mixed background, please describe _____ |
| <input type="checkbox"/> White and Black African | |
| <input type="checkbox"/> White and Asian | |

Asian or Asian British:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan Sinhalese |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Sri Lankan Tamil |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Sri Lankan other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese |

☐ Nepali

Black or Black British:

☐ Black British

☐ Black – Angolan

☐ Black – Caribbean

☐ Black – Congolese

☐ Black – Ghanaian

Other ethnic group:

☐ Arab

☐ Afghan

☐ Egyptian

☐ Filipino

☐ Iranian

☐ Iraqi

☐ Japanese

☐ Korean
(policy team)

☐ Kurdish

☐ Latin/South/Central American

☐ Lebanese

☐ Libyan

☐ Other Asian, please describe _____

☐ Black – Nigerian

☐ Black – Sierra Leonean

☐ Black – Somali

☐ Black – Sudanese

☐ Other Black African, please describe _____

☐ Malay

☐ Moroccan

☐ Polynesian

☐ Thai

☐ Turkish

☐ Vietnamese

☐ Yemeni

☐ Jewish/Charedi Jew (as requested by City of London

☐ Any other ethnic group, please describe _____

☐ Prefer not to say

☐ Information not yet obtained

33) Gender: Are you:

☐ Male

☐ Female

If you prefer to use your own term, please provide this here: _____

34) Gender: Is your gender identity different to the sex you were assumed to be at birth?

☐ Yes, it's different

☐ No, it's the same

35) Religion or belief: Are you or do you have:

☐ Atheist/no religious belief

☐ Buddhist

☐ Charedi

☐ Christian

☐ Hindu

☐ Jewish

☐ Muslim

☐ Secular beliefs

☐ Sikh

☐ Other, please state if you wish: _____

36) Sexual orientation: Are you:

☐ Bisexual

☐ Gay man

☐ Lesbian or Gay woman

☐ Heterosexual

☐ Other, please state if you wish: _____

37) Pregnancy or maternity: Have you been pregnant and/or on maternity leave during the past 2 years?

☐ Yes

☐ No

Appendix D: Pharmacy contractor questionnaire

PNA Pharmacy Contractor Questionnaire 2022

City of London Health and Wellbeing Board

Soar Beyond are supporting the City of London Corporation to produce its 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within the City of London.

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/CityofLondonPNA2022PharmacyContractor>



Please complete this questionnaire by 10 December 2021

Premises and contact details

Contractor code (ODS Code)	
Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)	
Trading name	
Address of contractor pharmacy	
Is this pharmacy one which is entitled to Pharmacy Access Scheme (PhAS) payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly
Is this pharmacy a 100-hour pharmacy?	<input type="checkbox"/> Yes
Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	<input type="checkbox"/> Yes
Is this pharmacy a Distance-Selling Pharmacy (DSP)? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	<input type="checkbox"/> Yes
Pharmacy premises shared NHS mail account	
Pharmacy telephone	
Pharmacy fax (if applicable)	
Pharmacy website address (if applicable)	
May the LPC update its premises and contact details for you with the above information?	<input type="checkbox"/> Yes

Opening hours and related matters**Core hours of opening**

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Total hours of opening

Day	Open from	To	Lunchtime (From – To)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Consultation facilities

There is a consultation room (that is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially) (tick as appropriate)

On Premises	
None, have submitted a request to the NHS England and NHS Improvement (NHSE&I) regional team that the premises are too small for a consultation room	<input type="checkbox"/>
None, the NHSE&I regional team has approved my request that the premises are too small for a consultation room	<input type="checkbox"/>
None (Distance-Selling Pharmacy)	<input type="checkbox"/>
Available (including wheelchair access)	<input type="checkbox"/>
Available (without wheelchair access), or	<input type="checkbox"/>
Planned before 1 April 2023, or	<input type="checkbox"/>
Other (specify)	
Where there is a consultation area, is it a closed room?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

<https://psnc.org.uk/our-news/regs-reminder-14-consultation-rooms-and-remote-consultations/>

During consultations are there hand-washing facilities	In the consultation area	<input type="checkbox"/>
	Close to the consultation area, or	<input type="checkbox"/>
	None	<input type="checkbox"/>
Patients attending for consultations have access to toilet facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken (in addition to English)		
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Services

Does the pharmacy dispense appliances?

Yes – All types	<input type="checkbox"/>
Yes, excluding stoma appliances, or	<input type="checkbox"/>
Yes, excluding incontinence appliances, or	<input type="checkbox"/>
Yes, excluding stoma and incontinence appliances, or	<input type="checkbox"/>
Yes, just dressings, or	<input type="checkbox"/>
Other [identify]	
None	<input type="checkbox"/>

Advanced Services

Does the pharmacy provide the following services?

SERVICE	Yes	Intending to begin within next 12 months	No - not intending to provide
Appliance Use Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-19 LFD distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flu vaccination service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C testing service (until 31 March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension case-finding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Medicine Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pandemic delivery service (Until 31 March 2022)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Appliance Customisation Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following other services does the pharmacy provide, or would be willing to provide?

SERVICE	NHSE&I regional team commissioned	CCG Commissioned	Local Authority Commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-viral Distribution Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive service (not EC) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾					
Disease Specific Medicines Management Service						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHSE&I regional team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

SERVICE	NHSE&I regional team commissioned	CCG Commissioned	Local Authority Commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)						
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently providing an Independent Prescribing Service, what therapeutic areas are covered?						
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	NHSE&I regional team commissioned	CCG Commissioned	Local Authority Commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?						
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction (PGD) Service (name the medicines)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	NHSE&I regional team commissioned	CCG Commissioned	Local Authority Commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccinations⁽¹⁾						
Childhood vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – (please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	NHSE&I regional team commissioned	CCG Commissioned	Local Authority Commissioned	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/> ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (list criteria)	
Delivery of dispensed medicines – Selected areas (list areas)	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is currently being delivered – is this business as usual or have supplementary services such as opening hours flexibility been deployed due to the pandemic?	
Is there anything you would consider providing if commissioned whilst reflecting on the last 18 months?	
What communication methods do you currently use to liaise with general practice and how do you think it could be improved?	

May the LPC update its opening hours and related matters and services details for you with the above information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Details of the person completing this form:

Contact name of person completing questionnaire on behalf of the contractor if questions arise	Contact telephone number

Appendix E: Commissioner questionnaire

PNA Commissioner Questionnaire 2022 **City of London Health and Wellbeing Board**

Soar Beyond are supporting the City of London Corporation to produce its 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all commissioners who are responsible for commissioning services from community pharmacies in the City of London (even if they do not commission services currently).

We would therefore be grateful if you could spend a few minutes to complete the questions below. If you prefer, you may complete the survey online at

<https://www.surveymonkey.co.uk/r/CityofLondonPNA2022Commissioner>



Please complete the questionnaire by Friday 10 December 2021

Community pharmacy services overview

Community Pharmacy Contractual Framework (CPCF)¹

Community pharmacies are contracted and commissioned in England under the national Community Pharmacy Contractual Framework (CPCF). This sets out the services that need to be provided, how quality is assured and other expectations, such as safety. CPCF is made up of three different service types and below are examples of what is already commissioned in community pharmacy:

1. Essential Services – provided by all pharmacy contractors and are commissioned by NHS England:
 - a. Dispensing Medicines and Appliances
 - b. Repeat Dispensing
 - c. Discharge Medicines Service
 - d. Disposal of Unwanted Medicines
 - e. Promotion of Health Lifestyles – Public Health
 - f. Signposting to other healthcare providers
 - g. Clinical Governance
 - h. Support for self-care
2. Advanced Services – provided by all contractors once accreditation requirements have been met and are commissioned by NHS England:
 - a. Appliance Use Reviews (AUR)
 - b. Community Pharmacist Consultation Service (CPCS)
 - c. COVID-19 Lateral Flow Device Distribution Service
 - d. Flu Vaccination Service
 - e. Hepatitis C Testing Service
 - f. Hypertension Case-finding Service
 - g. New Medicines Service (NMS)
 - h. Pandemic Delivery Service – active until 31 March 2022
 - i. Stoma Appliance Customisation
 - j. Smoking Cessation Advanced Service – will be commissioned from January 2022
3. Locally Commissioned Services – services commissioned by Local Authorities, Clinical Commissioning Groups and NHS England in response to the needs of the local populations.

Pharmacy Quality Scheme (PQS)

The Pharmacy Quality Scheme (PQS) forms part of the CPCF. It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that achieve quality criteria in the three domains of healthcare quality: clinical effectiveness, patient safety and patient experience.²

The new PQS for 2021-22 from September 2021 will focus on priorities supporting recovery from COVID-19 and examples of criteria include:³

¹ **PSNC, Pharmaceutical Services Negotiating Committee.** Community Pharmacy Contractual Framework. *PSNC*. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/contract-it/the-pharmacy-contract/>

² **PSNC, Pharmaceutical Services Negotiating Committee.** Pharmacy Quality Scheme. *PSNC*. [Online] [Cited: October 06, 2021.] <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/>

³ **NHSBA, NHS Business Services Authority.** Pharmacy Quality Scheme (PQS) 2021/22. *NHS BSA*. [Online] [Cited: October 06, 2021.] [www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy Quality Scheme Announcement September 2021-2022.pdf](http://www.nhsbsa.nhs.uk/sites/default/files/2021-08/Pharmacy%20Quality%20Scheme%20Announcement%20September%202021-2022.pdf)

- 20 new NMS provisions
- Identifying people who would benefit from weight management advice and onward referral, including to the recently introduced NHS Digital Weight and/or Local Authority-funded tier 2 weight management service
- Checking inhaler technique, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging return of unwanted and used inhalers for disposal to protect the environment

Full details of PQS 2021-22 can be found here:

[Pharmacy Quality Scheme Announcement September 2021-2022.pdf \(nhsbsa.nhs.uk\)](https://www.nhs.uk/medicines/pharmacy-quality-scheme/Pharmacy-Quality-Scheme-Announcement-September-2021-2022.pdf)

Which of the following services do you commission or may be considering commissioning from local community pharmacies?

(A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

SERVICE	Currently commissioning	Would consider commissioning in the future	Not likely to commission in the future
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Influenza Distribution Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacy Care Home Service ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Pharmacist Consultation Service (CPCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension Case-finding Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Medicines Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease-Specific Medicines Management Service:			
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'

² This service provides advice and support to the residents and staff within the care home over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost-effective use, their safe storage, supply and administration, disposal and correct record-keeping.

CHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Supply Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gluten-Free Food Supply Service (i.e. not via FP10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivery Service (not appliances) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Start Vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Prescribing Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning an Independent Prescribing Service, what therapeutic areas are covered?			
Language Access Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Review Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Assessment and Compliance Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor Ailment Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicines Optimisation Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If currently commissioning a Medicines Optimisation Service, which therapeutic areas are covered?			
Needle and Syringe Exchange Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity management (adults and children) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-exposure Prophylaxis (PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not-Dispensed Scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient Group Direction (PGD) Service (name the medicines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service:			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other vaccinations:			
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Prescribing Service (name therapeutic areas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments:

Details of the Person Completing this Questionnaire – if questions arise

Contact name	Job Role	Contact telephone number

Appendix F: PCN questionnaire

PNA Primary Care Network (PCN) Questionnaire 2022 **City of London Health and Wellbeing Board**

What is this questionnaire about?

Soar Beyond are supporting the City of London Corporation to produce its 2022 Pharmaceutical Needs Assessment. Information is being collated on the population and health needs in the City of London. Alongside that, information is being collated on the pharmaceutical services that are currently available. All PCNs will be invited to comment as part of the consultation.

To help us form a clearer picture of the services available to patients living in the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions by **Friday 10 December 2021 at the latest**, so that the information can be incorporated into the needs assessment.

Who should complete the questionnaire?

This questionnaire should be completed by the PCN Clinical Director / Senior Pharmacist. The responses should be about the pharmaceutical services provided by the PCN.

Please note, we are aware that activities and priorities have changed significantly in the last year with the impact of COVID-19, and therefore would like to emphasise there is no right or wrong answer for these questions. The answers will provide a clear understanding of the current provision of pharmaceutical services within your PCN as well as the needs for future developments.

If you do not wish to answer a question for any reason, then leave it blank.

If you would like to complete this online please go to:

<https://www.surveymonkey.co.uk/r/CityofLondonPNA2022PCN>



Please complete the questionnaire by **Friday 10 December 2021**

1) Are you or your PCN Clinical Pharmacists in contact with your local community pharmacies within your PCN? If so, what is the nature of these discussions?

2) Have your PCN employed a PCN Clinical Pharmacist(s)?

☐ Yes ☐ No ☐ I don't know

If you have answered No or Don't know, please go to question 5.

3) If yes to the previous question, how many?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8+

4) How do you see the role of the PCN Clinical Pharmacist(s) working with the community pharmacists within your PCN to provide comprehensive pharmaceutical service provision for all residents?

☐ I don't know

5) Who is leading your pharmacy integration strategy at a local level?

☐ I don't know

6) Do you know who your Community Pharmacy PCN Lead is?

☐ Yes ☐ No

7) Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?

☐ Yes ☐ No ☐ I don't know

8) Is the community pharmacy contract integrated into the way the PCN operates?

☐ Yes ☐ No ☐ I don't know

9) How do you rate the quality of the service in your local pharmaceutical provision in City of London?

☐ Excellent ☐ Very Good ☐ Good ☐ Adequate ☐ Poor ☐ Very Poor ☐ I don't know

Why have you given this rating?

10) Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)

- ☐ Community Pharmacist Consultation Service (CPCS)
- ☐ New Medicines Service (NMS)
- ☐ Flu Vaccination Service
- ☐ Appliance Use Review (AUR)
- ☐ Stoma Appliance Customisation (SAC)
- ☐ Discharge Medicines Service (DMS)
- ☐ Pandemic Delivery Service (commissioned until 31 March 2022)

11) Is the technology suitable to provide effective pharmaceutical services across your PCN? (e.g. Discharge Medicine Service – access and permissions to edit summary care records in community pharmacy)

- ☐ Yes ☐ No ☐ I don't know

12) Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?

Thank you for completing this questionnaire

Appendix G: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning & Governance <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
Stage 2: Research & analysis <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the HWB area Collation of information regarding housing and new care home developments Equalities Impact Assessment Electronic, distribution and collation Analysis of questionnaire responses Steering Group Meeting Two Draft Update for HWB 													
Stage 3: PNA development <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for Consultation Steering Group Meeting Three 													

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<ul style="list-style-type: none"> Draft update for HWB 													
Stage 4: Consultation and final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of Consultation responses Production of Consultation findings report Draft Final PNA for approval Steering Group Meeting Four Minutes to meetings Edit and finalise Final PNA 2022 Draft update for HWB 													

Appendix H: Results of the public questionnaire

Total responses received for the public questionnaire:¹ 108

1 - What could a pharmacy offer to make it your first point of call for your health needs?

Comments:

Medical advice	22	Access via phone for advice	2
Consultation room/private area	12	Link with GP practice	2
Extended opening hours and weekends	9	Online prescription	1
Health checks	8	Able to prescribe medicines	1
Speed of service and available stock	7	Nursing services	1
Proximity to home	6	Minor Ailment Service	1
Communication – when prescription is ready/services offered	6	Accessibility	1
COVID tests/vaccinations	5	Better trained staff	1
Consultation service (bookable)	4	Telephone consultations	1
On-site doctor	2	Services: sexual health screening/vaccinations etc	1
Able to prescribe medicines	2		

Responses: 108, Skipped: 0

2 - Do you have a regular or preferred pharmacy that you visit / contact?	%	Responses
Yes	68%	73
No	31%	33
I regularly prefer to use an online pharmacy	2%	2

Responses: 108, Skipped: 0

Comments:

Provided name and address of pharmacy	75
Provided name and website of online pharmacy	0

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

3 - How would you rate your overall satisfaction with your regular/preferred pharmacy?	%	Responses
Excellent	39%	42
Good	48%	52
Fair	11%	12
Poor	2%	2

Responses: 108, Skipped: 0

Why have you given this rating?

Good/professional/efficient/ personal service	28	Ordering repeat prescriptions-mistakes; lack of communication with GP	3
Customer-focused/friendly staff	12	Unfriendly staff	2
Availability of medication	5	Good location/proximity	2
Well stocked	5	Notification on NHS app to advise when prescriptions/ services are available	2
Open longer hours (including weekends)	5	Medication not ready when promised. Deliveries missing	1
Vaccination service	4	No privacy	1
Unavoidable queues	3	Good location	1

4 - How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic?	%	Responses
Very easy	37%	40
Easy	53%	57
Difficult	8%	9
Very difficult	2%	2

Responses: 108, Skipped: 0

Why have you given this rating?

Easy to contact in person/ telephone	22	Communication between GP and pharmacy poor	1
---	----	---	---

Good customer service	6	Pharmacy limited opening hours	1
No issues	5	Efficient service	1
Unfriendly staff	3	Opening hours	1
More accessible than GP	2	Peak/busy times	1
High staff turnover	2	Professional/knowledgeable staff	1

5 - On a scale from 1 to 10 (1=poorly, 10=very well) how well does your local community pharmacy meet your need for treating a minor illness?	%	Responses
1	1%	1
2	2%	2
3	3%	3
4	0%	0
5	10%	11
6	9%	10
7	13%	14
8	25%	27
9	18%	19
10	19%	21

Responses: 108, Skipped: 0

6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:	%	Responses
Quality of service (friendly staff, expertise)		
Very important	73%	74
Important	23%	23
Neutral	4%	4
Not important	0%	0
Completely irrelevant	0%	0
Other languages spoken		
Very important	1%	1
Important	9%	9
Neutral	37%	36
Not important	25%	24

6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:	%	Responses
Completely irrelevant	28%	27
Convenience (e.g. location, opening times)		
Very important	70%	71
Important	27%	28
Neutral	2%	2
Not important	0%	0
Completely irrelevant	1%	1
Accessibility (e.g. parking, clear signage, wheelchair access)		
Very important	21%	21
Important	16%	16
Neutral	28%	28
Not important	22%	22
Completely irrelevant	13%	13
Availability of medication/services (e.g. stocks, specific services)		
Very important	70%	70
Important	26%	26
Neutral	4%	4
Not important	0%	0
Completely irrelevant	0%	0
Other		
Very important	38%	12
Important	9%	3
Neutral	38%	12
Not important	3%	1
Completely irrelevant	13%	4

Responses: 102, Skipped: 6

Comments:

Knowledgeable staff	4	Opening hours 7 days/week	1
Good link to GP Surgery	4	Poor customer experience	1
Communication – available services	2		

7a - How often have you visited/contacted a pharmacy in the last six months for yourself?	%	Responses
Once a week or more	7%	7
Once a month	44%	44
Once every few months	33%	33
Once in six months	13%	13
I haven't visited/contacted a pharmacy in the last 6 months	3%	3

Responses: 100, Skipped: 8

7b - How often have you visited/contacted a pharmacy in the last six months for someone else?	%	Responses
Once a week or more	9%	6
Once a month	27%	18
Once every few months	20%	13
Once in six months	17%	11
I haven't visited/contacted a pharmacy in the last 6 months	27%	18

Responses: 66, Skipped: 42

8 - If you have not visited/contacted a pharmacy in the last six months, is there a reason why?	%	Responses
I regularly prefer to use an internet/online pharmacy	29%	2
Other (please specify below)	71%	5

Responses: 101, Skipped: 7

Comments:

I haven't had the need	4
Husband collects on my behalf	1

9 - Who would you normally visit/contact a pharmacy for? (Please select all that apply)	%	Responses
Yourself	95%	95
A family member	43%	43
A neighbour/friend	6%	6
Someone you are a carer for	4%	4
All of the above	2%	2
Other	1%	1

Responses: 100, Skipped: 8

Comments:

First aider in school so regular visit for pupils	1
---	---

10 - If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)	%	Responses
Opening hours not suitable for the person	11%	5
Most convenient	24%	11
Access (e.g. disability/transport)	24%	11
The person cannot use the delivery service	2%	1
For a child/dependant	30%	14
The person is too unwell	24%	11
The person does not have access to digital or online services	4%	2
All of the above	0%	0
Other	20%	9

Responses: 46, Skipped: 62

Comments:

Accessibility – opening hours	3	Collection of prescriptions	1
Housebound/elderly	3		

11 - How would you usually travel to the pharmacy?	%	Responses
Car	8%	8
Taxi	0%	0
Public transport	5%	5
Walk	85%	87
Bicycle	1%	1
Wheelchair/mobility scooter	0%	0
I don't, someone goes for me	0%	0
I don't, I use an online pharmacy or delivery service	0%	0
Other	1%	1

Responses: 102, Skipped: 6

Comments:

Combination as no parking facility	1
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12 - If you travel, where do you travel from?	%	Responses
Home	87%	85
Work	31%	30
Other	2%	2

Responses: 98, Skipped: 10

Comments:

It varies	2
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13 - On average, how long would it take you to travel to a pharmacy?	%	Responses
0 to 15 minutes	90%	91
16 to 30 minutes	7%	7
Over 30 minutes	0%	0
Varies	3%	3

Responses: 101, Skipped: 7

14 - Do you have any difficulties when travelling to a pharmacy?	%	Responses
Yes	2%	2
No	98%	96

Responses: 98, Skipped: 10

15 - If you have any difficulties when travelling to a pharmacy, please select one of the following reasons:	%	Responses
Location of pharmacy	0%	0
Parking difficulties	0%	0
Public transport availability	0%	0
It's too far away	0%	0
Access issues	0%	0
I don't, someone goes on my behalf	0%	0
Other (please specify)	100%	2

Responses: 2, Skipped: 106

Comments:

Accessibility – avoiding step	1	Accessibility – route unavailable before 10 am	1
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16 - What is the most convenient day for you to visit/contact a pharmacy?	%	Responses
Monday to Friday	27%	27
Saturday	10%	10
Sunday	1%	1
Varies	40%	40
I don't mind	23%	23

Responses: 101, Skipped: 7

17 - Is your preferred pharmacy open on the most convenient day for you?	%	Responses
Yes	93%	93
No	7%	7

Responses: 100, Skipped: 8

18 - When do you prefer to visit/contact a pharmacy?	%	Responses
Morning (8 am–12 pm)	18%	18
Lunchtime (12 pm–2 pm)	7%	7
Afternoon (2 pm–6 pm)	8%	8
Early evening (6 pm–8 pm)	14%	14
Late evening (after 8 pm)	2%	2
Varies	29%	29
I don't mind/no preference	23%	23

Responses: 101, Skipped: 7

19 - Is your preferred pharmacy open at the most convenient time for you/at your preferred time?	%	Responses
Yes	88%	89
No	12%	12

Responses: 101, Skipped: 7

20 - How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy)	%	Responses
Varies- when I need it	47%	47
Daily	0%	0
Weekly	1%	1
Fortnightly	4%	4
Monthly	20%	20

20 - How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy)	%	Responses
Yearly	9%	9
Rarely	19%	19
Never	1%	1

Responses: 101, Skipped: 7

21 - Which of the following pharmacy services are you aware that a pharmacy may provide?	%	Responses
Advice from your pharmacist		
Yes	98%	98
No	2%	2
COVID-19 testing		
Yes	72%	64
No	28%	25
COVID-19 vaccination		
Yes	63%	54
No	37%	32
Flu vaccination		
Yes	86%	81
No	14%	13
Buying over-the-counter medicines		
Yes	99%	98
No	1%	1
Dispensing medicines		
Yes	96%	95
No	4%	4
Dispensing appliances		
Yes	59%	48
No	41%	34
Repeat dispensing		
Yes	96%	90
No	4%	4
Home delivery and prescription collection services		

21 - Which of the following pharmacy services are you aware that a pharmacy may provide?	%	Responses
Yes	81%	74
No	19%	17
Medication review		
Yes	33%	26
No	68%	54
New medicine service		
Yes	51%	40
No	49%	38
Discharge from hospital medicines service		
Yes	31%	25
No	69%	55
Emergency supply of prescription medicines		
Yes	64%	55
No	36%	31
Disposal of unwanted medicines		
Yes	69%	59
No	31%	27
Appliance use review		
Yes	18%	14
No	82%	63
New medicine		
Yes	51%	40
No	49%	38
Discharge from hospital medicines services		
Yes	31%	25
No	69%	55
Emergency supply of prescription medicines		
Yes	64%	55
No	36%	31
Disposal of unwanted medicines		
Yes	69%	59

21 - Which of the following pharmacy services are you aware that a pharmacy may provide?	%	Responses
No	31%	27
Community Pharmacist Consultation Service (urgent care referral)		
Yes	39%	30
No	61%	47
Hepatitis testing service		
Yes	12%	9
No	88%	67
Stoma Appliance Customisation (SAC) service		
Yes	5%	4
No	95%	72
Needle exchange		
Yes	29%	23
No	71%	55
Stopping smoking/nicotine replacement therapy		
Yes	77%	64
No	23%	19
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)		
Yes	52%	41
No	48%	38
Immediate access to specialist drugs, e.g. palliative care medicines		
Yes	20%	15
No	80%	61
Supervised consumption of methadone and buprenorphine		
Yes	30%	24
No	70%	55

Responses: 100, Skipped: 8

22 - Would you like to see the following pharmacy services always provided by your pharmacy?	%	Responses
Advice from your pharmacist		
Yes	96%	92
No	0%	0
No opinion	4%	4
COVID-19 testing		
Yes	77%	71
No	5%	5
No opinion	17%	16
COVID-19 vaccination		
Yes	76%	70
No	3%	3
No opinion	21%	19
Flu vaccination		
Yes	80%	74
No	3%	3
No opinion	17%	16
Buying over-the-counter medicines		
Yes	96%	89
No	1%	1
No opinion	3%	3
Dispensing medicines		
Yes	93%	86
No	0%	0
No opinion	7%	6
Dispensing appliances		
Yes	66%	57
No	0%	0
No opinion	34%	29
Repeat dispensing		
Yes	94%	89
No	0%	0
No opinion	6%	6
Home delivery and prescription collection services		
Yes	86%	75

22 - Would you like to see the following pharmacy services always provided by your pharmacy?	%	Responses
No	1%	1
No opinion	13%	11
Medication review		
Yes	64%	53
No	11%	9
No opinion	25%	21
Appliance use review		
Yes	43%	34
No	9%	7
No opinion	49%	39
New medicine		
Yes	68%	60
No	7%	6
No opinion	25%	22
Discharge from hospital medicines service		
Yes	75%	63
No	4%	3
No opinion	21%	18
Emergency supply of prescription medicines		
Yes	91%	81
No	1%	1
No opinion	8%	7
Disposal of unwanted medicines		
Yes	85%	76
No	2%	2
No opinion	12%	11
Community Pharmacist Consultation Service (urgent care referral)		
Yes	84%	73
No	1%	1
No opinion	15%	13
Hepatitis testing service		
Yes	43%	36

22 - Would you like to see the following pharmacy services always provided by your pharmacy?	%	Responses
No	6%	5
No opinion	51%	42
Stoma Appliance Customisation (SAC) service		
Yes	33%	27
No	5%	4
No opinion	63%	52
Needle exchange		
Yes	45%	38
No	6%	5
No opinion	49%	41
Stopping smoking		
Yes	58%	48
No	4%	3
No opinion	39%	32
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)		
Yes	61%	52
No	5%	4
No opinion	34%	29
Immediate access to specialist drugs, e.g. palliative care medicines		
Yes	72%	61
No	2%	2
No opinion	26%	22
Supervised consumption of methadone and buprenorphine		
Yes	42%	35
No	7%	6
No opinion	51%	43

Responses: 97, Skipped: 11

Comments:

Medication ready for hospital discharge	1	More power to prescribe medicines	1
Herbal medicine consultations	1	All of the above	1

23 - Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?	%	Responses
Yes	47%	47
No	14%	14
I don't know	39%	39

Responses: 100, Skipped: 8

24 - If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?	%	Responses
Yes	39%	18
No	9%	4
I don't know	52%	24

Responses: 46, Skipped: 62

Any other comments you would like to make about the consultation room?

Too small for wheelchair	2	It's not always available	1
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25 - Is your pharmacy able to provide medication on the same day that your prescription is sent to it?	%	Responses
Yes	45%	45
No – it normally takes one day	13%	13
No – it normally takes 2-3 days	18%	18
No – it normally takes 3+ days	2%	2
I don't know	22%	22

Responses: 100, Skipped: 8

26 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (please select all that apply)	%	Responses
Paper request to my GP practice	17%	15
Paper request through pharmacy	9%	8

26 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions (please select all that apply)	%	Responses
Telephone request to pharmacy	8%	7
By email to my GP practice	6%	5
Online request to my GP practice	37%	32
My pharmacy orders on my behalf without me asking them	12%	10
Electronic Repeat Dispensing	6%	5
NHS app	16%	14
Varies	7%	6
Other	7%	6

Responses: 86, Skipped: 22

Comments:

Telephone request to GP practice	2	No regular prescriptions	2
In person to my pharmacy	1	Patient access online	1

27 - Have you ever used Electronic Repeat Dispensing (eRD)?	%	Responses
Yes	11%	11
No	42%	41
I don't know/have never heard of it	47%	46

Responses: 98, Skipped: 10

Any comments about eRD:

Convenient	2
Would be good to have this service publicised	2
Chase GP surgery to approve request because the surgery delays the service	1
There are many errors and confusion so cancelled	1

28 - Do you have any other comments you would like to make about your pharmacy?	Responses
Excellent staff and service to the community	9
Very good	5
Small premises	1
It is very busy and the staff sometimes very short of time and overburdened	1

28 - Do you have any other comments you would like to make about your pharmacy?	Responses
Had to change pharmacy during lockdown because mine was closed	1
Staff not so friendly	1
Independent community pharmacy needed in the east side of the City. Only Boots with changing staff which doesn't build personal relationships	1

Responses: 22, Skipped: 86

A bit about you

29 - What is your age group?	%	Responses
Under 16	0%	0
16–17	0%	0
18–24	1%	1
25–34	7%	7
35–44	18%	18
45–54	22%	22
55–64	20%	20
65–84	30%	30
85+	2%	2

Responses: 100, Skipped: 8

30 - Caring responsibilities: Do you regularly provide unpaid support caring for someone?	%	Responses
Yes	23%	23
No	77%	77

Responses: 100, Skipped: 8

31 - Disability: Do you consider yourself to be disabled?	%	Responses
Yes	6%	6
No	94%	93

Responses: 99, Skipped: 9

32 - Ethnicity: Are you:	%	Responses
White – British	52%	52
White – English	15%	15
White – Welsh	2%	2
White – Scottish	2%	2
White – Northern Irish	1%	1
Irish	4%	4
Gypsy or Irish Traveller	0%	0
White – Australian/New Zealander	2%	2
White – European Mixed	1%	1
White – Italian	0%	0
White – Kurdish	0%	0
White – North American	0%	0
White – Other Eastern European	0%	0
White – Other Western European	2%	2
White – Polish	0%	0
White – Turkish	0%	0
White – Turkish Cypriot	0%	0
White – Other	1%	1
White and Black Caribbean	0%	0
White and Black African	0%	0
White and Asian	2%	2
Any other Mixed Background	0%	0
Asian or Asian British – Indian	1%	1
Asian or Asian British – Pakistani	1%	1
Asian or Asian British – Bangladeshi	0%	0
Asian or Asian British – Chinese	1%	1
Asian or Asian British – Nepali	0%	0
Asian or Asian British – Sri Lankan Sinhalese	0%	0
Asian or Asian British – Sri Lankan Tamil	0%	0
Asian or Asian British – Sri Lankan other	0%	0
Asian or Asian British – Vietnamese	0%	0
Other Asian or Asian British	0%	0
Black British	3%	3

32 - Ethnicity: Are you:	%	Responses
Black – Angolan	0%	0
Black – Caribbean	1%	1
Black – Congolese	0%	0
Black – Ghanaian	0%	0
Black – Nigerian	1%	1
Black – Sierra Leonean	0%	0
Black – Somali	0%	0
Black – Sudanese	0%	0
Other Black African	0%	0
Arab	0%	0
Afghan	0%	0
Egyptian	0%	0
Filipino	0%	0
Iranian	0%	0
Iraqi	0%	0
Japanese	0%	0
Korean	0%	0
Kurdish	0%	0
Latin/South/Central American	0%	0
Lebanese	0%	0
Libyan	0%	0
Malay	0%	0
Moroccan	0%	0
Polynesian	0%	0
Thai	0%	0
Turkish	0%	0
Vietnamese	0%	0
Yemeni	0%	0
Jewish/Charedi Jew (as requested by policy team)	2%	2
Any other ethnic group	0%	0
Information not yet obtained	0%	0
Prefer not to say	6%	6

Responses: 100, Skipped: 8

Comments: No comments received.

33 - Gender: Are you:	%	Responses
Female	65%	64
Male	35%	35

Responses: 99, Skipped: 9

34 - Gender: Is your gender identity different to the sex you were assumed to be at birth?	%	Responses
Yes, it's different	4%	4
No, it's the same	96%	94

Responses: 98, Skipped: 10

35 - Religion or belief: Are you or do you have:	%	Responses
Atheist/no religious belief	41%	39
Buddhist	1%	1
Charedi	0%	0
Christian	46%	43
Hindu	1%	1
Jewish	3%	3
Muslim	1%	1
Secular beliefs	1%	1
Sikh	0%	0
Other	5%	5

Responses: 94, Skipped: 14

Comments:

Prefer not to say	2	Agnostic	1
Theist	1		

36 - Sexual orientation: Are you:	%	Responses
Bisexual	5%	5
Gay man	7%	7
Lesbian or Gay woman	2%	2
Heterosexual	84%	81
Other	2%	2

Responses: 97, Skipped: 11

Comments:

Prefer not to say	2
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37 - Pregnancy or maternity: Have you been pregnant and/or on maternity leave during the past 2 years?	%	Responses
Yes	5%	5
No	95%	90

Responses: 95, Skipped: 13

Appendix I: Results of the pharmacy contractor questionnaire

Total responses received:¹ 11

1 - Pharmacy-specific questions: ODS code, trading name, etc	N/A
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Responses: 10, Skipped: 1

2 - Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?	%	Responses
Yes	9%	1
No	36%	4
Possibly	55%	6

Responses: 11, Skipped: 0

3 - Is this pharmacy a 100-hour pharmacy?	%	Responses
Yes	9%	1
No	91%	10

Responses: 11, Skipped: 0

4 - Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)	%	Responses
Yes	0%	0
No	100%	11

Responses: 11, Skipped: 0

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

5 - Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)	%	Responses
Yes	0%	0
No	100%	11

Responses: 11, Skipped: 0

6 - May the LPC update its premises and contact details for you with the above information?	%	Responses
Yes	82%	9
No	18%	2

Responses: 11, Skipped: 0

7–10 - Questions relating to opening hours: core and total hours of opening, including lunchtime closures	N/A
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Responses: 10, Skipped: 1

11 - There is a consultation room (distinct from the public area, clearly designated and confidential) on premises:	%	Responses
None, have submitted a request to NHSE&I that premises are too small	0%	0
None, NHSE&I has approved my request that premises are too small	0%	0
None (Distance-Selling Pharmacy)	0%	0
Available (wheelchair access)	82%	9
Available (no wheelchair access)	18%	2
Planned before 1 April 2023	0%	0
Other (please specify)	0%	0

Responses: 11, Skipped: 0

12 - Where there is a consultation area, is it a closed room?	%	Responses
Yes	100%	11

12 - Where there is a consultation area, is it a closed room?	%	Responses
No	0%	0

Responses: 11, Skipped: 0

13 - During consultations are there hand-washing facilities?	%	Responses
In the consultation area	73%	8
Close to the consultation area	18%	2
None	9%	1

Responses: 11, Skipped: 0

14 - Do patients attending for consultations have access to toilet facilities?	%	Responses
Yes	0%	0
No	100%	11

Responses: 11, Skipped: 0

15 - Languages spoken (in addition to English)	N/A
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Hindi	3	Gujarati	2	Swahili	1
Bangladeshi	1	Mandarin	1	Malaysian	1

Responses: 3, Skipped: 8

16 - Does the pharmacy dispense appliances?	%	Responses
None	10%	1
Yes – All types	70%	7
Yes, excluding stoma appliances	10%	1
Yes, excluding incontinence appliances	0%	0
Yes, excluding stoma and incontinence appliances	0%	0

16 - Does the pharmacy dispense appliances?	%	Responses
Yes, just dressings	10%	1
Other	0%	0

Responses: 10, Skipped: 1

17 - Does the pharmacy provide the following Advanced Services?	%	Responses
Appliance Use Review Service (AUR)		
Yes	0%	0
Intending to begin within 12 months	0%	0
No – not intending to provide	100%	9
Community Pharmacist Consultation Service (CPCS)		
Yes	100%	9
Intending to begin within 12 months	0%	0
No – not intending to provide	0%	0
C-19 Lateral Flow Device (LFD) Distribution		
Yes	100%	9
Intending to begin within 12 months	0%	0
No – not intending to provide	0%	0
Flu Vaccination Service		
Yes	100%	9
Intending to begin within 12 months	0%	0
No – not intending to provide	0%	0
Hepatitis C Testing Service (until 31 March 2022)		
Yes	0%	0
Intending to begin within 12 months	11%	1
No – not intending to provide	89%	8
Hypertension Case-Finding		
Yes	0%	0
Intending to begin within 12 months	56%	5
No– not intending to provide	44%	4
New Medicine Service (NMS)		

17 - Does the pharmacy provide the following Advanced Services?	%	Responses
Yes	100%	10
Intending to begin within 12 months	0%	0
No– not intending to provide	0%	0
Pandemic Delivery Service (until 31 March 2022)		
Yes	38%	3
Intending to begin within 12 months	0%	0
No– not intending to provide	63%	5
Stoma Appliance Customisation (SAC) Service		
Yes	0%	0
Intending to begin within 12 months	0%	0
No– not intending to provide	100%	9

Responses: 10, Skipped: 1

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Anticoagulant Monitoring Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Antiviral Distribution Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Care Home Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with LA)	0%	0
Willing to provide if commissioned	33%	2
Not able or willing to provide	67%	4
Willing to provide privately	0%	0
Chlamydia Testing Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	33%	2
Not able or willing to provide	67%	4
Willing to provide privately	0%	0
Chlamydia Treatment Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
Contraceptive Service (not EC)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	14%	1
Willing to provide privately	14%	1

Responses: 7, Skipped: 4

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Allergies		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
Alzheimer's/dementia		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
Asthma		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
CHD		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
COPD		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
Depression		

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
Diabetes type I		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
Diabetes type II		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
Epilepsy		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
Heart Failure		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)	%	Responses
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
Hypertension		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	75%	6
Not able or willing to provide	25%	2
Willing to provide privately	0%	0
Parkinson's disease		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0
Other		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	50%	3
Not able or willing to provide	50%	3
Willing to provide privately	0%	0

Responses: 8, Skipped: 3

20 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Emergency Contraception Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	14%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	0%	0
Willing to provide privately	29%	2
Emergency Supply Service		
Providing (contract with NHSE&I)	38%	3
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	25%	2
Not able or willing to provide	13%	1
Willing to provide privately	25%	2
Gluten-Free Food Supply Service (i.e. not via FP10)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Home Delivery Service (not appliances)		
Providing (contract with NHSE&I)	14%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Independent Prescribing Service		

20 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	38%	3
Not able or willing to provide	50%	4
Willing to provide privately	13%	1

Responses: 9, Skipped: 2

21 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Language Access Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Medication Review		
Providing (contract with NHSE&I)	14%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	14%	1
Willing to provide privately	14%	1
Medicines Assessment and Compliance Support Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0

21 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Minor Ailment Scheme		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	33%	3
Providing (contract with LA)	22%	2
Willing to provide if commissioned	22%	2
Not able or willing to provide	22%	2
Willing to provide privately	0%	0
Medicines Optimisation Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	13%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	50%	4
Not able or willing to provide	38%	3
Willing to provide privately	0%	0

Responses: 9, Skipped: 2

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Needle and Syringe Exchange Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	25%	2
Willing to provide if commissioned	25%	2
Not able or willing to provide	50%	4
Willing to provide privately	0%	0
Obesity Management (adults and children)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
Not-Dispensed Scheme		
Providing (contract with NHSE&I)	0%	0

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	33%	2
Not able or willing to provide	67%	4
Willing to provide privately	0%	0
On-Demand Availability of Specialist Drugs Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	71%	5
Willing to provide privately	0%	0
Out-of-Hours Services		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	71%	5
Willing to provide privately	0%	0
Patient Group Direction (PGD) Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	14%	1
Willing to provide if commissioned	57%	4
Not able or willing to provide	0%	0
Willing to provide privately	29%	2
Phlebotomy Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	33%	2
Not able or willing to provide	67%	4
Willing to provide privately	0%	0

22 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Prescriber Support Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	71%	5
Willing to provide privately	0%	0
Schools Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	71%	5
Willing to provide privately	0%	0

Responses: 8, Skipped: 3

Please name the medicines for your Patient Group Direction (PGD) Service:

Azithromycin and other antibiotics	1	Champix	1
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23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:	%	Responses
Alcohol		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Cholesterol		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3

23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:	%	Responses
Willing to provide privately	0%	0
Diabetes		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	71%	5
Not able or willing to provide	29%	2
Willing to provide privately	0%	0
Gonorrhoea		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	71%	5
Willing to provide privately	0%	0
H. pylori		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
HbA1C		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Hepatitis		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2

23 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:	%	Responses
Not able or willing to provide	71%	5
Willing to provide privately	0%	0
HIV		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	71%	5
Willing to provide privately	0%	0
Other		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	57%	4
Willing to provide privately	14%	1

Responses: 7, Skipped: 4

Other:

We do UTI test kits from which we can potentially supply antibiotics	1
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24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations	%	Responses
Seasonal Influenza Vaccination Service		
Providing (contract with NHSE&I)	89%	8
Providing (contract with CCG)	11%	1
Providing (contract with LA)	0%	0
Willing to provide if commissioned	0%	0
Not able or willing to provide	0%	0
Willing to provide privately	0%	0
Childhood vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations	%	Responses
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	43%	3
Willing to provide privately	14%	1
COVID-19 vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	57%	4
Willing to provide privately	0%	0
Hepatitis (at-risk workers or patients) vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	29%	2
Willing to provide privately	29%	2
HPV vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	14%	1
Willing to provide privately	29%	2
Meningococcal vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	29%	2
Willing to provide privately	29%	2
Pneumococcal vaccinations		

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations	%	Responses
Providing (contract with NHSE&I)	14%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	0%	0
Willing to provide privately	57%	4
Travel vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	43%	3
Not able or willing to provide	0%	0
Willing to provide privately	57%	4
Other vaccinations		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	50%	3
Not able or willing to provide	17%	1
Willing to provide privately	33%	2

Responses: 9, Skipped: 2

Other:

We do all these services privately	1	Hepatitis B vaccination and DTP Vaccination	1
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25 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Sharps Disposal Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	43%	3
Willing to provide privately	0%	0

25 - Which of the following other services does the pharmacy provide, or would be willing to provide?	%	Responses
Stop Smoking Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	86%	6
Not able or willing to provide	0%	0
Willing to provide privately	0%	0
Supervised Administration Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	25%	2
Willing to provide if commissioned	38%	3
Not able or willing to provide	38%	3
Willing to provide privately	0%	0
Supplementary Prescribing Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	29%	2
Not able or willing to provide	57%	4
Willing to provide privately	14%	1
Vascular Risk Assessment Service (NHS Health Check)		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	57%	4
Not able or willing to provide	29%	2
Willing to provide privately	14%	1

Responses: 8, Skipped: 3

26 - Non-commissioned services: Does the pharmacy provide any of the following?	%	Responses
Collection of prescriptions from GP practices		

26 - Non-commissioned services: Does the pharmacy provide any of the following?	%	Responses
Yes	25%	2
No	75%	6
Delivery of dispensed medicines – Selected patient groups		
Yes	25%	2
No	75%	6
Delivery of dispensed medicines – Selected areas		
Yes	25%	2
No	75%	6
Delivery of dispensed medicines – Free of charge on request		
Yes	13%	1
No	88%	7
Delivery of dispensed medicines – With charge		
Yes	13%	1
No	88%	7
Monitored Dosage Systems – Free of charge on request		
Yes	38%	3
No	63%	5
Monitored Dosage Systems – With charge		
Yes	0%	0
No	100%	8

Responses: 8, Skipped: 3

Please list patient groups and areas for your delivery service:

Paid service only unless isolating for delivery	1
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27 - Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	%	Responses
Yes	22%	2
No	78%	7

Responses: 9, Skipped: 2

Please state the service requirement:

Provision of antibiotics under PGD	1	Check from PNA	1
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28 - What is currently being delivered – is this business as usual or have supplementary services such as opening hours flexibility been deployed due to the pandemic?	Responses
Business as usual	2
Medication for Medisure blister packs and free service for those isolating	1
Private services, antigen testing, PCR testing, COVID-19 vaccinations	1

Responses: 4, Skipped: 7

29 - Is there anything you would consider providing if commissioned whilst reflecting on the last 18 months?	Responses
We do all private services through Boots at this flagship and all supplementary services are decided by the company	4
Supervised methadone consumption service	1

Responses: 2, Skipped: 9

30 - What communication methods do you currently use to liaise with General Practice and how do you think it could be improved?	Responses
Email	8
Telephone	3
If possible, provide instant messaging to reach GP	1
There should be one contact within a surgery dedicated to building relationships with community pharmacies	1

Responses: 8, Skipped: 3

31 - May the LPC update its opening hours and related matters and services details for you with the above information?	%	Responses
Yes	90%	9
No	10%	1

Responses: 10, Skipped: 1

Appendix J: Results of the commissioner questionnaire

Total responses received: 2

1 - Which of the following services do you commission or may consider commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Anticoagulant Monitoring Service	Not likely to commission in the future	1
Antiviral Influenza Distribution Service	Would consider commissioning in the future	1
Community Pharmacy Care Home Service	Not likely to commission in the future	1
Chlamydia Testing Service	Currently commissioning	1
	Not likely to commission in the future	1
Chlamydia Treatment Service	Currently commissioning	1
	Not likely to commission in the future	1
Contraceptive Service (not EC)	Currently commissioning	1
	Would consider commissioning in the future	1
Community Pharmacist Consultation Service (CPCS)	Would consider commissioning in the future	1
Discharge Medicines Service	Not likely to commission in the future	1

2 - Which of the following Disease-Specific Medicines Management Services (DSMMS) do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Allergies	Not likely to commission in the future	1
Alzheimer's/dementia	Not likely to commission in the future	1
Asthma	Would consider commissioning in the future	1
CHD	Not likely to commission in the future	1
COPD	Would consider commissioning in the future	1
Depression	Not likely to commission in the future	1
Diabetes type I	Not likely to commission in the future	1
Diabetes type II	Would consider commissioning in the future	1
Epilepsy	Not likely to commission in the future	1
Heart Failure	Not likely to commission in the future	1
Hypertension	Would consider commissioning in the future	1
Parkinson's disease	Not likely to commission in the future	1

Other	Not likely to commission in the future	1
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Comment:

Please note would like to consider for commissioning – reflects current borough view; this may not reflect priorities of wider ICS we become part of from April	1
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3 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Emergency Contraception Service	Currently commissioning	1
	Not likely to commission in the future	1
Emergency Supply Service	Not likely to commission in the future	1
Gluten-Free Food Supply Service (i.e. not via FP10)	Not likely to commission in the future	1
Home Delivery Service (not appliances)	Not likely to commission in the future	1
Health Start Vitamins	Not likely to commission in the future	1
Independent Prescribing Service	Not likely to commission in the future	1

Comment:

Not likely to commission may reflect other local commissioner (local authority) already commissioning pharmacies or is responsible for the commissioning of that area	1
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4 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Language Access Service	Not likely to commission in the future	1
Medication Review Service	Not likely to commission in the future	1
Medicines Assessment and Compliance Support Service	Not likely to commission in the future	1
Minor Ailment Scheme	Currently commissioning	1
Medicines Optimisation Service	Not likely to commission in the future	1

5 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Needle and Syringe Exchange Service	Not likely to commission in the future	1
Obesity Management (adults and children)	Not likely to commission in the future	1
Pre-exposure Prophylaxis (PrEP)	Would consider commissioning in the future	1
	Not likely to commission in the future	1
Not-Dispensed Scheme	Not likely to commission in the future	1
On-Demand Availability of Specialist Drugs Service	Not likely to commission in the future	1
Out-of-Hours Services	Currently commissioning	1
	Would consider commissioning in the future	1
Patient Group Direction (PGD) Service	Not likely to commission in the future	1
Phlebotomy Service	Not likely to commission in the future	1
Prescriber Support Service	<i>No responses received</i>	
Schools Service	<i>No responses received</i>	

Please name the medicines for your Patient Group Direction (PGD) Service:

Ulipristal Acetate 30 mg; Emergency Contraception (UPA-EC) – Levonorgestrel 1.5 mg and 3 mg; Emergency contraception (LNG-EC) – Aizthromycin 1 g; Stat followed by 500 mg BD for 2 days (treatment of genital Chlamydia Trachomatis) – Doxycycline 100 mg BD (treatment of uncomplicated genital Chlamydia Trachomatis)	1
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6 - Which of the following Screening Services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Alcohol	Not likely to commission in the future	1
Cholesterol	Not likely to commission in the future	1
Diabetes	Not likely to commission in the future	1
Gonorrhoea	Currently commissioning	1
	Not likely to commission in the future	1
H. pylori	Not likely to commission in the future	1
HbA1C	Not likely to commission in the future	1
Hepatitis	Not likely to commission in the future	1

HIV	Would consider commissioning in the future	1
	Not likely to commission in the future	1
Other	Not likely to commission in the future	1

7 - Which of the following vaccination services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Seasonal Influenza Vaccination Service	Not likely to commission in the future	1
Childhood Vaccinations	Not likely to commission in the future	1
COVID-19 Vaccinations	Not likely to commission in the future	1
Hepatitis (at-risk workers or patients) Vaccinations	Not likely to commission in the future	1
HPV Vaccinations	Not likely to commission in the future	1
Meningococcal Vaccinations	Not likely to commission in the future	1
Pneumococcal Vaccinations	Not likely to commission in the future	1
Travel Vaccinations	Not likely to commission in the future	1
Other Vaccinations	Not likely to commission in the future	1

8 - Which of the following other services do you commission or may be considering commissioning from local community pharmacies? (A 'No response' may indicate that a service is currently commissioned by NHSE to some level, or will become commissioned by NHSE)

Sharps Disposal Service	Not likely to commission in the future	1
Stop Smoking Service	Not likely to commission in the future	1
Supervised Administration Service	Not likely to commission in the future	1
Supplementary Prescribing Service	Not likely to commission in the future	1
Vascular Risk Assessment Service (NHS Health Check)	Not likely to commission in the future	1

9 - Other comments

Not likely to commission responses may reflect areas for which CCGs are responsible commissioner vs other responsible commissioners – local authority/NHSE	1
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Appendix K: Results of the PCN questionnaire

Total responses received: 4

1 - Are you or your PCN Clinical Pharmacists in contact with your local community pharmacies within your PCN? If so, what is the nature of these discussions?	Responses
Yes	4
Discuss patient requests, prescriptions, discussions on local and national schemes.	1
Develop and streamline services	1
Improve information-sharing, discussed shared objectives and attempt to streamline services (e.g. flu and BP targets); address issues such as those re-prescription requests	1

Responses: 4, Skipped: 0

2 - Has your PCN employed a PCN Clinical Pharmacist(s)?	Responses
Yes	4
No	0
I don't know	0

Responses: 4, Skipped: 0

3 - If your PCN has employed PCN Clinical Pharmacist(s), how many?	%	Responses
1	0%	0
2	0%	0
3	75%	3
4	25%	1
5	0%	0
6	0%	0
7	0%	0
8+	0%	0

Responses: 4, Skipped: 0

4 - How do you see the role of the PCN Clinical Pharmacist(s) working with the community pharmacists within your PCN to provide comprehensive pharmaceutical service provision for all residents?	%	Responses
Please provide description below	100%	4
I don't know	0%	0

Responses: 4, Skipped: 0

Description:

Facilitating communication between GP practice and community pharmacy; streamlining prescription ordering process; supporting with queries and new initiatives	1
A great use of the valuable skills pharmacists can bring	1
Working closely with regular meetings to discuss Network objectives	1
Named contact to liaise with community pharmacies which helps GP workload	1

5 - Who is leading your pharmacy integration strategy at a local level?	%	Responses
Please provide details below	50%	2
I don't know	50%	2

Responses: 4, Skipped: 0

Description:

Development manager	1
LCP representative for the area, PCN CDs and business development manager	1

6 - Do you know who your Community Pharmacy PCN Lead is?	%	Responses
Yes	75%	3
No	25%	1

Responses: 4, Skipped: 0

7 - Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?	%	Responses
Yes	75%	3
No	25%	1
I don't know	0%	0

Responses: 4, Skipped: 0

8 - Is the community pharmacy contract integrated into the way the PCN operates?	%	Responses
Yes	50%	2
No	25%	1
I don't know	25%	1

Responses: 4, Skipped: 0

9 - How do you rate the quality of the service in your local pharmaceutical provision in City of London?	%	Responses
Excellent	25%	1
Very Good	50%	2
Good	0%	0
Adequate	0%	0
Poor	0%	0
Very Poor	0%	0
I don't know	25%	1

Responses: 4, Skipped: 0

Why have you given this rating?

I'm not sure of community pharmacist in City of London. If Boots then less contact and continuity with this organisation	1
--	---

10 - Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)	%	Responses
Community Pharmacist Consultation Service (CPCS)	100%	4
New Medicines Service (NMS)	75%	3

10 - Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)	%	Responses
Flu Vaccination Service	100%	4
Appliance Use Review (AUR)	0%	0
Stoma Appliance Customisation (SAC)	0%	0
Discharge Medicines Service (DMS)	50%	2
Pandemic Delivery Service (commissioned until 31 March 2022)	0%	0

Responses: 4, Skipped: 0

11 - Is the technology suitable to provide effective pharmaceutical services across your PCN?	%	Responses
Yes	25%	1
No	50%	2
I don't know	25%	1

Responses: 4, Skipped: 0

12 - Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?	Responses
Community pharmacist need access to EMIS web to make the work meaningful	2

Responses: 2, Skipped: 2

Appendix L: Consultation Plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
LPC City and Hackney	Y	Y	All	Y
LMC City and Hackney	Y	Y	All	Y
Any person on pharmaceutical List (Community Pharmacies)	-	-	Contractor	Y
Healthwatch City of London	Y	Y	All	Y
St Bartholomew's Hospital	-	-	Public	Y
Homerton University Hospital	-	-	Public	Y
East London NHS Foundation	-	-	Public	Y
Royal London Hospital	-	-	Public	Y
Royal Free Hospital	-	-	Public	Y
Moorfield Eye Hospital	-	-	Public	Y
Guys' Hospital	-	-	Public	Y
NHSE&I	Y	Y	All	Y
Hackney HWB	-	-	Public	Y
Westminster HWB	-	-	Public	Y
Camden HWB	-	-	Public	Y
Islington HWB	-	-	Public	Y

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
Tower Hamlets HWB	-	-	Public	Y
Southwark HWB	-	-	Public	Y
Lambeth HWB	-	-	Public	Y
City of London Council Website	-	-	Public	Y
City of London website promotion	-	-	Public	Y
City of London Social Media Channels	-	-	Public	Y
Targeted news release to local City of London media outlets	-	-	Public	-
Circulated to City of London Council employees	-	-	Public	-
Outreach to specific Hard to Reach Groups via CoL Mental Health Champions, Street Pastors, Education & Social Care Teams	-	-	Public	-
Outreach to specific Voluntary Groups - City Scouts, YMCA, Age UK	-	-	Public	-
Posters & Questionnaires distributed to 1x GP Practices, 14x Pharmacies, 3x Libraries, 3x Vaccination Centres, Healthwatch & City Council offices	-	-	Public	-
City of London Healthwatch Newsletter and Social Media	-	-	Public	Y
Circulated to Partners: CCG, NHS, District Comms Teams, Healthwatch for onward distribution	-	-	Public	Y

Other Consultees

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
City of London CCG	Y	Y	All	Y
Hackney LMC	-	-	-	Y
Westminster LMC	-	-	-	Y
Camden LMC	-	-	-	Y
Islington LMC	-	-	-	Y
Tower Hamlets LMC	-	-	-	Y
Southwark LMC	-	-	-	Y
Lambeth LMC	-	-	-	Y
Hackney LPC	-	-	-	Y
Westminster LPC	-	-	-	Y
Camden LPC	-	-	-	Y
Islington LPC	-	-	-	Y
Tower Hamlets LPC	-	-	-	Y
Southwark LPC	-	-	-	Y
Lambeth LPC	-	-	-	Y
Principal Public Health Analyst, City of London & London Borough of Hackney Public Health Service (PH)	Y	Y	All	Y
Senior Procurements and Contracts Officer, PH	-	N	Public	Y

Stakeholder role	PNA briefing letter sent (Y/N)	Steering Group representation (Y/N)	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent (Y/N)
Procurements and Contracts Officer, PH	Y	Y	All	Y
Public Health Registrar, PH	-	N	Public and Commissioner	Y
Consultant in Public Health, PH	Y	Y	All	Y
Deputy Director of Public Health, PH	Y	Y	All	Y
Public Health Analyst	Y	Y	All	Y
Senior Public Health Specialist, PH	Y	Y	All	Y
Assistant Director of Commissioning and Partnerships, City of London	Y	Y	All	Y
Interim Strategic Communications Advisor, LBH	Y	Y	All	Y
Communications Officer, City of London	-	N	Public	Y
Engagement strategy advisor, LBH	-	N	Public	Y
Assistant Librarian, City of London	-	N	Public	Y
City of London Housing	-	N	Public	Y

Appendix M: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013¹, City of London HWB held a 60-day consultation on the draft PNA from 09 May 2022 to 08 July 2022.

The draft PNA was hosted on the City of London Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in City of London. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in City of London as identified by City of London Council and City of London Healthwatch. Responses to the consultation were possible via an online survey or email.

There were in total **6 responses**, all of them from the internet survey; responses received:

- 1 (17%) from the public
- 1 (17%) from a pharmacist
- 2 (33%) from organisations, businesses and 'other'
- 2 (33%) did not identify

All responses were considered by the PNA Steering Group at its meeting on 27 July 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA and are found in Appendix N Consultation Comments Report.

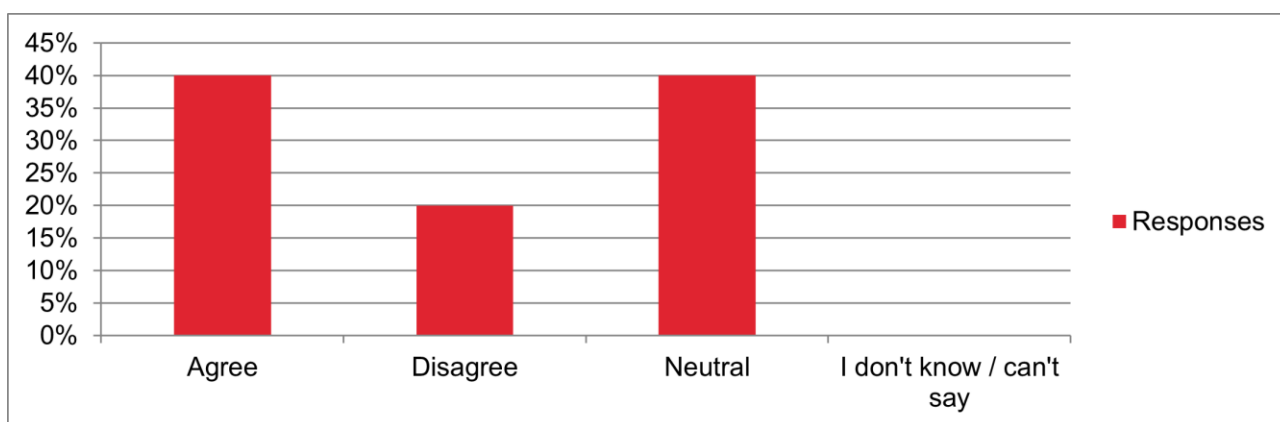
Below is a summary of responses to specific questions, asked during the consultation.²

¹ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

² Please note that some percentage figures will add up to more or less than 100%. These figures have been rounded up to the nearest whole percent.

Consultation questions and responses:

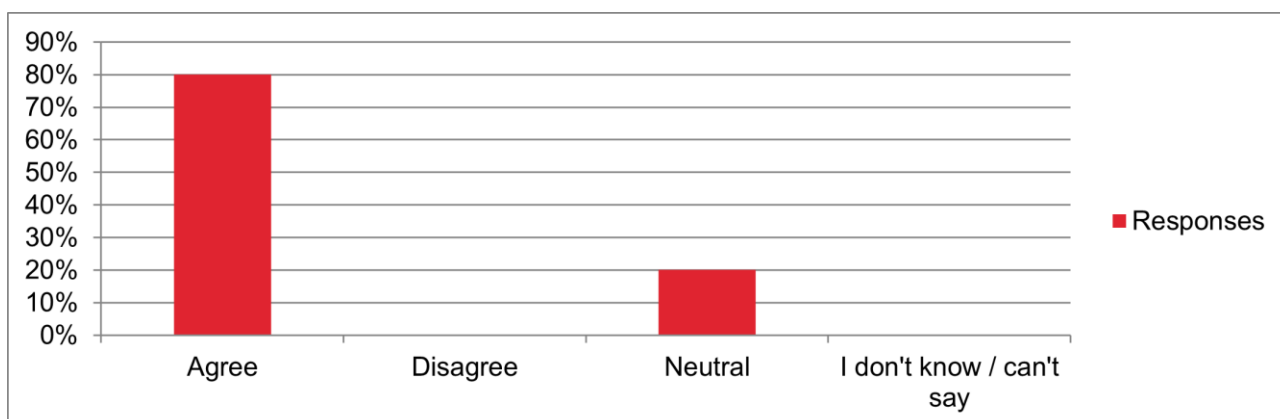
Q1- The City Draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



Answer choices	Percentage	Responses
Agree	40%	2
Disagree	20%	1
Neutral	40%	2
I don't know / can't say	0%	0

Responses: 5, Skipped: 1

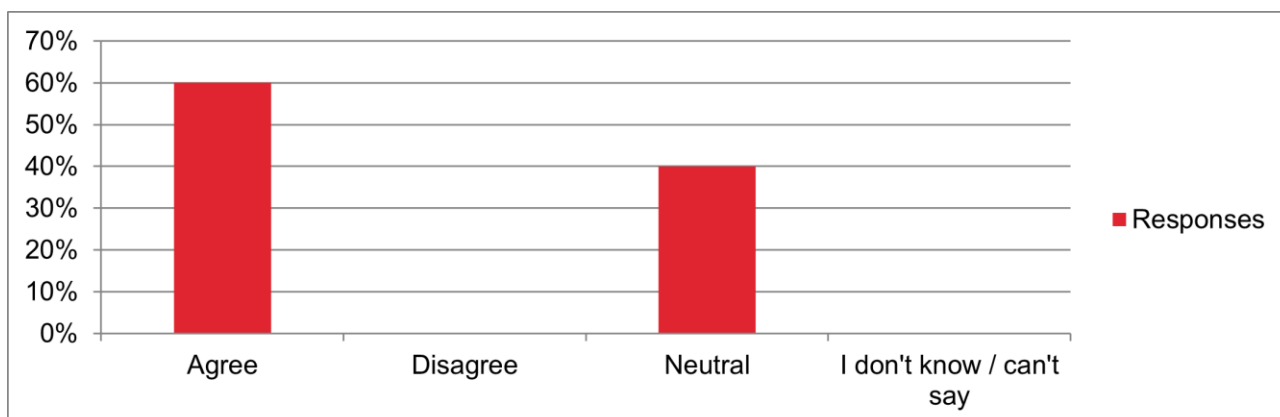
Q2- To what extent do you agree or disagree with the other conclusions contained within the City Draft PNA? (See the Executive Summary section of the document)



Answer choices	Percentage	Responses
Agree	83%	5
Disagree	0%	0
Neutral	17%	1
I don't know / can't say	0%	0

Responses: 6, Skipped: 0

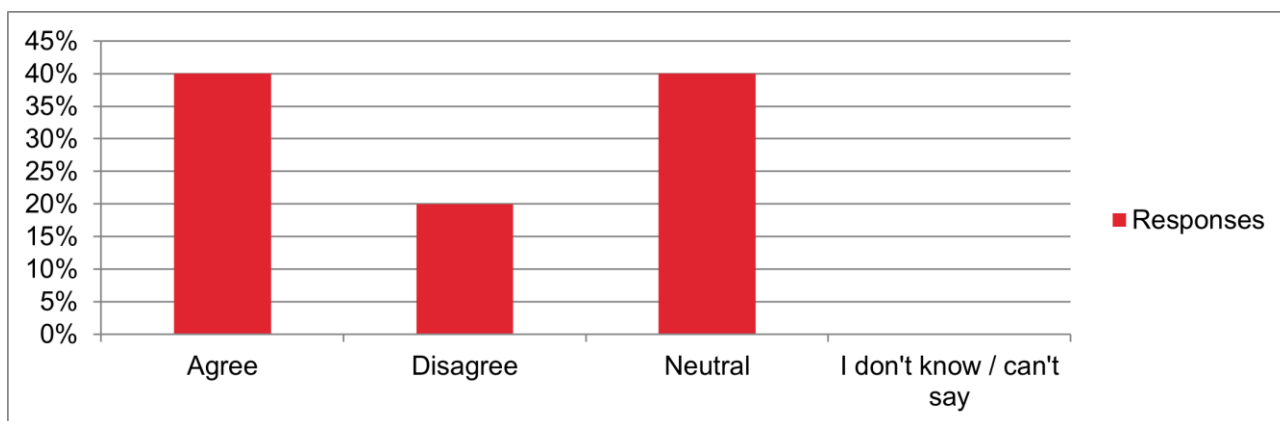
Q3- In your opinion, how accurately does the City Draft PNA reflect the current provision of pharmaceutical services in City? (See Sections 3.5 and 3.6; Sections 4.1, 4.2 and 4.3 and Sections 7.1 to 7.6 of the Draft PNA)



Answer choices	Percentage	Responses
Agree	60%	3
Disagree	0%	0
Neutral	40%	2
I don't know / can't say	0%	0

Responses: 5, Skipped: 1

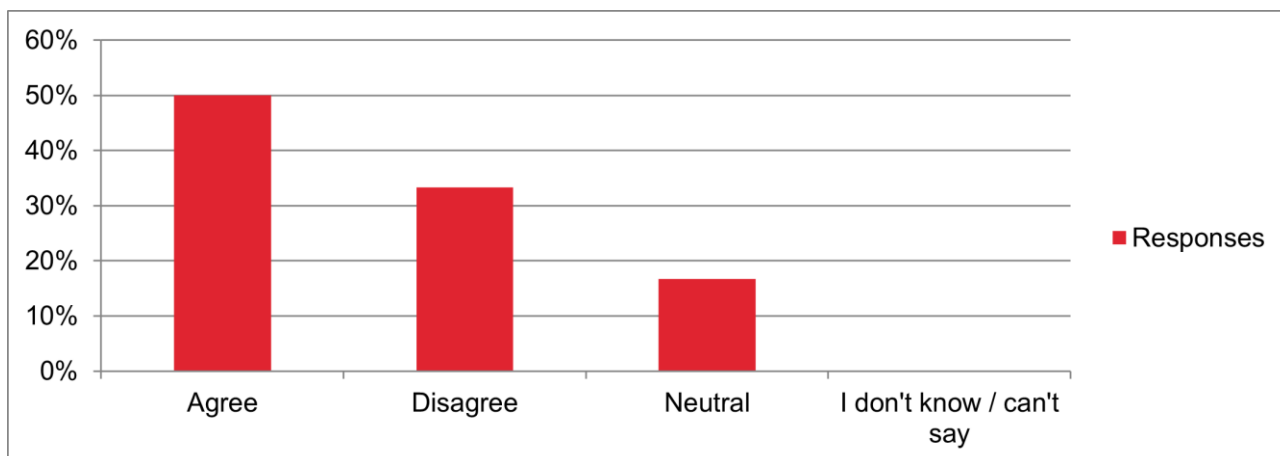
Q4- In your opinion, how accurately does the City Draft PNA reflect the current pharmaceutical needs of City's population? (See Sections 7.1 to 7.6 of the Draft PNA)



Answer choices	Percentage	Responses
Agree	40%	2
Disagree	20%	1
Neutral	40%	2
I don't know / can't say	0%	0

Responses: 5, Skipped: 1

Q5- In your opinion, how accurately does the City Draft PNA reflect the future pharmaceutical needs of City's population (over the next three years)?



Answer Choices	Percentage	Responses
Agree	50%	3
Disagree	33%	2
Neutral	17%	1
I don't know / can't say	0%	0

Responses: 6, Skipped: 0

All free text comments, including question 6, are included in the full consultation report available under request.

Appendix N: Consultation Comments

Comment number	Question	Responding as	Comment	SG response
1	1-5	Member of the public who is a resident	The gap is in people to prescribe. What we need is GP practices in The City to be able to access healthcare and pharmaceutical services.	Noted, however this is out of scope of the PNA.
2	Other comments	A business/organisation: Boots	It appears that possibly due to the timing of production of this draft, the recent changes in the opening hours of a number of Boots pharmacies have not been reflected in the draft PNA	Opening hours have now been updated in the PNA.
3	Other comments	A business/organisation: Boots	Local patients could benefit with EHC under NHS PGD	Noted, however the assessment concluded there was no gap in this service. There is currently a LCS by the LA.

Comment/recommendation	Response from	SG Response
The HWBB is asked to reconsider the list of advanced services detailed as relevant in regards to the services that have now ceased, the PNA should not be published with non commissioned services listed here.	NHSE&I	Noted. A statement is included in the PNA to reflect this at each stage.

Comment/recommendation	Response from	SG Response
<p>There are a number of areas that do not appear to have been identified, this maybe because there is nothing to identify. The HWBB is asked to check that there is nothing that could be added to cover these areas</p> <ol style="list-style-type: none"> 1. What is the extent to which current service provision in the locality is adequately responding to the changing needs of the community it serves? 2. Is there a need for specialist or other services, which would improve the provision of, or access to, services such as for specific populations or vulnerable groups? 3. Are there known firm plans in and arising from local joint strategic needs assessments or joint health and wellbeing strategies? 4. Are there known firm plans for changes in the number and/or sources of prescriptions i.e. changes in providers of primary medical services, or the appointment of additional providers of primary medical services in the area? 		<p>Noted. We do have a structured approach to local needs assessments, and local commissioning intentions which is articulated within local strategies which were reviewed as part of the PNA. Nothing further to add.</p>

Comment/recommendation	Response from	SG Response
<p>5. Are there plans for the development of NHS services?</p> <p>6. Are there plans for changing the commissioning of public health services by community pharmacists, for example, weight management clinics, and life checks?</p> <p>7. Are there plans for introduction of special services commissioned by clinical commissioning groups?</p> <p>8. Are there plans for new strategies by social care/occupational health to provide aids/equipment through pharmacies or dispensing appliance contractors?</p>		

Comment/recommendation	Response from	SG Response
This conscientiously attempts to fit into the PNA template the unique characteristics of the City. The needs of residential population are covered. However, as recognised in the report the City has a small residential population, but a huge daytime population. The HWBB should consider if this the report deals adequately with whether the needs of this working population are covered? If City HWBB think they are, this should be clearly articulated within the report.	NHSE&I	The working population have been considered as part of the assessment and the density of community pharmacies covers this appropriately.
The presence of 100-hour pharmacies not the only point regarding access in evenings and weekends. Access to other late night or weekend pharmacies should be assessed.	NHSE&I	Access to evening and weekends is assessed in Section 3.
A comment is made about the preponderance of multiple pharmacies in the City. Does this suggest that the HWBB think that they need an independent giving more choice?	NHSE&I	Noted.
The HWBB are asked to verify the information regarding population per sq K, the PNA states that there is a population of England is 4541 persons per sq k? This would give England a population of around a billion	NHSE&I	Noted and amended.

Comment/recommendation	Response from	SG Response
The residential developments indicate small absolute increases in pop which would not justify extra pharmacies – if this is the case, the HWBB should articulate this please.	NHSE&I	This is articulated by the conclusion of no gaps within the lifetime of the PNA.
The London Vaccination service does not commission pharmacies to vaccinate 2 to 18 year old for flu not does it cover MenACWY vaccinations anymore.	LPC	Noted and amended.

Appendix O: Opportunities for Service Provision from Community Pharmacies in City and Hackney

Introduction

Any local commissioning of services for delivery by community pharmacy lie outside of the requirements of a PNA; they are considered as being additional to any Necessary services required under the regulations.

In reviewing the provision of Necessary services and considering Advanced, Enhanced and Locally Commissioned Services for City and Hackney as part of the PNA process it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively impacted by services provided from Community Pharmacies albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver advanced services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

Across City and Hackney there were 24 responses to the contractor questionnaire. When asked if they would be willing to provide specific services if they were commissioned to do so the responses varied by disease state however some of the positive responses were as high as 86%, indicating that the possibility for a broader provision of services is possible.

The impact of the Covid-19 pandemic on service provision from community pharmacies has been significant during the life of the previous PNA.:

- New advanced services have had their implementation delayed
- Community pharmacy priorities have been centred on pandemic service delivery e.g. lateral flow test distribution and Covid-19 vaccination
- Managing significantly increased demand for existing services e.g. repeat dispensing

The successful implementation of new Advanced and Enhanced services to support the pandemic response is an indicator that implementation of additional new services from community pharmacies in the future is possible.

Health needs identified in the NHS Long Term Plan

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **Hypertension case-finding service** has been developed as an advanced service from community pharmacy as part of this process, but other disease specific programmes should be made part of the service options available including respiratory, diabetes and cancer. For example, the LTP states 'We will do more to support those with respiratory disease to receive and use the right

medication'. 90% of NHS spend on asthma goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicines Service (NMS) is an advanced service which provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy

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

Health Needs in City and Hackney

The health needs of the population of City and Hackney were briefly outlined in Section 2 and summarised in Section 6.1 of each of the individual PNAs. There are some factors of particular note:

- The workday population of the City is 50 fold higher than the resident population
- Hackney has very high population density and deprivation
- Hackney has significantly more indicators and incidences of ill-health when compared to City

The table below summarises the highest risk factors for causing death and disease for the City and Hackney population.

Factor or Area of Ill health	
Smoking	Cancer
Diabetes (increased prevalence)	Cardiovascular Disease
STIs and HIV	Respiratory disease
Abortions in under 18 population	Alcohol related mortality

Opportunities for further Community Pharmacy provision

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help manage and support in these areas.

A. Existing Services

Essential Services

Signposting for issues such weight management and Health checks.

Advanced Services

Some of the existing Advanced services could be better utilised within City and Hackney i.e., CPCS and NMS, including a focus on particular health needs in the population for these services e.g. diabetes, respiratory and CHD.

Locally Commissioned Services

Sexual health services are provided in many community pharmacies although only about half of the respondents to the public questionnaire were aware that they were available. Based on the identified health needs around sexual health promotion or expansion of these services may be beneficial. In addition, coupling such services with the Advanced Hepatitis C testing service could be advantageous.

B. New Services

From the Public questionnaire there is a wish that a variety of services are provided from community pharmacies. From the Contractor questionnaire there is also a willingness to deliver some services if commissioned albeit not in all pharmacies.

Advanced Services

These services would be commissioned by NHSE&I.

There are several new or recently introduced Advanced services being implemented that could be beneficial to the population of City and Hackney based on the identified health needs, including:

- Hypertension case finding service

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

- Hepatitis C testing service

The service is focused on provision of Point of Care Testing (POCT) for Hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs, e.g. steroids or heroin, but who haven't yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- Smoking Cessation

There is a new Smoking Cessation Advanced Service for people referred to pharmacies by a hospital, which has been commissioned from January 2022 (delayed). The service is aimed at 'stop smoking support' for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care (DHSC) and NHSE&I proposed the commissioning of this service, as an Advanced service

Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40 – 74 years that assesses a person's risk of developing **diabetes, heart disease, kidney disease and stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every 5 years, and local authorities are responsible for commissioning NHS Health Checks.

As hypertension, stroke and circulatory disease are all priority health areas in City and Hackney and the rates of diabetes are increasing then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add on services to Advanced services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in City and Hackney or in the NHS LTP.

Possible Disease Specific Services

- Weight management

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities e.g. areas of higher deprivation or coupled with programmes for other ill health e.g. Cardiovascular Disease or diabetes.

- Diabetes

Diabetes focussed pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting

- Cardiovascular

In addition to the hypertension case finding Advanced service the following is possible.

AF screening service (multiple LPC areas). This service provides patients at high risk of AF with a consultation which gathers information and screens them for atrial fibrillation using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for on-going management. The pharmacy consultation will: 1. screen identified cohorts for atrial fibrillation using a portable heart monitor device; 2. counsel the patient on the results of the analysis; 3. where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. offer advice on a healthier lifestyle; and 5. signpost the patient to other services available in the pharmacy such as a Stop Smoking Service or Weight Loss Support Service.

- HIV

The Advanced service for Hepatitis C testing utilises a POCT methodology and these tests are also available for HIV testing. There have been many such services delivered from community pharmacies around England. This service could be combined with the existing Emergency Hormonal Contraception service.

- Respiratory

Six pharmacies in North East Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service pro-actively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and also checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction (PGD) element to supply this. The service is different to other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved utilisation
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided (Section 5)

2. Identify the best way to deliver the new Advanced services

Smoking cessation and Hypertension case finding can all meet the health needs of City and Hackney albeit in targeted localities.

3. Consider the provision of new Locally Commissioned Services

To meet specific health needs in City and Hackney e.g. Diabetes, HIV, cardiovascular, or Respiratory services.

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring
AUR – Appliance Use Review
BSA – Business Services Authority
C-19 – COVID-19
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
COPD – Chronic Obstructive Pulmonary Disease
CPCF – Community Pharmacy Contractual Framework
CPCS – Community Pharmacist Consultation Service
CSEW – Crime Survey for England and Wales
CVD – Cardiovascular Disease
DAC – Dispensing Appliance Contractor
DHSC – Department of Health and Social Care
DMIRS – Digital Minor Illness Referral Service
DMS – Discharge Medicines Service
DSP – Distance-Selling Pharmacy
EHC – Emergency Hormonal Contraception
EoLC – End of Life Care
ES – Essential Services
GLA – Greater London Authority
GP – General Practitioner
HIV – Human Immunodeficiency Virus
HWB – Health and Wellbeing Board
ICS – Integrated Care Systems
IMD – Index of Multiple Deprivation
JHWS – Joint Health and Wellbeing Strategy
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LARC – Long-Acting Reversible Contraception
LASA – Look Alike Sound Alike
LBW – Low Birth Weight

LCS – Locally Commissioned Services
LFD – Lateral Flow Device
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Areas
LTP – Long Term Plan
MSK – Musculoskeletal
MUR – Medicines Use Review
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NICE – National Institute for Health and Care Excellence
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PCN – Primary Care Network
PCT – Primary Care Trust
PGD – Patient Group Direction
PhAS – Pharmacy Access Scheme
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs
SAC – Stoma Appliance Customisation
SLA – Service-Level Agreement
STI – Sexually Transmitted Infection