



Camden Pharmaceutical Needs Assessment 2015

Camden Health and Wellbeing Board

DRAFT FOR CONSULTATION

OCTOBER 2014

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1. **EXECUTIVE SUMMARY**

This is Camden Health and Wellbeing Board's (HWB) first Pharmaceutical Needs Assessment (PNA) under new regulations and requirements. The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of the PNA, as well the process for market entry of pharmacies into an area. The PNA, as part of this process, assesses the need for pharmaceutical services in Camden's population, identifying any gaps in service delivery and any areas for improvement. The PNA is designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). The PNA will be used by NHS England when determining whether to approve applications for pharmacies in the area to join the pharmaceutical list, and to inform NHS England's commissioned services. The PNA will also be used as part of Camden's JSNA to inform future commissioning strategies.

Community pharmacies have a pivotal role to play in improving the health and wellbeing of the local population and it is important that opportunities to do this are fully realised to ensure a well-functioning local health economy which addresses residents' needs. To ensure that our community pharmacies are as effective as possible in meeting the health and wellbeing needs of Camden's population, this assessment has taken multiple data sources, information and resident and health professional views into account to present a complete picture of need and provision in Camden, identifying where we can make improvements to reduce health inequalities and improve health outcomes for our population.

1.1. Summary of the needs of the Camden population

Camden has a diverse resident population, with larger proportions of both younger people and minority ethnic groups than the overall London population and Camden also has areas of high deprivation. These combine to create some stark health inequalities within Camden; for example on average the most deprived residents in the South locality will live seven years less than the most affluent residents in the North locality. Over 36,000 residents have a diagnosed long term condition, many have more than one condition, and it is estimated that the prevalence is actually much higher, with around 46,000 more long term conditions undiagnosed in the population.

Camden has a higher prevalence of alcohol and substance misuse than the London average. The borough also has a high rate of sexually transmitted infections and HIV, which is partly linked to the relatively large populations of young people and men who have sex with men. The prevalence of smoking in Camden is similar to the national average.

1.2. Summary of the assessment of pharmaceutical services

The assessment has determined that Camden's population has sufficient provision of pharmaceutical services to meet the health needs of the population.

With 68 pharmacies overall, Camden has the second highest rate of community pharmacies per 100,000 residents in London (31 pharmacies). Five of the pharmacies in Camden are on a '100 hour' contract, providing coverage early in the morning and late at night at several busy areas in the borough. There is at least one pharmacy in each ward, and out of hours access is available in all localities. Resident engagement has highlighted that work could be done with residents to raise awareness about pharmacy opening times, particularly out of hours, and to improve the accessibility of some pharmacies for those who use a wheelchair or need a seat while waiting.

The average number of items dispensed per pharmacy in Camden is lower than most other boroughs, which may be a result of the high density of pharmacies in the borough and high day time population. The low average number of items per pharmacy suggests that current demand for essential services is being met and there would be capacity, on average, to meet any increased demand for prescriptions that might arise over the next few years as a result of inward migration and an increase in the prevalence of long term conditions.

Each commissioned service offered by Camden's pharmacies was assessed in this PNA to determine any gaps, and whether the service is necessary or relevant to meet the pharmaceutical needs of Camden's population¹. The table below summarises the assessment of each type of service provided by community pharmacies (essential, advanced, enhanced and locally commissioned)². Note that gaps in locally commissioned services are not used as a basis for market entry, but that filling these gaps is important in further improving the health and wellbeing of Camden residents.

The gaps in provision should be reviewed by the commissioners responsible for commissioning each service, to ensure high quality service provision and to identify opportunities for improved health and wellbeing outcomes for Camden.

¹ Necessary and relevant services are defined in Section 2.3.

² Essential, advanced, enhanced, and locally commissioned services are defined in Section 2.5.

Table 1.1: Summary of assessment of pharmaceutical services, by type of service

able 1.1: Summary of assessment of pharmaceutical services, by type of service Assessment of			
	service	Gaps identified	
Essential services			
Mandatory services	Necessary	None identified; provision is suitable for	
(for example	service	current population and projected	
dispensing, support		demographic changes.	
for self-care, and		■ An increase in the impact of health	
disposal of unwanted		promotion campaigns, perhaps through	
medicines)		co-ordination with local work, would	
		broaden the reach of public health	
		interventions and services.	
Advanced services			
Medicines Use	Necessary	Eligibility: The national three month rule	
Reviews (MUR)	service	may result in people not being able to	
		access this service who would otherwise	
		benefit.	
New Medicine Service	Necessary	None can be identified while we wait for	
(NMS)	service	complete data on service provision.	
Appliance Use	Relevant	 No participating pharmacies in Camden, 	
Reviews (AUR)	service	and no need identified	
Stoma Appliance	Relevant	No participating pharmacies in Camden,	
Customisation (SAC)	service	and no need identified	
Enhanced services			
Minor Ailments	Necessary	■ Low provision on weekends, as few	
Scheme (MAS)	service	pharmacies are open late on Saturdays,	
		or open on Sundays.	
Medicines Reminder	Relevant	Only one pharmacy provides the service	
Devices	service	on Sundays.	
Seasonal flu	Relevant	Overall, vaccination rates below national	
vaccination	service	targets but similar to London average.	
Locally commissioned	services		
Stop smoking service	Relevant	Pharmacy stop smoking services could be	
	service	more targeted towards BAME groups and	
		low socioeconomic groups.	
		J 1 '	

	Assessment of service	Gaps identified	
Screening service	Relevant	With very few pharmacies currently	
(Health Checks)	service	offering Health Checks, there is scope for	
		pharmacies to contribute further to the	
		uptake of Health Checks overall in	
		Camden.	
Emergency hormonal	Relevant	No pharmacies in the West locality	
contraception service	service	offering the service.	
		Availability is limited on weekends, due to	
		restricted opening hours.	
Supervised self- Necessary		■ Access is limited on Sundays, throughout	
administration	service	the borough.	
service		■ Two wards do not have any provision, but	
		the service may be offered in pharmacies	
		across the border.	
		Some pharmacies are close to capacity,	
	4	and might not able to take on more	
		patients.	
Needle syringe	dle syringe Necessary • Access is limited on Sundays, three		
exchange service	schange service service the borough		

1.3. Summary of pharmacy users' views of pharmaceutical services

In the focus groups with Camden pharmacy users, pharmacies were generally viewed positively, with pharmacists considered professional and knowledgeable, with regular pharmacy users in particular commenting that they highly value the support and personal service that they receive at pharmacies.

The work also highlighted that a number of residents felt unable to access pharmacies in late evenings, or had to travel long distances. The opening hours data suggest that there is a pharmacy open in each locality until at least 10pm, so more work may be required to raise awareness of late opening hours. Conversations also arose in focus groups where it emerged that some service users had been offered, or used, services that other people were not aware of, so again there may be scope for more work to improve awareness of the services offered by pharmacies.

1.4. Wider recommendations

Within the context of the PNA, areas where improvements can be made in order to maximise the potential of community pharmacies in helping Camden's population stay healthy were identified. These are:

- Improving the awareness of available pharmacy services
- Improving the awareness of longer opening hours
- Addressing the areas where pharmacies can increase the provision of key public health programmes

These recommendations should also be reviewed by the commissioners responsible for the services, in order to determine ways in which pharmacy services could be improved in general.

Within the current health landscape, there is a responsibility to bring together organisations responsible for providing health services to local residents, and making sure that the offer is appropriate to need. The HWB is ideally placed to drive this change, improving the health and wellbeing and extending the life expectancy of Camden's population.

2. INTRODUCTION

This is Camden Health and Wellbeing Board's (HWB) first Pharmaceutical Needs Assessment (PNA) under the new regulations and requirements, mapping the assessment of the need for pharmaceutical services in Camden. As set out in regulations, the PNA will be used by NHS England as the basis for determining market entry for new pharmacies in the area. The London Borough of Camden (LBC) and Camden Clinical Commissioning Group (CCG) will also use this assessment of need to plan pharmaceutical services for Camden's population, where they have commissioning responsibilities.

As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or general practice environment and to reduce health inequalities³. In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner with other local health services. To ensure that our community pharmacies are as effective as possible in meeting the needs of Camden's population, this assessment has taken multiple data sources, information and views into account to present a complete picture of need and provision in Camden, identifying where we can make improvements to reduce health inequalities and improve health outcomes for our population.

2.1. Background to the PNA

PNAs are designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed in the area and to make decisions on which NHS funded services need to be provided by local community pharmacies. The PNA will also be used as part of Camden's Joint Strategic Needs Assessment (JSNA) to inform future commissioning strategies.

Previously, PNAs were the responsibility of Primary Care Trusts (PCTs) to produce. The first PNAs were published in 2005, as the basis for deciding market entry of pharmacies to PCTs. The publication of the White Paper *Pharmacy in England: Building on strengths – delivering the future* proposed a review of the requirements of PNAs in order to make the process more robust, and make PNAs more effective in assessing the need for services. The Health and Social Care Act (2012) transferred this responsibility to local authority HWBs, and further widened the scope of the PNA.

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³ Department for Health, "Healthy lives, healthy people", the public health strategy for England (2010)

Box 1: Health and Wellbeing Boards (HWB)

Camden's HWB brings together key partners from various organisations relevant to health and care, to improve the health and wellbeing of the local population, and reduce health inequalities. Members include representatives from Camden CCG, LBC, Camden Healthwatch and Camden's voluntary and community sector. More information about the HWB can be found on Camden Council's website:

http://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/

2.2. Duty of the HWB

The PNA regulations require that each Local Authority HWB publish a PNA covering their area. The HWB is responsible for the following:

- Publishing the first PNA by 1 April 2015, ensuring that all required information and assessments are included;
- Ensuring an up-to-date map of services is included in the assessment;
- Publishing any statements or revisions within 3 years of the previous publication;
- Ensuring that other HWBs have access to the PNA;
- Consulting stakeholders and other areas about the content of the assessment for the minimum 60-day period;
- Responding to a consultation from a neighbouring HWB;
- Ensuring that once published, the PNA is kept up-to-date and any supplementary statements or full revisions are published as soon as possible following any changes.

2.3. Minimum requirements for the PNA

The PNA regulations set out the minimum information that should be included in the report. A statement of the needs of the following must be included:

- Necessary services: services that are required to meet the pharmaceutical needs of the population. This includes current and future needs.
- Relevant services: services that improved pharmaceutical services in the area, including access to services. This includes current provisions and any gaps in future provision.
- Other NHS services: pharmacy services provided by other organisations such as the Local Authority, NHS England or the CCG, which impact on the need for pharmacy services in the area. Services of this type would improve pharmacy services, including access.
- How the assessment was carried out, including:

- How localities were determined
- How different needs of the localities were taken into account
- How different needs of people with a protected characteristic were taken into account
- A report on the consultation
- A map of showing the premises at which pharmaceutical services are provided.

2.4. The scope of the PNA

Identifying whether services fall within the scope of the PNA depends on who is providing the service, and what is provided. The content of PNAs is set out in regulations published nationally⁴ and includes an obligation to assess all services "provided under arrangements made by the NHS Commissioning Board (NHSCB)". This includes the provision of pharmaceutical services by a person on a pharmaceutical list (i.e. on the NHS England approved pharmacy list), providing pharmaceutical services under a Local Pharmaceutical Service (LPS) scheme, and / or the dispensing of drugs or appliances by a dispensing doctor. The needs assessment should take different type of pharmacy services (essential, advanced and enhanced) and pharmacy contractors (community pharmacies or dispensing appliance contractors) into account, in relation to current and future need. For this PNA, we have defined the scope as follows:

- a) Providing pharmaceutical services by a person on a pharmaceutical list is the **dispensing service**. The dispensing service covers the supply of medicines ordered on NHS prescriptions, and information and advice on their use to patients and carers, and the maintenance of appropriate records. This PNA will assess whether Camden's population has adequate access to dispensing services, based on where services are provided and other factors⁵.
- b) The **dispensing of appliances** and provision of Appliance Use Review (AUR) service and Stoma Appliance Customisation Service (SAC). For the purposes of this PNA, we will assess whether patients have adequate access to these services. Other services that appliance contractors provide are outside the scope of the PNA. There are no pharmacies in Camden which are also dispensing appliance contractors. There are no standalone appliance dispensing services outside of community pharmacies. More information about these services is given in Section 2.5.

⁴ NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, available at: http://www.legislation.gov.uk/uksi/2013/349/contents/made

⁵ NHS Community Pharmacy Contractual Framework, (2010) available at: http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20_v1201020oct2004_.pdf

c) For community pharmacies, the scope of this assessment is broad and covers a wide range of services offered. Essential, advanced and enhanced services provided under the terms of services for the pharmaceutical contractor are part of the scope. A definition of each type of service is given in Section 2.5.

Box 2: What should a good PNA cover? 6

- The PNAs should meet the market entry regulations.
- PNAs should include pharmacies and the services they already provide. These will
 include dispensing, providing advice on health, medicines reviews and local public
 health services, such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring HWB areas that might affect the need for services in its own area.
- It should examine the demographics of its local population, across the area and in different localities, and their needs. It should also look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.
- The PNA should contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the JSNA and the Joint Health and Wellbeing Strategy.

2.5. Pharmaceutical services: types of services covered

2.5.1. Pharmacy contractors

Essential services

For pharmacy contractors, essential services (as set out in the 2005 NHS regulations) include the following:

- Dispensing medication and actions associated with dispensing (e.g. keeping accurate records)
- Repeatable dispensing
- Disposal of waste medicines
- Promotion of healthy lifestyles

⁶ Royal Pharmaceutical Society, Pharmaceutical Needs Assessments: a guide for local authorities (2013), available at: http://www.rpharms.com/promoting-pharmacy-pdfs/nhs-reforms---pnas-for-local-authorities---jan-2013.pdf

- Prescription linked interventions
- Public health campaigns (up to 6 campaigns per year)
- Signposting
- Support for self- care

All pharmacy contractors must provide the full range of essential services, as mandated by the NHS regulations. The provision of these services will be assessed at the Essential Services level.

Advanced services

There are five advanced services that form part of the regulations covering NHS community pharmacies. Pharmacies who wish to provide any of these services need to meet minimum criteria, published in national guidance. The advanced services covered are shown below alongside a brief description:

Medicines Use Reviews (MUR)	A medicine use review is conducted by an accredited pharmacist with patients on multiple medications. These can be for patients with diagnosed long term conditions, e.g. diabetes, or patients who GPs or pharmacies feel would benefit from having medications explained to them.		
New Medicine Service (NMS)	This service is aimed at people with long term conditions with newly prescribed medications to improve adherence, leading to better health outcomes.		
Appliance Use Reviews (AUR) ⁷	These reviews, conducted by a pharmacist or a specialist nurse, are designed to improve a patient's knowledge of their appliance. It includes establishing the way a patient uses their appliance and advising on storage, disposal and use of the appliance.		
Stoma Appliance Customisation (SAC) ⁸	The aim of this service is to ensure that patients with more than one stoma appliance have comfortable fitting stoma and are aware of their proper use.		

⁷ An 'appliance' is a medical device such as an inhaler, wound drainage pouch, or catheter.

⁸ A stoma is a temporary or permanent body opening, either natural or surgically created, which connects a portion of the body cavity to the outside environment to allow bodily waste to leave the body. A stoma appliance covers the stoma with a removable pouching system to collect and contain the output for later disposal.

There are 53 pharmacies in Camden that provide one or more advanced services out of a total of 68 pharmacies. A full breakdown is available in Appendix A. There are limits to the number of MURs and AURs that a pharmacy can undertake, but no limit for SACs.

Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies, and defined in the Directions. Each service is defined within a service level agreement, provided by NHS England. For the purposes of this PNA, the enhanced services offered by Camden pharmacies will be assessed. These are:

Minor Ailments Scheme (MAS)	This scheme aims to help people to be treated quicker and more efficiently by going to their pharmacy rather than GP. A pharmacy registered for the scheme can provide medication and advice for certain illnesses and conditions. The scheme transferred back to NHS England from CCGs in April 2014.	
Medicines Reminder	The service aims to support patients who require help to	
Devices (MRD)	take their medicines correctly. This may include improving the patient's knowledge of the medicines, providing easier to read labels, or referring them to other health and social care professionals for support.	
Seasonal flu vaccination	The scheme aims to deliver flu vaccination to key population groups, during September – January of each year.	

2.5.2. Local Pharmaceutical Services (LPS) contractors

LPS pharmacies are commissioned directly by NHS England, under a local contract. There are no LPS pharmacies in Camden.

2.5.3. Dispensing Appliance Contractors (DAC)

DAC are contracted to provide a range of appliances (such as stomas and dressings). There are no DACs in Camden.

2.5.4. Dispensing Doctors

There are no dispensing doctors in Camden.

2.5.5. Other services

The PNA must also take into account other services offered in the area that affect the need for pharmaceutical services. For this assessment, locally commissioned services and other NHS services have been taken into account.

Locally commissioned services

Locally commissioned services (LCS) are commissioned locally, by an NHS organisation other than NHS England or through the Local Authority. They affect the need for pharmacy services, or have been commissioned to meet a local need. The LCSs listed below are commissioned by LBC Public Health, or joint with the local NHS.

Stop smoking service	This service provides nicotine replacement therapy (NRT) as patches, gums or inhalers, and advice and counselling to support smokers in their attempt to quit.	
Screening service (Health Checks)	This service provides a free NHS Health Check in community pharmacies, as another avenue for risk assessment and early diagnosis.	
Emergency hormonal contraception service	This service provides free emergency contraception for women aged 13-24, as well as signposting and referral to other sexual health services.	
Needle syringe exchange service	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis B and C, and HIV.	
Supervised self- administration service	This service provides patients prescribed drug substitute opiate treatment with regular self-administration supervised by a pharmacist, ensuring the patient adheres to treatment.	

2.6. Excluded from scope

Pharmacy services commissioned by Camden CCG not covered by PNA regulations are outside the scope of assessment. These include prison pharmacies, secondary and tertiary care sites, and non-NHS services provided by community pharmacies.

Most patients in Camden are treated at one of the following local hospitals:

- University College London Hospitals NHS Foundation Trust
- Royal Free Hampstead NHS Trust
- The Whittington Hospital NHS Trust

There are no prison pharmacies in Camden. The PNA makes no assessment of the need for pharmaceutical services in hospital or prison settings; however the HWB is concerned to ensure that patients moving in and out of hospital/prison settings have access to integrated pharmaceutical services that ensure continuity of medicines support. In order to achieve this, local hospitals and prisons are asked to adhere to the Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services⁹.

Community pharmacies also provide other services, such as home delivery and travel advice. However, these services are not commissioned so are not in the scope of this assessment.

2.7. Updating and revising the PNA

Once the PNA has been published, the duty of the HWB will be to ensure the PNA remains relevant until the next publication (within three years). If there are changes to pharmacy provision during this time, it is a requirement that a revised assessment is published, unless a full revision would be a "disproportionate response to those changes". Therefore, there are two options for publishing revisions, which will be used by Camden's HWB as appropriate:

1. Supplementary statement

A short statement detailing the change to pharmacy provision in the area covered. Examples of details included in this type of statement include pharmacy closures, pharmacy openings or changes to opening hours. Supplementary statements can also be published while a full revision is being prepared so that any changes in pharmacy provision can be taken into account as soon as possible.

2. Full revision

A full revision is necessary if there are substantial changes in the area. This could include the number of people in the area, the demographics of the population, or a change in the risks to the health and wellbeing of people in its area. If there is a full revision to the PNA, it will need to be consulted on as prescribed by the regulations.

⁹ Royal Pharmaceutical Society, Optimising Patient Outcomes From Medicines (2014). Available at: http://www.rpharms.com/support-pdfs/rps---professional-standards-for-hospital-pharmacy.pdf

3. **DEVELOPING THE PNA**

Camden's PNA has been led by a dedicated steering group, with engagement and consultation with a wide range of stakeholders. The information gathered has been used to create a comprehensive picture of Camden's population and their current and future health needs. The way in which pharmacy services can match these needs and can decrease health inequalities and increase healthy life expectancy has been assessed. More information on the methods and stakeholders are given in the sections below.

3.1. Method used in assessment

The PNA regulations state that the following must be taken into account when making the assessment:

- Demographic profile and health needs of the population
- Whether there is sufficient choice in pharmacy service
- Different needs of the different localities in the area (if any)
- Services provided in neighbouring areas and how they affect the need for pharmaceutical services
- Services provided by the NHS (inside or outside the area) affect the need for pharmaceutical services
- Whether further provision of pharmaceutical services would improve provision or access in the area.
- Likely future pharmaceutical needs, based on the assessment and any projected changes in the population, demographic profile or risk to their health and wellbeing.
- Mandatory 60-day consultation period with a range of specified stakeholders (see Section 3.3.3).

A mixture of methods and data were used in making the assessment of each type of pharmacy services, including engagement with local residents through dedicated qualitative research. This has included:

- Analysing Camden's population to assess health needs
- Reviewing existing pharmacy service data held by commissioners
- Carrying out focus groups of pharmacy users to understand their views and experiences
- Online questionnaire of pharmacists and other health professionals.

Data sources were varied, and included the Camden GP Public Health dataset for information on the health of the local population; the Strategic Housing and Land Availability Assessment population projections from the Greater London Authority, to estimate changes

in the borough's population and healthcare needs; information on the pharmacies in the borough from NHS England, which has been verified by a local survey; and service use statistics from the Clinical Commissioning Group, the Camden and Islington Public Health department, NHS England, and from ePact. Further details on the sources used can be found in the Appendices. Other published documents and reports were also used for information. These included Camden's JSNA and Annual Public Health Report, as well as various profiles and factsheets produced by Camden's Public Health department. Engagement underpinned each stage of the assessment process, including qualitative research carried out for the PNA; more details can be found in Section 3.3.

Figure 3.1: Process used in conducting the PNA

Set up steering group & project management of PNA

Gathered relevant data

Outsourced qualitative research

Analysed demographics, health, and service data

Synthesised information and draft report

HWB reviewed the report

Formal consultation

HWB approved the report

3.2. Governance and steering group

A steering group was set up to oversee the development of the PNA in accordance with Department of Health regulations. The work of the steering group was governed by Camden's HWB. The consultation documentation was approved by the HWB on October 9, 2014 and the final PNA was approved by the HWB at their meeting on January 29, 2015.

Members of the steering group included representatives from:

- Camden and Islington Public Health (joint department)
- Camden CCG Medicines Management
- Local Pharmaceutical Committee
- Camden Healthwatch
- NHS England

Camden Council Communications (as required)

The steering group met regularly to discuss key aspects of the PNA and make any required decisions. The group also ensured that the PNA captured the specific needs of the local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant. Progress on the PNA was reported to the HWB through the quarterly Officer's Group meetings. This group also advised on key decisions on behalf of the HWB.

Now published, the group will ensure that the findings of the PNA are disseminated widely, and will work towards implementation of the recommendations with relevant partners on behalf of the HWB.

The steering group was governed by terms of reference, agreed by all members. In addition, all members were required to declare any conflicts of interest. This is all described more fully in Appendix B.

3.3. Engagement during the development of the PNA

The PNA was developed in conjunction with internal and external stakeholders, taking an inclusive approach from the beginning with the local Healthwatch organisation on the PNA steering group. Their insight into Camden's population was invaluable when designing the approach and making the final assessments.

The data gathering phase also included a piece of innovative qualitative research that aimed to better understand the views of local residents as well as those of pharmacists and other health professionals. Gathering the views of people linked closely with pharmacies was essential to putting together a holistic view of provision and need in Camden. Local residents who use community pharmacy services (dispensing services, management of long term conditions¹⁰ or enhanced services) took part in focus groups. Residents were recruited to the focus groups through voluntary sector groups and through on-street recruitment. The second part of the research, an online survey of pharmacists and other health professionals, was carried out to better understand ideas for service improvement and integration, signposting and provision. The survey was sent out to all pharmacists and other health professionals in Camden. The key findings are in Section 5.6, and the full report is available as Appendix C.

Lastly, the mandated 60-day consultation period has also allowed for other members of the public, professionals and other stakeholders to comment on the draft PNA and whether it

¹⁰ A long term condition is a health problem that cannot be cured but can be controlled by medication or other therapies.

truly reflects the needs of Camden residents. A list of consultees specifically requested to take part is list in Appendix D.

3.3.1. Organisations contacted as part of the PNA process

Information to be taken from the consultation document.

3.3.2. Responses received

Information to be taken from the consultation document.

3.3.3. Regulatory consultation process and outcomes

The draft PNA has been consulted on for the mandatory 60-day period, from October 20, 2014 to December 19, 2014. The responses collected from the broad range of stakeholders invited to take part have been collated into a comprehensive report, and these are available in Appendix E, with a summary included in Chapter 7.

3.4. Context of Camden's PNA

Camden is an inner London borough, covering an area of 22 square kilometres. It is the eighth most densely populated borough in the United Kingdom with about 10,500 people per square kilometre. More than 225,000 people live in Camden.

3.4.1. Area and demographics

Camden borders Brent, Barnet, Haringey, Islington and Westminster boroughs, as well as the City of London (Map 3.1). As an inner London borough, Camden's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents form other areas travel in for work, and tourists. The latest figures show that Camden's population more than doubles in size on an average workday to more than 525,000 people, including 73,000 domestic and overseas tourists. This PNA takes will take this change into account when making recommendations ¹¹.

More information about the demographics of Camden's population can be found in Chapter 4, which focuses on the health needs of Camden's population.

In Camden, there are 38 GP practices, 39 general dental practices, 68 community pharmacies and five hospitals, as well as other community based services. More information on service provision is given in Chapter 5.

¹¹ Greater London Authority (2013). http://data.london.gov.uk/datastore/package/daytime-population-borough

Harrow
Ha

Map 3.1: London boroughs showing Camden's location, 2014

3.4.2. Priorities and strategies

Decision-making around the provision of pharmacy services in Camden is based on the findings from Camden's Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy and commissioning strategies.

The JSNA is an overarching needs assessment for the area designed to influence service planning and commissioning. It describes the current and future health and wellbeing needs of the local population and makes recommendations for action to meet these needs, taking into account current services and evidence of effectiveness. The JSNA is created jointly by the local authority, CCG, Healthwatch, and other partners including the voluntary and community sector (VCS). Undertaking and publishing a JSNA is a mandatory requirement of all HWBs and their partners. Camden's most recent JSNA is available online ¹².

Informed by the JSNA, Camden's Joint Health and Wellbeing (JHWB) Strategy for 2014-15 prioritises two key areas of health and wellbeing to reduce health inequalities, and improve life expectancy in Camden: healthy lives and mental health and wellbeing. The JHWB strategy can be found here: [consultation in Autumn, followed by publication].

Camden Health and Wellbeing Board, Joint Strategic Needs Assessment (2013) www.camden.gov.uk/jsna

Camden CCG's commissioning strategy takes the JSNA into account as well as other assessments and information to make decisions about priorities for the future. The priorities for Camden CCG are directly aligned with those of the JHWB Strategy, with an additional priority to deliver high quality, efficient services within the resources available. The Camden CCG website offers more information in their commissioning strategy ¹³.

Camden's joint Public Health function, which is part of the London Boroughs of Camden and Islington, takes into account all of the priority areas mentioned above when setting their own goals which inform commissioning of local services through pharmacies. Overall, PH strives to improve the health and wellbeing of Camden residents, while reducing the inequalities in life expectancy and quality of life that exist across its communities. This is carried out through a focus on nine key areas: children and young people; active, healthy lives; tobacco; alcohol and drug misuse; sexual health; mental health and wellbeing; early diagnosis; ageing; and health protection.

NHS England's mission is to provide patients with a safe, effective and positive experience, and it aims to provide services that give all patients access to services which give them greater control over their health and wellbeing ¹⁴.

Healthwatch Camden's strategic priorities for the coming years are complaints about primary care services, home care services and specialist services for children. Mental health, accessible information and services for homeless people were also considered as key areas¹⁵.

3.5. Deciding on the localities for the PNA

The regulations governing the PNA require that the area covered by the PNA is divided into localities, in order to take into account the differing needs of the population covered. These localities are used for making the assessment.

Localities for Camden's PNA have been chosen to match those used by Camden CCG for commissioning purposes: North, South and West, as shown in Map 3.2. In this way, the PNA can easily be used to support the integration of health service provision in Camden, as the CCG has already set up structures to monitor and deliver services at this geographical level. The localities were discussed and agreed by the PNA steering group, and a proposal was put forward to Camden's HWB Officer's Group for approval. The localities were agreed without comment.

¹³ Camden Clinical Commissioning Group, http://www.camdenccg.nhs.uk/what-we-do

¹⁴ NHS England, http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf

¹⁵ Healthwatch Camden, www.healthwatchcamden.co.uk/sites/default/files/final_healthwatch_camden_annual_report_ 2013_-_2014.pdf

3.5.1. Resident population of localities

The resident population of Camden's localities varies, due to the varying population density between areas. The table below shows the resident population, using the 2011 Census findings. As a comparison, the GP registered population is also shown.

Table 3.1: Number of people registered with GP practices in locality, and resident in locality

Locality		ed population 2012)		population 111)
200amy	Number of people	Percent of total population	Number of people	Percent of total population
North	97,025	37%	108,496	49%
South	114,451	44%	63,104	29%
West	51,597	20%	48,738	22%
TOTAL	263,073		220,338	

Source: GP practice IT systems / Open Exeter; Census 2011

The large difference between the GP registered and resident population in the South locality is due to a number of GP practices that lie within the South locality but border the North locality, and other local authorities. This has been taken into account when making the final assessments of need in the area.

Camden wards by GP locality, 2014 Highgate Hampstead Town Frognal and Gospel Fitzjohns Fortune Green Oak Kentish Town West Hampstead Haverstock Cantelowes Belsize Swiss Cottage Camden Town with Primrose Hill Kilburn St. Pancras and Somers Town Regent's Park King's Cross Bloomsbury Holborn and Covent Garden **GP** locality North South West © Crown copyright and database right 2014. Ordnance Survey 1000551221

Map 3.2: Camden Localities and wards

4. HEALTH NEEDS PROFILE FOR CAMDEN

This chapter will provide a summary of the health needs of Camden's population, relevant to the PNA.

4.1. Key messages: impact of Camden's health needs on pharmacy provision

- Camden's diverse population is made up of more younger and working age people than a typical London borough. There are clear areas of deprivation within the borough, with the South locality being more deprived compared to the North and the West.
- The projected growth to 2024 will create additional demand for pharmaceutical services across Camden's existing pharmacy network, particularly among older people. New housing developments will also alter the way in which our population use services and the demands placed on community pharmacy.
- Understanding the diversity of Camden's population is important, given that disease rates and health conditions vary by age and ethnic group, and in particular, some smaller ethnic groups experience stark health inequalities. There are also geographical differences in where people are living with long term conditions, with those in the North locality experiencing more multiple long term conditions and conditions associated with older populations (e.g. dementia).
- High blood pressure and diabetes are the most commonly diagnosed long term conditions in Camden, accounting for half of the 61,000 long term conditions that have been diagnosed in 36,700 people. There is a high prevalence of mental health need locally, particularly in more deprived areas, with 5% of people living with diagnosed depression. Not everyone with a long term condition has been diagnosed and current estimates suggesting that there are 46,000 undiagnosed long term conditions within the borough.
- While smoking prevalence in Camden is similar to the London and England averages, with around one-in-five residents reporting that they are current smokers, the high burden of disease associated with smoking means that supporting people to quit remains a high priority within the borough. Similarly, supporting people to maintain a healthy weight is important given the associated risks of developing long term conditions.
- Camden has a higher prevalence of drug and alcohol misuse than other London boroughs, particularly in relation to opiate and crack-use. The borough also has high rates of sexually transmitted infections and HIV, particularly among young people (Chlamydia) and men who have sex with men (MSM) (HIV, gonorrhoea and syphilis). The rate of teenage pregnancy is one of the lowest in London.

4.2. Population demographics

4.2.1. Population and projected growth

About 225,000 people currently live in Camden, with the population distributed across the three PNA localities and wards (Table 4.1).

Table 4.1: Population by locality, 2014 estimates

Locality	Ward Name	Population
North	Belsize	12,590
	Camden Town with Primrose Hill	12,840
	Cantelowes	12,150
	Frognal and Fitzjohns	12,050
	Gospel Oak	11,330
	Hampstead Town	11,230
	Haverstock	12,470
	Highgate	11,010
	Kentish Town	13,590
	North Total	109,260
South	Bloomsbury	11,530
	Holborn and Covent Garden	13,380
	Kings Cross	12,340
	Regents Park	14,250
	St Pancras and Somers Town	15,410
	South Total	66,910
West	Fortune Green	11,860
	Kilburn	12,140
	Swiss Cottage	12,930
	West Hampstead	12,250
	West Total	49,180
Camden population		225,350

Source: GLA projections, 2013

Camden's population is expected to rise to 241,660 by 2024, an increase of 7%¹⁶. This compares to a 10% increase in London. The largest percentage increase is expected in people aged 75 and over, with numbers in this group predicted to rise by 30% (3,500 people). The expected population rise in people aged 25-44 accounts for the largest change in terms of numbers of residents, with an estimated growth of 5,000 people.

Expected population growth varies by geographical area within the borough of Camden. The highest expected increase is in the South locality, where the population is expected to increase by 12% (8,000 people). This is mainly driven by large increases in Regent's Park and Pancras and Somers Town wards (13% and 24% respectively), and also accounts for

¹⁶ GLA 2012 Round 'Camden Development v2'. Interim 2011 census rebased.

almost half of the projected increase in Camden overall. The North and West localities are expected to increase at a much lower rate than the Camden average.

New developments will contribute to the projected increases in population. Camden's Planning Department estimated in January 2014 that there will be approximately 3,300 additional homes built in the borough by 2018/19, with a further 1,000 added by 2023/24 and another 1,900 by 2028/29 (Map 4.1). According to the 2011 Census, the average household size in Camden in 2011 was 2.17 people. Assuming a slightly smaller average household size applies to new developments (two people per household), an estimated 11,000 additional residents arising from new development will live in Camden by 2028.

Residential development and the population increases arising from development are particularly concentrated around the St Pancras and Somers Town, Regent's Park, Cantelowes and West Hampstead wards. There are no projected residential developments in Belsize, Fortune Green, Frognal or Fitzjohns between the present and 2026, Hampstead Town and Highgate wards have very small increases arising from residential development.

It should be noted that further alterations to the London Plan (January 2014) requires Camden to deliver a minimum of 8,892 homes between 2015 and 2025, significantly more than identified by potential major developments.

The population of Camden is highly mobile, with one of the highest rates of turnover in London. Just over one quarter of Camden's population either moved in or out of Camden in the course of a year (Figure 4.1), one of the highest rates in London. There are more people moving into Camden than leaving the borough, increasing the population size.

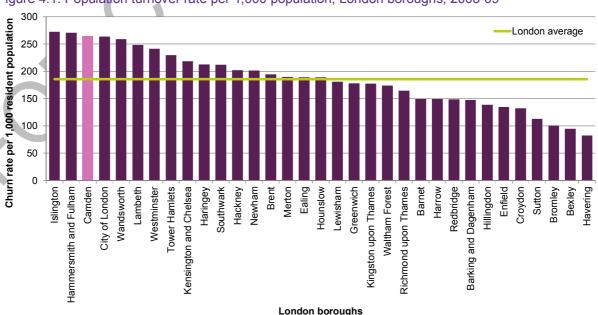


Figure 4.1: Population turnover rate per 1,000 population, London boroughs, 2008-09

Source: GLA, 2010

*Islington planned developments are only available for 2021 Planned new developments % growth in population since 2011 37 to 43% more residents 1,000 to 1,500 new homes 31 to 36% more residents 25 to 30% more residents 500 to 999 new homes 19 to 24% more residents 13 to 18% more residents 250 to 499 new homes 7 to 12% more residents 0 to 6% more residents 50 to 99 new homes Camden 25 to 49 new homes Pharmacy 10 to 24 new homes © Copyright and database right 2014. Ordnance Survey 100021551 GP practice

Map 4.1: Projected percentage population increase by ward and planned new developments, Camden 2023

4.2.2. Student population

Camden is also home to the largest student population in London, with over 24,000 students attending one of the 11 higher education institutions in Camden. Over 40% of students are located in the South of the borough ¹⁷.

¹⁷ Higher Education Statistics Agency 2010-11.

4.2.3. Daytime population

As an inner London borough, Camden's population also swells during the day due to the number of people coming in to the area. Reasons for this include children in school, residents from other areas travelling in for work, and tourists. The latest figures show that Camden's population more than doubles in size on an average workday to more than 525,000 people, including 73,000 domestic and overseas tourists. About 340,000 of the total daytime population are workers, although it is not clear what proportion live and work in the borough.

4.2.4. Age and sex profile

The age and gender profile of Camden is similar to London but younger than England, with significantly greater proportions of adults aged between 25 and 40 years (Figure 4.2). The large student population and people of younger working age also contribute to a high level of turnover as people move in and out of the borough. Camden also has a smaller proportion of residents aged 5-19 than the London average.

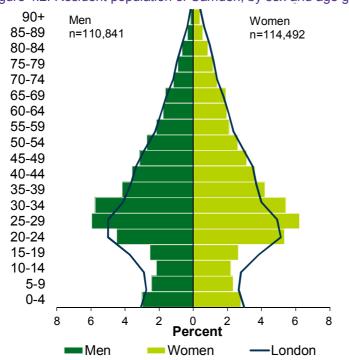


Figure 4.2: Resident population of Camden, by sex and age group, 2014

Source: GLA, 2014

In terms of localities, the population structures of the North and South localities are only significantly different to Camden overall in the 20-30 year age groups. In the North locality, people aged 20-30 represent a smaller proportion than in Camden, while in the South this age group represents a larger proportion. This could be due to the high number of students in this locality. The West locality has a significantly higher proportion of people aged 30-39 and a lower proportion of 15-29 year olds (Figure 4.3).

50% South 45% West 40% Camden 35% 30% 25% 20% 30% 15% 10% 5% 0% 0-9 10-19 20-29 30-39 50-59 60-69 70-79 80+ 40-49 Age group

Figure 4.3: Percentage of residents in Camden, by locality and age group, compared to Camden overall. 2014

Source: GLA, 2014

Age is an important determinant of health, and by extension, the need for healthcare services including pharmacies. Although the prevalence of living in poor health increases with age, two-thirds of Camden people living in poor health are under 65 years of age. While people's health generally deteriorates as they get older, in Camden people start experiencing poor health earlier than in England, when residents are middle-aged.

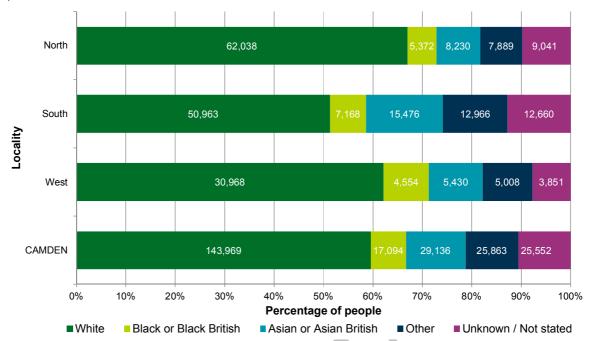
4.2.5. Ethnicity and language

Camden is a very diverse borough. Overall, about 40% of Camden's population are from black and minority ethnic (BAME) groups, ranging between 33% in the North locality and 49% in the South locality. The ethnic breakdown also differs between locality, with a larger proportion of Asian people in the South (16% compared to 12% in Camden overall). Figure 4.4 shows the ethnic distribution for people whose ethnicity has been recorded by their GP.

Generally the age structure of the BAME groups is younger than the white population across all localities; 47% of children and young people aged 0 to 24 years are from a BAME background compared to 16% of the population aged 65 years and over (Figure 4.4).

The numbers of people in certain ethnic groups are expected to increase more than others over time; 'Other Asian' (determined by the ONS 2011 census ethnic category) and 'Other Black' groups are expected to grow by 28% between 2011 and 2021.

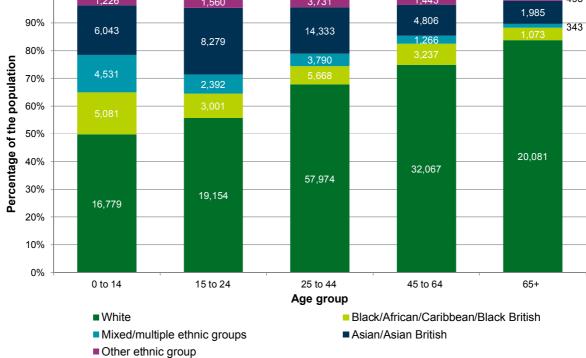
Figure 4.4: Percentage breakdown of GP registered population by ethnicity, Camden localities, September 2012



Source: Camden's GP PH dataset, 2012

100% 1,560 1,985 4,806 90% 6,043 14,333 8,279 1,266 80%

Figure 4.5: Percentage breakdown of Camden resident population by age group and ethnicity, 2011



Source: ONS, 2011

Almost half of people reporting poor health in Camden are White British, and more than one-in-six are Asian and one-in-eight are 'Other White' ethnic groups ¹⁸. This largely reflects the ethnic profile of Camden's population. It is some of the smaller ethnic groups, however, that experience the starkest health inequalities. Notably, White Irish people are more than twice as likely to be living in poor health compared to the Camden average. Unusually in the Irish population the proportion of middle-aged people who report poor health is the same as in the older-age group ¹⁸. In contrast, there is a clear relationship between age and poor health among Asian ethnic groups, with older Asians being almost twice as likely to be in poor health compared to the Camden average for over 65s.

A further reflection of Camden's cultural diversity is seen in the variety of languages spoken. After English, the three most commonly spoken languages are Bengali (13%), French (8%) and Spanish (6%)¹⁹.

4.2.6. Deprivation

Camden is significantly more deprived compared to England, and is the 15th most deprived borough in London. Deprivation varies considerably between localities in Camden. The North locality has more than half of its population living in affluent areas, while in the South locality more than half live in the most deprived areas in the borough.

There are also stark geographical health inequalities in Camden. People suffering from poor general health, mental ill health, and low life expectancy are generally concentrated in a few, deprived wards in the borough including St Pancras and Somers Town, Haverstock, and Kilburn. In contrast, residents in the most affluent parts of the borough have longer life expectancy, better general health, and fewer mental health problems than the England average. The stark inequalities at a geographical level in Camden demand an area-based, targeted approach to reduce health inequalities (Map 4.2).

The most deprived people in the borough are not only more likely to suffer from ill health than the more affluent; they also tend to be sicker with multiple long term conditions. The long term conditions most strongly associated with deprivation in Camden (adjusted for age) are diabetes, learning disabilities, chronic lung disease and chronic liver disease. At the level of individual Camden residents, it is not possible to say whether ill health follows deprivation or deprivation follows ill health, but we do know from national studies that there is a complex causal relationship between ill health and deprivation.

¹⁸ This is based on people reporting "bad" or "very bad" health in the Census 2011. The difference between Camden and England is less clear for people reporting "not good health" (defined as "fair", "bad", or "very bad" health).

Office for National statistics. 2011 Census (Online). Available from http://www.ons.gov.uk/ons/guide-method/census/2011/index.html (Accessed 22 August 2013)

IMD 2010 Local quintiles Most Deprived Least deprived Hampstead Town Camden Locality boundary Camden wards North Locality Gospel Oak Kentish Tow West Hampstead West Locality Cantelov Swiss Cottage amden Town with Primrose H Iburn St Pancras and Somers Town South Locality oomsbury

Map 4.2: Level of deprivation by small area, Index of multiple deprivation, Camden, 2010

Source: Department for Communities and Local Government, 2011

4.3. Life expectancy

Overall, Camden's life expectancy is higher than London and England for both men (80.5 vs 78.1 years) and women (85.4 vs 82.1 years) and has improved at a faster rate than London and England over the past ten years. The absolute improvement in life expectancy since 2000-02 was the largest of any local authority in England. This improvement in life expectancy has been driven by fewer deaths from heart disease, cancer, and chronic lung disease — the three main causes of death. The most common causes of cancer deaths, (lung, breast, prostate and bowel cancer), have all fallen over time.

The gap in life expectancy between the best- and worst-off helps us to understand how inequalities affect our population differently. Despite the fact that the gap in life expectancy has not widened in Camden, unlike in the rest of England, there is evidence to suggest that the poorest are being left behind: proportionately more people in the most deprived areas have reported poor health over the past 10 years. Furthermore, Camden has one of the

largest health gaps in England in terms of people living in "not good health" across occupational groups: the third largest health gap for men and the seventh largest for women. This highlights the large health inequalities in the borough which are masked by good life expectancy overall.

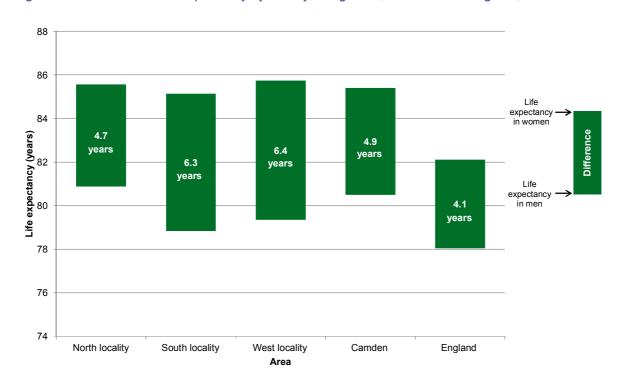


Figure 4.6: Difference in life expectancy by locality and gender, Camden and England, 2008-12

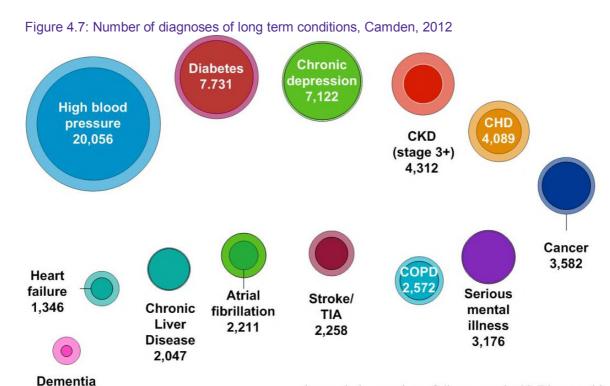
Source: Greater London Authority, 2014; ONS, 2014

The gap can also be seen at locality level. For men, the North has the highest life expectancy (80.9 years), with the shortest in the South (78.8 years). In women, there is smaller variation between localities, with life expectancy above 85 years for all areas (Figure 4.6).

4.4. Prevalence of long term conditions

Overall, 36,700 people (15%) in Camden have at least one diagnosed long term condition, with over 61,000 diagnoses overall (Figure 4.7). The most common conditions in Camden, high blood pressure and diabetes, make up almost half of all diagnoses.

The prevalence of long term conditions increases with age, with 60% to 65% of people aged over 55 diagnosed with a long term condition in each locality. The prevalence of having at least one diagnosed long term condition is highest among the black population and lowest among Asians, with no differences in the prevalence of long term conditions by ethnic groups across localities.



Inner circle: number of diagnoses in 18-74 year olds
Outer circle: number of diagnoses in all ages
Note: It was not possible to extract data for chronic depression for six practices
Source: Camden's GP PH dataset, 2012

There is a significantly higher percentage of people with at least one long term condition in the North and West localities (17% in both) than Camden overall. The lower prevalence of long term conditions in the South locality is consistent with the younger population. Overall, the most deprived areas in Camden have the highest prevalence of long term conditions. There is a significant difference in the prevalence of long term conditions between the most and least affluent areas in the North (23%) and West (20%) localities, compared to 15% overall. People in the most deprived areas are also more likely to have two or more long term conditions, about 10% compared to 6%.

Depression is the most prevalent mental health condition in Camden. In 2012/13, 5.4% (11,078) of adults registered with a Camden GP were recorded on the depression register. This was significantly higher than the London average. The borough also has a higher diagnosed prevalence of serious mental illness than both London and England (1.3%; 3,176 adults). The prevalence of dementia is 0.3% (843 adults); significantly lower than the London average. Statistical modelling indicates that 56% of the expected number of cases of dementia have been diagnosed (no similar models are available for depression or serious mental illness). A higher percentage of women are diagnosed with depression than men; the opposite is true for serious mental illness. Prevalence of both these conditions is significantly higher in more deprived areas of Camden.

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The prevalence of individual long term conditions varies by locality, even after the age structure of the population is taken into account. Table 4.2 shows the long term conditions and localities where prevalence is significantly higher or lower than the Camden average. The reasons for these differences will be complex and related to levels of deprivation, individual risk behaviours (e.g. smoking) and personal characteristics such as ethnicity.

More detailed information about the prevalence of long term conditions can be found in Camden's localities profiles, found in Appendix F.

Table 4.2: Difference in diagnosed prevalence of long term conditions, by locality, Camden, 2012

Long term condition	North	West	South
Atrial fibrillation (AF)			
Cancer	•		1
Chronic depression	1		1
Chronic kidney disease (CKD)	1	1	
Chronic liver disease (CLD)	↓		
Chronic obstructive pulmonary disease (COPD)	1		1
Coronary heart disease (CHD)			
Dementia		•	1
Diabetes	1		1
Heart failure	1		1
High blood pressure (hypertension)		•	1
Serious mental illness			
Stroke / TIA	1	1	

Source: Camden PH GP dataset, 2012

Note: Green arrows indicate where prevalence, adjusted for age is higher than the Camden average.

Red arrows indicate where prevalence, adjusted for age, is lower than the Camden average.

4.4.1. Comorbidities

Of people with a diagnosed long term condition, 40% have more than one (14,500 people), including 2,500 people with 4 or more long term conditions (Figure 4.8). Most people who have been diagnosed with one or more condition have high blood pressure and diabetes, reflecting the pattern of overall prevalence.

Older people are also more likely to suffer from more than one long term condition, with 41% of those aged 65+ years in Camden diagnosed with multiple conditions, rising to 58% for those aged 80+ years.

People with diagnosed mental health conditions have a higher prevalence of comorbidities (additional long term conditions), with 40% of patients diagnosed with another long term condition across Camden. The distribution of comorbidities in people with a mental health condition across each of the localities is similar to the Camden average.

25% 20% Percentage of people 1,105 689 2,565 3,680 9,764 5% 4,757 22,171 7,650 0% North West CAMDEN South Locality ■1 LTC 2 LTCs ■3 LTCs ■4+ LTCs

Figure 4.8: Percentage of GP registered patients by number of long term conditions, Camden localities, September 2012

Source: Camden's GP PH Dataset, 2012

4.4.2. Expected prevalence of long term conditions

Statistical models are used to estimate the expected prevalence of long term conditions as not all those with a long term condition will have been diagnosed. The models take differences in age, gender, deprivation and smoking status between populations into account when calculating the number of people undiagnosed. There are currently models for high blood pressure, diabetes, coronary heart disease (CHD), chronic kidney disease (CKD), chronic obstructive pulmonary disease (COPD), and stroke/TIA. The latest models show that for these long term conditions, the estimated prevalence is higher than the diagnosed prevalence (Table 4.3), indicating about 46,000 undiagnosed long term conditions in Camden. Some people may have more than one undiagnosed condition.

Table 4.3: The prevalence gap for six major long term conditions, Camden GP registered population, aged 16+, September 2012

Long term condition	Diagnosed prevalence	Estimated prevalence	Number diagnosed	Number not diagnosed
High blood pressure	10.8%	24.2%	20,800	25,900
Diabetes	4.8%	6.8%	9,330	3,844
CHD	1.7%	3.6%	3,854	4,275
CKD*	1.8%	5.2%	3,363	6,367
COPD	1.7%	3.8%	3,366	4,027
Stroke/TIA	1.0%	1.7%	2,301	1,487

Sources: APHO prevalence models, 2012; Camden GP PH dataset, 2012; QOF, 2012/13 * CKD prevalence figures are for people aged 18+.

The undiagnosed prevalence of conditions varies by locality, reflecting local differences in deprivation, gender, age and ethnicity profiles of the population, smoking prevalence and rates of diagnoses by GPs (Table 4.4).

Table 4.4: Diagnosed and expected prevalence for six major long term conditions by locality, Camden GP registered population aged 16+, September 2012

Camacii Gi	Locality						
Condition	No	rth	South		W	West	
	Diagnosed prevalence	Expected prevalence	Diagnosed prevalence	Expected prevalence	Diagnosed prevalence	Expected prevalence	
High blood pressure	9%	21%	7%	16%	10%	19%	
	(8,534)	(19,375)	(6,337)	(15,640)	(5,047)	(9,718)	
Diabetes	3.8%	8.2%	3.5%	6.6%	4.1%	8.1%	
	(2,876)	(6,221)	(2,978)	(5,646)	(1,723)	(3,418)	
CHD	1.9%	3.4%	1.3%	2.6%	1.8%	2.7%	
	(1,771)	(3,063)	(1,322)	(2,583)	(936)	(1,376)	
CKD*	2.4%	6.6%	1.5%	3.9%	3.0%	5.6%	
	(1,767)	(4,907)	(1,299)	(3,366)	(1,203)	(2,236)	
COPD	1.1%	2.9%	0.9%	2.5%	1.1%	2.7%	
	(1,049)	(2,702)	(890)	(2,459)	(553)	(1,359)	
Stroke/TIA	1.0%	1.5%	0.8%	1.2%	1.1%**	1.3%**	
	(890)	(1,297)	(761)	(1,178)	(568)	(639)	

Sources: APHO prevalence models, 2012; Camden GP PH dataset, 2012; QOF, 2012/13 * CKD prevalence figures are for people aged 18+. Shaded cells indicate where the largest gap lies for each condition.

^{**}Difference between diagnosed and expected prevalence is not statistically significant.

4.5. Lifestyle risk factors

Smoking, obesity, alcohol consumption, physical inactivity, and poor diet are all important modifiable risk factors that can impact on health outcomes. Supporting people to adopt healthier lifestyles can reduce the development of long term conditions, extend life expectancy and improve quality of life. For people with existing diagnoses, offering support to adopt healthier lifestyles can halt the development of comorbidities and aid overall management of long term conditions.

Box 3: Recording of lifestyle risk factors

GPs record lifestyle risk factors for their patients on areas such as smoking, alcohol, and weight. The extent to which lifestyle risk factors in people are recorded in Camden differs according to risk factor, time, age and whether the risk factor is included within the Quality and Outcomes Framework, a national audit framework for GPs.

Smoking status is well recorded, a probable reflection of reward through QOF for GP practices. Alcohol recording, on the other hand, is poorly recorded which may be the result of low confidence amongst GPs in asking people their drinking status and the accuracy or honesty with which people reply. It may also reflect confusion over how alcohol units are measured, as this is not straightforward. BMI recording is also poor; however this is mainly driven by practices in the South locality, where one-in-three patients do not have their BMI recorded (Table 4.5). This could be due to the large student population at these practices leading to high turnover.

Table 4.5: Percentage and number of GP registered patients without risk factor information recorded, by risk factor and locality, Camden GP practices, September 2012

Locality	Smo	Smoking Alcohol E		Alcohol		МІ
Locality	n	%	n	%	n	%
North	2,952	4%	14,334	19%	8,461	11%
South	5,537	7%	19,991	23%	27,001	31%
West	1,998	5%	6,196	15%	4,575	11%
Camden	10,487	5%	40,521	20%	40,037	20%

The variation by locality in the recording of alcohol and BMI needs to be considered when interpreting the data shown in the next sections, as low levels of recording can lead to under-reporting of the prevalence of these risk factors. This is especially true of the South locality, where recording is lowest for all three risk factors discussed.

4.5.1. Smoking

Tobacco use is the single most important modifiable risk factor for early death and serious illness. It is particularly associated with lung and oral cancers, circulatory disease and respiratory disease. Smoking accounts for over half of the gap in risk of premature death between social classes; mortality rates from tobacco are two to three times higher among disadvantaged social groups than among the more affluent.

The number of people who smoke has declined in Camden over the past ten years. Overall smoking prevalence, based on survey data, has reduced from 19% in 2010/11 to 17% in 2011/12 and current estimates are not significantly different to that estimated for London (19%) and England (20%). Data from general practices in Camden indicate a prevalence of 20% (39,000 people), with no statistically significant difference between localities (Figure 4.9).

The fact that smoking remains more prevalent in key population groups highlights a need for targeted service provision. Groups with higher prevalence include:

- Men (25% prevalence versus 17% in women)
- People aged 45-59 (29% in men)
- People from lower socio-economic groups (29%)
- People with long term conditions (particularly those with mental health conditions almost half of this population group smoke and COPD). Despite smoking cessation being the most effective intervention to control and manage COPD, 44% of the population (1,128 people) with this condition in Camden still smoke.
- People from Black Caribbean, White Irish and Mixed ethnic backgrounds are significantly more likely to smoke than the general population in Camden and those from Asian, Black or Chinese ethnic groups are significantly less likely to smoke. However numbers are relatively small so the largest group in terms of number of smokers is White British.
- People living in the most deprived areas in Camden (26%) compared to those in the most affluent areas (18%).

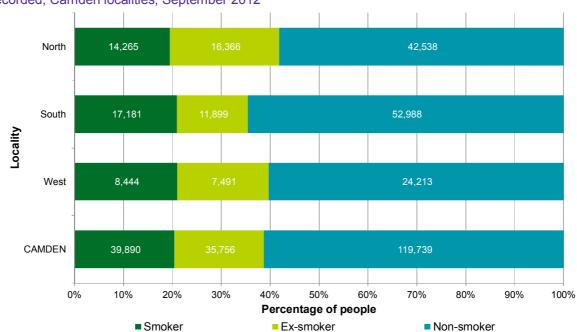


Figure 4.9: Percentage breakdown of GP registered population aged 16+, by smoking status, where recorded, Camden localities, September 2012

Source: Camden's GP PH Dataset, 2012

4.5.2. Alcohol

Alcohol misuse is a major cause of illness, injury and death. Although the immediate intoxicating effects of alcohol are often easily identifiable, the longer-term health consequences of drinking may remain undetected. Alcohol is linked to more than 60 different conditions, including liver disease, cancer, osteoporosis, stomach ulcers, and raised blood pressure. There is a strong correlation between alcohol abuse / dependence and mental health problems. Alcohol has also been linked to self-harm, suicide and psychosis. Evidence suggests that regular chronic heavy alcohol intake (more than 10 units per day) is a risk factor for alcohol related dementia, whereas mild to moderate alcohol intake may be protective against the development of dementia. People who drink alcohol may also be at a greater risk of sexually transmitted infections.

Alcohol also has a wider impact on society, and this can be caused by all levels of consumption, not just by those who are dependent drinkers. Alcohol-related harm includes crime, family dysfunction, traffic accidents, and problems in the workplace. Often it is the social impact of alcohol where the effects of someone else's drinking is felt most. Alcohol, particularly heavy drinking, increases the risk of unemployment, and for those in work, it may cause absenteeism and performance issues.

There are three main types of alcohol misuse – increasing risk, high risk and dependent drinking. In addition, binge drinking is also a term frequently used to describe a pattern of alcohol consumption. These drinking patterns are determined by the risk alcohol consumption proposes to the individual's health. According to estimates, three quarters of

Camden's population drink alcohol, and a quarter are abstainers. Of the drinking population, the majority (67%) are considered lower risk, with about 17,000 (11%) at higher risk²⁰. Around 20% of the drinking population binge regularly, i.e. they consume at least twice the daily recommended limit in one session.

Data from GP practices indicate that 10% of patients are drinking at higher or increased risk. However, these estimates exclude the large proportion of people where drinking has not been recorded (20%), so the true pattern may be different. The North locality has the highest proportion of higher and increased risk drinkers at 12% (Figure 4.10).

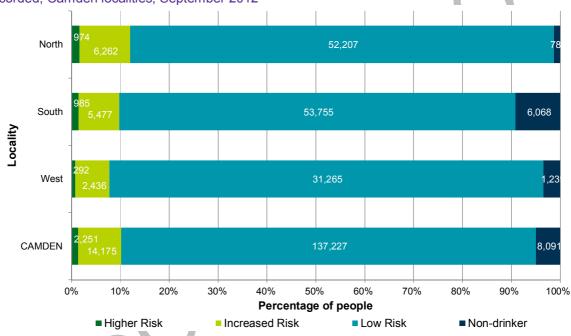


Figure 4.10: Percentage of GP registered population aged 18+, by alcohol consumption, where recorded, Camden localities, September 2012

Source: Camden's GP PH Dataset, 2012

The Camden Health Related Behaviours Questionnaire looked at alcohol use among a sample of pupils in the borough. A fifth of girls and 12% of boys in Year 10 reported drinking at least one unit of alcohol in the past week, though boys reported higher levels of consumption. In that age group, White and Mixed ethnic groups were more likely to report that they consumed alcohol in the past week, (35% and 39% respectively), compared to 7% among Asian pupils and 15% among Black pupils.

- Men who regularly drink no more than 3 to 4 units a day:
- Women who regularly drink no more than 2 to 3 units a day.

Increasing risk drinkers are defined as:

- Male who drink regularly more than 3-4 units a day (but less than higher risk levels)
- Female who drink regularly more than 2-3 units a day,

Higher risk drinkers are defined as:

- Male who drink regularly more than 8 units a day or more than 50 units of alcohol per week
- Female who drink regularly more than 6 units a day or more than 35 units of alcohol per week.

²⁰ Lower risk drinkers are defined as:

Alcohol also impacts on hospital admissions in Camden. The rate of alcohol-related admissions in Camden (1,997 per 100,000 population) is not significantly different to the rate for London (2,038 per 100,000) or England (1,974 per 100,000). People in the most deprived areas of Camden are significantly more likely to be admitted for an alcohol-related cause, as well as people living in Gospel Oak, Kentish Town, Kilburn, Regents Park and Haverstock wards. About a third of people were admitted to hospital more than once. Hypertensive disease and mental and behavioural disorders due to alcohol make up the largest proportion of these admissions.

Box 4: Defining harm related to alcohol

Alcohol-specific conditions include those where alcohol is entirely responsible for the admission, development of the disease, or death. For example, alcoholic liver cirrhosis and poisoning from alcohol are wholly related to alcohol.

Alcohol-related conditions include all alcohol-specific conditions plus those where alcohol contributes to a greater or lesser degree to the disease. A death or admission that is partly caused by alcohol can include high blood pressure, breast cancer, falls and accidents.

Alcohol-specific admissions are significantly higher amongst Camden men (593 per 100,000 population) compared to both London and England. For women, the alcohol-specific admission rate (241 per 100,000) is significantly higher compared to London but similar to England. People living in the most deprived areas of Camden are significantly more likely to be admitted for alcohol-specific conditions. Kentish Town and Gospel Oak wards have significantly more alcohol-specific admissions compared to the Camden average. About 40% of people were admitted more than once for alcohol-specific causes. Again, alcoholic liver disease and mental and behavioural disorders due to alcohol make up the bulk of these admissions.

4.5.3. Obesity

Modelled prevalence of obesity in people aged 16 and over in Camden is 15%, which is significantly lower than both London (21%) and England (24%). However, obesity is an important factor contributing to Camden's inequality gap in life expectancy. Just over 63,000 adults registered with a Camden GP are obese or overweight, including two thirds of adults with a long term condition. The West locality has the highest proportion of obese and overweight people (42%) while the South has the highest proportion of healthy weight people (61%). The overall BMI distribution in the North locality is similar to the Camden average (Figure 4.11). These estimates exclude the large proportion of people where BMI has not been recorded (20%), with under recording particularly high among GPs in the South locality, so the true pattern may be different (Figure 4.11).

Obesity prevalence increases with deprivation, with those living in the fifth most deprived areas in Camden being 52% more likely to be obese compared to the Camden average. People from a black ethnic minority are also more likely to be obese compared to the Camden average.

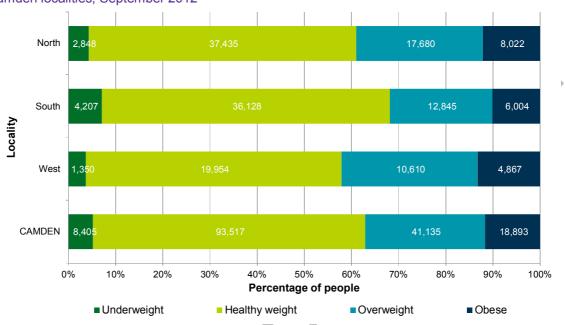


Figure 4.11: Percentage of GP registered population aged 18+, by BMI status, where recorded, Camden localities, September 2012

Source: Camden's GP PH Dataset, 2012

Being obese or overweight increases the risk of developing a range of serious conditions, and having a long term condition can also increase weight. In Camden, obese and overweight people are significantly more likely to have diabetes (type II), hypertension, heart failure, heart disease, serious mental illness and chronic depression. Overall, obese people are 80% more likely to have one or more long term conditions compared to people with healthy weight, with overweight people 31% more likely. Two-thirds of Camden adults with long term conditions are overweight and obese.

4.5.4. Drug misuse

Drugs misuse is complex. Not everyone who misuses drugs will develop a serious problem. However, for the small number who do, the impact on their health and wellbeing, on families, partners and friends, and on the health and wellbeing of the local community, can be considerable.

If estimates for London from the Crime Survey for England are representative of the Camden population, over 15,000 (10%) Camden residents aged 16-59 years used illicit drugs in 2012/13. This included almost 6,000 people who used at least one Class A drug (e.g. heroin, cocaine, ecstasy). Camden has one of the largest opiate or crack-using populations in London (2,350 people), including an estimated 840 injecting drug users,

although cannabis and powder cocaine are likely to be the most widely used illicit drugs in the borough.

The Camden Health Related Behaviours Questionnaire also looked at substance misuse among pupils. A third of Year 10 pupils have used an illegal drug, and 13% of Year 8 pupils. Within Year 10, drug use was highest among pupils from a Mixed ethnic background (53%) and lowest among Asian pupils (28%). Levels of need in those in treatment for drug use vary between boroughs and people using different types of drugs. Camden's drug treatment population is amongst those with the highest need in the country, for both opiates and non-opiates. In Camden, the most commonly recorded issue that impacts negatively on chances of successful treatment is housing problems or having no fixed abode. Over a third of clients in treatment for drugs report this issue.

4.6. Sexual health and teenage pregnancy

Sexual health and reproductive health are critical to population wellbeing. Poor sexual health can cause unintended pregnancies, sexually transmitted infections (STIs), cancers and infertility.

4.6.1. Teenage conceptions

In 2012 Camden had one of the lowest teenage conception rate in inner London and third lowest of all London boroughs at 18 conceptions per 1,000 15-17 year olds. This is equivalent to approximately 50 teenage conceptions that year and is below both the London and England averages. The forecast for teenage pregnancies is downward.

Whilst the teenage conceptions are low, the percentage of these leading to abortion is high in Camden. In 2012, 75% of under 18 teenage conceptions led to abortion compared to 49% in England and 62% in London.

4.6.2. Contraception

The effectiveness of some methods of contraception (contraceptive pill and barrier method) depends on their correct and consistent use. Long acting reversible contraception (LARC) methods, such as intrauterine devices or hormonal implants, provide highly effective, long term contraceptive protection for women. The availability and rate of LARC prescribing is an important measure of choice and quality in local contraception services, and a key part of the offer to improve contraceptive services to help prevent teenage pregnancy. National comparative data is available on prescribing in GP practices. In Camden, the rate for LARC prescribing in GP practices in 2013 (16 per 1,000 registered female population) was the 3rd lowest among 31 London boroughs, and significantly below England (53 per 1,000 population). There are significant providers of community contraceptive services, including young people's sexual health services, which also provide LARC in Camden. Therefore

data from general practice should not be seen in isolation of this wider service provision, although it does point to the potential to increase prescribing through general practice.

4.6.3. Sexually transmitted infections (STIs) and HIV

The rate of acute sexually transmitted infections (STIs) in Camden is significantly higher than the London and England averages overall. However, there are differences in the ways in which the different infections affect the population groups. Young people and MSM are at particular risk of the transmission of STIs and good sexual education provision should be considered alongside high quality, open access sexual health services.

In Camden, the rate of diagnosis of chlamydia for people of all ages (744 diagnoses per 100,000) is significantly higher than both London and England (522 and 390 per 100,000). However, diagnosis rates vary by age group and those in younger age groups (aged 15-24) are particularly at risk of infection; diagnoses in this age group accounts for 52% of all diagnosed chlamydia infections. Camden's screening coverage for chlamydia is similar to England yet its positivity rate is lower.

The rates of gonorrhoea and syphilis diagnoses are also significantly higher in Camden than London and England. Both of these infections predominantly affect men, specifically men who have sex with men (MSM), with 80% of gonorrhoea and 89% of syphilis cases diagnosed in Camden in 2013 being among MSM.

There were 1,304 people accessing HIV care in Camden in 2012. The rate of Camden residents accessing HIV care is significantly higher in Camden (8.4 per 1,000 population) compared to both London and England (5.5 and 2.1 per 1,000 population, respectively). Camden is considered to be an area of high prevalence, defined by Public Health England as having a rate of higher than 2 per 1,000 population. There has also been a significant increase from 2002 in those accessing treatment (from 7 per 1,000 in 2002 to 8.4 in 2012) as people are living longer with the virus and more people are diagnosed.

Of those diagnosed with HIV in Camden in 2013, 78% were men and 68% were men who have sex with men (MSM).

4.7. Seasonal 'flu

Flu is an infectious viral illness that is especially common in winter, which is why it is also known as "seasonal 'flu". 'Flu is more likely to cause complications (e.g. bacterial chest infection) in vulnerable groups including older people, young children, pregnant women, people with certain long term conditions (diabetes, heart disease, lung disease, kidney disease or a neurological disease) and those that are immunosuppressed. During winter, seasonal 'flu increases service use in both primary and secondary care.

Vaccination helps prevent seasonal 'flu and the complications associated with it. It is recommended for all people aged over 65 years; children aged two and three years; pregnant women; people with certain conditions; healthcare workers or carers and those living in a residential or nursing homes. 'Flu vaccination is available at GP practices and pharmacies. The DH target for 'flu vaccination is 75% coverage of eligible population.

In Camden during the 2013/14 'flu season 69% of registered patients aged 65 and over were vaccinated; 52% of patients aged 6 months to 65 years old with a flu-related condition; and 37% of pregnant women. This is below the DH target for each group, but similar to the London averages.

4.8. Hospital admissions

Emergency hospital admissions data allow for better understanding of which conditions are not being well-managed in the community or primary care. Rates of ambulatory care sensitive (ACS) admissions can be informative of a lack of good quality preventive and primary care services that, if enhanced, would prevent those admissions.

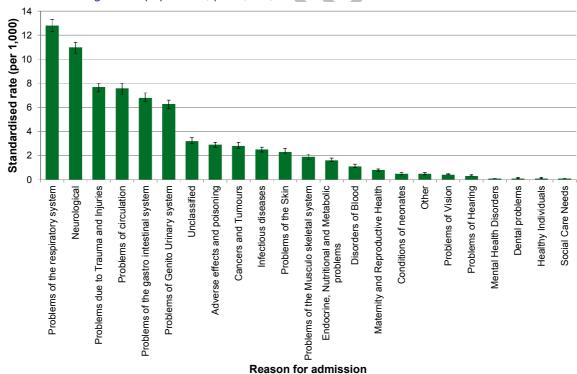


Figure 4.12: Standardised rate of emergency hospital admissions, by reason for admission, Camden's GP registered population, per 1,000, 2012/13

Source: NHS Comparators, 2014

There were 92,800 A&E attendances in Camden in 2012/13 (361 per 1,000 GP registered population), and over 15,000 emergency admissions (71 per 1,000). Most of these admissions were for problems with the respiratory system (2,420 admissions) or neurological conditions (2,495 admissions) (Figure 4.12). In this period there were 2,970

ACS admissions (15 per 1,000), a quarter of which were for 'flu and could have been prevented by vaccination.

Rates of emergency admissions are not available by GP localities, but all localities show variation in rates of ACS admissions by GP practices. Practices that had significantly higher than average rates of ACS admissions were in the North and South localities while in the West localities the rates were in line with Camden average.



5. CURRENT PROVISION AND ASSESSMENT

This section will describe the current picture of pharmacy provision in Camden. Findings from the qualitative research (see Chapter 3 for more information) are included in Section 0, from pharmacist and user perspective, drawing on the information presented in the Health Needs chapter. Taken together, an assessment will be made of how well current pharmacy services meet the needs of Camden's population.

As discussed in Section 2.3, the regulations covering the PNA require that pharmaceutical services are assessed in terms of the population's need and any gaps in necessary or relevant services, any improvements and better access, and other NHS services provided in the area. The PNA is also expected to explain where other services have been taken into account to influence the final assessment and recommendations.

5.1. Pharmacies in Camden

5.1.1. Distribution of pharmacies

There are 68 pharmacies in Camden; for reference, all of the pharmacies are shown in Map 5.1, with the pharmacy names in Table 5.1. Each ward has at least one pharmacy. Holborn and Covent Garden has the most pharmacies, with 11 (Table 5.2). There are no mail order or internet-based pharmacies. A full list of pharmacies in Camden can be found in Appendix A.

As Table 5.2 and Map 5.1 show, there is a greater density of pharmacies in the South locality, with 46 pharmacies per 100,000, compared to the average of 31 per 100,000 residents. There is a particularly high density of pharmacies in the Holborn and Covent Garden ward, reflecting the high day-time population in this area (see Section 4.1). By contrast, there is one pharmacy in King's Cross ward, but there are a number of pharmacies along the ward's boundaries with Holborn and Covent Garden, St Pancras and Somers Town, and Clerkenwell in Islington. Similarly, in the North locality there is one pharmacy in the Frognal and Fitzjohns ward, but there are several pharmacies in West Hampstead and Hampstead Town which are on the border with Frognal and Fitzjohns.

During the qualitative research process, a number of focus group participants identified the location and ease of access of pharmacies as one of the main strengths of community pharmacies in Camden.

Overall, Camden has 31 pharmacies per 100,000 residents, which is second only to Westminster (43 per 100,000) in London (Figure 5.1). The London average is 23 pharmacies per 100,000 residents. However, in Camden, the population increases during

the day because of the large working population and tourists - the ratio of pharmacies to daytime population is much lower (13 per 100,000). London average using the daytime population is 17 per 100,000.

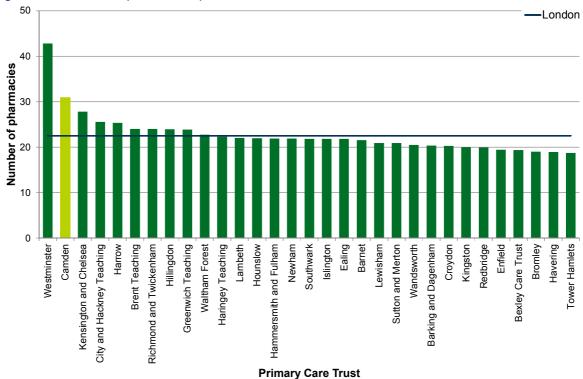


Figure 5.1: Number of pharmacies per 100,000 residents, London PCTs, 2012/13

Source: HSCIC, 2014

As Map 5.1 shows, there are also a large number of pharmacies close to the Camden border, particularly to the south of the borough. This reflects the denser population and workday population in this area of London; the neighbouring borough of Westminster has a daytime population in excess of 1 million people. Neighbouring pharmacies are also used by Camden residents for dispensing and other services; this is discussed further in Section 5.2.4.

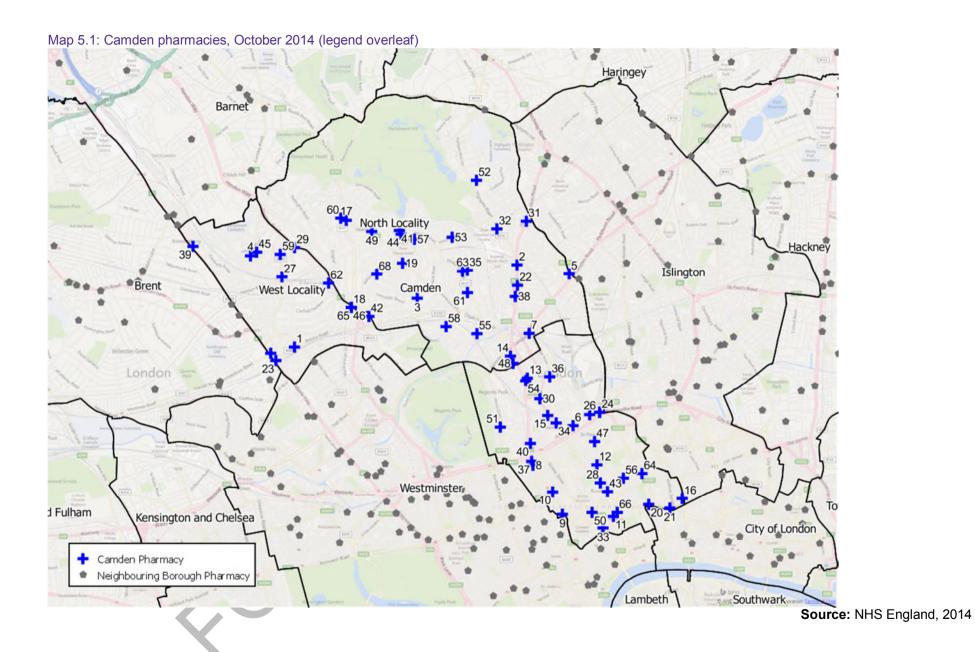


Table 5.1: List of Camden pharmacies, to accompany Map 5.1

Table 5.1: L	able 5.1: List of Camden pharmacies, to accompany Map 5.1					
Number	Display name	Number	Display name			
1	ABC Drugstores	35	Fine Chemists			
2	ABC Pharmacies	36	Goulds Chemists			
3	Allchins & Co Chemist	37	Grafton Pharmacy			
4	Aqua Pharmacy	38	Greenfields Pharmacy			
5	Aura Pharmacy	39	Greenlight Pharmacy (Cricklewood Broadway)			
6	Baban Pharmacy	40	Greenlight Pharmacy (Hampstead Road)			
7	Biotech Pharmacy	41	Hampstead Heath Pharmacy			
8	Boots The Chemist (122 Tottenham Court Road)	42	Hill Pharmacy			
9	Boots The Chemist (15-17 Tottenham Court Road)	43	Holborn Pharmacy			
10	Boots The Chemist (209 Tottenham Court Road)	44	House Of Mistry Ltd			
11	Boots The Chemist (Aviation House)	45	HV Thomas			
12	Boots The Chemist (Brunswick Shopping Centre)	46	IPSA Pharmacy			
13	Boots The Chemist (Camden High Road)	47	John Walker Chemists			
14	Boots The Chemist (Camden High Street)	48	JP Pharmacy			
15	Boots The Chemist (Euston Station)	49	Keats Pharmacy			
16	Boots The Chemist (Farringdon Road)	50	Kerrs Chemist			
17	Boots The Chemist (Hampstead High St)	51	Kings Pharmacy			
18	Boots The Chemist (Harben Parade)	52	M Simmonds			
19	Boots The Chemist (Haverstock Hill)	53	Macey Chemists			
20	Boots The Chemist (High Holborn)	54	Medicine Box			
21	Boots The Chemist (Holborn)	55	Morrisons Pharmacy			
22	Boots The Chemist (Kentish Town)	56	Niemans Chemist Ltd			
23	Boots The Chemist (Kilburn High Road)	57	Pharmacy Republic			
24	Boots The Chemist (Kings Cross Underground)	58	Primrose Chemist			
25	Boots The Chemist (Kings Cross)	59	Ramco Dispensing Chemist			
26	Boots The Chemist (St Pancras International Station)	60	Ritz Pharmacy			
27	Central Pharmacy	61	Rowlands Pharmacy			
28	Clockwork Pharmacy	62	Sainsburys Pharmacy			
29	Dales Pharmacy	63	Sandylight Pharmacy			
30	Day Lewis Pharmacy	64	Starr Pharmacy			
31	DH Roberts Chemists	65	Superdrug (Finchley Road)			
32	EICO Pharmacy	66	Superdrug (High Holborn)			
33	Essentials Pharmacy	67	Superdrug (Kilburn High Road)			
34	Evergreen Pharmacy	68	Village Pharmacy			
	J		Source: NHS England 2014			

Table 5.2: Number of pharmacies by Camden ward and locality, and the number of pharmacies per 100,000 population.

Ward		Total population	Number of pharmacies	Pharmacies per 100,000 residents
	Belsize	12,590	3	24
	Camden Town with Primrose Hill	12,840	5	39
	Cantelowes	12,150	2	16
	Frognal and Fitzjohns	12,050	1	8
North	Gospel Oak	11,330	3	26
2	Hampstead Town	11,230	4	36
	Haverstock	12,470	2	16
	Highgate	11,010	2	18
	Kentish Town	13,590	3	22
	North total	109,260	25	23
	Bloomsbury	11,530	5	43
	Holborn and Covent Garden	13,380	11	82
South	King's Cross	12,340	1	8
So	Regent's Park	14,250	6	42
	St Pancras and Somers Town	15,410	6	39
	South total	66,910	29	43
	Fortune Green	11,860	2	17
± =	Kilburn	12,140	3	25
West	Swiss Cottage	12,930	4	31
	West Hampstead	12,250	5	41
	West total	49,180	14	28
Camden	Total	225,350	68	30

Source: GLA, 2014 and NHS England, 2014

5.1.2. Opening hours

Each pharmacy is required to open for 40 'core hours' each week. The core hours are defined in the pharmacy's terms of service and cannot be changed without the consent of NHS England. Many pharmacies also open for additional hours during the week, which are known as supplementary hours. In Camden there are five pharmacies on 100 hour contracts. A full breakdown of pharmacy opening hours can be seen in Appendix G.

Weekday opening hours

On weekdays, most pharmacies are open between 9am and 7pm, with 44 (66%) pharmacies opening between these hours (Table 5.3). Three pharmacies in the North locality close for up to an hour at lunch time each day, and one pharmacy in the West locality closes for half an hour lunch break. In the South locality, Two pharmacies closed at lunchtime on Thursday, and one pharmacy closes at lunchtime on Friday, but in each instance there are nearby pharmacies that remain open.

A total of 22 (32%) pharmacies across the borough open before 9am. Nine pharmacies in the South locality open before 8am on weekdays, while one pharmacy in each of the other localities opens at 8am. Sixteen pharmacies open after 7pm (three in the North locality, eleven pharmacies in the South locality, and two pharmacies in the West locality). In the North and West localities, there is one pharmacy open until 11pm, and two pharmacies are open until midnight in the South locality. This summary of opening hours is also shown in Table 5.3, and the exact opening hours (at time of printing) are shown in Appendix G.

Weekend opening hours

Opening hours at weekends show more variation between pharmacies. Table 5.4 summarises the opening hours for Saturday, showing that there are 61 (90%) pharmacies open, with at least one pharmacy open in each ward (Map 5.3).

Baban Pharmacy in the South locality stays open overnight on Friday until 3pm on Saturday. Seven other pharmacies open at 9am on Saturdays, with at least one in each locality. Similar to weekdays, there is one pharmacy open until 11pm in the North and in the West locality, and one pharmacy open until midnight in the South locality.

Fewer pharmacies are open on Sundays; there are 24 (35%) pharmacies open, and at least one pharmacy in each locality. Thirteen of these pharmacies are open for more than 8 hours a day on Sunday. In terms of early and late night coverage, two pharmacies are open before 9am on a Sunday (both in the South locality), and six pharmacies are open after 7pm (with at least one in each locality).

In the West locality there are five pharmacies open for parts of Sunday, with Fortune Green and parts of West Hampstead (the northern portion of the West locality) having relatively little coverage on Sundays. There are seven pharmacies open in the North locality, but there are no pharmacies open in Highgate, Kentish Town and Cantelowes, the three wards which share a border with Islington, or in Haverstock.

This data is summarised in Table 5.5, and also shown in Map 5.4, with the full list of opening hours are showing in Appendix G.

Bank holiday opening hours

Ensuring pharmacy coverage on a Bank Holiday is the responsibility of NHS England's Area Team – pharmacies are not required to open but pharmacies are encouraged to notify the Area Team of their intentions to allow for service planning. If the Area Team determines that too few pharmacies are intending to open in a particular area they can direct pharmacies to remain open. As the situation changes from one Bank Holiday to the next, it is not possible to present any specific data on Bank Holiday opening hours.

Out of hours services

Camden's out of hours GP service is provided by Harmoni; patients calling the NHS Out of Hours service will be referred to the Harmoni service, which offers emergency appointments at a small number of GP practices across the borough, covering from 6:30pm until 8am.

As described above, there is at least one late night pharmacy in each locality: in the North and West localities one pharmacy is open until 11pm from Monday to Saturday, and in the South locality one pharmacy is open until midnight each day (and through the night on Fridays). On Sundays, there is one pharmacy open until 8pm in the North locality and one pharmacy open until 10pm in the South and West localities. A number of people attending the focus groups mentioned that they had difficulty accessing pharmacies late at night. For example, one resident described needing to travel from Kentish Town to Soho to access a late night pharmacy, and some participants in the focus groups for people with long term conditions and people with mental health problems expressed concern about access to medicines late in the evening and at weekends. With that in mind, it may be helpful to ensure that frequent pharmacy users are proactively made aware of the weekend and late night coverage in their area.

Table 5.3: Summary of pharmacy weekday opening hours, by locality and ward, October 2014

	Ward	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm
	Belsize	3	0	0	0
	Camden Town with Primrose Hill	3	0	1	1
	Cantelowes	2	0	0	0
	Frognal and Fitzjohns	1	0	0	0
North	Gospel Oak	2	0	0	1
2	Hampstead Town	3	1	0	0
	Haverstock	2	0	0	0
	Highgate	2	0	0	0
	Kentish Town	3	0	0	0
	North total	21	1	1	2
	Bloomsbury	0	1	0	4
	Holborn and Covent Garden	6	3	0	2
South	King's Cross	1	0	0	0
So	Regent's Park	4	1	0	1
	St Pancras and Somers Town	2	0	0	4
	South total	13	5	0	11
	Fortune Green	2	0	0	0
;;	Kilburn	3	0	0	0
West	Swiss Cottage	3	0	0	1
	West Hampstead	3	1	0	1
	West total	11	1	0	2

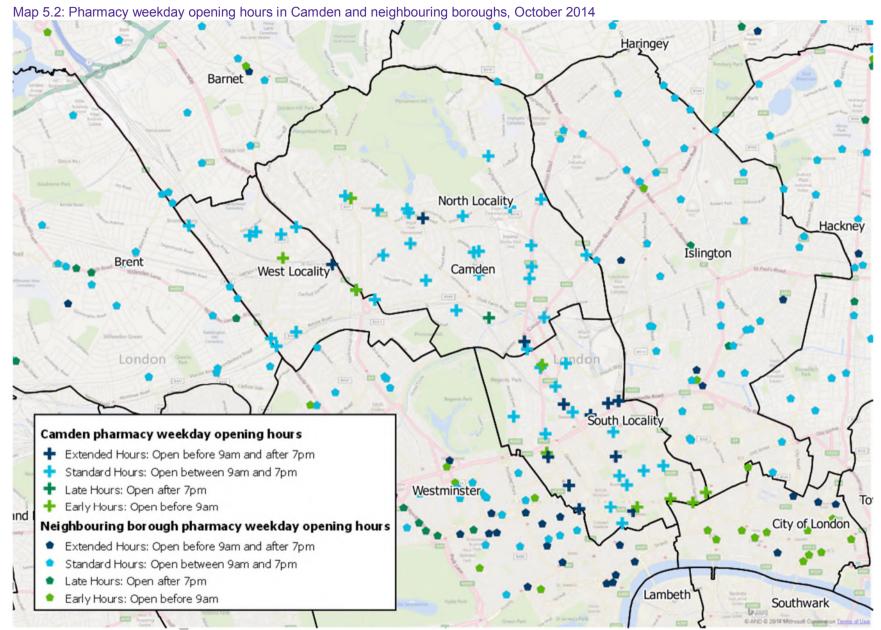


Table 5.4: Summary of pharmacy Saturday opening hours in Camden, by locality and ward, October 2014

	Ward	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
	Belsize	3	0	0	0	0
	Camden Town with Primrose Hill	4	0	1	0	0
	Cantelowes	2	0	0	0	0
	Frognal and Fitzjohns	1	0	0	0	0
North	Gospel Oak	2	0	0	1	0
S	Hampstead Town	4	0	0	0	0
	Haverstock	2	0	0	0	0
	Highgate	2	0	0	0	0
	Kentish Town	2	0	0	0	1
	North total	22	0	1	1	1
	Bloomsbury	5	0	0	0	0
	Holborn and Covent Garden	7	0	0	0	4
South	King's Cross	1	0	0	0	0
So	Regent's Park	4	0	1	0	1
	St Pancras and Somers Town	3	0	0	3	0
	South total	18	1_	1_	4	5
	Fortune Green	2	0	0	0	0
پ	Kilburn	2	0	0	0	1
West	Swiss Cottage	3	0	0	1	0
>	West Hampstead	4	0	0	1	0
	West total	10	1	0	2	1

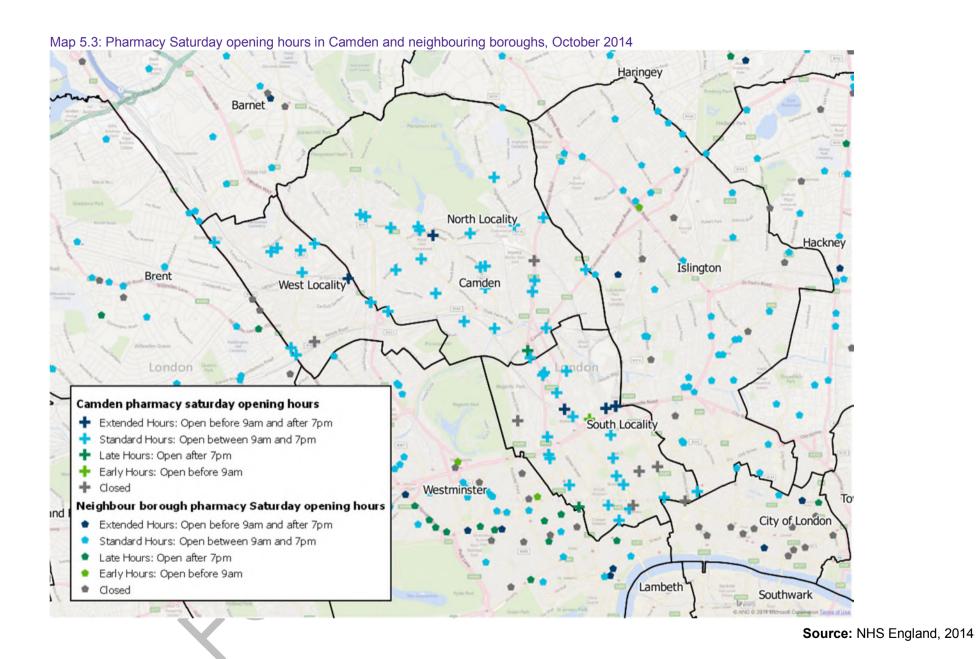
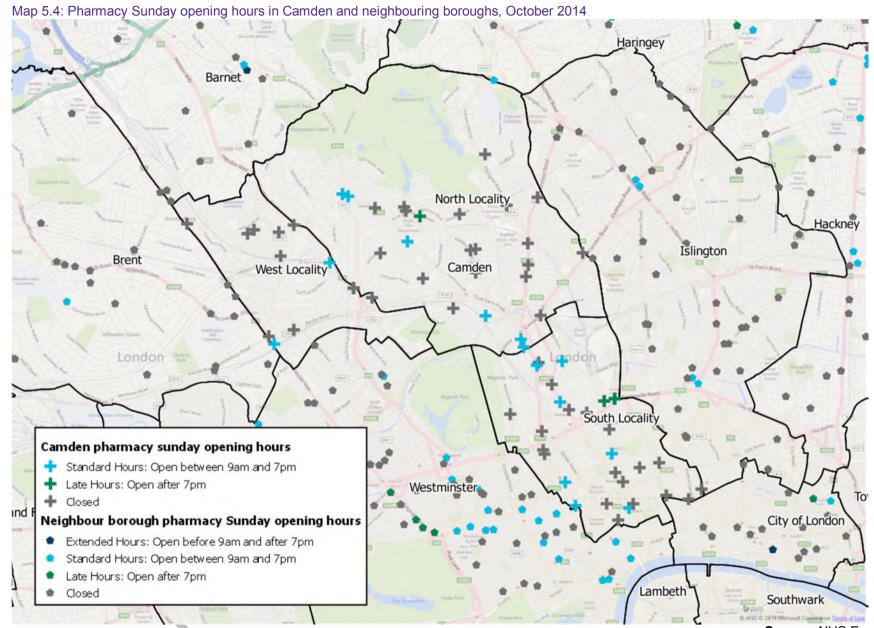


Table 5.5: Summary of pharmacy Sunday opening hours in Camden, by locality and ward, October 2014

	Ward	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
	Belsize	1	0	0	0	2
	Camden Town with Primrose Hill	3	0	0	0	2
	Cantelowes	0	0	0	0	2
	Frognal and Fitzjohns	1	0	0	0	0
North	Gospel Oak	0	0	1	0	2
S	Hampstead Town	1	0	0	0	3
	Haverstock	0	0	0	0	2
	Highgate	0	0	0	0	2
	Kentish Town	0	0	0	0	3
	North total	6	0	1	0	18
	Bloomsbury	3	0	0	0	2
	Holborn and Covent Garden	1	0	0	0	10
South	King's Cross	0	0	0	0	1
So	Regent's Park	3	0	0	1	3
	St Pancras and Somers Town	1	0	2	0	3
	South total	8	0	2	1	19
	Fortune Green	0	0	0	0	2
پ	Kilburn	1	0	0	0	2
West	Swiss Cottage	1	0	1	0	2
-	West Hampstead	1	0	0	0	4
	West total	3	0	1	0	10



CONCLUSIONS ON PHARMACY DISTRIBUTION AND OPENING HOURS

Camden has one of the highest numbers of pharmacies per 100,000 residents in London. Although there are some pockets of the borough where residents are more than 500 metres from a pharmacy in Camden, Camden has a strong public transport network, and there is some coverage from pharmacies in neighbouring boroughs.

On weekdays and Saturdays, the existing opening hours offer coverage for early hours and late evenings across the borough. There are some gaps on Sundays; there are six wards without an open pharmacy, including four wards in the North locality, which leaves seven pharmacies covering over 100,000 residents.

More pharmacies open before 9am in the North locality would allow for more patients to have a prescription filled following an early appointment with a GP.

Out of hours access is available in all localities. Focus group participants mentioned they were not able to access pharmacies out of hours, or had to travel long distances. Better promotion and signposting of people to their nearest late opening pharmacies within the borough would help to address this issue. Some pharmacy users mentioned that pharmacies could do more to support people with reduced mobility, including access for wheelchairs and providing seating in pharmacies for people waiting to be seen. However, 10 of 12 pharmacies to respond to our questionnaire said that their consultation room was wheelchair accessible so this may be a matter of improving communication and awareness. Accessibility was raised as one of the main influences in choosing a pharmacy, as well as proximity to home or work, opening hours, customer service and links to their GP practice.

In summary, there are sufficient numbers of pharmacies in Camden and extended opening hours are available in all localities. Resident engagement has highlighted that work could be done with residents to raise awareness about pharmacy opening times, particularly out of hours, and to improve the accessibility of some pharmacies for those who use a wheelchair or need a seat while waiting.

5.2. Essential services

In this section, the provision of essential services is assessed using the distribution of pharmacies, their opening hours, and the provision of dispensing services, as these factors are the most important in determining the extent to which the current provision of essential services meets the need of Camden's population.

Essential services are the services provided by all pharmacy contractors – including the dispensing of medicines and appliances, promotion of healthy lifestyles, and safe disposal of unwanted medicines. All 68 pharmacies in Camden must provide these services as a part of their contract so in order to assess the service provision. Pharmacies must also ensure that clinical governance arrangements are met, as set out in the Regulations. Focus group participants identified prescriptions, buying over the counter medication and seeking advice about medication were the pharmacy services used most often.

5.2.1. Dispensing services

Pharmacies in Camden dispensed an average of 3,084 items per month in 2012/13, compared with an average of 5,225 across London and 6,628 per month in England as a whole (Figure 5.2). This is the second lowest dispensing rate of all London boroughs, with only Westminster having a lower rate. This may be linked to the movement of people around London; Camden, Westminster, and City and Hackney have three of the lowest dispensing rates in London and are also the three areas with the largest daytime populations.

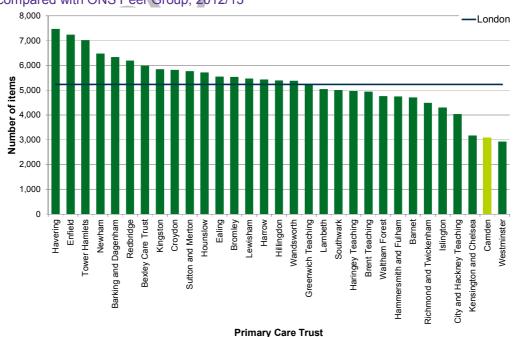


Figure 5.2: Average number of items dispensed per month, per pharmacy, Camden pharmacies compared with ONS Peer Group, 2012/13

Source: HSCIC, 2014

5.2.2. Repeat dispensing

The repeat dispensing service allows patients to collect their prescription from their pharmacy, without requesting a new prescription from their GP. This service aims to reduce the amount of GP visits for repeat prescriptions, facilitate easier planning for pharmacies, reduce waste, and increase the convenience of patients on repeat medications.

Some focus group participants mentioned repeat dispensing as one of the most frequently used services, and a service that worked particularly well. However, some other participants seemed unaware of the service and were interested to learn more, so this may be a service that pharmacists need to further promote to residents.

The latest data indicates that for Camden, between 6-7% of all items are repeat dispensing (Table 5.6).

Table 5.6: Number and percentage of prescriptions that are Repeat Dispensing at Camden pharmacies

priarriadics			
Month	Total prescriptions	Repeat dispensing	Percentage that are Repeat Dispensing
April 2014	194,230	12,604	6.5%
May 2014	202,905	14,223	7.0%
June 2014	200,624	12,775	6.4%

Source: ePact, 2014

5.2.3. Electronic Prescription Service

The second release of the Electronic Prescriptions Service was rolled out in 2009, and enables prescriptions to be sent electronically from GPs to the pharmacy. All pharmacies in Camden support EPS and all but one already support the EPS 2 release. As of August 2014, 34 of Camden's 39 GP Practices are EPS2 enabled or in the process of getting the new release set-up.

The latest prescribing data shows that the number of prescriptions issued through the EPS are rising, from a fifth of prescriptions in April to almost a quarter of prescriptions in June (Table 5.7).

Table 5.7: Number and percentage of prescriptions issued through the EPS at Camden pharmacies

Month	Total prescriptions	EPS prescriptions	Percentage that are EPS
April 2014	194,230	39,285	20%
May 2014	202,905	45,379	22%
June 2014	200,624	48,734	24%

Source: ePact, 2014

5.2.4. Other services

Cross border dispensing services

Patients can choose to have their prescriptions filled by any NHS pharmacy, so a substantial number of people use pharmacies outside of the borough. In 2013/14, 19% of items prescribed by Camden GPs were dispensed by pharmacies outside of Camden. The most frequently used pharmacies are listed in Table 5.8 and mostly fall in the immediately neighbouring boroughs.

Table 5.8: The top ten pharmacies most frequently used outside of Camden.

Pharmacy	Address	Post code	Borough
Hodgetts Chemist	79 Abbey Road	NW8 0AE	Westminster
Kings Pharmacy	343 Kilburn High Road	NW6 7QB	Brent
ABC Pharmacy	265 Kilburn High Road	NW6 7JR	Brent
Pitchkins & Currans	Unit 2	W9 3PP	Westminster
Bliss Chemist	50-56 Willesden Lane	NW6 7SX	Brent
Arkle Pharmacy	39 Junction Road	N19 5QU	Islington
York Pharmacy	York House, Unit 4	N7 9LW	Islington
Boots	43 King Street	W6 9HW	Hammersmith & Fulham
Boots	410 Holloway Road	N7 6QA	Islington
Total Medcare Limited	Unit 1, Knight House	IG10 3UD	Redbridge

Source: ePact, 2014

Essential Small Pharmacies Local Pharmaceutical Services Scheme

There are no pharmacies in Camden which receive payment under the Essential Small Pharmacies Local Pharmaceutical Services (ESPLPS) Scheme.

Dispensing appliance contractors

Pharmacies can provide surgical appliances, including stoma and urology appliances. 'Dispensing Appliance Contractors' specialise in these appliances and do not necessarily provide the broader range of services that community pharmacies offer. There are no pharmacies in Camden on a Dispensing Appliance Contract, but there are DACs in two neighbouring boroughs; Barnet and Islington.

Health promotion campaigns run by NHS England

Pharmacies also take part in health promotion campaigns, as set by NHS England. Local Authority Public Health departments can also run campaigns based on the local health needs and priorities.

Camden pharmacies support a number of health promotion campaigns organised by the Public Health department, including:

- Publicising the 'Don't bottle it up' campaign. The Public Health department issued all Camden pharmacies with prescription bags that advertised the 'Don't bottle it up' alcohol awareness campaign. Pharmacies dispensed items in the bags early in 2014, also linking in with the 'Dry January' publicity campaign.
- The Pharmacy Cancer Awareness Campaign. Camden pharmacies will soon run a service that has recently been piloted in Islington, encouraging pharmacists to raise awareness of the signs and symptoms of cancer. The campaign will utilise the power of word of mouth to disseminate information and educate customers on cancer. Pharmacists will initiate conversations about the prevalence, early signs and risk factors of cancer. Special posters and quizzes have been created as a point of conversation in order to enable better engagement with customers. The health professionals will be paid for every conversation they have. This will be evidenced by a log book they will complete with details about each conversation.
- Promoting early access to maternity services. In coming months, local pharmacists will display posters within their pharmacies and encourage all women who purchase pregnancy tests or related items to contact their local maternity service or GP before the 10th week of pregnancy.
- Promoting healthy lifestyles. Pharmacies were each given over a 100 copies of the Healthy Camden booklet to distribute to pharmacy users. The booklet, which formed a part of Camden's Annual Public Health Report in 2013, contained a number of pieces of healthy lifestyle tips, as well as directing readers to health interventions.

CONCLUSIONS ON ESSENTIAL SERVICES

Community pharmacies play a vital role in providing care to Camden's population, particularly in their role in dispensing prescribed medication. Feedback from residents indicates that they value the repeat prescription service as it saves them time.

The average number of items dispensed per pharmacy in Camden is lower than most other boroughs, which may be a result of the high density of pharmacies in the borough and high day time population. The low average per pharmacy suggests that current demand for essential services is being met and there would be capacity, on average, to meet any increased demand for prescriptions that might arise over the next few years as a result of inward migration and an increase in the prevalence of long term conditions. As all pharmacies offer these essential services, there are currently no identified gaps in provision.

Overall, Camden pharmacies and their services were viewed positively by residents. Some frustrations were raised by residents over pharmacies running out of stock or not having enough stock to dispense their full prescriptions; these are likely to be linked to nationwide shortages of medicines. GPs and pharmacies are also in the process of rolling out the electronic prescription service, and there are opportunities for greater uptake of this service by residents. Some focus group participants had experienced problems with having prescriptions filled using the service so these will need to be addressed.

Finally, there is scope to increase the impact of health promotion campaigns run through pharmacies, potentially by ensuring that they link in with local public health work to broaden the reach of public health services.

Based on the information presented, it has been concluded that essential services are necessary to meet the pharmaceutical needs of Camden's population. The provision of services is suitable for Camden's current population and for projected demographic changes. All pharmacies in Camden offer these services, so conclusions around coverage and opening hours mirror those given in Section 5.1.

5.3. Advanced Services

Advanced services form part of the NHS community pharmacy regulations and are clearly defined in regulations. Each pharmacy contractor can decide whether they provide these services, but they can only be offered if a pharmacy meets the criteria set out in the Secretary of State Directions. This section will cover the provision of the advanced services currently included in the pharmacy contract: medicine use review, appliance usage review, new medicine service, and stoma appliance customisation service.

5.3.1. Medicine Use Review and Prescription Intervention Service (MUR)

The MUR service assists those on multiple medications (or one medication in the high-risk category), specifically those with long term conditions, identifying any problems and giving advice on adherence. The pharmacy must have provided pharmaceutical services to the patient for the three months before an MUR can take place. At least half of all MURs in a year must be in people from specific risk groups. Under the service specification, pharmacies can provide up to 400 MURs each year. The specific target groups identified for this service are:

- People taking high-risk medications (non-steroidal anti-inflammatory drugs, anticoagulants, antiplatelets and / or diuretics)
- People that have recently been discharged from hospital, in order to provide a more integrated care pathway for patients.
- People on respiratory medication for asthma or chronic obstructive pulmonary disease (COPD)

Fifty-one (75%) of Camden's community pharmacies are signed up to the service (Map 5.5). In the North locality, two pharmacies offering MUR do so outside of standard hours during the week, compared to 14 in the South and one in the West (Table 5.10). On Saturdays, 14% of pharmacies offering this service were closed. The proportion of pharmacies that were closed ranged from 21% in the South to 6% in the North. On Sunday, three-quarters of pharmacies offering the service are closed, and only one pharmacy offers the service outside of 9am-7pm.

Table 5.9: Number of MURs provided, Camden pharmacies, 2013/14

Locality	Number of pharmacies	Total number provided	Average number per pharmacy per month
North	18	4,715	22
South	24	6,707	23
West	11	3,394	26
Camden	53	14,816	23

Source: PSNC, 2013/14

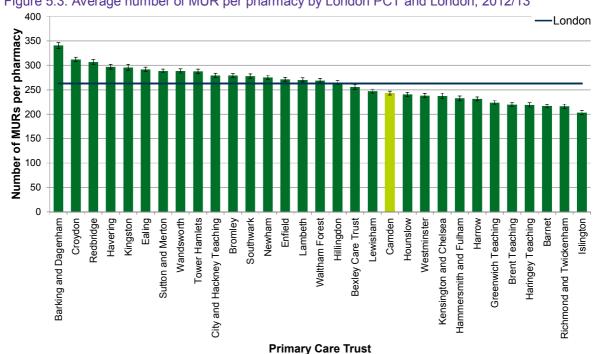
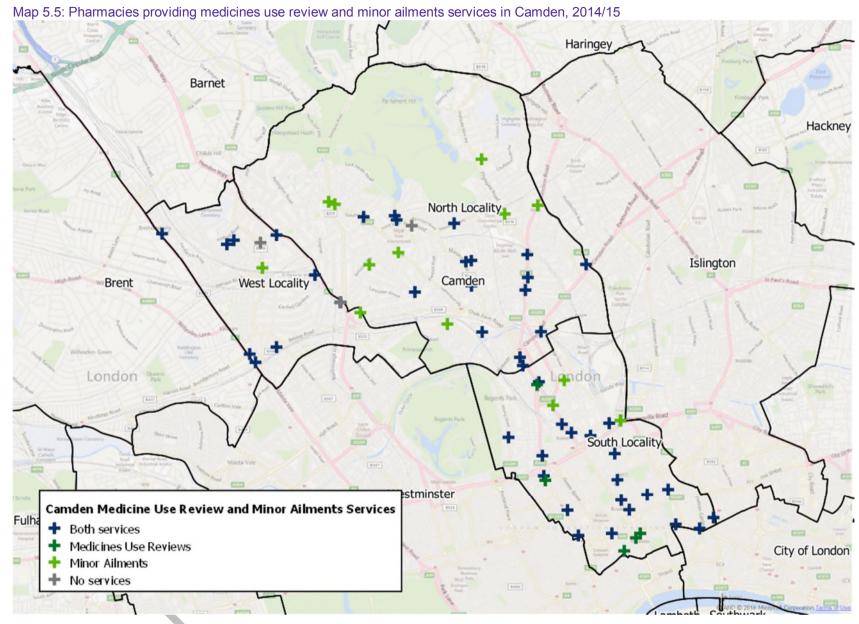


Figure 5.3: Average number of MUR per pharmacy by London PCT and London, 2012/13

Source: HSCIC, 2014

Data on MURs provided by pharmacies for 2013/14 show that 14,816 MURs were carried out by 53 (79%) pharmacies in Camden (Table 5.9). On average, 243 MURs were carried out per pharmacy in Camden; significantly less than the London average (Figure 5.3).

Due to the transience of Camden's population, the three month rule could result in people not being able to access this service that would otherwise benefit. Equally, it may mean that numbers are low in Camden because recent arrivals are travelling back to their previous borough of residence for appointments.



Source: NHS England, 2014

Table 5.10: Opening hours of Camden pharmacies providing MUR, 2014/15

Ward		Weekday			Saturday				Sunday						
		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
	Belsize	1	0	0	0	1	0	0	0	0	0	0	0	0	1
	Camden Town with Primrose Hill	2	0	1	1	3	0	1	0	0	3	0	0	0	1
	Cantelowes	2	0	0	0	2	0	0	0	0	0	0	0	0	2
듄	Frognal and Fitzjohns	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North	Gospel Oak	2	0	0	0	2	0	0	0	0	0	0	0	0	2
_	Hampstead Town	3	0	0	0	3	0	0	0	0	0	0	0	0	3
	Haverstock	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highgate	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentish Town	2	0	0	0	1	0	0	0	1	0	0	0	0	2
	North total	14	0	1	1	14	0	1	0	1	3	0	0	0	13
	Bloomsbury	0	1	0	4	3	1	1	0	0	3	0	0	0	2
	Holborn and Covent Garden	6	3	0	2	7	0	0	0	4	1	0	0	0	10
South	King's Cross	1	0	0	0	1	0	0	0	0	0	0	0	0	1
So	Regent's Park	3	1	0	1	3	0	0	1	1	2	0	0	0	3
	St Pancras and Somers Town	1	0	0	2	1	1	0	1	0	0	0	1	0	2
	South total	11	5	0	9	15	2	1	2	5	6	0	1	0	18
	Fortune Green	2	0	0	0	2	0	0	0	0	0	0	0	0	2
;;	Kilburn	3	0	0	0	2	0	0	0	1	1	0	0	0	2
West	Swiss Cottage	2	0	0	0	2	0	0	0	0	1	0	0	0	1
>	West Hampstead	2	0	0	1	2	0	0	1	0	1	0	0	0	2
	West total	9	0	0	1	8	0	0	1	1	3	0	0	0	7

CONCLUSIONS ON MEDICINES USE REVIEW (MUR)

MUR can help people with long term conditions manage their conditions better and potentially remain healthier for longer, thereby helping to reduce health inequalities, Focus group participants with long term conditions also identified reviews as helpful, as patterns of medication use can change, and they may need reminding of this. The knowledge and expertise of pharmacists is crucial in this context.

Based on the information presented regarding the prevalence of long term conditions in the borough, the MUR service is a **necessary service** for Camden's population, because of the high levels of need locally and the clear benefits of the service in addressing this need. We have identified the following potential current gaps:

- North locality: Frognal & Fitzjohns and Highgate wards did not have any pharmacies offering this service. In this locality just two pharmacies offering MUR do so outside of standard hours during the week (15%), compared to 55% in the South and 22% in the West. An increase of pharmacies providing MUR at the weekend in the North and West localities is recommended.
- Opening hours: On Sunday, half of the pharmacies in the North or West offering MUR were open and all of them closed outside standard hours.
- Eligibility: Given the high population turnover within the borough, the three month rule may result in people not being able to access this service who would otherwise benefit, or mean that patients are accessing care outside of Camden.

The findings of the assessment indicate that there is scope to increase the number of MURs carried out in Camden, as well as the number of pharmacies that offer the service.

People with long term conditions attending the focus groups said that the medicine reviews service in pharmacies should be more available - with specific time set aside for them. Within the context of managing different conditions, this group also found it frustrating to have to explain complicated conditions or medical exceptions over and over again, often in public. It would be advisable for pharmacies to let patients know if they have a private consultation room available. By increasing the availability of MURs, this group may gain a better understanding of the medications they are taking for their long term conditions and feel more positive about seeking help from pharmacies rather than their GP.

With the service's emphasis on integrated care, reducing hospital admissions, and better management of long term conditions, this service would allow for improved outcomes and a reduction in the number of GP consultations locally if NHS England (as commissioners) increased the breadth of this service.

5.3.2. New Medicine Service (NMS)

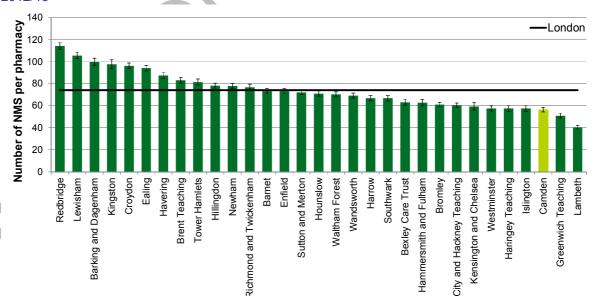
The NMS was introduced in 2011 and supports patients with long term conditions when a new prescription medicine is introduced. It aims to improve adherence to new medication, focusing on people with specific conditions:

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

A patient may be referred by their primary or secondary care practitioner when they start to use a new medicine, and pharmacists can also identify suitable patients. Patients are eligible regardless of how long they have used the pharmacy (unlike MUR). The amount of NMS a pharmacy can undertake is linked to the total dispensing of the pharmacy overall.

The Department of Health Policy Research has published a national evaluation of the NMS concluding that the NMS significantly increased adherence by about 10% and increased numbers of medicines problems identified and dealt with, compared with current practice ²¹.

In 2012/13 55 Camden pharmacies were providing this service in 2012/13. In that year in Camden, the number of NMS per pharmacy offering the service was amongst the lowest in London (56 per pharmacy) (Figure 5.4).



Primary Care Trust

Figure 5.4: Average number of new medicines services per pharmacy, London PCTs and London, 2012/13

Source: NHS England, 2014

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²¹http://www.nottingham.ac.uk/~pazmjb/nms/downloads/report/files/assets/common/downloads/108842%20A 4%20Main%20Report.v4.pdf

NHS England data on the number of pharmacies providing the service was incomplete; based on a survey of pharmacists carried out in September 2014, we are now aware of 41 pharmacies currently providing the service and there may be more. Based on these figures there are 12 (48%) pharmacies providing NMS in the North locality, 21 pharmacies in the South locality (72%), and eight (57%) pharmacies providing the service in the West locality.

CONCLUSIONS ON NEW MEDICINES SERVICE (NMS)

NMS is aimed at people with long term conditions with newly prescribed medications to improve adherence, leading to better health outcomes. NMS is a **necessary service** for the Camden population, as it improves access to medication review, support, and enhances patient experience.

We are validating service data provided by NHS England for 2013/14, so are unable to comment on current service gaps. However, the relatively low number of NMSs carried out per participating pharmacy in Camden in 2012/13 suggests that there is scope to increase the number of NMS carried out in the borough.

5.3.3. Appliance Use Review (AUR)

Appliance use reviews aim to improve patients' knowledge and use of their 'specified appliance' (as dispensed by the pharmacy), to improve adherence to medication and minimise waste. There is a limit to the number of AURs a pharmacy can carry out; again, these are linked to the total volume dispensed.

There are currently no pharmacies in Camden that have signed up to offer AURs, which is no different to 2012/13. Nine pharmacies in London offered this service in that year. The level of AURs is low across England, and this can be partly explained due to the support patients receive in secondary care, or other clinics, when establishing their ongoing care.

5.3.4. Stoma Appliance Customisation (SAC)

The SAC service aims to ensure proper use and comfortable fit of a patient's stoma appliance, thereby extending the duration of use and minimising waste. There are specific appliances listed in the contract which are eligible for this service. There are no limits to the number of SACs that a pharmacy can carry out.

There are currently no pharmacies in Camden that have signed up to offer SACs, which is no different to the Camden picture in 2012/13. In that year there were 77 pharmacies offering this service in London, carrying out on average 921 SACs per pharmacy.

The low level of SAC services offered in Camden may be explained by the advice and support patients receive from other care providers.

CONCLUSIONS ON APPLIANCE USE REVIEW (AUR) AND STOMA APPLIANCE CUSTOMISATION (SAC)

There are no Camden pharmacies currently providing either AUR or SAC, perhaps due to the advice and support patients receive from other care providers. As both services are designed to improve access, both AUR and SAC are **relevant services** in Camden. Access to these services was not raised as a gap by focus group participants, and there have not been other complaints from other services. As such, there are no identified current or future gaps.

5.4. Enhanced services

Enhanced services are commissioned by NHS England from community pharmacies and are defined in the Directions. However, unlike advanced services, local commissioners can alter the specification of enhanced services. Each service is defined within a service level agreement, provided by NHS England.

5.4.1. Minor ailments service

The minor ailments service provides treatment to people who would otherwise seek advice from their GP or other urgent care services for a relatively minor ailment. By doing this, the service aims to divert patients away from primary and secondary care services to community pharmacies, thereby:

- Decreasing the number of consultations in primary and unscheduled care
- Improving access to care and advice
- Improving patient education and increasing awareness of self-care methods
- Better use of pharmacists' skills

Patients are able to access the service through self-referral, or by being referred from other healthcare professionals. Pharmacists must be accredited before offering the service. The scope of the service is limited to specific conditions including: colds and flu, dermatology, pain, gastrointestinal, women's health and other common conditions such as hay fever and cold sores.

In Camden, 56 (82%) of pharmacies offer the MAS. In the North locality, three pharmacies offering MAS do so outside of standard hours (9am-7pm) during the week (14%), compared to 10 (48%) in the South and three (25%) in the West (Table 5.12). On Saturdays, 22% of pharmacies offering this service were closed, with the proportion of pharmacies that were closed ranging from 25% in the South to 5% in the North and 8% in the West. On Sunday, four pharmacies in Camden (all in the South locality) were offering MAS outside standard hours, with over 60% of pharmacies offering this service closed. There are also two border pharmacies which are commissioned to provide the Camden Minor Ailments Scheme.

In 2013/14, there were almost 19,000 consultations as a part of the Minor Ailments Scheme, with over half of the consultations taking place in the South locality (Table 5.11). The mostly frequently diagnosed ailments are fever (41%), hayfever (17%) and indigestion (8.4%) (Figure 5.5: Breakdown of the conditions diagnosed through the Minor Ailments Scheme, Camden pharmacies, 2013/14).

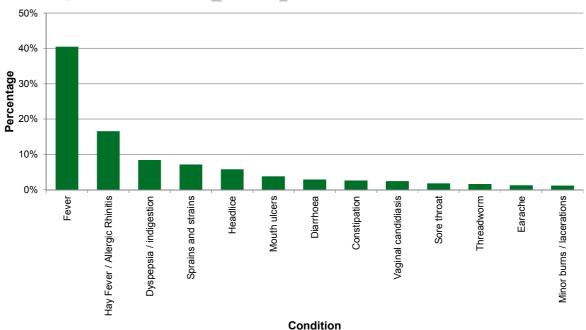
The service coverage is good on weekdays as almost all pharmacies provide the service, and there are a number of pharmacies open late. At weekends there are 46 pharmacies open on Saturdays with six pharmacies open before 9am and seven pharmacies open after 7pm, and there are 17 MAS pharmacies open on Sundays.

Table 5.11: Number of Minor Ailments consultations, by locality, 2013/14

Locality	Number of consultations
North	7,685
South	10,133
West	783
2 Border Pharmacies (Not Camden)	275
Grand total	18,876

Source: Camden Clinical Commissioning Group, 2014

Figure 5.5: Breakdown of the conditions diagnosed through the Minor Ailments Scheme, Camden pharmacies, 2013/14



Source: Camden Clinical Commissioning Group, 2014 Note: Conditions accounting for fewer than 1% of diagnoses have been excluded Table 5.12: Opening hours of pharmacies providing MAS, 2013/14

	ole 5.12. Opening hours		Weekday			Saturday				Sunday					
Ward		Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed	Standard Hours: Open between 9am and 7pm	Early Hours: Open before 9am	Late Hours: Open after 7pm	Extended Hours: Open before 9am and after 7pm	Closed
	Belsize	3	0	0	0	3	0	0	0	0	1	0	0	0	2
	Camden Town with Primrose Hill	3	0	1	1	4	0	1	0	0	3	0	0	0	2
	Cantelowes	2	0	0	0	2	0	0	0	0	0	0	0	0	2
North	Frognal and Fitzjohns	1	0	0	0	1	0	0	0	0	1	0	0	0	0
	Gospel Oak	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Hampstead Town	3	1	0	0	4	0	0	0	0	1	0	0	0	3
	Haverstock	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Highgate	2	0	0	0	2	0	0	0	0	0	0	0	0	2
	Kentish Town	3	0	0	0	2	0	0	0	1	0	0	0	0	3
	North total	21	1	1	1	22	0	1	0	1	6	0	0	0	18
	Bloomsbury	0	1	0	3	3	0	1	0	0	3	0	0	0	1
	Holborn and Covent Garden	5	2	0	1	5	0	0	0	3	0	0	0	0	8
South	King's Cross	1	0	0	0		0	0	0	0	0	0	0	0	1
So	Regent's Park	3	1	0	1	3	0	0	1	1	2	0	0	0	3
	St Pancras and Somers Town	2	0	0	4	2	1	0	3	0	1	0	2	0	3
	South total	11	4	0	9	14	1	1	4	4	6	0	2	0	16
	Fortune Green	2	0	0	0	2	0	0	0	0	0	0	0	0	2
٠,	Kilburn	3	0	0	0	2	0	0	0	1	1	0	0	0	2
West	Swiss Cottage	3	0	0	0	3	0	0	0	0	1	0	0	0	2
	West Hampstead	2	1	0	1	3	0	0	1	0	1	0	0	0	3
	West total	10	1	0	1	10	0	0	1	1	3	0	0	0	9

CONCLUSION ON MINOR AILMENTS SCHEME

MAS is a **necessary service** in Camden, as it directs patients away from GP practices by allowing them an easily accessible way to be treated for minor ailments, promoting health and wellbeing.

The service coverage is good on weekdays as almost all pharmacies provide the service, and there are a number of pharmacies open late. However at weekends there are four pharmacies open late on a Saturday which provide MAS, and there are 18 MAS pharmacies open on Sundays and just four of these (all in the South locality) are open late. This highlights the need for NHS England as commissioners of this service to explore whether there is a case for increasing out of hours' access to this service, particularly in the North and West localities.

5.4.2. Medicines Reminder Devices

The Medicines Reminder Device (MRD) service aims to support patients who require support to take their medicines. This support may include improving the patient's knowledge of the medicines, providing easier to read labels, or referring them to other health and social care professionals for support. The service aims to improve medicines adherence and therefore reduce unscheduled care visits.

In 2013/14 22 pharmacies were signed up to the MRD service; 11 pharmacies in the North locality, eight in the South locality and 3 in the West locality. Only one pharmacy offering the MRD service is open before 9am on weekdays, and none of the pharmacies are open after 7pm. Most pharmacies offering the service are open on Saturdays, with just three pharmacies closed, all in the South locality. On Sundays, one pharmacy offering the service is open, in the North locality. Table 5.13 shows the number of patients on the MRD roll in each locality, with almost 450 patients currently on the roll in the North locality, 377 patients in the South locality, and just over 50 patients in the West locality. The average number of patients on the roll per pharmacy, suggests that the average pharmacy in the North and South locality each have more than 40 patients on their roll on average through the year, while the West locality pharmacies have an average of 20 patients per pharmacy, per month.

Table 5.13: Numbers of patients on MRD roll, by locality, 2013/14

PNA Locality	Number of pharmacies	Number of patients on roll, March 2014		Average number of patients, per pharmacy	
North	11	449	465	42	
South	8	377	392	49	
West	3	54	61	20	

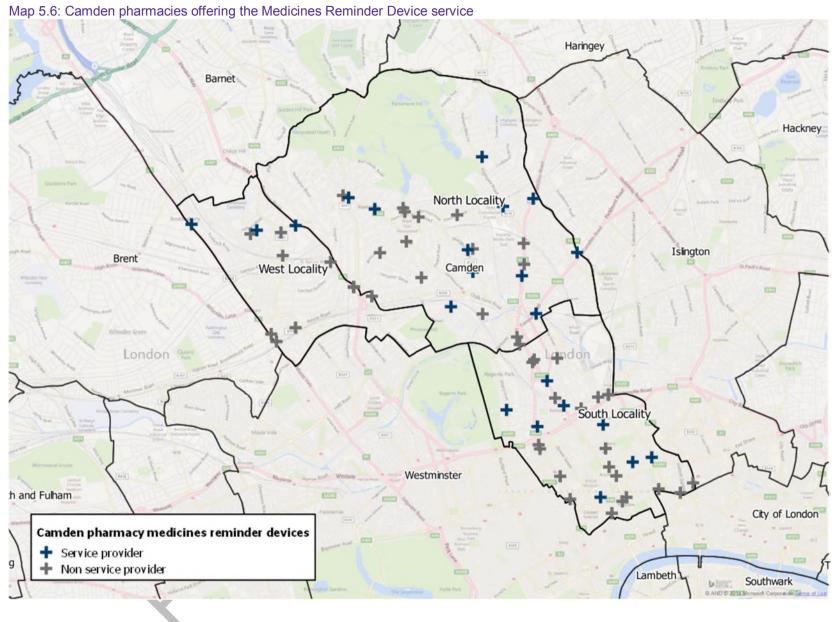
Source: Camden Clinical Commissioning Group, 2014

CONCLUSION ON MEDICINES REMINDER DEVICES SERVICE

MRD is a **relevant service** in Camden, as it may help to reduce the number of unscheduled visits to primary and secondary care services.

The service offers good coverage from Monday to Saturday, with a number of pharmacies open in each locality. However there limited access on Sunday; it should be reviewed to see if there is demand for more pharmacies offering the service on Sundays.

There are fewer pharmacies providing the service in the West locality, but there appears to be limited demand for the service at the existing pharmacies.



Source: Camden Clinical Commissioning Group, 2014

5.4.3. Seasonal 'flu vaccination

NHS England London Region commissioned a pharmacy vaccine service in 2014/2015. Patients are eligible for the Seasonal 'flu vaccine if they are: aged over 65; aged between six months and 65 years and diagnosed with a related illness, including chronic respiratory diseases, chronic heart disease, and diabetes; pregnant women; and carers or health care staff. In 2013/14 community pharmacies delivered 2,570 (7.3%) out of a total of 35,227 'flu vaccinations in Camden, most were delivered through GP practices. Vaccination rates in Camden were lower than the national targets for people aged over 65, people with long term conditions, and for pregnant women, but had similar uptake to London overall.

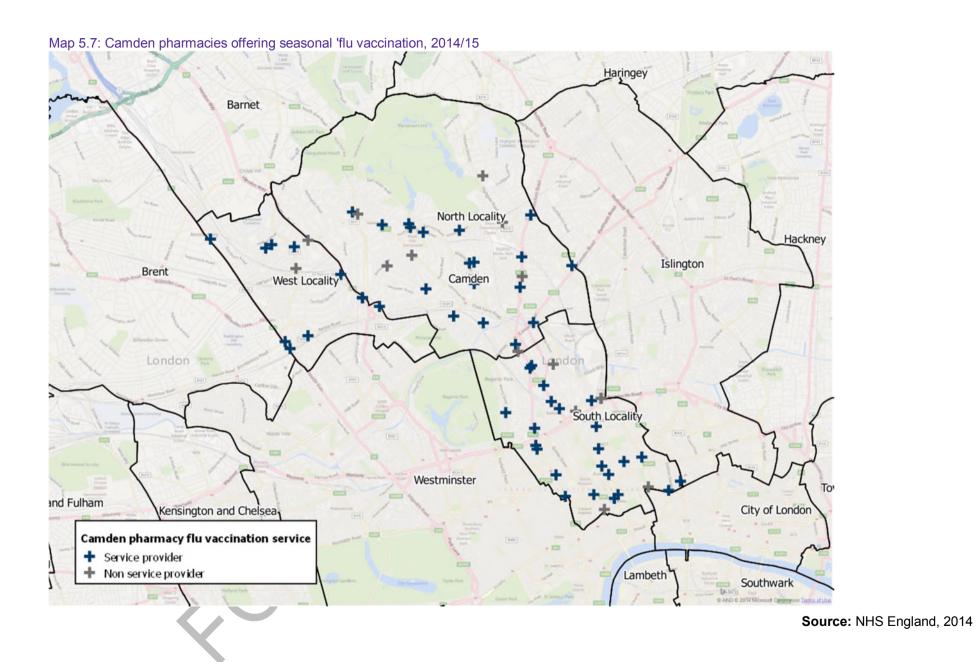
In the 2014/15 'flu season 53 pharmacies delivered the service, as shown on Map 5.7. This high level of provision ensures that there is good coverage across each of the localities: 18 of the 25 pharmacies in the North locality offer the vaccination, 23 of the 29 pharmacies in the South locality offer the vaccination, and 12 of the 14 pharmacies in the West locality. There are two pharmacies in the North locality offering the vaccination before 9am and three offering it after 7pm; 12 pharmacies in the South locality offering the vaccination are open before 9am and seven are open after 7pm, and three pharmacies in the West locality are open before 9am and two are open after 7pm.

CONCLUSIONS ON SEASONAL FLU VACCINATION

The seasonal flu vaccination service in pharmacies provides an additional setting in which patients can have their vaccination.

Based on the data presented, it has been concluded that the seasonal flu vaccination services is a **relevant service** because it improves access to a service for 'at risk' patients and residents over 65s who are at higher risk of being infected with flu.

With most pharmacies in the borough providing the seasonal 'flu vaccination there is good overall coverage.



Camden Pharmaceutical Needs Assessment

5.5. Locally commissioned services

This section covers services that are commissioned locally, by an NHS organisation other than NHS England, or through the Local Authority. Locally commissioned services (LCS) may affect the need for pharmacy services, or have been commissioned to meet a local need.

Each of the locally commissioned services will be reviewed in terms of current need and an assessment made in terms of future need. Data held on each LCS will be complemented by findings from the qualitative research undertaken with pharmacy users, pharmacist and other health professionals.

The services that will be assessed are listed below:

Stop smoking service	This service provides advice and counselling, as well as any nicotine replacement therapy (NRT), such as patches, gums or inhalers, required to support smokers in their attempt to quit.					
Screening service (Health Checks)	This service provides a free NHS Health Check in community pharmacies, as another avenue for risk assessment and early diagnosis. The programme aims to prevent heart disease, stroke, diabetes and kidney disease by identifying and treating people at high risk of CVD, including those with high blood pressure.					
Needle syringe exchange service	This service allows injecting drug users to exchange used injecting equipment for clean equipment, ensuring safe disposal of used needles and decreasing the likelihood of the transmission of bloodborne viruses, e.g. hepatitis.					
Supervised self- administration service	This service provides patients prescribed drug treatment for addiction with treatment on a regular basis, with direct observations that patients adhere to the treatment by the pharmacist.					
Emergency hormonal contraception service	This service provides free emergency contraception for women aged 13-24 years, as well as signposting and referral to other sexual health services.					

5.5.1. Stop Smoking service

Camden's Pharmacy Stop Smoking Services are delivered by smoking cessation advisers who are trained to assess levels of nicotine dependency, and advise on the most appropriate programme of treatment. The service supports clients over 8 weeks, providing advice and counselling as well as nicotine replacement therapy (NRT) such as patches, gums or inhalers to support smokers in their attempt to quit. The eligibility criteria to access the stop smoking services includes that smokers must be 13 years of age or older; and live, work or study in the borough.

Overall, in 2013/14 there were 48 pharmacies (72%) that delivered the stop smoking service in Camden (Map 5.8). From these pharmacies, 15 are in the North locality, 23 are in the North locality, 10 are in the West locality.

In terms of service access, in the North locality, three of the pharmacies are open early on weekdays and three are open after 7pm. Fifteen of the pharmacies are open on Saturdays with one open before 9am and one open after 7pm, and five of the pharmacies are open on Sundays with one open after 7pm. In the South locality eleven pharmacies are open before 9am and eight are open after 7pm on weekdays, eighteen of the pharmacies are open on Saturdays with four open after 7pm, while eight of the pharmacies are open on Sunday, two of which are open after 7pm.

In the West locality, there is one pharmacy offering smoking cessation open before 9am and after 7pm during the week. At weekends there are eight pharmacies open on Saturdays with one open before 9am and after 7pm, and there are four pharmacies open on Sunday, with no coverage outside of 9am-7pm.

In Camden, approximately 2,760 people accessed stop smoking services in 2013/14 in a variety of settings. The largest group of service users accessing stop smoking services in Camden do so via pharmacies (41%). The remaining quit attempts were at GP practices (25%), drop-ins (18%) and one-to-ones (14%), hospital (2%) or group (1%) settings. Successful quit attempts are defined as quitting smoking at four weeks. In pharmacies 44% of quit attempts were successful; this is significantly lower than the Camden average, but is similar to the quit rate at GP practices (Figure 5.6). In contrast the drop-ins (67%) and one-to-one service (69%) had significantly higher successful quit rates. This highlights the variation in performance for successful quit rates between pharmacy and non-pharmacy drop-in and one-to-one settings. This may be because one-to-one setting and the drop-in settings deliver a more intensive intervention to support people to quit smoking compared to the pharmacy and GP practice settings, and because drop in sessions are run by specialist, full-time smoking cessation staff.

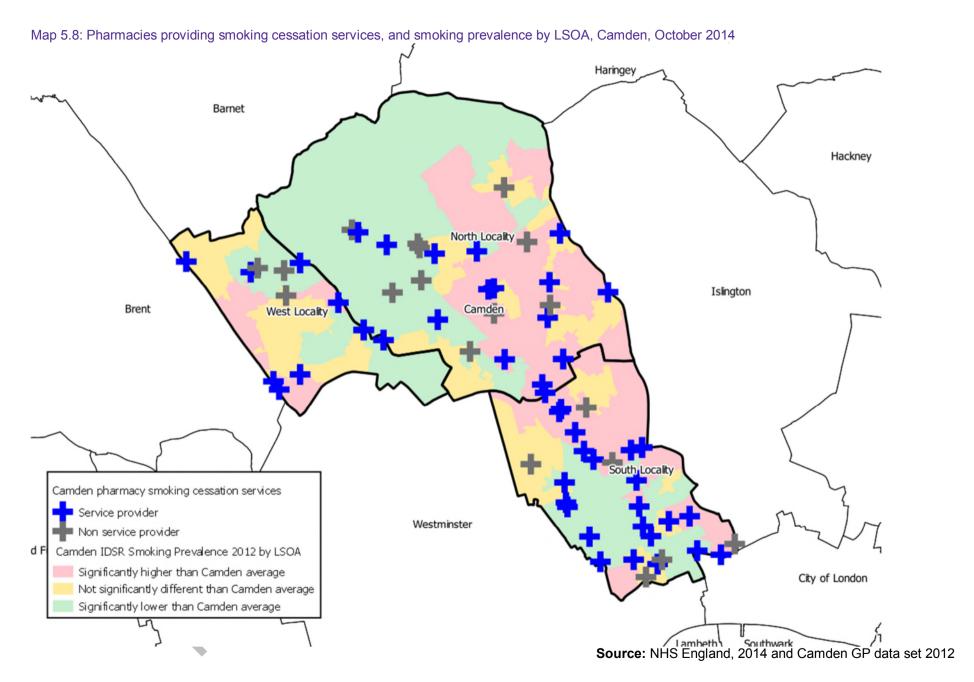
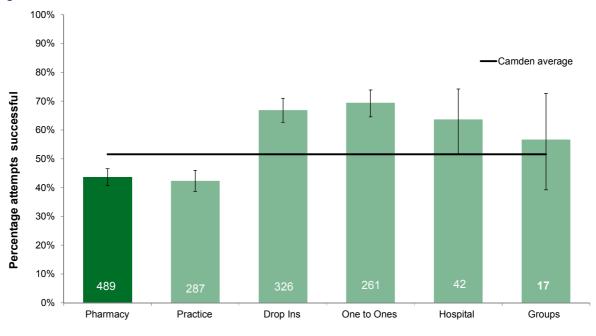


Figure 5.6: Success of quit attempts, by setting of the attempts, Camden's registered population aged 16+, 2013/14



Location of the attempt

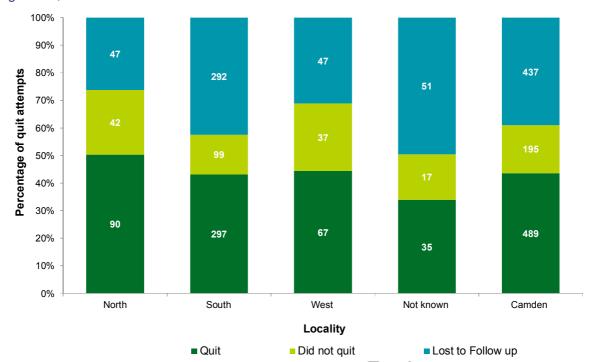
Source: Camden Stop Smoking Service, 2014 Note: Chart represents attempts, and one individual may contribute more than one attempt.

The number of quit attempts in pharmacies are higher in the South localities (690) compared to the North (180) and West (150) localities. Although the smoking prevalence is not significantly different between localities (Section 4.5.1), the South locality is generally a more deprived locality. Smoking is more prevalent in low socioeconomic status groups suggesting the service is reaching the target population. Although pharmacy quit attempts are highest in the South locality, the proportion of successful pharmacy quits is lower compared to the North and West localities (Figure 5.7). This difference may be due to the higher proportion of people lost to follow up in the South locality compared to the other Camden localities, or the higher number of quit attempts in the South locality could reflect the service extending to people who are less motivated to quit.

In Camden, a higher proportion of men (55%) accessed stop smoking services in pharmacies compared to women (45%). This reflects the difference in need, as smoking prevalence is higher in men compared to women (Section 4.5.1.). However, there were no significant differences in successful quit rates for men and women. There are also variations in the prevalence of smoking by age; with a higher prevalence in those aged 45-59 years (Section 4.5.1). The North locality had a higher proportion of quit attempts in service users in this age group compared to the South and West localities (Figure 5.8

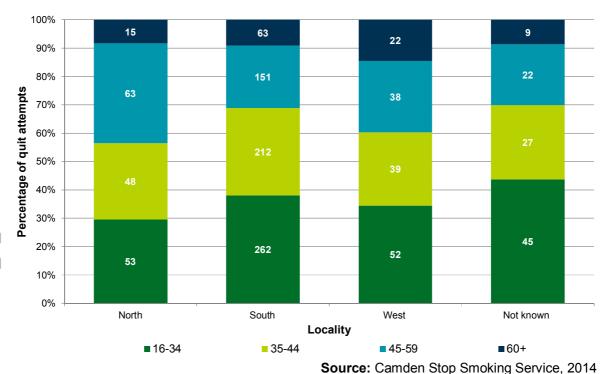
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Figure 5.7: Outcome of quit attempts at Camden pharmacies, by locality and outcome, Camden, aged 16+, 2013/14



Source: Camden Stop Smoking Service, 2014 Note: Chart represents attempts, and one individual may contribute more than one attempt.

Figure 5.8: Quit attempts, by age and locality of Pharmacy service attended, Camden, aged 16+, 2013/14



Note: Chart represents attempts, and one individual may contribute more than one attempt.

The largest group of people that access stop smoking services were recorded as White (67%), reflecting Camden's population structure overall. Service users recorded as White (44%) were more likely to access the pharmacy service compared to service users recorded as BAME (27% - 38%) (Figure 5.9). As shown in Section 4.5.1, people from Black Caribbean, White Irish and Mixed ethnic backgrounds are significantly more likely to smoke than the general population in Camden. Therefore improving quit attempts in pharmacies among BAME groups could contribute to reducing inequalities in smoking prevalence. There were no significant differences between ethnicities for successful quit rates.

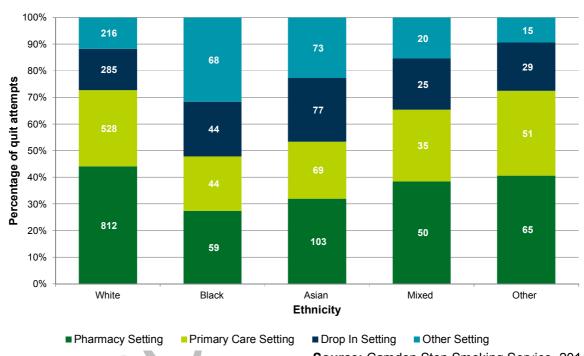


Figure 5.9: Quit attempts, by ethnicity of the user and type of service, people aged 16+, 2013/14

Source: Camden Stop Smoking Service, 2014 Notes: Chart represents attempts, and one individual may contribute more than one attempt. 94 attempts where users declined to give their ethnicity have been excluded.

There were a higher number of pharmacy quit attempts for people residing in the most deprived areas (130 quits) compared to the least deprived areas (40 quits). This is probably a reflection of the higher prevalence of smoking in more deprived areas. Successful quit rates were not significantly different between deprivation quintiles.

People recorded as having a managerial/professional occupation were significantly more likely to use pharmacy stop smoking services (33%) compared to other settings (15%) (Figure 5.10). Service users that have never worked or are in a routine/manual occupation were significantly less likely to use pharmacies to stop smoking. It is known that people from lower socio-economic groups are more likely to smoke; therefore this suggests that pharmacies could help to narrow the health inequalities in smoking. There were no significant differences between occupation groups for successful quit rates.

50% 45% 40% ■ Pharmacy setting % 35% Other settings % 30% Percentage 25% 20% 15% 10% 5% 0% Managerial/professional long term unemployed Sick/disabled and Intermediate Routine & manual Retired Full-time student Home carer unable to work Never worked/

Figure 5.10: Breakdown of Camden Stop Smoking Service quit attempts, by occupation and type of setting attended, Camden, aged 16+, 2013/14

Source: Camden Stop Smoking Service, 2014

Note: Chart represents attempts, and one individual may contribute more than one attempt. Due to small numbers, quit attempts made in prison have been combined with the 'Unable to code' category.

Occupation

CONCLUSION ON STOP SMOKING CESSATION SERVICE

The Stop Smoking Service is a **relevant service**. Pharmacies are a popular setting for people to access stop smoking services, with more quit attempts in Camden compared to other settings.

Camden pharmacies have a comparable successful quit rate to GP practices; this is because they have a similar model of service delivery for smoking cessation. In particular, the South locality has the highest number quit attempts but the lowest successful quit rate. This perhaps reflects that the services in the South locality are extending to people who are less motivated to quit.

Taking into account the demographic breakdown of smokers in Camden, the Pharmacy stop smoking service could be more targeted towards BAME groups and lower socioeconomic groups.

5.5.2. NHS Health Checks

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 years (35 and 74 years for South Asians) who has not already been diagnosed with one of these conditions will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk.

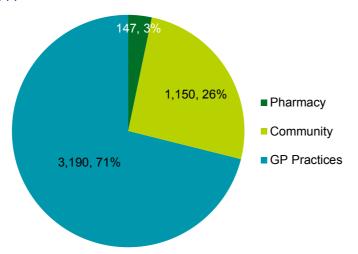
In Camden, about 4,500 NHS Health Checks were delivered in 2013/14. The majority of these were delivered at GP practices (71%). About a quarter were delivered in community locations, including public buildings and community events, by a private contractor. Three per cent of checks (147 Health Checks) were delivered by pharmacies (Figure 5.11), though it is important to note that the community-based provider also delivers health checks at a small number of pharmacies. The target for NHS Health Checks is to offer checks to 20% of the eligible population every year. The eligible population is based on population registered with a GP practice, since there is no defined population for pharmacy or community Health Checks. In 2013/14, 16% of Camden's eligible population were offered a Health Check and 5% received one.

Of all Health Checks in Camden, 54% were delivered in the North locality, while 30% were delivered in the West, and 14% were delivered in the South (2% were delivered to people living outside of the borough or with unknown postcode). Taking population size into account, the West locality had the highest level of offered and delivered Health Checks overall (36% and 8% respectively), followed by the North locality (17% and 6%). Four per cent of the eligible population in the South locality were offered a Health Check and 2% received one.

Eight pharmacies in Camden provide NHS Health Checks (12% of pharmacies in Camden) (Map 5.9). Four of these are located in the North locality, three are located in the South, and one is located in the West. The pharmacies in the North locality delivered more checks on average than pharmacies elsewhere in the borough, accounting for almost 70% of checks delivered by pharmacies. Thirty per cent of checks were delivered by pharmacies in the South while a negligible number was delivered by the pharmacy in the West. While more checks were delivered in the North locality through pharmacies, a greater proportion of South locality's checks were delivered through pharmacies.

Focus group participants suggested the level of awareness is often low for some specialist services that pharmacies provide including NHS Health Checks but there is an appetite for more information.

Figure 5.11: Number and proportion of NHS Health Checks provided, by provider type, Camden, 2013/14



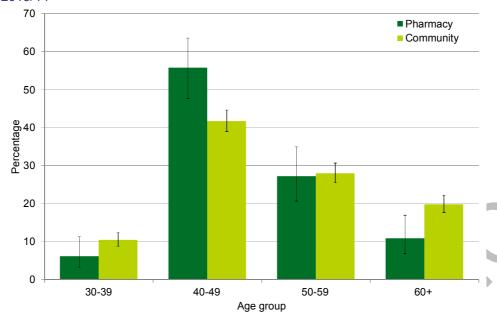
Source: Camden and Islington Public Health, 2014 Note: Health Checks for GP practices cover ages 40-74. Health Checks for pharmacies and community settings cover ages 35 to 74.

Seven of the eight pharmacies in Camden providing NHS Health Checks are open standard opening hours Monday to Saturday and closed on Sundays. One pharmacy in the North locality is open extended hours after 7pm Monday to Friday and open standard hours on Saturdays and Sundays.

Slightly more than half of the Health Checks delivered by pharmacies were taken up by men (54%). Demographic data are not available for Health Checks delivered by GP practices, but the figure is higher than the equivalent proportion delivered in community settings (39%). The majority of people receiving Health Checks through pharmacies were aged 40 to 49 years, while ten per cent were aged 60 or older (Figure 5.12). People receiving Health Checks from pharmacies tend to be younger than people receiving checks in community settings.

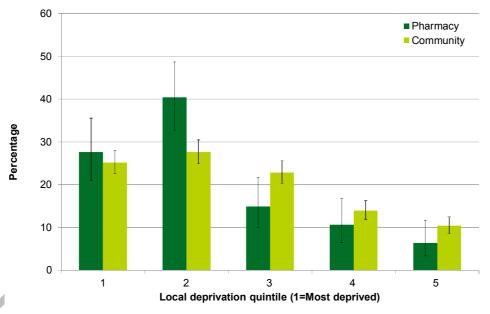
The largest group of people receiving Health Checks at pharmacies were of White ethnicity (45%), reflecting Camden's population structure overall. Black and Asian ethnic groups account for 12% to 24% of pharmacy Health Checks, but this difference is not statistically significant. This pattern is similar to that for checks delivered in community settings. People living in the most deprived areas of Camden account for a larger proportion of people receiving Health Checks than people living in more affluent areas of the borough, to some extent reflecting the location of the pharmacies.

Figure 5.12: Proportion of NHS Health Checks provided, by age group and provider type, Camden, 2013/14

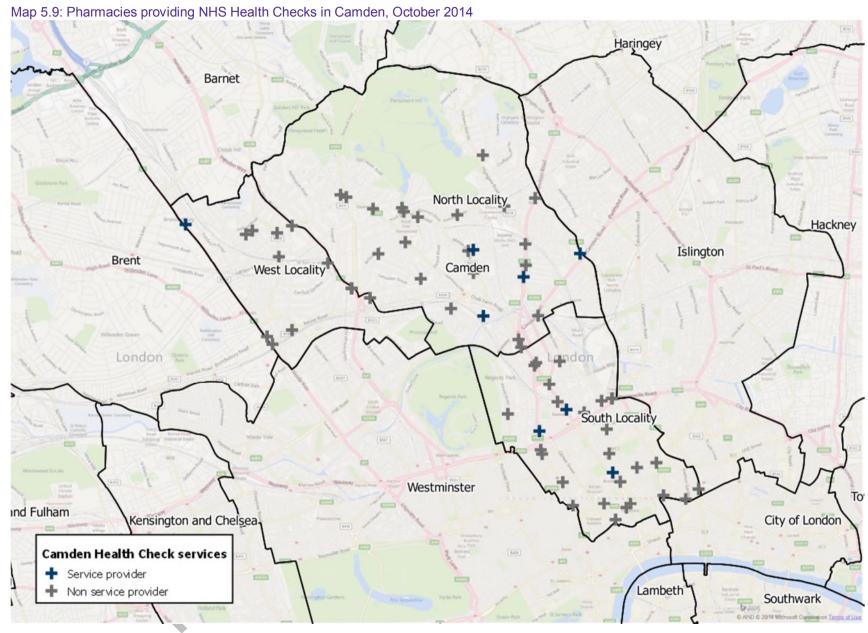


Source: Camden and Islington Public Health, 2014

Figure 5.13: Proportion of NHS Health Checks provided by locality and local deprivation quintile based on patients' residence, Camden, 2013/14



Source: Camden and Islington Public Health, 2014



Source: NHS England, 2014

CONCLUSION ON NHS HEALTH CHECKS

NHS Health Checks is a **relevant service**. Although most health checks are offered and delivered through GP Practices and Community providers, pharmacies have the potential to improve access and uptake of Health Checks as they may be suited to target population groups less likely to engage with GP practices, such as men and younger people eligible for checks aged 40 to 59 years.

The level of Health Check offers and uptake overall is very low in the South locality in particular and to a lesser extent in the North locality, so there could be scope for those pharmacies currently commissioned to provide health checks to increase the number of checks that they perform.

There is an appetite among residents for more information on specialist services that pharmacies provide, including NHS Health Checks.

5.5.3. Emergency Hormonal Contraception service

The Emergency Hormonal Contraception Locally Commissioned Service (EHC LCS) provides free contraception for clients (aged 13 – 24 years) following unprotected sexual intercourse. This is a targeted service, in addition to EHC being available over the counter for all women. The service provides contraception alongside counselling, relevant signposting and referrals to other sexual health services. In order to provide this service, pharmacies must be accredited as set out in the contract; this includes signing a service level agreement (SLA), patient group directions (PGD) and completing a Disclosure and Barring Service (DBS) check. There are 18 (26%) pharmacies that are accredited EHC pharmacies in Camden; however in 2013/14 15 (22%) pharmacies delivered the EHC service. The analysis discussed below is restricted to the 15 pharmacies that delivered EHC.

Ten of the fifteen pharmacies in Camden providing EHC services are open standard opening hours Monday to Saturday and closed on Sundays. Of the remaining five pharmacies, three are open late or extended hours on weekdays and all five pharmacies are open on Sundays. Overall access to EHC pharmacies is more limited before 9am on weekdays in the North locality and limited before 9am and after 7pm on weekends in North and South localities.

Data from 2013/14 shows that there were 2,520 uses of EHC across Camden at the 15 pharmacies offering the service. As the service does not track individual clients, we are only able to provide demographic information for the number of EHC uses.

Map 5.10 shows the geographical distribution of pharmacies that deliver EHC services. There are eight EHC pharmacies in the North locality, seven EHC pharmacies in the South locality and no EHC pharmacies in the West. Although the teenage pregnancy rates across Camden are significantly lower or not significantly different from the national average, there are variations in the number of women eligible for EHC (13-24 years) in each locality. In Camden, a higher proportion of the population in the South locality are women aged 13-24 (14%) compared to the North locality (7%) and the West locality (6%). This is most likely due to the universities and student accommodation available in the South locality. The West locality has a similar proportion of women aged 13-24 compared to the North, however there are no pharmacies offering EHC in the West locality; this is a potential gap in service provision. It should be noted that however, that there are other places where clients can access EHC services; for example at Camden's GP practices and sexual health clinics, as well as over the counter at pharmacies outside of the remit of this service.

Of all uses of EHC, there were 690 and 1,820 service uses in the North locality and South locality, respectively. Within the South locality, nearly half of Camden EHC service uses were from Bloomsbury residents (45%) (Figure 5.14); this is attributed to the high number of students in this ward. The South locality has a higher number of recorded EHC uses for women aged between 18 and 24 (1,720) compared to the North locality (594), this is probably related to a larger number of higher education students in the South. In Camden, there are a higher number of recorded EHC uses for women recorded as White (1,520) compared to BAME (1,000); largely reflecting Camden's population structure overall. As expected a higher number of recorded EHC uses are from women in education (1,430) compared to women in employment (730), this is a reflection of the age of the eligible population (13-24 years).

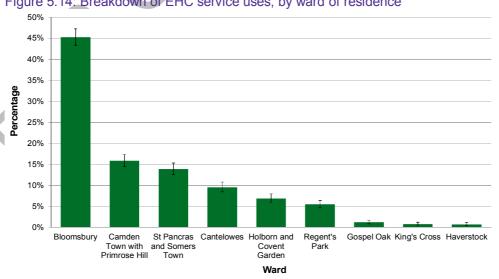
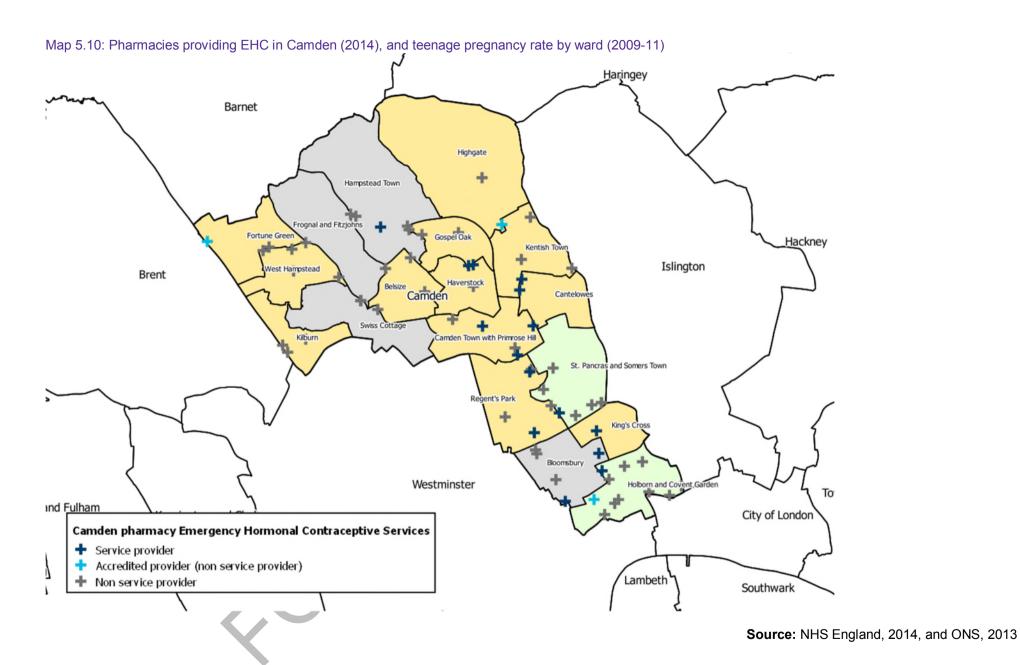


Figure 5.14: Breakdown of EHC service uses, by ward of residence

Source: Camden and Islington Public Health, 2014 Note: One ward was excluded from this graph due to a small number of uses.



CONCLUSION ON EMERGENCY HORMONAL CONTRACEPTION (EHC)

The EHC pharmacy service is a **relevant service** as it improves access to this service in the borough. Pharmacies provide an alternative setting to sexual health clinics and GP practices for which women can access timely contraception and advice.

There are no EHC accredited pharmacies in the West locality; this is potentially a gap in service provision which public health commissioners should review. Women may be accessing EHC in other settings such as sexual health clinics and GP practices in this locality.

Opening hours for EHC accredited pharmacies vary across the borough. Overall access to EHC pharmacies is limited on weekends before 9am and after 7pm; this may result in limited access to the service at a time when young people might want to use the service.

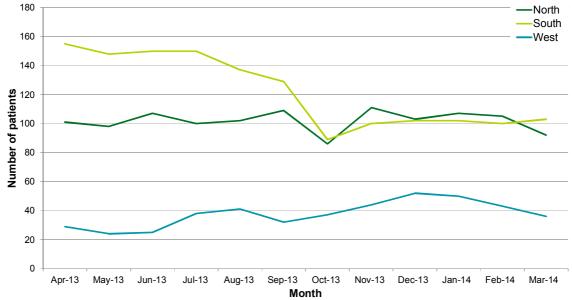
5.5.4. Drug Misuse Services: supervised self-administration and needle exchange services

The impact of drugs misuse on the wider community can be significant if not properly managed, with consequences for blood borne disease, health and safety and drug related crime. There are two commissioned services to support people in treatment for drug misuse in Camden: a supervised self-administration service and a needle exchange service.

Clients with drug problems who access supervised self-administration and needle exchange services tend to use these services for extended periods of time, so monthly average figures for 2013/14 are presented instead of annual totals.

Please note that the number of clients accessing these services per month was relatively stable over the course of the year in the North and West localities, but appeared to drop between July and October in the South locality (Figure 5.15 and Figure 5.16). This is due to an error in data collection during the pilot of a new software platform at pharmacies in this locality.

Figure 5.15: Monthly trend in the number of supervised self-administration clients registered at Camden pharmacies by locality, 2013/14



Note: Due to an error in data collection during the pilot of a new software platform, some pharmacies in the South locality do not have complete data. Trends should be interpreted with caution.

Source: Camden Substance Misuse Commissioning team, 2014

Figure 5.16: Monthly trend in the number of needle exchange clients registered at Camden pharmacies, by locality, 2013/14



Note: Due to an error in data collection during the pilot of a new software platform, some pharmacies in the South locality do not have complete data. Trends should be interpreted with caution.

Source: Camden Substance Misuse Commissioning team, 2014

Supervised self-administration service

Supervised self-administration services are focused on ensuring that clients in drug treatment programmes take and use their treatment as prescribed, and provide an opportunity for the pharmacist to make relevant interventions. To provide this service, pharmacists must comply with Disclosure and Barring Service (DBS) clearance; have undertaken specified Centre for Pharmacy Postgraduate Education (CPPE) training and attended a local accreditation event. Pharmacies must ensure controlled drug recording is made promptly; provide privacy for clients (e.g. private area for discreet consumption that is not in the dispensary); be open at least six days a week with the service available during all opening hours; not exceed the patient threshold set for the pharmacy and have a standard operating procedure in place to cover all aspects of the service.

Half of Camden's pharmacies offered supervised self-administration services in 2013/14. Service provision ranged from 60% of pharmacies in the North locality to 43% in the West. On average there were 261 people registered for supervised self-administration each month over the course of the year. It is not possible to estimate the prevalence of substance misuse for each locality, but the percentage of the resident population that are registered for this service was similar between localities (Table 5.14).

Pharmacies offering supervised self-administration are not uniformly distributed across Camden: Kilburn and West Hampstead do not have any pharmacies offering this service (Map 5.11). However, these populations may be served by other pharmacies that are just outside Camden (data on services offered are not available for these pharmacies).

In 2013/14 there were an average of 215 clients (85%) receiving Methadone and 46 (15%) receiving Buprenorphine in Camden each month. There was little variation in the type of drug by locality (Figure 5.17).

Table 5.14: Percentage of pharmacies offering supervised self-administration service and average registered service users by locality, 2013/14

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients registered with pharmacies	% total resident population registered with pharmacies
North	15	25	60%	102	0.1%
South	14	29	48%	122	0.2%
West	6	14	43%	38	0.1%
Camden	35	68	51%	261	0.1%

Average Methadone supervisions fluctuated between 17 and 20 supervisions per patient per month in Camden over the course of 2013/14, with no discernible trend (Figure 5.17). Similar fluctuations and ranges of values were seen in each of the localities. The pattern for Buprenorphine supervisions was comparable with Methadone.

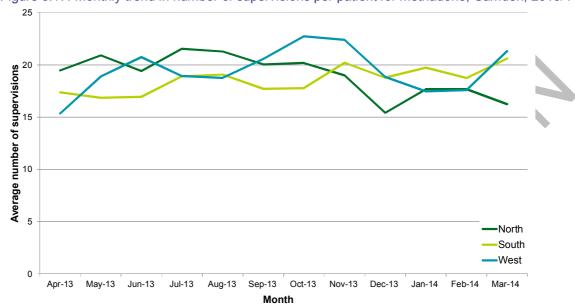


Figure 5.17: Monthly trend in number of supervisions per patient for Methadone, Camden, 2013/14

Source: Camden Substance Misuse Commissioning team, 2014

To ensure patient safety and clinical governance each pharmacy can have a maximum of thirty clients at any one time. Over 2013/14, monthly service use fluctuated between 30-40% in Camden. On average service use was higher in the South locality (44%) compared to the North and South (33% and 29%, respectively) over the course of the year (Figure 5.18).

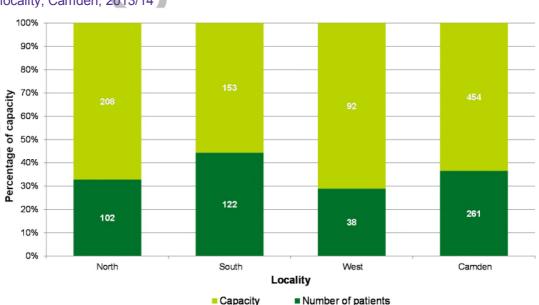
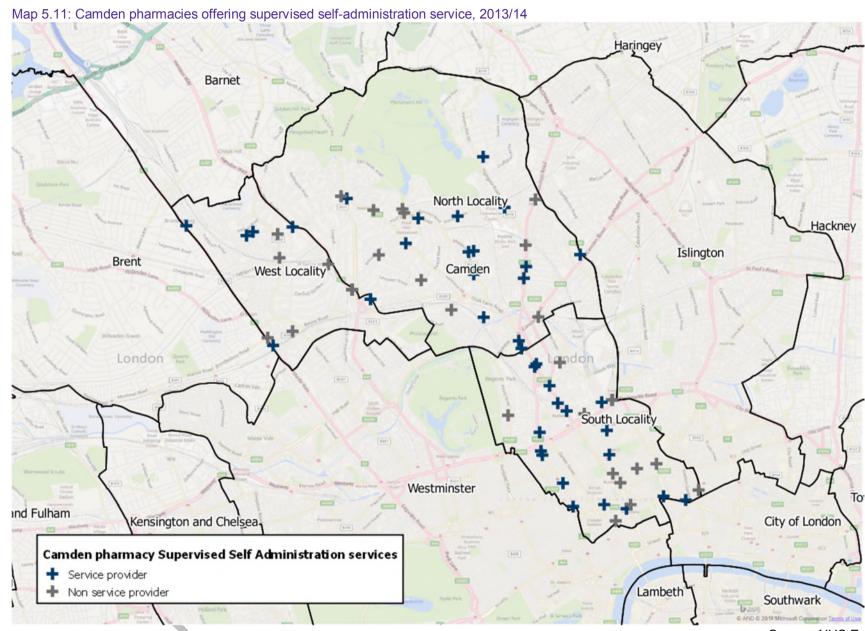


Figure 5.18: Percentage of supervised self-administration service capacity used by pharmacy and locality, Camden, 2013/14

Source: Camden Substance Misuse Commissioning team, 2014



Source: NHS England, 2014

Needle exchange service

Needle exchange services are focused on ensuring that injecting drug users have access to clean injecting equipment, are able to safely dispose of used equipment and have access to advice from pharmacists.

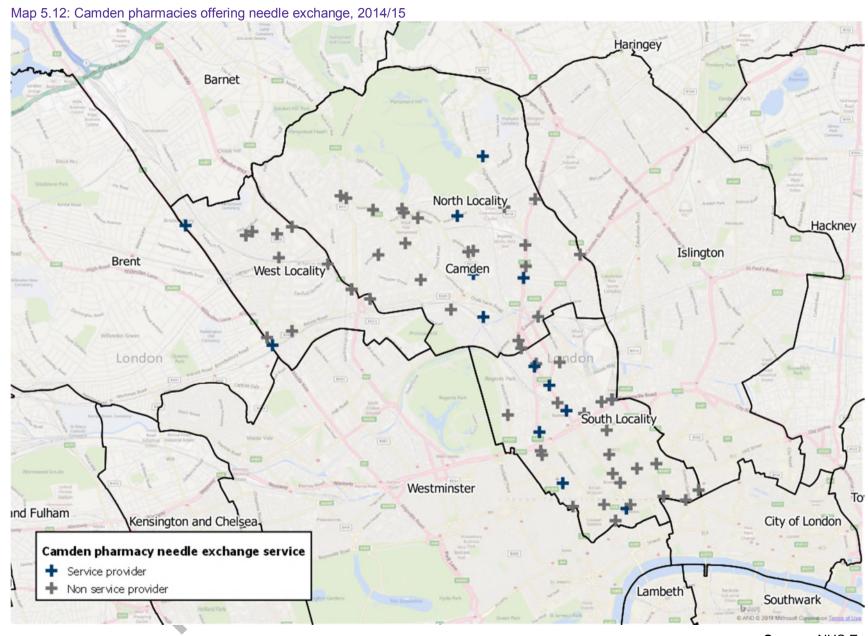
In order to provide needle exchange, Camden pharmacists must undertake the required CPPE training and receive a visit by the needle exchange coordinator. Pharmacies offering this service must be open 6 days per week with needle exchange services available during all opening hours; display the national or local scheme logo indicating availability of the service; and have a standard operating procedure covering all processes involved.

A fifth of Camden's pharmacies offered needle exchange services in 2013/14. Service provision ranged from 24% of pharmacies in the South locality to 14% in the West (Table 5.15). Most pharmacies providing needle exchange are in the south and east of the borough – there are no Camden pharmacies providing needle exchange between Kilburn High Road / Cricklewood Broadway and Gospel Oak, Haverstock and Camden Town with Primrose Hill wards (Map 5.12). However, people in these areas can access needle exchange at the North Camden Drugs Service on Belsize Lane.

There may also be needle exchange services provided by non-Camden pharmacies (e.g. on Kilburn High Road), but we do not have access to these data. Open access needle exchange is available at three other substance misuse treatment centres within Camden, as well as pharmacies across London. There is considerable movement of people between boroughs for this service.

On average 557 people used the needle exchange service each month over the course of the year (Table 5.15). The percentage of the resident population using this service was higher in the South (0.6% of residents) compared to the North and West (0.1%). The difference in needle exchange service use between localities may be due to easier access to the service in the South locality.

The average number of needle packs distributed to each client varied from 3.3 packs per month in the North to 2.4 packs per month in the West (Figure 5.19). Of the 21,300 needle packs distributed in Camden in 2013/14, the most frequently distributed packs were those containing smaller syringes, (blue, 51%; red 39%), which are most commonly used for heroin and crack cocaine.

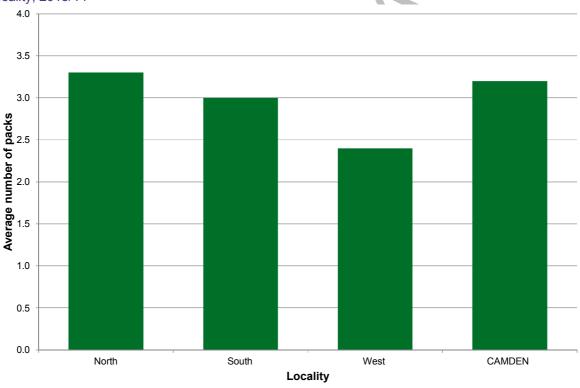


Source: NHS England, 2014

Table 5.15: Percentage of pharmacies offering needle exchange services and average registered service users by locality, Camden, 2013/14

Locality	Providing service	Total pharmacies	% providing service	Monthly average number of patients using the service	% total resident population using the service
North	5	25	20%	130	0.1%
South	7	29	24%	406	0.6%
West	2	14	14%	60	0.1%
Camden	14	68	21%	557	0.2%

Figure 5.19: Average number of needle packs distributed to needle exchange clients per month, by locality, 2013/14



Source: Camden Substance Misuse Commissioning team, 2014

CONCLUSIONS ON DRUG MISUSE SERVICES

As set out in our Substance Misuse Needs Assessment, Camden has one of the largest opiate or crack-using populations in London. As such, we conclude that both SSA and NEX services are **necessary services** to meet the pharmaceutical needs of Camden's population. We have identified the following potential current gaps:

Supervised self-administration services

- **All localities**: Access to supervised self-administration services is reduced on Sundays. Although 95% of pharmacies offering this service are open on Saturdays (five with extended hours), only half of pharmacies offering this service in Camden are open on Sundays.
- **Kilburn** and **West Hampstead** do not have any pharmacies offering this service. However, these populations may be served by other pharmacies that are just outside Camden.

Needle exchange services

- **All localities**: Access to needle exchange services is reduced on Sundays, with almost 60% of pharmacies providing this service in Camden closed. On Saturdays all pharmacies who provide needle exchange are open; one is open extended hours.
- In the **West** and **North localities**, there are no pharmacies providing needle exchange between Kilburn High Road / Cricklewood Broadway and Gospel Oak, Haverstock and Camden Town with Primrose Hill wards. However, people in these areas may access needle exchange at the North Camden Drugs Service on Belsize Lane.

Public health commissioners should review whether access to both supervised selfadministration and needle exchange on Sundays needs to be expanded, as well as access to needle exchange in pharmacies in parts of the West and North localities.

Capacity issues should be investigated further to see how supervised self-administration clients could be more evenly distributed amongst pharmacies, and whether capacity should be increased at those which are close to or exceeding capacity.

5.6. Qualitative research into pharmacy services

As discussed in Chapter 3, the needs assessment included a piece of research undertaken to better understand local experiences and views of pharmacy services, including where improvements could be made. The research focused on people who use community pharmacies, pharmacists in Camden, and other health professionals who come into contact with pharmacies as part of their role. A brief synopsis of the research is described here, with service specific information addressed within this chapter. For more in-depth information, the full report is included as Appendix C.

5.6.1. Method

The research was carried out in July 2014. To better understand the views of pharmacy users, 5 focus groups were held, each targeting different groups within the local population:

- residents with long term conditions
- residents with mental health support needs
- residents using smoking cessation services
- people living or working in Camden from lower income backgrounds
- people living or working in Camden from black and minority ethnic groups

Pharmacists and other health professionals completed an online survey to gather their views.

The key questions defining the research with the members of the public who used pharmacies in Camden were:

- How do residents use local pharmacy services?
- What impacts on their choice of community pharmacies?
- What would help residents use community pharmacies more, and make full use of their services to enable them to lead a healthier life?
- What works well and what doesn't work well in community pharmacies?
- How do community pharmacies help them manage their diagnoses?
- How could community pharmacies be improved?

The research with health professionals sought to gather the views on pharmacy services in Camden of local health professionals, including pharmacists, pharmacy staff, GP practice staff, and district nurses. The main research questions were:

- What do GP practice staff, district nurses and pharmacy staff think works well in community pharmacies?
- What could be done better in community pharmacies?
- For pharmacists, what would make it easier to signpost the public to relevant interventions?
- For GP practice staff, what are the challenges to signposting their patients to community pharmacies?

5.6.2. Key findings

Although the research involved a relatively small sample of Camden residents, pharmacists and health professionals, the results provide an insight into what is currently working well and not so well in pharmacies in Camden; barriers and gaps in accessing services in pharmacies; the priorities of local residents with different health needs; the relationship between pharmacies and other local health services and specific ideas for how services could be improved.

Pharmacies in Camden were generally viewed positively by focus group participants and survey respondents, particularly around their convenience, responsiveness and ability to offer a personalised service. Those with high dependency on services who are regular pharmacy users are keen to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved.

Priorities

Pharmacists and health professionals identified that an increasingly ageing population and people with long term conditions are likely to have the biggest impact on pharmacy services over the next decade. These areas have also been identified within other analysis for the PNA.

The priorities of particular groups of patients when using pharmacies were discussed in the focus groups, to identify what was most important or valued amongst certain population groups. Table 5.16 provides an overview of the factors that participants identified as being relevant and important to them. This helps to improve understandings of the way different users interact with pharmacy services in Camden.

Table 5.16: Summary of key priorities for pharmacy services for each user group in Camden

Table 5. To. Summary of K	ey priorities for priarmacy services for each user group in Camden
Population group	Summary of key priorities
General pharmacy users (low income and BAME)	 Low level of dependency on specific services, but identified: Convenience and speed of access, particularly not needing an appointment Opening hours longer at either end of the day for those who work Instant advice on symptoms/minor ailments
People with mental health needs	 High dependency on pharmacy services. Being treated with dignity, respect, consideration Proactive and comprehensive advice Awareness of mental health problem require care and attention in interactions Avoiding unnecessary trips to the pharmacy Privacy and discretion Good relationships between pharmacist and other health services, avoiding the service user

People with long term conditions	High dependency due to frequency of pharmacy visits and complexities managing multiple conditions:
	 Trusting advice about medication Trusting advice about medication Accurate prescriptions Avoiding long waiting times Home service and electronic prescription service potentially very valuable for older people Personalised service Cooperation with GPs to avoid gaps
Smoking cessation service users	 Key aspects relate to a specific service: Professional, non-judgmental, knowledgeable advisers Information and choice on health, ways to quit, trying out different aids Appointments in the evening for those who work

Recommendations

There are many aspects of pharmacies and their services that are viewed as working well by both the general public, and health professionals, and to an extent many of the priorities for pharmacy services in Table 5.16 are already being met, or partially met. The core services of dispensing medications, giving advice on over the counter medication and minor ailments or symptoms and providing these in many locations across the borough that are near to people's homes and workplaces can all be judged as a success. It was also apparent that many people trusted the knowledge and advice from pharmacies and particularly valued their accessibility in comparison to the difficulty many could experience in getting an appointment at their GP.

Both strands of the research identified a set of recommendations that could potentially be addressed through the wider PNA process in Camden:

- Location of pharmacies in Camden: One suggestion from a focus group participant was to map out of hours services to ensure that there is equitable coverage. Clearer information should be provided in pharmacies of out of hours services so pharmacy users know where to go.
- **Prescriptions:** The PNA Steering Group should consider what steps can be taken to build on the high level of trust that residents in Camden have in pharmacies in the future, and to specifically address the frustrations that can emerge when residents have to make repeat visits due to prescriptions not being available. One of the suggestions from a pharmacist responding to the survey was that there could be more meetings between pharmacists and other health professionals and this could be a forum to address some of the issues around prescribing raised in the focus groups.
- Promoting different prescription options: Every pharmacy should make it clear which
 options are available for collecting prescriptions, particularly targeting those managing

multiple conditions so they are fully aware of the range of ways that they can arrange to receive reminders about or pick up their prescriptions.

- Promotion of pharmacy services: Attendees felt that advertising in pharmacies about
 the range of services on offer could be improved, but also using different routes to
 disseminate this via booklets, local advertising in papers, or door to door leaflets. The
 availability of different languages spoken in pharmacies should also be promoted more
 clearly.
- Accessibility: Pharmacies should ensure that they have seating and wheelchair access for those who are able to visit in person, and better promotion of the home delivery service for those who are not. This should be mapped across Camden to identify which premises are not currently accessible.
- Ongoing engagement: The Steering Group should consider meeting with representative groups in the borough to discuss how to take their ideas forward as the PNA develops and to ensure that when the document is being consulted on these groups can continue to have their say on the shape of future pharmacy services in the borough.
- Links between pharmacies and other services: Current patterns of information sharing, signposting and referral needs further interrogation to identify in local areas exactly where the perceived gaps are between these different services. On a wider level, one suggestion was that the CCG could help to foster this cooperation, and that joined up working and commissioning across pharmacies and other health service in Camden could be improved.

In summary, there were many encouraging responses about pharmacies in Camden, particularly around their convenience, responsiveness and ability to offer a personalised service. Those with high dependency on services who are regular pharmacy users are keen to see some improvements, but had pragmatic suggestions in many cases of how this might be achieved.

5.7. Assessing the needs of people with protected characteristics

The PNA regulations require that the needs of people who share a protected characteristic (as defined by the Equality Act 2010) are taken into account when making the assessment. This section details how the needs of these populations have been taken into account in forming the assessment.

5.7.1. Age

In assessing the demographic profile of Camden, the projected population, and their health needs, age groups have been identified with specific pharmacy needs. These are listed below.

Young people

Though young people tend to visit pharmacies less often for medication dispensing, pharmacies can still play a role in health promotion for this age group. In addition, some locally commissioned services specifically target or are primarily used by people in this group; for example EHC for women aged 13-24 years, substance misuse services and smoking cessation.

Working age population

In people of working age, pharmacies can play a role in supporting people to change their behaviours. For example, pharmacies offering smoking cessation, NHS Health Checks and other health promotion campaigns targeted at this age group widen access, especially around working hours. In addition, screening can also help diagnose people earlier and introduce medication or other management at an earlier stage.

The prevalence of long term conditions in this age group necessitates a coordinated approach by pharmacies to offer pharmacy services at times and locations convenient to the working age population. People with long term conditions may also be eligible for some advanced or enhanced services (such as MUR, NMS or seasonal flu vaccination), in addition to the essential services offered by all pharmacies.

Older people aged 65 and over

As shown in Chapter 4, the prevalence of long term conditions increases with age, including an increase in the prevalence of comorbidities. People in this age group are more likely to need support in managing their long term conditions, and any associated medications. This will be reflected in the use of advanced services (such as MUR and NMS), essential services such as repeat dispensing, and enhanced services, such as seasonal flu vaccination. Accurate information and advice, accessible to patients with sensory needs, may help with adherence to medication. In addition, supporting people to adopt healthier behaviours will help prevent the development of other long term conditions, and manage their current conditions. For example, smokers diagnosed with COPD would benefit from smoking cessation advice. Ensuring equitable access to these services will allow for sustained improvements in outcomes for patients and improved life expectancy overall.

5.7.2. Disability

National legislation means that all pharmacies must comply with the provisions set out in law. However, with 68 different pharmacies in Camden, there are varying degrees of accessibility. For example, the qualitative research highlighted that some pharmacies are more difficult to enter while using a wheelchair. These issues result in disabled people having less choice in which pharmacy to use. Pharmacies are also required to have a

confidential consultation room, which in some cases may not be suitable for those in a wheelchair.

Other forms of disability are also included in the scope of this characteristic, such as sensory impairment and disability resulting from a long term physical or mental condition. There are many pharmacy users which will fall into this category, and ensuring equitable access to medicines, advice and support is inherent to good provision of pharmacy services in Camden.

5.7.3. Gender reassignment

Pharmacies have an integral role to play for people undergoing gender reassignment, as most treatments involve medical treatment. Ensuring patients have access to their medications without significant delay is also important. Pharmacies could also over MURs to ensure adherence to medications, and identify any issues as early as possible.

5.7.4. Marriage and civil partnership

No specific needs have been identified for this characteristic.

5.7.5. Pregnancy and maternity

As some pharmacies offer pregnancy test kits, they are ideally placed to offer antenatal advice and health promotion to newly pregnant women, including helping pregnant women to quit smoking. They are also able to offer MURs to women on other medications, to ensure that the medication is safe to use during pregnancy and while breastfeeding.

5.7.6. Race

As discussed in Chapters 3 and 4, the population of Camden is very diverse with a high proportion of people from BAME groups, and people from these groups also have a high proportion of diagnosed long term conditions. For example, the Asian population has a higher prevalence of diabetes.

The NHS Health Check offer in Camden targets South Asians at a younger age, reflecting the increase in prevalence of cardiovascular diseases. In addition to offering health promotion advice, pharmacies can opportunistically offer Health Checks to this group, as well as other public health interventions, such as smoking cessation.

5.7.7. Religion or belief

Apart from the obligation to provide pharmacy services irrespective of a patient's religion, the only specific need for this group would advising patients on suitable medication due to food restrictions (e.g. medication containing pork products) or during fasting periods (e.g. Ramadan).

5.7.8. Gender

Though pharmacy services target both men and women, there are some services that are gender specific. Women, for example, can use EHC and pregnancy testing at pharmacies. Men are less likely to use health services in general, so opportunistic screening (such as Health Checks), health promotion and public health interventions should be used to their full potential.

5.7.9. Sexual orientation

Apart from the obligation to provide pharmacy services irrespective of a patient's sexuality, no specific needs have been identified for this characteristic.

6. **FUTURE SERVICES**

Chapter 4 has already detailed the anticipated future demographic changes in population in Camden, so this section will look at the services that may be provided in the future.

6.1. Healthy Living Pharmacies

In September 2014 Camden and Islington Public Health, Camden and Islington CCGs and Camden and Islington LPC invited pharmacies to apply for the Healthy Living Pharmacy (HLP) Quality Mark. The HLP programme recognises the significant role community pharmacies play in helping reduce health inequalities by delivering consistent and high quality health and wellbeing services, promoting health and providing proactive health advice and interventions. The Healthy Living Pharmacy concept was developed by NHS Portsmouth (Primary Care Trust), working together with the Hampshire and Isle of Wight LPC. A Healthy Living Pharmacy:

- Consistently delivers a range of health and wellbeing services to a high quality
- Has achieved defined quality criteria requirements and met productivity targets linked to local health needs
- Has a team that proactively promotes health and wellbeing and proactively offers brief advice on a range of health issues such as smoking, activity, sexual health, healthy eating and alcohol
- Has a Healthy Living Champion
- Is recognisable by the public.

An official launch of the programme took place in January 2015, and the aim is that all pharmacies will eventually hold this quality mark.

7. MANDATORY CONSULTATION

This section will be completed once the formal consultation period has ended. The report will form part of the final PNA, published before 1 April 2015.



8. WIDER RECOMMENDATIONS

Community pharmacies make an important contribution to meeting local priorities for health and wellbeing in Camden. The essential services meet an immediate medication need and assessment, but the provision of other services allows for a wider reach, responding to specific, local health needs. By providing these services, pharmacies also decrease the burden on GP practices and secondary care services, enabling more cost-effective delivery of some interventions.

The PNA process for Camden has highlighted many areas where pharmacies are doing well in their provision of pharmacy services for the population they serve. Though no significant gaps in provision where identified as part of the PNA, some smaller potential gaps in service provision have been recognised and should be reviewed by the relevant commissioner of the service; improvements to these areas are within the scope of the current contracts. However, there are also areas where improvements can be made in order to maximise the potential of community pharmacies in helping Camden's population stay healthy. These wider recommendations are discussed below, and in sum are:

- 1. Improving the awareness of available pharmacy services
- 2. Improving the awareness of longer opening hours
- 3. Addressing the areas where pharmacies can increase the provision of key public health programmes

8.1. Improving awareness of available pharmacy services

One of the key findings from the qualitative research was the low level of awareness, from most groups, about the services available to them through their community pharmacy. For example, participants had very different levels of awareness of the options available in terms of repeat prescribing.

The low levels of uptake of advanced services such as medicines use review and new medicines service could also point to low levels of awareness; as these services are targeted at people on medication regimes or new medicines, people with long term conditions (including mental health conditions) would particularly benefit from these services. As well as supporting better adherence, better understanding, and improved outcomes for patients, greater usage of these services would help to reduce the burden on GP practices. The high prevalence of long term conditions in Camden's population and the relatively low uptake of services does clearly highlight that there is some unmet need in this area which the evidence suggests could be met through better public awareness.

The LCSs offered in pharmacy, particularly those focussing on health promotion could have capacity for increased provision. For example, this includes stop smoking service, NHS Health Checks, emergency hormonal contraception, flu vaccination, and some substance misuse services, as well as more general health promotion campaigns. There is a strong evidence base for all of these services, and community pharmacies have a key role to play in raising awareness to motivate people to change their behaviours and then supporting them to change. Maximising the potential of community pharmacies to provide these services will assist in addressing local health needs, reducing health inequalities and increasing life expectancy.

8.2. Improving awareness of opening hours

Our assessment of pharmacy opening hours in Camden shows that, for the most part, pharmacy opening hours are adequate in Camden. Out of hours access is available in all localities, with only some gaps on Sundays; but residents usually have a pharmacy that is open within 2km. However, the findings from the resident focus groups do not mirror this, as longer opening hours were consistently raised as an area for improvement. Some groups were not aware of where late opening pharmacies were, or that they were available within Camden at all. This is especially important for those groups with high levels of need, for example people with long term conditions, mental health needs or those needing drug misuse services. Ensuring that residents are aware of their closest late opening pharmacy, as well as those that are open on Sundays, could increase the uptake of all pharmacy services to better address local health needs and to reduce the burden on other health services.

8.3. Increasing the provision of key public health programmes

The locally commissioned services currently offered in pharmacies provide a key area for health promotion. However, for some services there may be opportunities for pharmacies currently contracted to provide the service to do more or for more pharmacies to offer the services. Maximising the opportunities for the successful implementation of these programmes can ensure improved health outcomes for the population, including a reduction in health inequalities. Increasing the delivery of these services by pharmacy will give local people more choice and flexibility in how they access support for behaviour change or treatment.

Commissioners of these programmes should ensure that where contracted, pharmacies are promoted as a point of contact for the services, and pharmacies are supported in their offer. The launch of the Healthy Living Pharmacy (HLP) Quality Mark scheme in 2015 should be used to encourage pharmacies to further develop a holistic approach to the public health services they offer.



Appendix A: Services provided per pharmacy

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	Seasonal 'flu vaccination	Stop smoking service	NHS Health Checks	Emergency Hormonal Contraception	Supervised Self- Administration	Needle Exchange
	ABC Pharmacies	NW5 2TJ	Yes		Yes		Yes	Yes				
	Allchins & Co Chemist	NW3 4UE	Yes		Yes		Yes	Yes				
	Aura Pharmacy	N7 0BL	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	
	Biotech Pharmacy	NW1 9EA	Yes	Yes	Yes	Yes	Yes	Yes	Yes			
	Boots The Chemist (Camden High Street)	NW1 7JY	Yes	Yes	Yes		Yes	Yes			Yes	
	Boots The Chemist (Hampstead High St)	NW3 1QE			Yes	Yes		Yes			Yes	
	Boots The Chemist (Haverstock Hill)	NW3 4QG			Yes						Yes	
	Boots The Chemist (Kentish Town)	NW5 2AE	Yes	Yes	Yes				Yes		Yes	
	DH Roberts Chemists	NW5 2HR			Yes	Yes	Yes	Yes				
	EICO Pharmacy	NW5 1TR			Yes	Yes			Yes		Yes	
	Fine Chemists	NW5 4EB	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	
ے ا	Greenfields Pharmacy	NW1 9QB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
North	Hampstead Heath Pharmacy	NW3 2PY	Yes	Yes	Yes		Yes					
~	House Of Mistry Ltd	NW3 2PT	Yes		Yes		Yes					
	JP Pharmacy	NW1 7JR	Yes		Yes			Yes	Yes		Yes	
	Keats Pharmacy	NW3 1NH	Yes		Yes	Yes	Yes	Yes	Yes			
	M Simmonds	N6 6QS			Yes	Yes					Yes .	Yes
	Macey Chemists	NW3 2HU	Yes	Yes	Yes		Yes	Yes			Yes	Yes
	Morrisons Pharmacy	NW1 8AA	Yes	Yes	Yes		Yes	Yes	Yes	Yes	Yes	Yes
	Pharmacy Republic	NW3 2QX					Yes	Yes			Yes	
	Primrose Chemist	NW1 8UR			Yes	Yes	Yes					
	Ritz Pharmacy	NW3 6UA			Yes		Yes					
	Rowlands Pharmacy	NW5 3HY	Yes		Yes	Yes	Yes				Yes	Yes
	Sandylight Pharmacy	NW5 4EG	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	
	Village Pharmacy	NW3 4AX			Yes							

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	Seasonal 'flu vaccination	Stop smoking service	NHS Health Checks	Emergency Hormonal Contraception	Supervised Self- Administration	Needle Exchange
	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	Yes	Yes			Yes	Yes			Yes	
	Boots The Chemist (15-17 Tottenham Court Road)	W1T 2BE	Yes	Yes	Yes		Yes	Yes	Yes		Yes	
	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	Yes	Yes	Yes	7	Yes	Yes			Yes	Yes
	Boots The Chemist (Aviation House)	WC2B 6NH	Yes	Yes	1		Yes	Yes			Yes	Yes
	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	Yes	Yes	Yes		Yes	Yes	Yes		Yes	
	Boots The Chemist (Euston Station)	NW1 2RS	Yes	Yes	Yes		Yes	Yes			Yes	
	Boots The Chemist (Farringdon Road)	EC1M 3HA	Yes	Yes	Yes		Yes					
	Boots The Chemist (High Holborn)	WC1V 6AT	Yes	Yes	Yes			Yes			Yes	
	Boots The Chemist (Holborn)	EC1N 2TD	Yes	Yes	Yes		Yes	Yes			Yes	
	Boots The Chemist (Kings Cross Underground)	N1 9AL			Yes			Yes			Yes	Yes
	Boots The Chemist (Kings Cross)	N1C 4LP			Yes			Yes				
	Boots The Chemist (St Pancras International Station)	NW1 2QP	Yes	Yes	Yes		Yes	Yes			Yes	
	Clockwork Pharmacy	WC1B 5AN	Yes	Yes	Yes		Yes	Yes	Yes	Yes		
	Day Lewis Pharmacy	NW1 1BJ			Yes	Yes	Yes	Yes			Yes	Yes
South	Essentials Pharmacy	WC2B 5QA	Yes									
0)	Evergreen Pharmacy	NW1 1DA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Goulds Chemists	NW1 1TT			Yes							
	Grafton Pharmacy	W1T 5AZ	Yes	Yes	Yes		Yes	Yes			Yes	
	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Holborn Pharmacy	WC1B 4BB	Yes	Yes	Yes		Yes	Yes				
	John Walker Chemists	WC1H 9QX	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	
	Kerrs Chemist	WC1A 2SA	Yes		Yes	Yes	Yes	Yes	Yes		Yes	
	Kings Pharmacy		Yes		Yes	Yes	Yes					
	Medicine Box	NW17JE	Yes				Yes	Yes	Yes		Yes	Yes
	Niemans Chemist Ltd	WC1N 3LW	Yes	Yes	Yes	Yes	Yes	Yes				
	Medicine Box	NW17JE	Yes				Yes	Yes	Yes		Yes	Yes
	Niemans Chemist Ltd	WC1N 3LW	Yes	Yes	Yes	Yes	Yes	Yes				
	Starr Pharmacy	WC1X8TP	Yes	Yes	Yes	Yes	Yes	Yes				
	Superdrug (High Holborn)	WC1V 7DA	Yes	Yes			Yes					

Locality	Pharmacy name	Post Code	Medicine Use Review	New Medicines Service	Minor Ailments Scheme	Medicines Reminder Devices	Seasonal 'flu vaccination	Stop smoking service	NHS Health Checks	Emergency Hormonal Contraception	Supervised Self- Administration	Needle Exchange
	ABC Drugstores	NW6 4DJ	Yes	Yes	Yes		Yes	Yes				
	Aqua Pharmacy	NW6 1NB	Yes	Yes	Yes		Yes	Yes			Yes	
	Boots The Chemist (Harben Parade)	NW3 6JP	Yes	Yes	Yes		Yes	Yes			Yes	
	Boots The Chemist (Kilburn High Road)	NW6 4HJ	Yes	Yes	Yes		Yes	Yes			Yes	Yes
	Central Pharmacy	NW6 1XJ			Yes							
	Dales Pharmacy	NW3 6HN	Yes	Yes	Yes	Yes		Yes			Yes	
West	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	Yes <	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
×	Hill Pharmacy	NW3 3NR			Yes		Yes	Yes			Yes	
	HV Thomas	NW6 1NB	Yes		Yes	Yes	Yes				Yes	
	IPSA Pharmacy	NW3 6JP					Yes					
	Ramco Dispensing Chemist	NW6 1LJ					Yes					
	Sainsburys Pharmacy	NW3 6LU	Yes	Yes	Yes		Yes	Yes				
	Superdrug (Harben Parade)	NW3 6JP	Yes	Yes	Yes		Yes	Yes				
	Superdrug (Kilburn High Road)	NW6 4HS	Yes		Yes		Yes	Yes				

Appendix B: The Camden Pharmaceutical Needs Assessment Steering Group

A steering group is oversaw the production of the PNA, in accordance with Department of Health regulations and deadlines. The group worked to ensure that the PNA captured the needs of the local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant. The group consists of representatives from:

- Public Health:
 - Sarah Dougan, Deputy Director of Public Health (Chair)
 - Dalina Vekinis, Senior Public Health Information Analyst
 - David Clifford, Public Health Information Officer
- Local pharmaceutical committee
 - Yogendra Parmar, CEO
- Medicines Management
 - Neeshma Shah, Director of Quality and Clinical Effectiveness
 - Kristina Petrou, Prescribing Advisor
- Healthwatch
 - Frances Hasler, Chief Officer Healthwatch (Camden)
- NHS England Area Team
 - Denise Patmore, Community Pharmacy Advisor

The responsible HWB member is Julie Billett, Director of Public Health. Sarah Dougan (Chair) reports directly to her.

At the Group's second meeting the following Terms of Reference were agreed, to codify the aims and purpose of the PNA, as well as the Group and individual members' responsibilities.

Members of the Steering Group also completed forms to indicate that they had no Conflicts of Interest with the group's responsibilities.

CAMDEN & ISLINGTON PHARMACEUTICAL NEEDS ASSESSMENT

STEERING GROUP: TERMS OF REFERENCE

Background

From 1st April 2013, Health and Wellbeing Boards (HWBs) assumed responsibility for publishing and keeping up to date a statement of the needs for pharmaceutical services of the population in their area, referred to as a pharmaceutical needs assessment (PNA).

Formerly published by primary care trusts (PCTs), the PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers. The last PNAs were published in 2011 by respective local PCTs²².

The importance to HWBs

- HWBs have now a legal duty to check the suitability of existing PNAs, compiled by primary care trusts (PCTs), and publish supplementary statements explaining any changes.
- HWBs will need to ensure that the NHS Commissioning Board (NHSCB) and its Area Teams have access to their PNAs.
- Each HWB will need to publish its own revised PNA by 1st April 2015. This will require board-level sign-off and a minimum period (of 60 days) for public consultation beforehand²³.
- Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

What should a good PNA cover?

- The PNAs should meet the market entry regulations²⁴.
- PNAs should include pharmacies and the services they already provide. These will include
 dispensing, providing advice on health, medicines reviews and local public health services,
 such as stop smoking, sexual health and support for drug users.
- It should look at other services, such as dispensing by GP surgeries, and services available
 in neighbouring HWB areas that might affect the need for services in its own area.
- It should examine the demographics of its local population, across the area and in different localities, and their needs and also look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs.

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²² The most recent PNAs published by Camden and Islington PCTs in 2011 are available to steering group members upon request.

²³ The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/

²⁴ http://psnc.org.uk/contract-it/market-entry-regulations/

- The PNA should also contain relevant maps relating to the area and its pharmacies.
- Finally, PNAs must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

Steering group duties/responsibilities

The core purpose of the steering group is to oversee the production of the Camden and Islington PNAs in accordance with DH regulations and deadlines.

- The group will ensure that the PNAs specifically capture the specific needs of the local populations, with a focus on reducing inequalities and aligning with the existing corporate plans of the HWB partners, where relevant.
- Once published, the group will ensure that the findings of the PNA are disseminated to those who need to know and will work towards implementation of the recommendations with relevant partners.

Policy Implications

- The Pharmaceutical Needs Assessment is the document that NHS England uses when deciding if new pharmacies are needed and to make decisions on which NHS funded services need to be provided by local community pharmacies.
- The Pharmaceutical Needs Assessment can be used as part of the Joint Strategic Needs Assessment (JSNA) to inform future commissioning strategies.
- As a valuable and trusted public health resource with millions of contacts with the public each day, community pharmacy teams have the potential to be used to provide services out of a hospital or practice environment and to reduce health inequalities^{25.} In addition, community pharmacies are an important investor in local communities through employment, supporting neighbourhood and high street economies, as a health asset and as a long term partner.

Governance

The work of the steering group will be governed by the HWBs for Camden and Islington (for their respective PNAs). The consultation documentation will be approved by the HWB and the final PNAs will be signed-off by the HWBs.

Progress on the PNAs will be reported to the Health and Wellbeing Boards (HWBs) through the quarterly officer groups meetings of respective boroughs, and this group will advise on decisions such as how to structure localities for the PNA for example, on behalf of the HWBs. The HWBs will also approve the draft PNAs to go for consultation along with the consultation questions, and will sign-off the final PNAs alongside reviewing the consultation responses.

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²⁵ "Healthy lives, healthy people", the public health strategy for England (2010)

Julie Billett, Director of Public Health will act as the responsible member of the HWB to maintain the PNAs going forward. Sarah Dougan, Assistant Director of Public Health (Chair of the PNA steering group) reports directly to her.

Conflicts of interest will be documented early on in the project process. All members will be asked and sign a conflict of interest declaration. Where members have declared a conflict of interest which would impact on their ability to make an impartial judgement, they will abstain from the decision-making process. Some pharmacy data are commercially confidential and cannot be released into the public domain. As the PNAs are publicly available documents, if and where required, these data will be supressed in accordance to information governance arrangements surrounding their use.

Membership

Membership needs to reflect that pharmacy commissioning involves: NHS England, Public Health & CCGs. Other members will be co-opted at different times to advice on different areas of work as needed.

The following will be members of the steering group:

- Assistant Director of Public Health for Camden & Islington (Chair)
- Senior Public Health Analyst (Camden & Islington Public Health)
- Public Health Information Officer, (Camden & Islington Public Health)
- Clinical Commissioning Groups (CCGs) Heads of Medicines Management for Camden and Islington
- Local Pharmaceutical Committee (LPCs) Lead (Chief Executive)
- NHS England representative
- Health Watch representatives for Camden and Islington
- Co-opted members (to attend when required)
- Communications Lead
- Patient / Public involvement (PPI) Group Lead/s (patient association)

Frequency of meetings

The steering group will meet quarterly each year:

- December 2013
- March 2014
- June 2014
- September 2014
- December 2014

Appendix C: Qualitative research completed for the Camden and Islington Pharmaceutical Needs Assesment Steering Group by OPM Research

This document will be hosted on the Consultation site.



Appendix D: Plan for the public consultation

Background and context to the consultation

The Pharmaceutical Needs Assessment (PNA) is a statutory requirement of every Health and Wellbeing Board. PNAs are designed to inform commissioning decisions by Local Authorities (LAs) and Clinical Commissioning Groups (CCGs). In addition, PNAs will be used by NHS England when deciding if new pharmacies are needed in the area and to make decisions on which NHS funded services need to be provided by local community pharmacies. The PNA can also be used as part of Camden's JSNA to inform future commissioning strategies.

Previously, PNAs were the responsibility of Primary Care Trusts (PCTs) to produce. The first PNAs were published in 2005, as the basis for deciding market entry of pharmacies to PCTs. The publication of the White Paper *Pharmacy in England: Building on strengths – delivering the future* proposed a review of the requirements of PNAs in order to make the process more robust, and make PNAs more effective in assessing the need for services. The Health and Social Care Act (2012) transferred this responsibility to local authority Health and Wellbeing Boards (HWBs), and further widened the scope of the PNA.

The PNA regulations require that they are published by 1 April 2015, following a mandatory 60-day consultation period where a draft PNA will be made available. The consultation serves as a way to collate feedback about the PNA and its conclusions from a wide range of stakeholders. This document details the process for the formal consultation period.

Scope of the consultation

The PNA regulations state that the following organisations must be consulted for a minimum of 60 days about the needs assessment:

- the Local Pharmaceutical Committee
- the Local Medical Committee
- Pharmacists and/or dispensing doctors in the area
- LPS chemists in the area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;
- Local Healthwatch organisation for its area, and any other group interested in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- the NHSCB
- Local HWB and any neighbouring HWB.

The formal consultation period will also be used to gather the views of local people, other healthcare providers, patients in the area and other key stakeholders. These comments will be synthesised into a consultation report and included in the final PNA document.

Consultation engagement

The consultation will run for 60 days from October 2014 to December 2014, with exact dates to be confirmed. Communications will be sent out to raise awareness of the consultation. The consultation documents will be available on the Council websites for downloading. The survey questions can be completed using an online survey. For accessibility reasons, a paper copy will also be available for people to complete. Table D lists the organisations invited to consult on the PNA.

Table D.1: List of organisations to be consulted on Camden's PNA

	Stakeholder	Channel	Cost	Responsibility
	Local Medical Committee	Email link to the consultation document and online survey to LMC secretary for distribution.	No cost	TBD
	Local Pharmaceutical Committee	Email link to the consultation document and online survey to LPC secretary for distribution.		TBD
	Pharmacy contractors (including appliance & distance selling pharmacies)	Email link to the consultation document and online survey to group.	No cost	TBD
	LPS pharmacy contractors	Email link to the consultation document and online survey to group.	No cost	TBD
ory	Healthwatch	Email link to the consultation document and online survey to group.	No cost	TBD
Compulsory	NHS Acute Trusts	Email link to the consultation document and online survey to Head of Pharmacy.	No cost	TBD
ပိ	NHS Mental Health Trusts	Email link to the consultation document and online survey to Head of Pharmacy.	No cost	TBD
	NHS Commissioning Board	Email link to the consultation document and online survey to Local Area Team.	No cost	TBD
	HWB Board	Email link to the consultation document and online survey to Health and Wellbeing Board secretary for distribution.	No cost	TBD
	Neighbouring HWB boards	Email link to the consultation document and online survey to Health and Wellbeing Board secretaries for distribution.	No cost	TBD
	General population	Links to survey on relevant (or new) webpages on council's website	No cost	Comms team at LA
nt		Council social media, e.g. Twitter, Facebook	No cost	Comms team at LA
gement	Health Scrutiny Committee	Email consultation document	No cost	TBD
Wider engag	Public Health Department	Email consultation document	No cost	TBD
Wide	CCG	Patient groups at the local CCG	No cost	TBD
	Local Voluntary, Health and community groups	Email to other relevant groups and organisations to give information about the survey and ask for participation.	No cost	TBD

Consultation questions

The following questions will be asked as part of the consultation.

About the PNA

- 1. Has the purpose of the PNA been clearly explained in the report?
- 2. Has the information included in the report been presented clearly and in a way that is easy to understand?
- 3. Are the localities clearly defined throughout the report?
- 4. Do you think the PNA accurately reflects the health needs of Camden's population, including the needs of the individual localities?
- 5. Do you think the PNA accurately reflects the pharmacy provision throughout Camden, including the individual localities?
- 6. Do you think the PNA accurately reflects the pharmacy provision in neighbouring boroughs which also serve Camden residents?
- 7. Do you think there are any unidentified gaps in service provision, i.e. where or when services are provided?
- 8. Do you think there are any pharmacy services which could be provided for residents, but have not been identified as a gap?
- 9. Do you think the PNA accurately reflects the future needs of Camden's population?
- 10. Do you agree with the conclusions of the PNA? If not, please note which sections you disagree with, and why.
- 11. Do you have any other comments on the draft PNA?
- 12. Are you responding as:
 - a. a member of the public?
 - b. as, or on behalf of, a pharmacy?
 - c. as a member of another health or social care profession?
 - d. as, or on behalf of, a Health and Wellbeing Board?
 - e. as, or on behalf of, NHS England?
 - f. as, or on behalf of, an LMC?
 - g. as, or on behalf of, an LPC?
 - h. as, or on behalf of, an NHS trust?
 - i. as, or on behalf of, a Healthwatch organisation?
 - j. as, or on behalf of, another organisation?
 - k. as, or on behalf of, another business or trader?

Appendix E: Responses to the Consultation, and Steering Groups responses to them

This section will be completed following the public consultation, at which point the PNA will be resubmitted to the Health and Wellbeing Board for final approval, along with any necessary changes to the main body of the document.



Appendix F: Camden GP Localities Profiles

The Camden GP Locality Profiles are available on the Camden Data website, to reduce the size of this file:

- Localities Profile North Locality
- Localities Profile- South Locality
- Localities Profile West Locality

Appendix G: Opening hours of Camden pharmacies, by day

Table G.1: Total opening hours on Monday by locality and pharmacy

Key:	Core o	ppening hours	Supp	olementa	ry openir	ng hours				
Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00 09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	09:00	18:00					
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	08:30	18:30					
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	09:00	19:00					
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00					
	FG026	EICO Pharmacy	NW5 1TR	09:00	18:00					
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30					
	FAD04	M Simmonds	N6 6QS	09:00	18:00					
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15					
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00					
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30					
	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30					
₽	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00					
North	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00					
Z	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00					
	FJ482	Boots The Chemist (Camden High Street)	NW1 7JY	08:30	20:00					
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	09:00	18:30					
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00					
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30					
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30					
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30					
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00					
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30					
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30					
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30					
	FL J85	Pharmacy Republic	NW3 2QX	08:00	23:00					
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	08:00	20:00					
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	07:30	20:00					
⊊	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00					
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	07:30	19:00					
S	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00					
	FF895	Goulds Chemists	NW1 1TT	09:00	17:30					
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00					

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FNV83	Starr Pharmacy	WC1X8TP	09:00	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	08:00	21:00						
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	08:00	19:30						
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	08:30	19:30	1					
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	08:30	18:00	J V					
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	07:00	22:00						
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	07:30	19:00						
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	07:30	18:30						
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	07:00	24:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
South	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00	1-=					
901	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15	1					
0)	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30	1					
	FEQ27	Kerrs Chemist	WC1A 2SA	09:00	18:00		_				
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FQ038	Boutalls Pharmacy	WC1N 3LW	09:00	18:00						
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	07:30	21:30						
	FYX92	Day Lewis Pharmacy	NW1 1BJ	09:00	18:00						
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	09:00	19:00	1					
	FKX95	Medicine Box	NW17JE	09:00	18:30	1					
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	07:30	19:30						
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	07:00	22:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00	1 1					
	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30	1 '					
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00	1					
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	09:00	19:00	1					
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	09:00	18:30	1					
sst	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
West	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	09:00	18:00	1					
_	FFQ54	HV Thomas	NW6 1NB	09:00	18:30	1					
	FER95	Sainsburys Pharmacy	NW3 6LU	08:00	21:00						
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	09:00	18:30	1					
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:30	1					
	FT034	Superdrug (Finchley Road)	NW3 6JP	09:00	18:00	1					
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00	1 1					

Table G.2: Total opening hours on Tuesday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	09:00	18:00						
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	08:30	18:30						
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	09:00	19:00	4					
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FG026	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
ج	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
North	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
Z	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (Camden High Street)	NW1 7JY	08:30	20:00						
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30			\perp			
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FL J85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	08:00	20:00						
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	07:30	20:00						
₽	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	07:30	19:00						
S	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FF895	Goulds Chemists	NW1 1TT	09:00	17:30						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FNV83	Starr Pharmacy	WC1X8TP	09:00	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	08:00	21:00						
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	08:00	19:30						
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	08:30	19:30						
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	08:30	18:00						
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	07:00	22:00						
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	07:30	19:00						
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	07:30	18:30						
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	07:00	24:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
South	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
Sol	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
0,	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FEQ27	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FQ038	Boutalls Pharmacy	WC1N 3LW	09:00	18:00						
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	07:30	21:30						
	FYX92	Day Lewis Pharmacy	NW1 1BJ	09:00	18:00						
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	09:00	19:00						
	FKX95	Medicine Box	NW1 7JE	09:00	18:30						
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	07:30	19:30						
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	07:00	22:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	09:00	19:00						
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	09:00	18:30						
West	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
×	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FER95	Sainsburys Pharmacy	NW3 6LU	08:00	21:00						
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	09:00	18:30						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:30						
	FT034	Superdrug (Finchley Road)	NW3 6JP	09:00	18:00						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						

Table G.3: Total opening hours on Wednesday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code		Close		09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	09:00							
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	08:30							
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	09:00	19:00	416					
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FG026	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15	7					
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00						
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
	FN002	ABC Pharmacies	NW5 2TJ	09:00		l .					
ے ا	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
North	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
~	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (Camden High Street)	NW1 7JY	08:30	20:00						
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FL J85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	08:00	20:00						
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	07:30	20:00						
ےِ ا	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	07:30	19:00						
Ň	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FF895	Goulds Chemists	NW1 1TT	09:00	17:30						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FNV83	Starr Pharmacy	WC1X8TP	09:00	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	08:00	21:00						
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	08:00	19:30						
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	08:30	19:30						
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	08:30	18:00						
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	07:00	22:00						
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	07:30	19:00						
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	07:30	18:30						
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	07:00	24:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
South	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
Sol	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
"	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FEQ27	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FQ038	Boutalls Pharmacy	WC1N 3LW	09:00	18:00						
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	07:30	21:30						
	FYX92	Day Lewis Pharmacy	NW1 1BJ	09:00	18:00						
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	09:00	19:00						
	FKX95	Medicine Box	NW1 7JE	09:00	18:30						
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	07:30	19:30						
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	07:00	22:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	09:00	19:00						
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	09:00	18:30						
West	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
👸	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FER95	Sainsburys Pharmacy	NW3 6LU	08:00	21:00						
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	09:00	18:30						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:30						
	FT034	Superdrug (Finchley Road)	NW3 6JP	09:00	18:00						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						

Table G.4: Total opening hours on Thursday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	09:00							
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	08:30							
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	09:00	19:00	4 1					
	FC161	DH Roberts Chemists	NW5 2HR	09:00	13:00						
	FG026	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15						
	FK264	Ritz Pharmacy	NW3 6UA	09:00		ľ					
	FF092	Village Pharmacy	NW3 4AX	09:00		D.					
	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
듶	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
North	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
Z	FPR95	Biotech Pharmacy	NW1 9EA	09:00	19:00						
	FJ482	Boots The Chemist (Camden High Street)	NW1 7JY	08:30	20:00						
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:00						
	FGQ34	Fine Chemists	NW5 4EB	09:00	18:30						
	FL J85	Pharmacy Republic	NW3 2QX	08:00	23:00						
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	08:00	20:00						
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	07:30	20:00						
Ę	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	07:30	19:00						
Ŵ	FWX99	Baban Pharmacy	NW1 1JH	07:00	24:00						
	FF895	Goulds Chemists	NW1 1TT	09:00	17:30						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FNV83	Starr Pharmacy	WC1X8TP	09:00	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	08:00	21:00						
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	08:00	19:30						
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	08:30	19:30						
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	08:30	18:00						
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	07:00	22:00						
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	07:30	19:00						
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	07:30	18:30						
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	07:00	24:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
South	FA614	Evergreen Pharmacy	NW1 1DA	09:00	13:00						
Sol	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
0,	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:00						
	FEQ27	Kerrs Chemist	WC1A 2SA	09:00	18:00						
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FQ038	Boutalls Pharmacy	WC1N 3LW	09:00	18:00						
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	07:30	21:30						
	FYX92	Day Lewis Pharmacy	NW1 1BJ	09:00	18:00						
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	09:00	19:00						
	FKX95	Medicine Box	NW1 7JE	09:00	18:30						
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	07:30	19:30						
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	07:00	22:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00						
	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30						
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	09:00	19:00						
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	09:00	18:30						
West	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
×	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FER95	Sainsburys Pharmacy	NW3 6LU	08:00	21:00						
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	09:00	18:30						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:30						
	FT034	Superdrug (Finchley Road)	NW3 6JP	09:00	18:00						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						

Table G.5: Total opening hours on Friday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	09:00							. :
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	08:30	18:30						
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	09:00	19:00	4					
	FC161	DH Roberts Chemists	NW5 2HR	09:00	19:00						
	FG026	EICO Pharmacy	NW5 1TR	09:00	18:00						
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	18:30						
	FAD04	M Simmonds	N6 6QS	09:00	18:00						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15	4					
	FK264	Ritz Pharmacy	NW3 6UA	09:00							
	FF092	Village Pharmacy	NW3 4AX	09:00	18:30						
	FN002	ABC Pharmacies	NW5 2TJ	09:00	18:30						
₽	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00						
North	FYN77	Aura Pharmacy	N7 0BL	09:00	18:00						
	FPR95	Biotech Pharmacy	NW19EA	09:00	19:00						
	FJ482	Boots The Chemist (Camden High Street)	NW17JY	08:30	20:00						
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	09:00	18:30						
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	19:00						
	FQL22	House Of Mistry Ltd	NW3 2PT	09:30	18:30						
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:30						
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:30						
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	20:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	18:30						
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:30	1					
	FGQ34	Fine Chemists	NW5 4EB	09:00							
	FL J85	Pharmacy Republic	NW3 2QX	08:00							
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	08:00							
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	07:30	20:00						
₽	FV174	Essentials Pharmacy	WC2B 5QA	09:00	19:00						
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	07:30							
S	FWX99	Baban Pharmacy	NW1 1JH	07:00							
	FF895	Goulds Chemists	NW1 1TT	09:00	13:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	08:00	19:00						

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FNV83	Starr Pharmacy	WC1X8TP	09:00	18:00						
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	08:00	21:00						
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	08:00	19:30						
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	08:30	19:30						
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	08:30	18:00						
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	07:00	22:00						
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	07:30	19:00						
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	07:30	18:30						
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	07:00	24:00						
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	19:00						
South	FA614	Evergreen Pharmacy	NW1 1DA	09:00	19:00						
Sol	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	18:15						
	FHK32	John Walker Chemists	WC1H 9QX	09:00	18:30						
	FEQ27	Kerrs Chemist	WC1A 2SA	09:00	18:00		_				
	FEC18	Kings Pharmacy	NW1 4BU	09:00	18:00						
	FQ038	Boutalls Pharmacy	WC1N 3LW	09:00	18:00						
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	07:30	21:30						
	FYX92	Day Lewis Pharmacy	NW1 1BJ	09:00	18:00						
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	09:00	19:00						
	FKX95	Medicine Box	NW1 7JE	09:00	18:30						
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	07:30	19:30						
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	07:00	22:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	19:00						
	FR188	Central Pharmacy	NW6 1XJ	08:30	18:00		T				
	FA485	ABC Drugstores	NW6 4DJ	09:00	18:30	·					
	FK827	Aqua Pharmacy	NW6 1NB	09:00	19:00						
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	09:00	19:00						
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	09:00	18:30						
est.	FH085	Dales Pharmacy	NW3 6HN	09:00	18:00						
West	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	09:00	18:00						
	FFQ54	HV Thomas	NW6 1NB	09:00	18:30						
	FER95	Sainsburys Pharmacy	NW3 6LU	08:00	21:00						
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	09:00	18:30						
	FRV52	Hill Pharmacy	NW3 3NR	09:00	18:30						
	FT034	Superdrug (Finchley Road)	NW3 6JP	09:00	18:00						
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00						

Table G.6: Total opening hours on Saturday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	00:00	03:00	06:00	09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	10:00		_	.41						
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	11:00	17:30		4		10 -				
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	09:00	18:00	_	. 1	10					
	FC161	DH Roberts Chemists	NW5 2HR	09:00	16:00								
	FG026	EICO Pharmacy	NW5 1TR	10:00	13:00								
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	09:00	17:30		1						
	FAD04	M Simmonds	N6 6QS	09:00	16:00		I						
	FAG17	Primrose Chemist	NW1 8UR	09:15	18:15								
	FK264	Ritz Pharmacy	NW3 6UA	09:00	19:00								
	FF092	Village Pharmacy	NW3 4AX	09:00	18:00								
	FN002	ABC Pharmacies	NW5 2TJ	Closed									
₽	FL532	Allchins & Co Chemist	NW3 4UE	09:00	18:00	_							
North	FYN77	Aura Pharmacy	N7 0BL	09:00	13:00								
	FPR95	Biotech Pharmacy	NW1 9EA	09:00	13:00	_							
	FJ482	Boots The Chemist (Camden High Street)	NW17JY	09:00	20:00								
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	09:00	17:30	-							
	FA151	Greenfields Pharmacy	NW1 9QB	09:00	13:00								
	FQL22	House Of Mistry Ltd	NW3 2PT	10:00	16:00								
	FFT74	JP Pharmacy	NW1 7JR	09:00	18:00								
	FTN92	Keats Pharmacy	NW3 1NH	09:00	18:00								
	FEN40	Morrisons Pharmacy	NW1 8AA	09:00	18:00								
	FGJ23	Rowlands Pharmacy	NW5 3HY	09:00	17:30								
	FK977	Sandylight Pharmacy	NW5 4EG	09:00	18:00								
	FGQ34	Fine Chemists	NW5 4EB	09:00	13:00	-							
	FL J85	Pharmacy Republic	NW3 2QX	08:00	23:00								
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	09:30	18:00								
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	10:00	19:00	-							
₽	FV174	Essentials Pharmacy	WC2B 5QA	10:30	17:30								
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	Closed							_		
S	FWX99	Baban Pharmacy	NW1 1JH	00:00	15:00								
	FF895	Goulds Chemists	NW1 1TT	09:00	12:00								
	FCQ11	Grafton Pharmacy	W1T 5AZ	10:00	16:00								

Locality	ODS Code	Pharmacy	Post code	Open	Close	00:00 03:00 06:00 09:00 12:00 15:00 18:00 21:00
	FNV83	Starr Pharmacy	WC1X8TP	Closed		
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	10:00	20:00	
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	09:00	18:00	
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	09:00	18:00	
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	09:00	17:30	
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	08:00	22:00	
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	10:00	16:00	
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	Closed		
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	08:00	24:00	
	FE456	Clockwork Pharmacy	WC1B 5AN	09:00	18:00	
South	FA614	Evergreen Pharmacy	NW1 1DA	09:00	13:00	
So	FNK76	Holborn Pharmacy	WC1B 4BB	09:00	17:15	
	FHK32	John Walker Chemists	WC1H 9QX	09:30	14:30	
	FEQ27	Kerrs Chemist	WC1A 2SA	10:00	14:00	
	FEC18	Kings Pharmacy	NW1 4BU	Closed		
	FQ038	Boutalls Pharmacy	WC1N 3LW	Closed		
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	08:00	20:00	
	FYX92	Day Lewis Pharmacy	NW1 1BJ	09:00	13:00	
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	10:00	15:00	
	FKX95	Medicine Box	NW1 7JE	09:00	13:00	
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	10:00	17:00	
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	07:00	22:00	
	FG643	Ramco Dispensing Chemist	NW6 1LJ	09:00	17:10	
	FR188	Central Pharmacy	NW6 1XJ	09:30	18:00	
	FA485	ABC Drugstores	NW6 4DJ	Closed		
	FK827	Aqua Pharmacy	NW6 1NB	09:00	13:00	
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	09:00	19:00	
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	09:00	18:00	
West	FH085	Dales Pharmacy	NW3 6HN	09:30	14:00	
≥	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	09:00	13:00	
	FFQ54	HV Thomas	NW6 1NB	09:00	13:00	
	FER95	Sainsburys Pharmacy	NW3 6LU	08:00	22:00	
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	09:00	17:30	
	FRV52	Hill Pharmacy	NW3 3NR	09:00	17:00	
	FT034	Superdrug (Finchley Road)	NW3 6JP	09:00	17:30	
	FMJ85	IPSA Pharmacy	NW3 6JP	08:30	23:00	

Table G.7: Total opening hours on Sunday by locality and pharmacy

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FWQ85	Macey Chemists	NW3 2HU	Closed							
	FMV02	Boots The Chemist (Hampstead High St)	NW3 1QE	10:00							
	FA632	Boots The Chemist (Haverstock Hill)	NW3 4QG	11:00	17:00						
	FC161	DH Roberts Chemists	NW5 2HR	Closed		4		J'			
	FG026	EICO Pharmacy	NW5 1TR	Closed							
	FRM43	Hampstead Heath Pharmacy	NW3 2PY	Closed							
	FAD04	M Simmonds	N6 6QS	Closed							
	FAG17	Primrose Chemist	NW1 8UR	Closed							
	FK264	Ritz Pharmacy	NW3 6UA	10:00	18:00						
	FF092	Village Pharmacy	NW3 4AX	Closed							
	FN002	ABC Pharmacies	NW5 2TJ	Closed							
₽	FL532	Allchins & Co Chemist	NW3 4UE	Closed							
North	FYN77	Aura Pharmacy	N7 0BL	Closed							
2	FPR95	Biotech Pharmacy	NW1 9EA	Closed							
	FJ482	Boots The Chemist (Camden High Street)	NW1 7JY	12:00	18:00						
	FR691	Boots The Chemist (Kentish Town)	NW5 2AE	Closed							
	FA151	Greenfields Pharmacy	NW1 9QB	Closed							
	FQL22	House Of Mistry Ltd	NW3 2PT	Closed							
	FFT74	JP Pharmacy	NW1 7JR	10:00	16:00						
	FTN92	Keats Pharmacy	NW3 1NH	Closed							
	FEN40	Morrisons Pharmacy	NW1 8AA	10:00	16:00						
	FGJ23	Rowlands Pharmacy	NW5 3HY	Closed							
	FK977	Sandylight Pharmacy	NW5 4EG	Closed							
	FGQ34	Fine Chemists	NW5 4EB	Closed							
	FL J85	Pharmacy Republic	NW3 2QX	10:00	20:00						
	FCL17	Boots The Chemist (122 Tottenham Court Road)	W1T 5AP	Closed							
	FN299	Boots The Chemist (Aviation House)	WC2B 6NH	12:00	18:00						
₽	FV174	Essentials Pharmacy	WC2B 5QA	Closed							
South	FKD52	Superdrug (High Holborn)	WC1V 7DA	Closed							
S	FWX99	Baban Pharmacy	NW1 1JH	Closed							
	FF895	Goulds Chemists	NW1 1TT	09:00	11:00						
	FCQ11	Grafton Pharmacy	W1T 5AZ	Closed							

Locality	ODS Code	Pharmacy	Post code	Open	Close	06:00	09:00	12:00	15:00	18:00	21:00
	FNV83	Starr Pharmacy	WC1X8TP	Closed			<u> </u>		. :		
	FDY54	Boots The Chemist (16-17 Tottenham Court Road)	W1T 2BE	12:00	18:00		1				
	FJT00	Boots The Chemist (209 Tottenham Court Road)	W1T 7PP	11:00	17:00						
	FQ977	Boots The Chemist (Brunswick Shopping Centre)	WC1N 1AE	11:00	17:00						
	FDX66	Boots The Chemist (Mornington Crescent)	NW1 0JH	Closed			1				
	FM035	Boots The Chemist (Euston Station)	NW1 2RS	12:00	18:00						
	FJT53	Boots The Chemist (High Holborn)	WC1V 6AT	Closed							
	FH432	Boots The Chemist (Holborn)	EC1N 2TD	Closed	4						
	FE513	Boots The Chemist (St Pancras International Station)	NW1 2QP	09:00	21:00	1					
	FE456	Clockwork Pharmacy	WC1B 5AN	Closed			_				
South	FA614	Evergreen Pharmacy	NW1 1DA	Closed							
Sol	FNK76	Holborn Pharmacy	WC1B 4BB	closed							
,	FHK32	John Walker Chemists	WC1H 9QX	Closed							
	FEQ27	Kerrs Chemist	WC1A 2SA	Closed							
	FEC18	Kings Pharmacy	NW1 4BU	Closed							
	FQ038	Boutalls Pharmacy	WC1N 3LW	Closed							
	FJ679	Boots The Chemist (Kings Cross Underground)	N1 9AL	09:00	19:00						
	FYX92	Day Lewis Pharmacy	NW1 1BJ	Closed							
	FFD81	Greenlight Pharmacy (Hampstead Road)	NW1 2NU	Closed							
	FKX95	Medicine Box	NW1 7JE	12:00	16:00						
	FWL66	Boots The Chemist (Farringdon Road)	EC1M 3HA	Closed							
	FFE92	Boots The Chemist (Kings Cross)	N1C 4LP	09:00	21:00						
	FG643	Ramco Dispensing Chemist	NW6 1LJ	Closed							
	FR188	Central Pharmacy	NW6 1XJ	Closed							
	FA485	ABC Drugstores	NW6 4DJ	Closed							
	FK827	Aqua Pharmacy	NW6 1NB	Closed							
	FJ398	Boots The Chemist (Harben Parade)	NW3 6JP	11:00	17:00						
	FQ521	Boots The Chemist (Kilburn High Road)	NW6 4HJ	11:00	17:00						
est	FH085	Dales Pharmacy	NW3 6HN	closed							
West	FQ664	Greenlight Pharmacy (Cricklewood Broadway)	NW2 3HD	Closed							
	FFQ54	HV Thomas	NW6 1NB	Closed							
	FER95	Sainsburys Pharmacy	NW3 6LU	11:00	17:00						
	FET01	Superdrug (Kilburn High Road)	NW6 4HS	Closed							
	FRV52	Hill Pharmacy	NW3 3NR	Closed							
	FT034	Superdrug (Finchley Road)	NW3 6JP	Closed							
	FMJ85	IPSA Pharmacy	NW3 6JP	09:00	22:00						

Appendix H: Bibliography

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Appendix I: Abbreviations

ACS	Ambulatory Care Sensitive	LARC	Long Acting Reversible
AUR	Appliance Use Review		Contraception
BAME	Black, Asian and Minority	LBC	London Borough of Camden
	Ethnic	LCS	Locally Commissioned Services
BMI	Body Mass Index	LPC	Local Pharmaceutical
CCG	Clinical Commissioning Group	LPC	Committee
CHD	Coronary Heart Disease	LPS	Local Pharmaceutical Service
CKD	Chronic Kidney Disease	LTC	Long Term Condition
COPD	Chronic Obstructive Pulmonary Disease	MAS	Minor Ailments Scheme
CPPE	Centre for Pharmacy	MSM	Men who have sex with men
OFFE	Postgraduate Education	MUR	Medicine Use Review
DAC	Dispensing Appliance Contractors	NHS	National Health Service
DBS	Disclosure and Barring Service	NHSCB	National Health Service Commissioning Board
DH	Department of Health	NMS	New Medicine Service
EHC	Emergency Hormonal Contraception	NRT	Nicotine Replacement Therapy
ESPLPS	Essential Small Pharmacies	ONS	Office for National Statistics
LOI LI O	Local Pharmaceutical Services	PCT	Primary Care Trust
GLA	Greater London Authority	PGD	Patient Group Directions
GP	General Practice or General Practitioner	РН	Public Health
HLP	Healthy Living Pharmacy	PNA	Pharmaceutical Needs Assessment
HWB	Health and Wellbeing Board	SAC	Stoma Appliance
HSCIC	Health and Social Care Information Centre	SLA	Customisation Service Level Agreement
JHWS	Joint Health and Wellbeing Strategy	STI	Sexually Transmitted Infections
JSNA	Joint Strategic Needs Assessment	vcs	Voluntary and Community Sector
LA	Local Authority		