



Pharmaceutical Needs Assessment 2022

Harrow Health and Wellbeing Board

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Executive summary

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

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

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

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

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

National Health Service (NHS) pharmaceutical services in England

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

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

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

Essential Services	Negotiated nationally, provided by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework.
Advanced Services	Negotiated nationally, community pharmacies can choose to provide any of these services as long as they meet the requirements set out in the Secretary of State Directions.
Enhanced Services	Negotiated locally to address local health needs. Provided from selected pharmacies, specifically commissioned. These services are only commissioned by NHSE&I.

The contract enables NHSE&I teams to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support for self-care from pharmacies. Since the 2018 PNA, there have been a number of contractual changes affecting community pharmacies.

In addition to NHS pharmaceutical services, community pharmacies may also provide 'Locally Commissioned Services' (LCS). These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013. Further information and details of those LCS provided in Harrow can be found in Section 4.

Health in Harrow

Harrow

The London Borough of Harrow is situated in north-west London. It is the 12th largest borough in London. Geographically it is situated between the river Thames, Heathrow Airport, and central London. Both the environment and the population of Harrow are diverse.

Harrow borders the county of Hertfordshire to the north, and the London boroughs of Ealing to the south, Brent to the south-east, Barnet to the east and Hillingdon to the west. Harrow is made up of five localities as described in Section 1.5. It is a densely populated borough: the most densely populated localities are the central and south-west localities.

The population

The current 2020 estimated resident population is 252,338. Over the past decade, Harrow's population has increased by around 10%. This is lower than London's growth of 14% over the same period and higher than England's growth of 8%.

Internal migration accounts for the largest element; between mid-2019 and mid-2020, 15,499 people moved into Harrow from other parts of the UK and 17,637 people moved out. This resulted in an overall reduction in population from internal migration of 2,138 people. Harrow has one of the most ethnically diverse populations in the country.

The 2011 census showed that 69.1% of Harrow's residents were from an ethnic minority, where ethnic minority is defined as all people who are non-white British. Based on this definition, Harrow was ranked fourth highest for the proportion of residents from minority ethnic groups nationally, compared with a ranking of eighth in 2001.

By 2041, 22% (59,324) of Harrow's residents could be aged 65 and over, compared with the 2018 level of 16.5% (42,779), according to the Greater London Authority (GLA) 2020 Population Projections.

The increasing population and its diversity will require significant planning for the delivery of services, in particular, to meet its varied health and social care needs.

Health inequalities

Index of Multiple Deprivation (IMD) 2020 data shows that Harrow was ranked 207 out of 317 local authorities in England with rank 1 being the most deprived. This indicates overall deprivation within the borough has changed little since the indices were last published in 2015.

Harrow has areas of deprivation contrasting with more affluent areas.

Particular populations that may have specific health needs include asylum seekers, refugees, travellers, minority ethnic communities and disabled people.

Life expectancy

Harrow is relatively affluent and relatively healthy, with an average life expectancy higher than England. The average life expectancy for males is 82.7 years and for females is 85.7 years.

Health and illness

Within the context of the Harrow population that is ageing, mobile and ethnically diverse, there is a sound rationale for focusing resources on physical activity, weight management, smoking, substance misuse and the care of the elderly. Migration presents some unique challenges including the control of infectious diseases including Tuberculosis (TB), COVID-19 (C-19) and influenza and improving the health literacy of those more likely to suffer from inequitable health and care outcomes.

Pharmacies in Harrow

Harrow Council has 62 pharmacies – 57 community and five Distance-Selling Pharmacies (DSPs)– as of March 2022 for a population of around 252,338. Provision of current pharmaceutical services and Locally Commissioned Services is well distributed, serving all the main population centres. There is excellent access to a range of services commissioned and privately provided by pharmaceutical service providers.

Using current population estimates, the number of community pharmacies per 100,000 population for Harrow is currently 24.6, which has increased slightly from 24.2 in 2018.

A majority of (66%) of community pharmacies in Harrow are open on weekday evenings (after 6 pm) and a high majority on Saturdays (89%). A number are open on Sundays (20%), mainly in shopping areas. There is a much higher than national ratio of independent providers to multiples, providing a good choice of providers to local residents (the national average is 40% independent providers versus 68% in Harrow based on 2020-21 figures).

Feedback on pharmaceutical services

Views of pharmacy service users were gained from a questionnaire circulated for feedback from the general public.

From the 219 responses received from the public questionnaire:

- 93% have a regular or preferred pharmacy
- 91% describe the service as good or excellent (only 4 respondents (2%) identified the service from their pharmacy as poor)
- 58% have visited a pharmacy once a month or more for themselves in the past six months

The main way reported that patients access a pharmacy is by walking, with 61% using this method. The next most common method is by car (29%); 4% used public transport.

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy. Of note: 95% of respondents suggest that the pharmacy is open on the most convenient day and 91% state it is open at the most convenient time.

There was generally good awareness of Essential Services provided by community pharmacies (well over 90%) with the exception of the Discharge Medicines Service (DMS) (22%).

Conclusions

Current provision of Necessary Services

Necessary Services – gaps in provision

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

For the purposes of this PNA, Necessary Services for the HWB are defined as Essential Services. Advanced Services are considered relevant as they contribute toward improvement in provision and access to pharmaceutical services.

Necessary Services – normal working hours

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

Necessary Services – outside normal working hours

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

Future provision of Necessary Services

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

Improvements and better access – gaps in provision

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

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

Locally Commissioned Services are those that secure improvements or better access to, or which have contributed towards meeting the need for, pharmaceutical services in Harrow HWB area, and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than NHSE&I.

Current and future access to Advanced Services

Details of the services are outlined in Section 6.3 and the provision in each locality is discussed in Section 6.6.

Section 6.8 discusses improvements and better access to services in relation to the health needs of Harrow.

There are no gaps in the provision of Advanced Services across the whole Harrow HWB area.

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

Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 6.4 and the provision in each locality discussed in Section 6.6.

Section 6.8 discusses improvements and better access to services in relation to the health needs of Harrow.

The London Vaccination and C-19 Vaccination Services are the Enhanced Service provided in Harrow with 86% of pharmacies providing the London Vaccination Service.

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

Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHSE&I is in some cases addressed by a service being commissioned through the council; these services are described in Section 6.5 and their provision by locality is discussed in Section 6.6.

Section 6.8 discusses improvements and better access to LCS in relation to the health needs of Harrow.

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

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

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

Section 1: Introduction

1.1 Background

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

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

Table 1: Timeline for PNAs

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

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

1.1.1 NHS Long Term Plan²

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

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

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

Table 2: Priority clinical areas in the LTP include

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

1.1.2 Services stopped and changed

- **Medicines Use Reviews (MURs)** were decommissioned on 31 March 2021. A number of additional services have been introduced, including additional eligible patients for the New Medicine Service (NMS).
- **Discharge Medicines Service (DMS):** A new Essential Service from 15 February 2021. NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE&I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital.³
- **Community Pharmacist Consultation Service (CPCS):**⁴ An Advanced Service introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with a pharmacist from a referral from NHS 111, integrated urgent clinical assessment services and in some cases from 999. From 1 November 2020 General Practitioner (GP) CPCS was launched, where GPs can refer patients for minor illness consultation via CPCS, with a locally agreed referral pathway. The CPCS and GP CPCS service aims to relieve pressure on the wider NHS by connecting patients with community pharmacies that are integrated with primary care-level services, part of the NHS Long Term Plan.
- **Coronavirus pandemic:** The COVID-19 pandemic placed greater demands on health systems and community pharmacies. Community pharmacists had to adapt and adopt changes to healthcare services provided and remain open during the pandemic to provide for the pharmaceutical needs for the population.⁵ During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in

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

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

⁵ Hayden JC and Parkin R. The Challenges of COVID-19 for community pharmacists and opportunities for the future. Irish J Psych Med 2020; 37(3), 198-203. <https://doi.org/10.1017/ipm.2020.52>

England since 2015-16.⁶ In response to the pandemic, two Advanced Services were also created; pandemic delivery service and COVID-19 Lateral Flow Test (LFT) provision. The COVID-19 vaccination service was also added as an Enhanced Service provided from community pharmacies and commissioned by NHSE&I. Due to the easing of COVID-19 restrictions by the government, the pandemic delivery service will be decommissioned on 5 March 2022 at 23:59. From 1 April, the government will no longer provide free universal symptomatic and asymptomatic testing for the general public in England.⁷

- **Remote Access:** From November 2020, community pharmacies had to facilitate remote access to pharmaceutical services at or from the pharmacy premises.⁸
- **Pharmacy Quality Scheme (PQS):** The PQS scheme is a voluntary scheme which forms part of the Community Pharmacy Contractual Framework.⁹ It supports delivery of the NHS Long Term Plan and rewards community pharmacy contractors that deliver quality criteria in three quality dimensions: clinical effectiveness, patient safety and patient experience. The PQS has been developed to incentivise quality improvement in specific areas yearly. At the time of writing the current PQS focuses on priorities supporting COVID-19 recovery which include:
 - 20 new NMS provisions
 - Identifying patients who would benefit from weight management advice and onward referral, including the recently introduced NHS Digital Weight and/or local authority-funded tier 2 weight management service
 - Checking inhaler techniques, as part of catch-up NMS, ensuring patients have personalised asthma action plans and use of spacers in children, and encouraging the return of unwanted and used inhalers for disposal to protect the environment
 - Safety report and demonstrable learnings from CPPE Look Alike Sound Alike (LASA) e-learning

1.2 Purpose of the PNA

NHSE&I is required to publish and maintain pharmaceutical lists for each HWB area. Any person wishing to provide NHS pharmaceutical services is required to be listed on the pharmaceutical list. NHSE&I must consider any applications for entry onto the pharmaceutical list. The Pharmaceutical Regulations 2013 require NHSE&I to consider applications to fulfil unmet needs determined within the PNA of that area, or applications for benefits unforeseen within the PNA. Such applications could be for the provision of NHS pharmaceutical services from new premises or to extend the range or duration of current NHS pharmaceutical services offered from existing premises.

⁶ Wickware C. Lowest number of community pharmacies in six years, official figures show. *Pharmaceutical J.* 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

⁷ Gov.uk. Living with COVID-19. 23 February 2022. www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19

⁸ [Regs explainer \(#12\): Facilitating remote access to pharmacy services : PSNC Main site](#)

⁹ NHSE&I. Pharmacy Quality Scheme. September 2021. www.england.nhs.uk/wp-content/uploads/2021/09/Pharmacy-Quality-Scheme-guidance-September-2021-22-Final.pdf

As the PNA will become the basis for NHSE&I to make determinations on such applications, it is therefore prudent that the PNA is compiled in line with the Regulations and with due process, and that the PNA is accurately maintained and up to date. Although decisions made by NHSE&I regarding applications to the pharmaceutical list may be appealed to the NHS Primary Care Appeals Unit, the final published PNA cannot be appealed. It is likely the only challenge to a published PNA will be through application for a judicial review of the process undertaken to conclude the PNA.

The PNA should also be considered alongside the local authority's Joint Strategic Needs Assessment (JSNA).¹⁰ For the purpose of this PNA, the JSNA used is an online web-based tool with the most up to date information.

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

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

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

1.3 Scope of the PNA

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

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

¹⁰ Harrow Joint Strategic Needs Assessment (JSNA):
<https://harrow.maps.arcgis.com/apps/MapJournal/index.html?appid=18bc27b967a6439886540cde6b8a7ad1#>

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

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

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

- Pharmacy contractors
- Dispensing Appliance Contractors
- Local Pharmaceutical Service providers
- Dispensing doctors

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

1.3.1 Community pharmacy contractors

The Community Pharmacy Contractual Framework, last agreed in 2019,¹¹ is made up of three types of services:

- Essential Services
- Advanced Services
- Enhanced Services

Details of these services can be found in Section 6.

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

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

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

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

¹¹ Gov.uk. Community Pharmacy Contractual Framework. 22 July 2019.
www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024

1.3.2 Dispensing Appliance Contractors (DACs)

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

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

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

1.3.3 Local Pharmaceutical Service (LPS) providers

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

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

1.3.4 Dispensing GP practices

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

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

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

1.3.5 Pharmacy Access Scheme (PhAS)

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

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

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

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

1.3.6 Other providers of pharmaceutical services in neighbouring HWB areas

There are five other HWB areas that border the Harrow HWB area:

- Hertfordshire
- Hillingdon
- Ealing
- Brent
- Barnet

In determining the needs of, and pharmaceutical service provision to, the population of Harrow, consideration has been made to the pharmaceutical service provision from the neighbouring HWB areas.

1.3.7 Other services and providers in Harrow HWB area

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

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

For the purpose of this PNA, at the time of writing, only services commissioned by NHSE&I as per the regulations have been considered as 'pharmaceutical services'.

1.4 Process for developing the PNA

As a direct result of the Health and Social Care Act 2012, a paper was presented to Harrow HWB in October 2019.

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

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

Public Health Harrow has a duty to complete this document on behalf of Harrow HWB. Public Health Harrow commissioned Soar Beyond Ltd to undertake the PNA.

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

- **Step 1: Steering group**

On 1 September 2021 Harrow's PNA Steering Group was established. The terms of reference and membership of the group can be found in Appendix B.

- **Step 2: Project management**

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

- **Step 3: Review of existing PNA and JSNA**

Through the project manager, the PNA Steering Group reviewed the existing PNA and subsequent supplementary statements¹² and JSNA.

- **Step 4a: Public questionnaire on pharmacy provision**

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

- All residents in Harrow via Healthwatch webpage/social media/December newsletters
- All residents in Harrow via the council's webpage/social media/website news article
- Internally to all staff via the Yammer network and newsletter
- All residents in Harrow via Soar Beyond's social media

A total of 219 responses were received. A copy of the public questionnaire can be found in Appendix D and the detailed responses can be found in Appendix E.

- **Step 4b: Pharmacy contractor questionnaire**

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

A total of 47 responses were received. A copy of the pharmacy contractor questionnaire can be found in Appendix F and the responses can be found in Appendix G.

¹² <https://www.harrow.gov.uk/health-leisure/pharmaceutical-needs-assessments>

- **Step 4c: PCN questionnaire**

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

A copy of the PCN questionnaire can be found in Appendix H and two responses were received, and can be found in Appendix I.

- **Step 5: Mapping of services**

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

- **Step 6: Preparing the draft PNA for consultation**

The Steering Group reviewed and revised the content and detail of the existing PNA. The process took into account the JSNA and other relevant strategies in order to ensure the priorities were identified correctly. As the PNA is an assessment taken at a defined moment in time, it was agreed the pragmatic way forward would be to monitor any changes. If necessary and appropriate, the PNA will be updated before finalising or published with accompanying supplementary statements as per the regulations, unless the changes had a significant impact on the conclusions. In the case of the latter, the Steering Group will reconvene and reassess the impact of these changes.

- **Step 7: Consultation**

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 25 April 2022 and 24 June 2022. The draft PNA and consultation response form was issued to all identified stakeholders. These are listed in the final PNA. The draft PNA was also posted on Harrow Council's website.

- **Step 8: Collation and responses analysis of consultation**

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

- **Step 9: Production of final PNA - future stage**

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

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

1.5 Localities for the purpose of the PNA

The PNA Steering Group, at its first meeting, considered how the localities within the Harrow HWB geography would be defined.

It was agreed that council wards would be used to define the localities. This would allow ward councillor involvement when assessing need for their respective wards along with reasonable statistical rigour, as the majority of health and social care data is available at ward level.

Table 3: Outlining the wards within the localities

Locality	Ward
Central	Greenhill, Headstone South, Kenton West, Marlborough, Wealdstone
Northeast	Canons, Harrow Weald, Stanmore Park
Northwest	Hatch End, Headstone, North Pinner, Pinner South
Southeast	Belmont, Edgware, Kenton East, Queensbury
Southwest	Harrow on the Hill, Rayners Lane, Roxbourne, Roxeth

A list of providers of pharmaceutical services in each locality is found in Appendix A.

The information contained in Appendix A has been provided by NHSE&I (who is legally responsible for maintaining the pharmaceutical list of providers of pharmaceutical services in each HWB area), Harrow Council and North West London (NWL) CCG.

Section 2: Context for the PNA

2.1 NHS Long Term Plan¹³

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

Table 4: Priority clinical areas in the LTP include

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

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

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

¹³ NHS Long Term Plan. www.longtermplan.nhs.uk/

- Section 3.68 identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the NHS Health Check, rapidly treating those identified with high-risk conditions including high blood pressure. The hypertension case-finding service has been developed as an Advanced Service from community pharmacy.
- Section 3.86 states 'We will do more to support those with respiratory disease to receive and use the right medication'. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine, to help improve medicines adherence.
- Section 6.17 identifies 10 priority areas. Section 6.17(v) identifies pharmacists as key in delivering value for the £16 billion spent on medicines annually. It states, 'Research shows as many as 50% of patients do not take their medicines as intended and pharmacists will support patients to take their medicines to get the best from them, reduce waste and promote self-care.'

2.2 Joint Strategic Needs Assessment (JSNA)

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

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

The purpose of JSNAs and the related Joint Health and Wellbeing Strategies (see below) is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning that will improve the public's health and reduce inequalities. Their outputs, in the form of evidence and the analysis of needs, and agreed priorities, will be used to help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that affect health and wellbeing.¹⁴ The PNA should therefore be read alongside the JSNA. The Harrow JSNA is an online tool and an ongoing process by which local authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action.¹⁵ This will inform a new Joint Health and Wellbeing Strategy which will take into account the findings of the new JSNA.

¹⁴ Department of Health. Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. 20 March 2013. www.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf

¹⁵ Harrow JSNA. <https://harrow.maps.arcgis.com/apps/MapJournal/index.html?appid=18bc27b967a6439886540cde6b8a7ad1>

2.3 Joint Health and Wellbeing Strategy

Understanding the communities that local pharmacies serve is important for commissioning the services that best serve the health and wellbeing requirements of those local communities. Pharmacies play more than a medicine-dispensing role today. They support communities to be healthy, to self-care and to self-manage long-term conditions. These are all important services that can help reduce the demand for local general practices and hospitals.

The Harrow Joint Health and Wellbeing Strategy (2020-2025)¹⁶ prioritises health across the life course approach:

- Starting Well (0–5 years)
- Developing Well (5–25 years)
- Living and Working Well (16–64 years)
- Ageing Well (65+ years)
- Common themes within the life stages are:
 - Reducing the gap in life expectancy
 - Focusing on prevention
 - Improving emotional wellbeing
 - Ensuring an integrated approach to care

There are a number of documents within the Harrow JSNA that provide detailed health needs assessment within these four life stages.

This section aims to present health needs data that might be of relevance to pharmacy services. It is not an interpretation of pharmaceutical service provision requirements for Harrow. This section should be read in conjunction with these detailed documents. Appropriate links have been provided within the section.

2.4 Population overview

The London Borough of Harrow has just over 250,000 residents. The population continues to grow and get older, although the younger population is predicted to get smaller. Harrow is very diverse, with a quarter of the population being from the Indian community. There are deprived areas in the centre of the borough, with pockets of deprivation in the south and east. Being within the M25, the population changes quickly, which means the public health response has to be two-pronged and opportunistic and long-term. The key issues in Harrow that have been identified within the Health and Wellbeing Strategy include emotional wellbeing and mental health across all age groups, from wellbeing at school to supporting people into employment and combatting loneliness and dementia for older age groups and carers. The physical health issues include maternal outcomes, tooth decay in children, healthy weight, cardiovascular diseases such as diabetes, and falls in older people.

¹⁶ Harrow Joint Health and Wellbeing Strategy 2020-2025. https://moderngov.harrow.gov.uk/documents/s164744/Harrow_Joint_Health_and_Wellbeing_Strategy.pdf Publications :: North West London Clinical Commissioning Groups (nwlondonccg.nhs.uk)

There are significant inequalities within the borough, as evidenced in the different life expectancy between affluent and more deprived communities. The health and care community are trying to address these by providing appropriate knowledge of wellbeing risks (vaccine uptake, mental health, smoking) and services, such as how to navigate A&E and primary care, or how to support carers.

2.4.1 Population composition

Harrow's resident population in 2019, based on the Office for National Statistics (ONS) Mid-Year Population Estimates (MYEs), was estimated to be 252,338. Over the past decade Harrow's population has increased by around 10%. This is lower than London's growth of 14% over the same period and higher than England's growth of 8%.

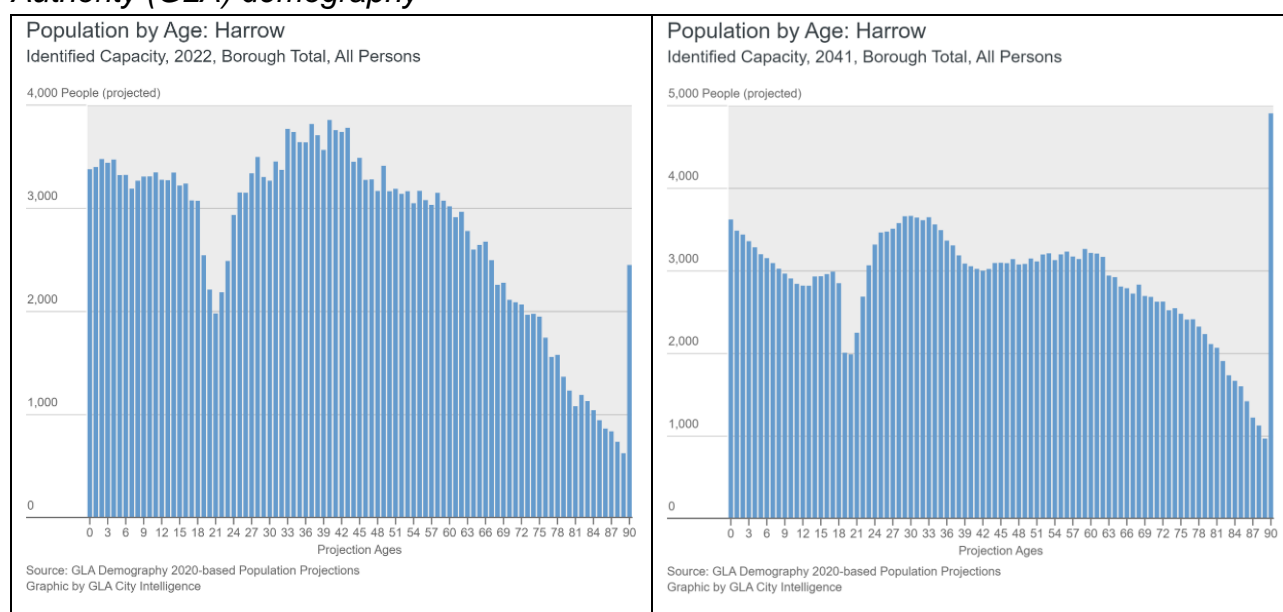
Harrow's residents aged under 16 make up 21% of the borough's population (52,600). This is above both the London average of 20.6% and the national average of 19.0%. Harrow's residents of school age (5–15) account for 13.9% (34,800) of the population. This is higher than London (13.7%) and England (13.1%).

Of Harrow's population, 63% (157,762) fall within the working age group (16–64) which is the lowest proportion of working age residents to the borough's total population since this dataset began in 2001. Since 2001, Harrow's working-age population group has actually increased by nearly 20,200 residents, with most of this growth occurring between 2001 and 2011. In the 2019 MYE, Harrow's proportion of residents of working age was below the London level of 67.4%, but above the level for England at 62.7%.

The number and proportion of older people in Harrow continues to increase. In 2019, 16% (39,998) were aged 65 and over. In 2001 around 30,000 of Harrow's residents were aged 65 and over, so there has been approximately 30% growth from 2001 to 2019. Harrow's mid-2019 level of 16% is higher than London's level (12%), but lower than the national level (18.3%).

Like many London boroughs, Harrow experiences a significant level of population churn and population transience, with a significant number of people coming into the borough and leaving each year. This can be divided into internal (domestic) migration and international migration. Internal migration accounts for the largest element; between mid-2019 and mid-2020, 15,499 people moved into Harrow from other parts of the UK and 17,637 people moved out. This resulted in an overall reduction in population from internal migration of 2,138 people. By contrast, international migration over the same time frame saw approximately 4,022 international migrants moving into Harrow, whilst 2,304 residents moved overseas leading to an annual net migration gain of 1,718 people. Therefore net overall migration was negative with an overall reduction of approximately 420 people over this period.

Figure 1: 2020-based housing-led population projections produced by Greater London Authority (GLA) demography



By 2041, 22% (59,324) of Harrow's residents could be aged 65 and over, compared with the 2018 level of 16.5% (42,779), according to the GLA 2020 Population Projections. Around 11,217 residents (4%) could be aged 85 and over by 2041, almost double the current 2022 estimate of around 6,433 people (2.2%). At the opposite end of the age spectrum, the borough is currently experiencing a growth in the under-15 age group, with under-15s comprising 21% of the total population (53,261) in 2022. It is predicted that numbers in this age range will decline, so that by 2041 numbers of under-15s will have fallen to 49,796, comprising 19% of the total population of Harrow.¹⁷

Harrow has one of the most ethnically diverse populations in the country. The 2011 census showed that 69.1% of Harrow's residents were from an ethnic minority, where ethnic minority is defined as all people who are non-white British. Based on this definition, Harrow was ranked fourth highest for the proportion of residents from minority ethnic groups nationally, compared with a ranking of eighth in 2001.

Harrow's largest minority ethnic group is the Indian group, and the 2011 census results showed that 26% of Harrow's population was of Indian origin. Harrow's population is more diverse than west London's and London overall, with 69.1% from minority ethnic groups, in comparison with 64.3% in west London and 53.7% in London.¹⁸

2.4.2 Building homes and infrastructure

Harrow has one of the largest council-led regeneration programmes in London. This will be delivered with the council's development partner, Wates Residential, a hugely experienced national home builder, through the Harrow Strategic Development Partnership (HSDP). This partnership was formally signed in August 2021 following an extensive procurement process.

¹⁷ GLA 2020 Population Projections

¹⁸ Population by Ethnic Group. 2011.

The HSDP will transform Wealdstone and the current Civic Centre site (Poets Corner), with three underused urban sites at the heart of the regeneration programme. More than 1,500 new homes (including affordable new council housing) will be developed, plus a range of new business opportunities and public and green spaces. Across the three sites –Byron Quarter, Poets Corner and Peel Road – there will be an average of 43% affordable housing, that is housing for sale or rent for those whose needs are not met by the market.

Byron Quarter will be redeveloped as part of the first phase of the HSDP as a 100% residential scheme. This will see 337 new homes being built, of which 50% will be affordable housing. The site will be designed to integrate seamlessly with the extensive leisure opportunities provided at the adjoining Harrow Leisure Centre and Byron Park. The design will create a defined park frontage of the highly desirable new residential neighbourhood. This route forms part of the strategic green link and cycle connection from Headstone Manor to the Belmont Trail, which is a green link between Christchurch Avenue, running north to Vernon Drive in Stanmore.

Poets Corner is where the current Civic Centre is located. Building on this site will take place over three phases, which will see 1,047 new homes, at least 39% of which will be affordable housing. The redevelopment will offer a mix of residential, workspace, retail and commercial spaces, as well as a primary school. There will be a local park for residents to enjoy. The vision for Poets Corner includes two large residential blocks along the High Street with a new town square fronting the High Street, creating space for local community events and supporting social value. Phase 1 of the Poets Corner redevelopment will deliver 414 new homes across two blocks, creating homes and jobs in the new look High Street.

Peel Road in Wealdstone will see the development of new buildings with active frontages to help repair the urban fabric of Wealdstone town centre. 191 new homes – at least 39% of which will be affordable housing – will be delivered through residential buildings. One development will comprise of affordable homes and another Build to Rent. This is also where Harrow Council's new Civic Centre will be located and we have committed that the delivery of the new Civic Centre will be at no cost to the council, through the overarching principle of 'cost neutrality'. We hope that by creating a landmark site we will create visual awareness of change in the area and in a flexible and technologically equipped Civic Centre for Harrow Council, which will be the civic heart of the borough.

In a regeneration programme worth an estimated £600 million, the HDSP is the largest investment and development opportunity Harrow has seen and will create an inviting, attractive and thriving Wealdstone High Street that generates apprenticeships, training and wealth in the borough. Through the regeneration of the three core sites, the HSDP will promote large scale social value and targets to create a minimum of 129 apprenticeships, 120 work experience opportunities and 213 new jobs.

The council's major development at Forward Drive in Wealdstone is nearing completion. Forward Drive is an office building designed to provide the council with a modern, collaborative and flexible workplace environment for staff and integrated service partners.

The building forms part of the wider Central Depot development that provides accommodation and plant facilities for the council's frontline operations for environmental services. It will provide a base for all council teams working in an agile way, and is designed to support new ways of working, optimising digital integration and paperless processes, encouraging collaborative working and embedding a change of culture. The office will provide capacity for 650 people across four storeys – this is made up of individual work settings, with collaborative and touchdown settings, informal and formal meeting spaces, with additional space at the ground floor for staff welfare and café seating. A multi-faith room with wudu washing facilities and a first aid room are provided on site, along with showers, changing and drying facilities.

In addition to the homes delivered by the HSDP, as part of the Building Council Homes for Londoners programme for Harrow, we are delivering a considerable number of affordable homes. We have completed, acquired or are on site with nearly 250 council homes, which are let at social or affordable rents. We have a further development pipeline of almost 1,100 new council homes, of which over half will be affordable homes.

The regeneration of the Grange Farm estate in South Harrow is underway. Phase 1 of the programme is on site, delivering 89 new affordable homes. Subsequent phases will deliver a further 485 new homes built around green space and community facilities. In principle approval was given in November 2021 to include this in the HSDP and the partnership is putting this into effect.

Harrow has agreed with Apex Airspace to build up to 48 additional homes on top of one of the council's housing estates, helping to make the best use of existing housing and offering new homes for local residents. The development uses modular construction methods, which will speed up build time and reduce carbon emissions.

The council is currently on-site nearing the completion of 29 new mews homes across two sites in Stanmore and Pinner. Leefe Robinson and Pinnora Mews will be complete in January 2022 and March 2022 respectively. The two new developments have delivered on under-used council sites to provide a number of new homes which include homes: for sale, affordable and under the Help to Buy scheme.

We have brought three redundant buildings back into use on the Harrow Arts Centre site creating nine additional spaces comprising of a dance studio, multiuse rooms, office and artists' studios as creative workspaces, through a programme jointly funded by the council and the GLA. Sustainable Urban Drainage Systems (SUDs) have also been installed as part of the scheme in addition to a swale – the latter to meet the next phase's requirements.

In January 2022, Homes in Mind, a partnership between local Voluntary and Community Sector (VCS) organisations working with Harrow council, secured £150k of funding from the GLA's Community-Led Housing project. This grant will fund the work on two local schemes to deliver much-needed housing that supports people with mental health issues. The two schemes are now fully funded up to a full planning application. The project aims to be in a position to apply for planning permission in the summer/autumn of 2022.

The project's core objective is to deliver social affordable housing to service users of Mind in Harrow, as part of a community-led housing project. Over the lifetime of the units delivered, hundreds of service users will find a safe, supported and affordable place to live and thrive. Initially, the two schemes will deliver nine units between them (subject to planning) and will act as a pathfinder for future sites that have been identified and are available for inclusion in the project. The project has ambitions to deliver a further 30 units across Harrow, creating a thriving, self-sustaining community. The partnership working between a number of VCS organisations and the council has been exceptional.

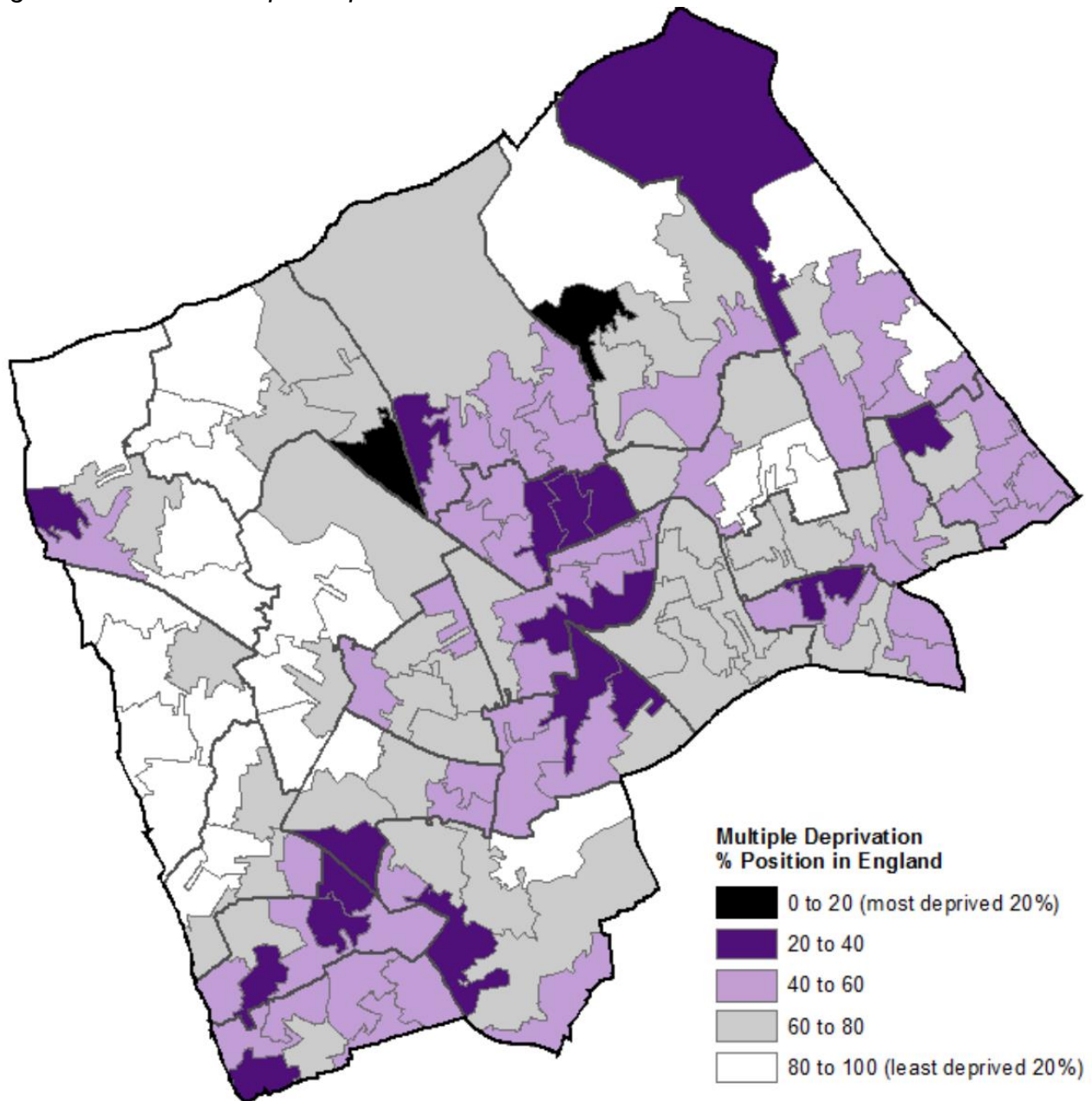
Looking ahead, the HSDP will continue to deliver much of our regeneration programme and we anticipate a planning application for the Byron site in spring 2022 and submissions for the other sites in the HSDP in the summer. The council will be moving offices and work will begin at the Milton Road site in early spring 2022, with the council handing over the existing Civic Centre to the HSDP in October. We will use our regeneration programme, like the development at Grange Farm, to improve the quality as well as the number of homes available, striving for everyone to have quality, energy efficient and digitally-enabled homes in a thriving community. We also want neighbourhoods that are integrated and well connected to thriving district centres by strong transport links and connections, that enable people to travel to their destination sustainably and safely.

2.5 Deprivation

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation and is a composite indicator that aggregates a series of domains to define deprivation in terms of employment, income, education, health, crime, living environment and housing. The map in Figure 2 shows the IMD for Harrow, with Lower Super Output Areas (LSOAs) coloured according to their rank within England. Harrow has two LSOAs in the most deprived 20% in England, located in Stanmore Park ward and Hatch End ward.

The most deprived areas are in the centre of the borough, with pockets of deprivation in the south and east. There are 26 LSOAs in Harrow in the least deprived 20% in the country and these are predominantly concentrated in the west of the borough. Overall, Harrow was ranked 207 out of 317 local authorities in England (where 1 is most deprived). This is a slight decline compared with the borough's equivalent ranking of 216/317 in 2015. Within London, Harrow was ranked 27/33, a decline of one place since 2015.

Figure 2: Index of Multiple Deprivation

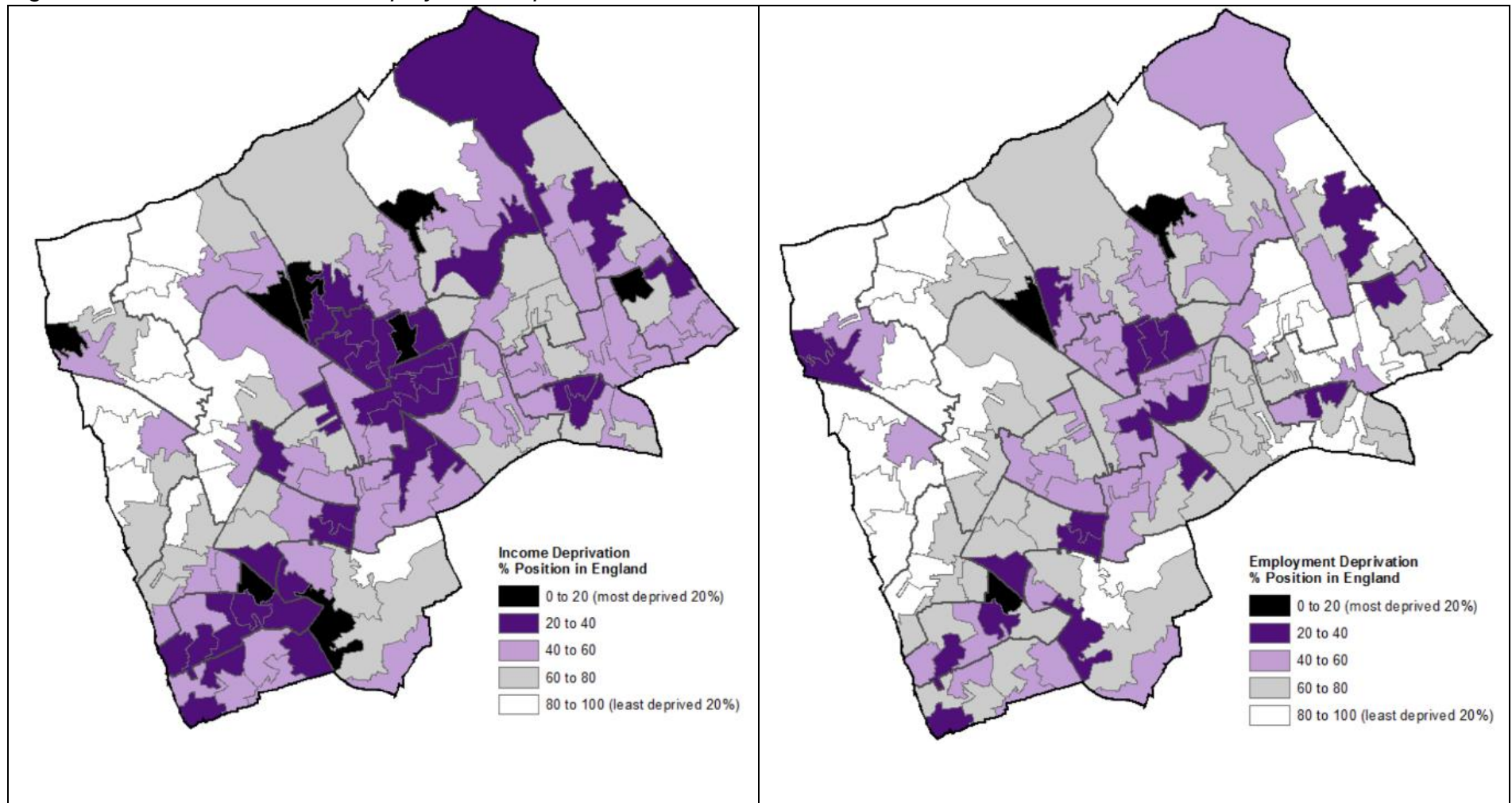


Copyright London Borough of Harrow 2020

Source: Ministry of Housing Communities and Local Government English Indices of Deprivation 2019

The domains themselves are useful indications of deprivation within the borough and can identify particular types of deprivation that the aggregated indicator misses. Harrow's average income score indicates that 10.9% of residents are likely to be experiencing income deprivation, equating to approximately 27,300 individuals. Harrow's average employment score indicates that 6.7% of the working age population (18–64-year-olds) were experiencing employment deprivation, equating to approximately 10,600 individuals. The areas of most deprivation correspond with the locations of larger council housing estates.

Figure 3: Index of Income and Employment Deprivation



2.6 Locality health profiles

Locality-based population health needs can be approximated from the Public Health England (PHE) framework of indicators presented on Local Health. Within the five localities identified for the PNA, there are significant differences in the level of health and care need, and the size of the respective populations.

Table 5: Population of Harrow localities

<i>Locality population size and deprivation</i>						
	Central	Southeast	Southwest	Northeast	Northwest	Harrow
Total population (2019)	63,508	63,708	49,877	37,114	41,816	256,023
Over-65 population (2019)	8,275	9,089	6,537	7,867	8,781	40,549
% of population over 65	13%	14%	13%	21%	21%	16%
IMD	10.5	7.4	11.6	12.8	11.9	10.8
<i>Locality level indicators compared with the England position</i>						
<i>Red – Significantly worse, Green – Significantly better, Amber – No significant difference</i>						
Older people in deprivation (2019)	22.0%	20.9%	20.4%	15.5%	10.2%	17.3%
Overcrowded (2011)	21.7%	19.3%	18.8%	13.2%	7.9%	16.3%
Low birth weight 2015-19	7.7%	8.3%	8.1%	7.8%	8.2%	8.0%
Emergency hospital admission all causes (SAR 2015-20)	101.3	92.2	94.0	90.8	87.0	93.1
Emergency hospital admission CHD (SAR 2015-20)	119.3	131.8	130.2	96.6	103.8	115.8
Deaths CHD (SMR 2015-19)	119.9	105.2	99.2	85.0	75.4	91.4

Source: Public Health England LocalHealth.org.uk

NB: Locality populations are estimated from a range of data sources, and when added together do not equal the total population estimated for Harrow

2.6.1 Central locality, comprising Greenhill, Headstone South, Kenton West, Marlborough, and Wealdstone wards.

The Central locality is the second largest population with 63,000 residents, and the lowest percentage of people over the age of 65 (13%). However, despite a similar level of deprivation (IMD) to the Harrow average, the percentage of those older people that live in deprived circumstances is significantly higher than the England average, at 22%, and significantly higher than for Harrow as a whole, at 17%.

The locality exhibits a high density of population, with 22% of households being defined as overcrowded, significantly higher than the England average and the average for Harrow.

There are several poorly performing indicators for this locality. The locality has a relatively low percentage of low-birth-weight babies: at 8% this is marginally lower than the average for Harrow but significantly higher than the average for England. Emergency hospital admissions are significantly higher for all causes of admission, and Coronary Heart Disease (CHD), with an accompanying high rate of mortality for CHD, is far higher than the Harrow average.

2.6.2 Northeast, comprising Canons, Harrow Weald, and Stanmore Park wards

The Northeast locality is the smallest locality in Harrow with just over 37,000 residents, with the highest percentage of people over the age of 65, at 21%. The level of deprivation is on a par with the average for England but the percentage of people over the age of 65 living in deprived circumstances is 15.5%, significantly higher than England and the Harrow averages. The level of overcrowding according to the 2011 census is higher than the England average, at 13.2%. There are no further outcome indicators for admissions or deaths that are significantly higher than the England average.

2.6.3 Northwest, comprising Hatch End, Headstone North, Pinner, and Pinner South wards

The Northwest locality is relatively small with just over 41,000 residents, with 21% over the age of 65. Despite the second highest level of deprivation in Harrow, the percentage of people over 65 living in deprivation is lower than the rate for Harrow and England. The only indicator from the summary measures that is significantly worse in this locality is low birth weight, at 8.2% it is also higher than the Harrow level.

2.6.4 Southeast, comprising Belmont, Edgware, Kenton East, and Queensbury wards

The Southeast locality is the largest in Harrow with nearly 64,000 residents. It has a relatively low level of people aged over 65 for Harrow, at 14%, but a high level of deprivation for this cohort of people: at 21% this is significantly higher than the rates for Harrow and for England. The locality also has the highest percentage of households recorded in the 2011 Census as being overcrowded at 19%, higher than the Harrow and England rates.

The locality has the highest percentage of low-birth-weight babies at 8%, marginally higher than the Harrow rate but significantly higher than the rate for England. The locality also records a significantly high rate for emergency admissions to hospital for CHD: at 30% this is higher than the rate for England. Despite this, the mortality rates for CHD or all-causes mortality are not significantly different from England.

2.6.5 Southwest, comprising Harrow on the Hill, Rayners Lane, Roxbourne, Roxeth, and West Harrow wards

The Southwest locality has just under 50,000 residents, with a relatively high rate of people over the age of 65, at 13%. The locality has a high rate of people over 65 living in deprived circumstances and is the second highest locality recorded with overcrowding, at 19% compared with 16% for Harrow.

The outcomes that are significantly worse than England include low birth weight babies, at 8% largely in line with the average for Harrow, and a significantly high rate of emergency admissions for CHD, at 30% higher than the rate for England, yet the rate of death for CHD or all-causes is not similarly higher than the England figures.

The Public Health England Local Health framework gives a good range of indicators to highlight any specific needs in a given area. Using this framework in Harrow reveals that the Northwest locality is the least deprived and, with the exception of a marginally higher rate of low birth weight, it is also the locality with the best health outcomes in relation to the England average. Low birth weight is an issue reflected across all localities, and the number of emergency admissions for CHD in the Southeast, Southwest and Central localities will need specific case identification and management.

2.7 Harrow health profile

The key issues identified for the residents of Harrow can be observed by drawing a comparison with the London averages from the UKHSA Health Profiles as presented in Figure 4.

Figure 4: Harrow's health profile¹⁹

Indicator	Period	Harrow		Region England				London	
		Recent Trend	Count	Value	Value	Value	Worst/Lowest	Range	Best/Highest
Life expectancy at birth (Male) New data	2018 - 20	–	-	82.2	80.3	79.4	77.0		84.7
Life expectancy at birth (Female) New data	2018 - 20	–	-	85.7	84.3	83.1	81.7		87.9
Under 75 mortality rate from all causes	2018 - 20	–	1,517	252.5	316.1	336.5	449.3		233.2
Under 75 mortality rate from all cardiovascular diseases	2017 - 19	–	330	56.6	69.1	70.4	94.0		45.6
Under 75 mortality rate from cancer	2017 - 19	–	531	91.9	117.4	129.2	147.1		87.4
Suicide rate	2018 - 20	–	33	5.0	8.0	10.4	12.7		5.0
Killed and seriously injured (KSI) casualties on England's roads (historic data)	2016 - 18	–	184	24.6	39.5*	42.6*	97.4		24.6
Emergency Hospital Admissions for Intentional Self-Harm New data	2019/20	➔	170	69.8	81.6	192.6	157.7		44.5
Hip fractures in people aged 65 and over New data	2019/20	➔	165	382	473	572	588		326
Cancer diagnosed at early stage (experimental statistics)	2017	➔	342	48.2%	52.7%	52.2%	44.7%		57.7%
Estimated diabetes diagnosis rate	2018	–	-	89.1%	71.4%	78.0%	54.3%		89.1%
Estimated dementia diagnosis rate (aged 65 and over) > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)	2021	➔	1,533	61.2%	65.6%	61.6%	53.0%		82.4%
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	–	20	11.4	15.4	30.6	33.0		7.7
Admission episodes for alcohol-related conditions (Narrow): Old Method	2018/19	↑	1,424	615	556	664	761		425
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	–	19,875	10.4%	12.9%	13.9%	18.1%		8.0%
Percentage of physically active adults	2019/20	–	-	57.2%	65.2%	66.4%	53.4%		74.9%
Percentage of adults (aged 18+) classified as overweight or obese	2019/20	–	-	58.5%	55.7%	62.8%	69.0%		41.6%
Under 18s conception rate / 1,000	2019	➔	35	8.4	13.5	15.7	24.1		3.9
Smoking status at time of delivery	2020/21	➔	140	4.5%	4.6%	9.6%	7.6%		1.8%
Breastfeeding initiation	2016/17	↑	2,741	88.6%	*	74.5%	-		-
Infant mortality rate	2018 - 20	–	41	3.9	3.4	3.9	4.7		1.9
Year 6: Prevalence of obesity (including severe obesity)	2019/20	➔	490	21.0%	23.7%	21.0%	29.0%		11.1%
Deprivation score (IMD 2015)	2015	–	-	14.3	-	21.8	-		-
Smoking Prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	–	-	13.6%	20.7%	23.2%	34.1%		10.3%
Inequality in life expectancy at birth (Male) New data	2017 - 19	–	-	7.7	7.2	9.4	14.8		2.9
Inequality in life expectancy at birth (Female) New data	2017 - 19	–	-	6.1	5.1	7.6	11.9		1.5
Children in low income families (under 16s)	2016	↓	6,225	12.9%	18.8%	17.0%	30.6%		8.5%
Average Attainment 8 score	2019/20	–	147,582	56.2	53.4	50.2	50.1		60.0
Percentage of people in employment	2020/21	➔	106,300	68.5%	74.5%	75.1%	63.2%		81.0%
Statutory homelessness - Eligible homeless people not in priority need	2017/18	➔	50	0.5	1.0	0.8	2.8		0.1
Violent crime - hospital admissions for violence (including sexual violence) New data	2017/18 - 19/20	–	390	51.2	47.5	45.8*	71.8		25.2
Excess winter deaths index	Aug 2019 - Jul 2020	–	120	23.7%	18.8%	17.4%	34.5%		1.9%
New STI diagnoses (exc chlamydia aged <25) / 100,000	2020	➔	1,245	774	1391	619	3,547		494
TB incidence (three year average)	2018 - 20	–	218	29.1	17.9	8.0	43.1		5.2

In comparison with London, the key behavioural risk factors include 1,424 alcohol-related admissions to hospital (in 2018-19), a lower percentage of the population that are physically active, at 57%, and a higher rate of the incidence of TB, at 29.1 per 100,000 or 218 cases from 2018-20.

The Global Burden of Disease²⁰ provides another perspective of health and care need. An analysis of Greater London is provided, which shows the five largest causes of death and disability to be low back pain, ischaemic heart disease, diabetes, Chronic Obstructive Pulmonary Disease (COPD) and depressive disorders.

¹⁹ OHID. Local Authority Profiles: Harrow. <https://fingertips.phe.org.uk/profile/health-profiles/>

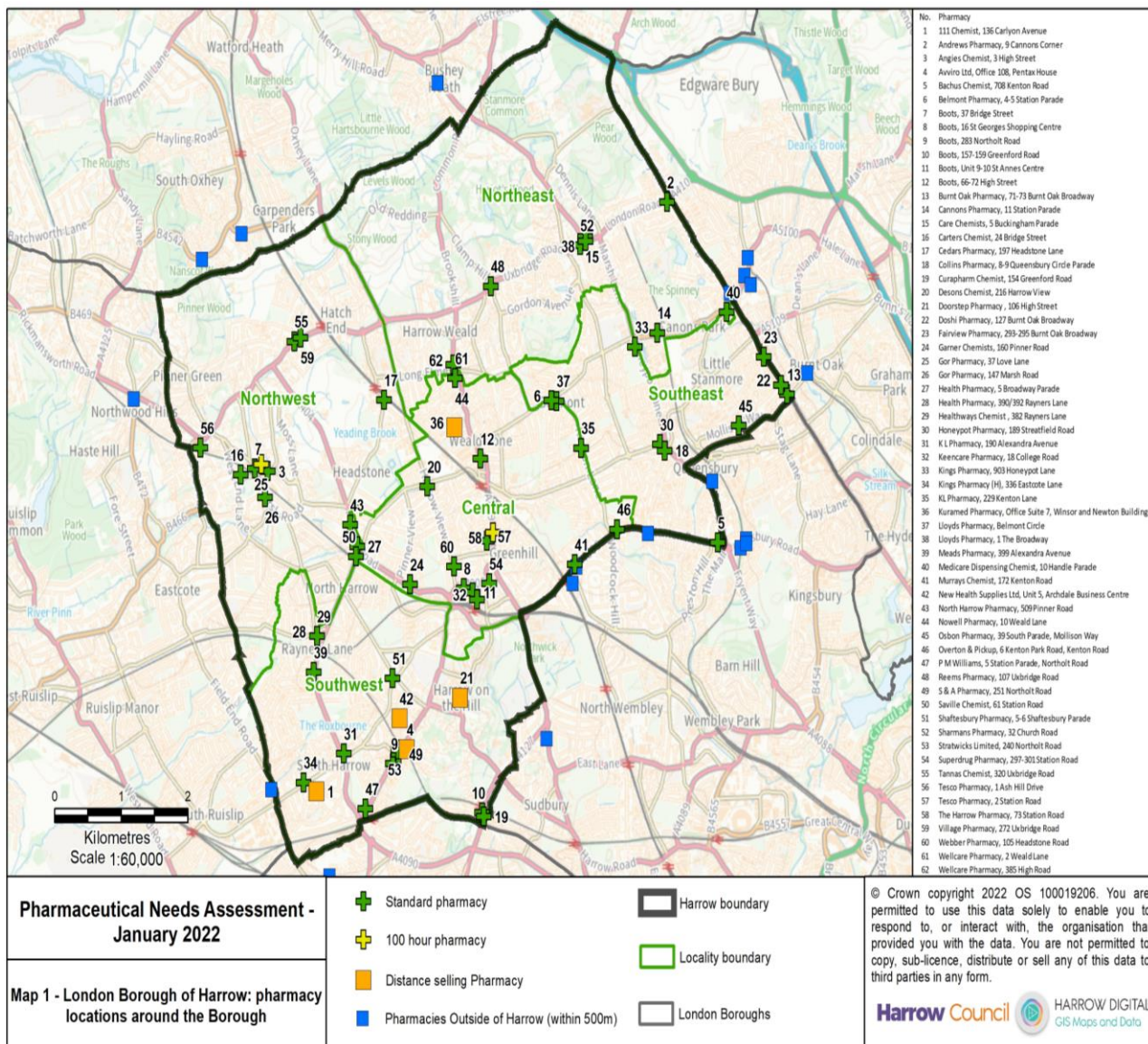
²⁰ Vos T, Lim SS, Abbafati C et al. Global Burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. The Lancet 2020;396(10258) 1204-1222. [https://doi.org/10.1016/S0140-6736\(20\)30925-9](https://doi.org/10.1016/S0140-6736(20)30925-9)

The Global Burden of Disease also details the five highest risk factors for causing this death and disability as tobacco, high Body Mass Index (BMI), high fasting plasma glucose, dietary risk and high blood pressure.

The three perspectives within the context of a Harrow population that is ageing, mobile and ethnically diverse give a sound rationale for focusing resources on physical activity, weight management, smoking, substance misuse and the care of the elderly. Migration presents some unique challenges, including the control of infectious disease including TB, COVID-19 and influenza, and improving the health literacy of those more likely to suffer from inequitable health and care outcomes.

Section 3: NHS pharmaceutical services provision, currently commissioned

Figure 5: All contractors in Harrow HWB area


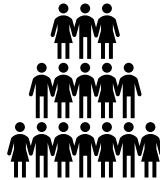


There are a total of 62 contractors in Harrow:

- 55 x 40-hour community pharmacies
- 2 x 100-hour community pharmacies
- 5 x DSP

Where discussed, the total number of community pharmacies includes DSPs apart from when discussing opening times.

3.1 Community pharmacies

<p>62 community pharmacies in Harrow</p> 	<p>252,338 population of Harrow</p> 	<p>24.6 community pharmacies per 100,000 population* (including DSPs)</p> 
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*Correct as of March 2022

During the pandemic there was a net loss of 215 pharmacies, with 236 opening while 451 closed during 2020-21, which resulted in the lowest number of pharmacies in England since 2015-16.²¹

Since the previous PNA was published in 2018, there has been an increase in the number of community pharmacies in Harrow (61 pharmacies in 2018). The England average is 20.6 community pharmacies per 100,000 population, which has decreased slightly from 2018 when the average number was 21.2. The London average has also decreased to 20.7 from the previous 21.5 community pharmacies per 100,000 population. London has a transient population with generally good transport links. Populations may therefore find community pharmacies in neighbouring HWB areas more accessible and/or more convenient.

There is a variable rate of community pharmacies per 100,000 population in neighbouring HWB areas to Harrow: Hertfordshire (20.1), Hillingdon (20.7), Ealing (22.3), Brent (24.9) and Barnet (18.7).

There are no dispensing GP practices in Harrow.

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

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

	Community pharmacies per 100,000 population		
	England	London	Harrow
2020-21	20.6	20.7	24.6
2019-20	21.0	20.2	24.2
2018-19	21.2	20.7	24.2

Source: ONS Mid-Year Population²²

²¹ Wickware C. Lowest number of community pharmacies in six years, official figures show. Pharmaceutical J. 28 October 2021. <https://pharmaceutical-journal.com/article/news/lowest-number-of-community-pharmacies-in-six-years-official-figures-show>

²² ONS. Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

The public questionnaire details the perception of access to community pharmacies and the services they provide. The full results of the pharmacy user questionnaire are detailed in Section 5.

Table 7 provides a breakdown, by locality, of the average number of community pharmacies per 100,000 population. The number and rate of community pharmacies vary widely by locality.

Table 7: A breakdown of average community pharmacies per 100,000 population

Locality	Number of community pharmacies ^{***}	Total population (ONS population)	Average number of community pharmacies per 100,000 population
Central*	18	63,508	28.3
Northeast*	8	37,114	21.6
Northwest*	12	41,816	28.7
Southeast*	8	63,708	12.6
Southwest*	16	49,877	32.1
Harrow**	62	252,338*	24.6
London**	1,873	8,965,488	20.7
England **	11,636	56,760,975	20.6

* Locality populations are estimated from a range of data sources in 2019, and when added together do not equal the total population estimated for Harrow

**ONS mid-year population 2020

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

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

3.1.1 Choice of community pharmacies

Table 8 shows the breakdown of community pharmacy ownership in Harrow. The data shows that pharmacy ownership is at similar levels to those seen in the rest of London, whereas Harrow has a higher percentage of independent pharmacies compared with nationally, with no one provider having a monopoly in any locality. People in Harrow, therefore, have a good choice of pharmacy providers.

Table 8: Community pharmacy ownership, 2020-21

Harrow	Multiples (%)	Independent (%)
England	60%	40%
London	39%	61%
Harrow	32%	68%

3.1.2 Weekend and evening provision

There are 1,093 (9.7%) community pharmacies in England open for 100 hours or more per week. This has decreased slightly since 2017, where there were 1,161 100-hour pharmacies.

Table 9 shows that Harrow has a lower percentage of its pharmacies open for 100 hours or more compared with regionally and nationally. There are two 100-hour pharmacies in the Central locality and Northwest locality.

Table 9: Number of 100-hour pharmacies (and percentage of total) 2022

Harrow	Number (%) of 100-hour pharmacies
England	1,093 (9.7%)
London	93 (5.1%)
NWL CCG	33 (6.6%)
Harrow	2 (3.2%)
Central	1 (6%)
Northeast	0
Northwest	1 (8.3%)
Southeast	0
Southwest	0

3.1.3 Access to community pharmacies

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

A previously published article²³ suggests:

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

The same study found that access is greater in areas of high deprivation. Higher levels of deprivation are linked with increased premature mortality rates.

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

3.1.3.1 Routine daytime access to community pharmacies

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

²³ Todd A, Copeland A, Husband A. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open* 2014, Vol. 4, Issue 8. <http://bmjopen.bmj.com/content/4/8/e005764.full.pdf%20html>

Figure 6: Average walk times to community pharmacies in Harrow

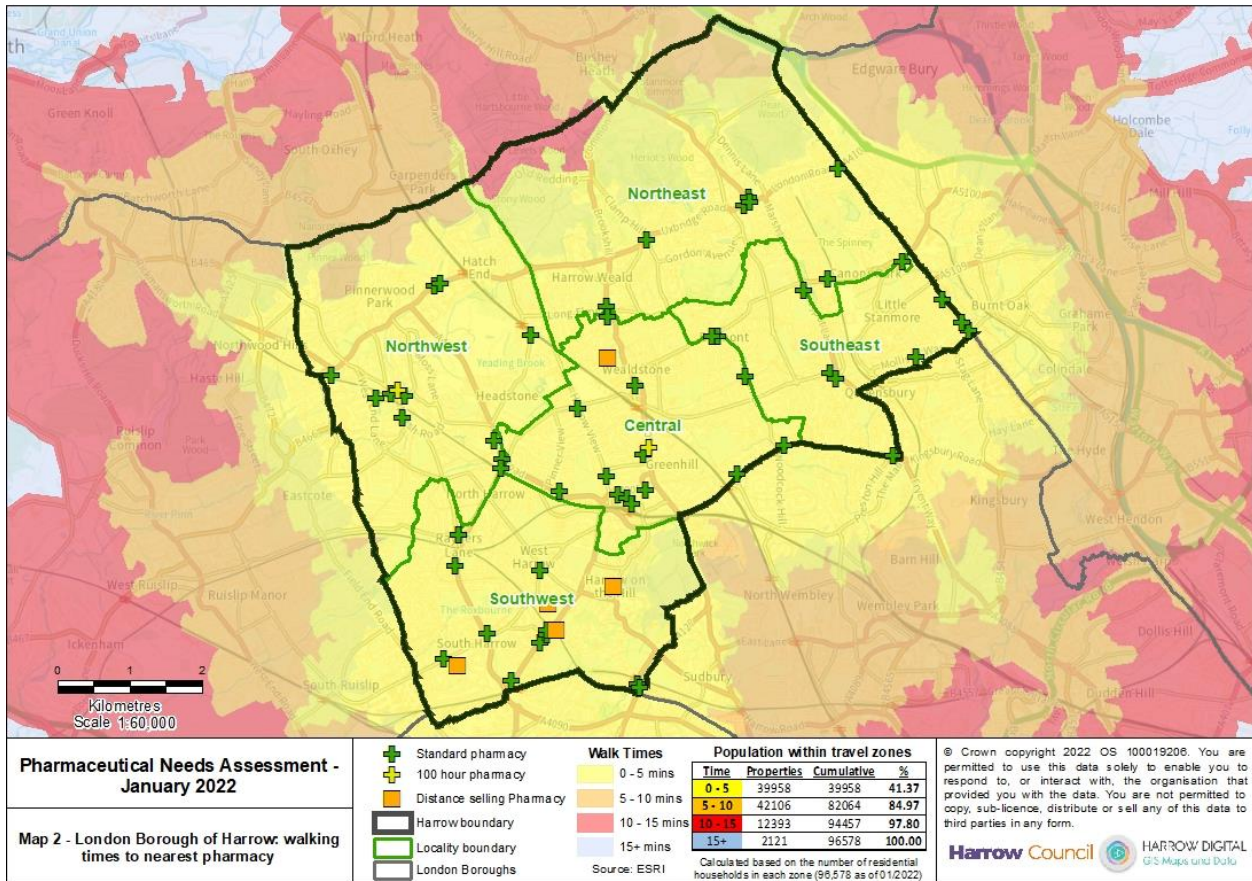


Figure 7: Average drive times during peak times by car to pharmacies in Harrow

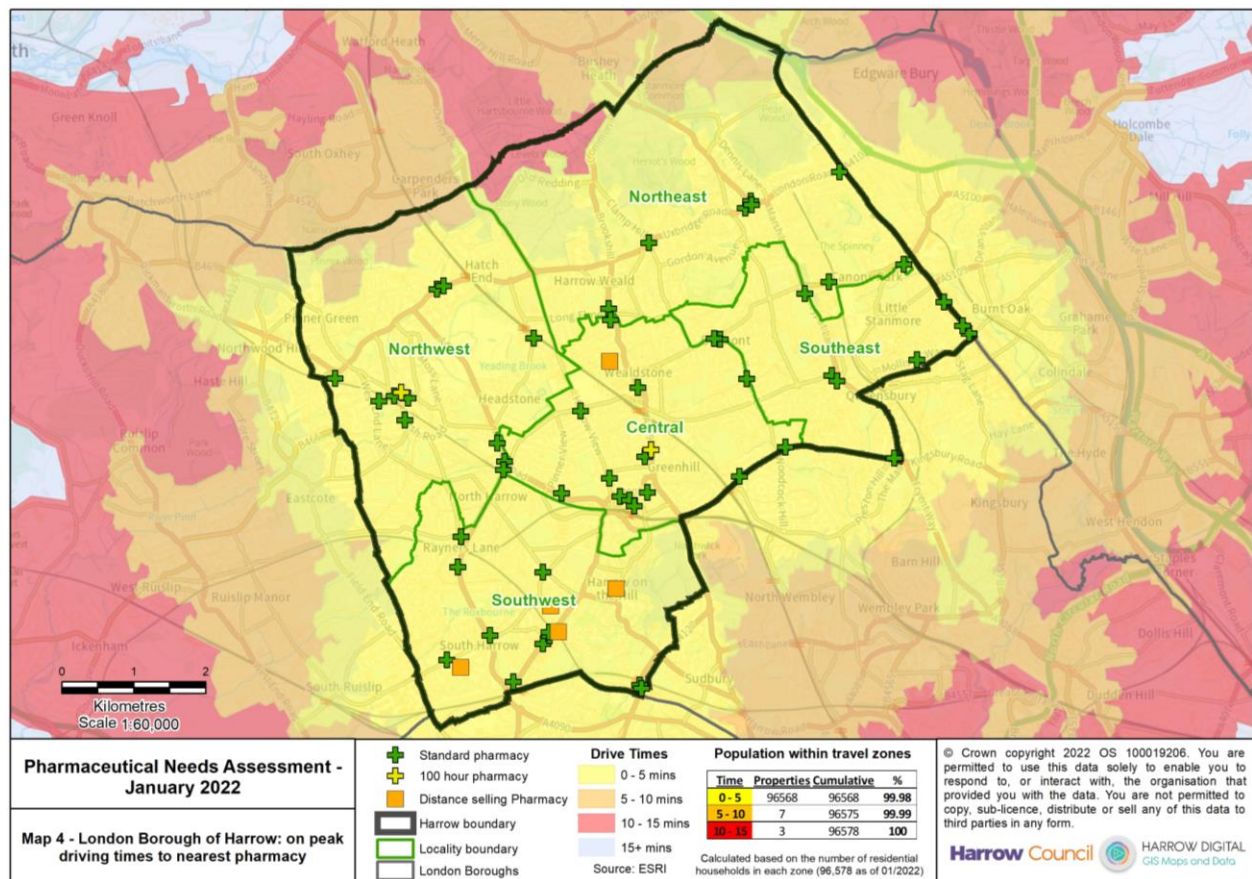
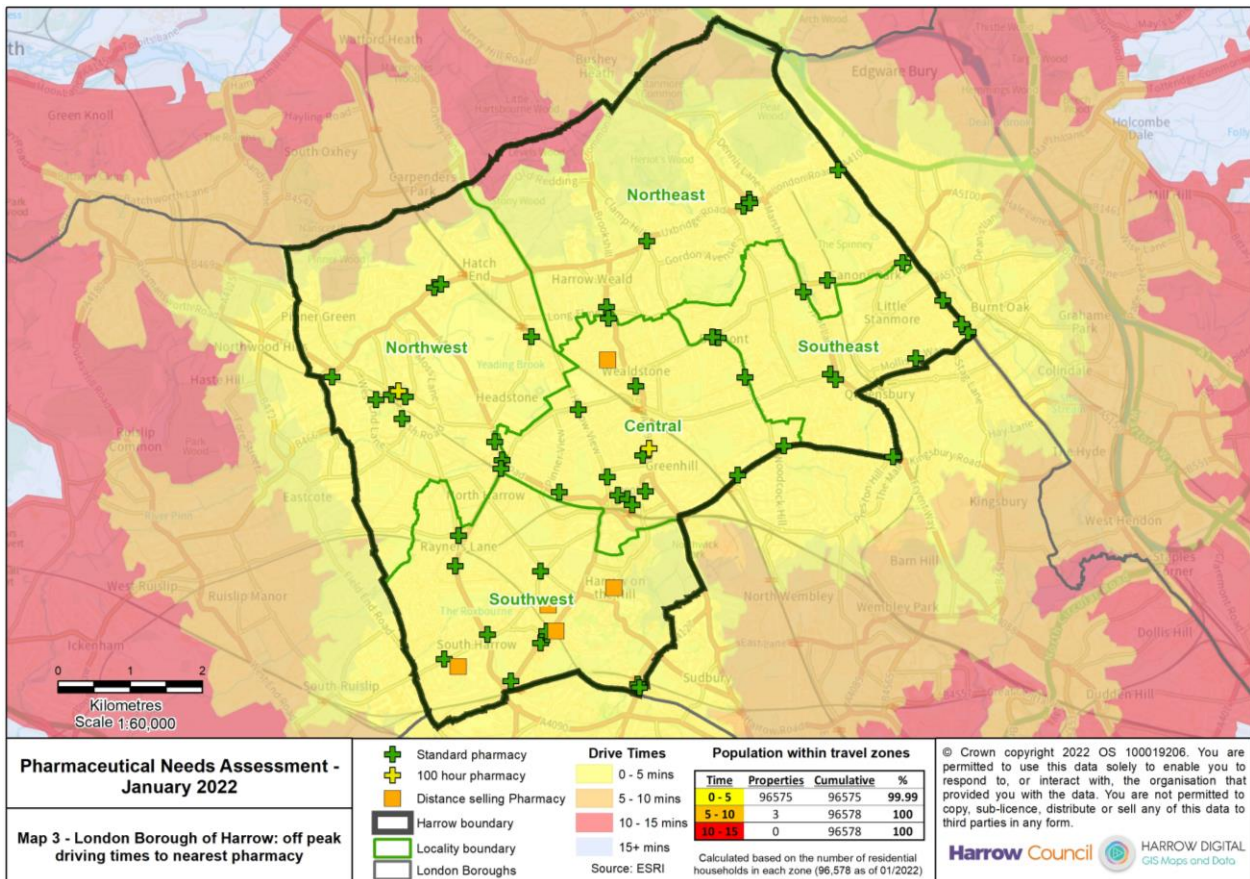


Figure 8: Average drive times during off-peak times by car to pharmacies in Harrow



In summary:

- Walking: 97.8% of the population can walk to a pharmacy within 15 minutes
- On-peak driving: 99.98% of the population can drive to a pharmacy within 5 minutes
- Off-peak driving: 99.99% of the population can drive to a pharmacy within 5 minutes

3.1.3.2 Routine weekday evening access to community pharmacies

The number, location and opening hours of community pharmacy providers open beyond 6 pm, Monday to Friday (excluding bank holidays) vary within each locality; they are listed in the table below. Full details of all pharmacies' opening hours can be found in Appendix A. 'Average' access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level and can be found in Table 10 where consistently a third or more are open beyond 6 pm in each locality.

Table 10: Percentage of community pharmacy providers open Monday to Friday (excluding bank holidays) beyond 6 pm, on Saturdays and Sundays

Locality	Percentage of pharmacies open beyond 6 pm	Percentage of pharmacies open on Saturdays	Percentage of pharmacies open on Sundays
Central	55%	83%	28%
Northeast	62%	75%	25%
Northwest	83%	100%	33%
Southeast	63%	87%	0%
Southwest	50%	87%	6% (1 DSP)
Harrow	66%	89%	20%

3.1.3.3 Routine Saturday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Saturdays vary within each locality. Of the pharmacies in Harrow, 89% are open on Saturdays, the majority of which are open into the late afternoon. ‘Average’ access is difficult given the variety of opening hours and locations. Access is therefore considered at locality level. Full details of all pharmacies open on a Saturday can be found in Appendix A.

3.1.3.4 Routine Sunday daytime access to community pharmacies

The number, location and opening hours of community pharmacy providers open on Sundays is 20%, with exception of the Southeast locality. Fewer pharmacies are open on Sundays than any other day in Harrow. Full details of all pharmacies open on a Sunday can be found in Appendix A.

3.1.3.5 Routine bank holiday access to community pharmacies

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

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

Fairview Pharmacy 293-295 Burnt Oak Broadway, Edgware HA8 5ED	Christmas Day and Easter Sunday: 10:00 -18:00 All other Bank Holidays 12:00 – 16:00
Gor @ Pinn Med Centre, 37 Love Lane, Pinner, HA5 3EE	Christmas Day and Easter Sunday: 10:00 -18:00 All other Bank Holidays 12:00 – 16:00

3.1.4 Advanced Service provision from community pharmacies

Data supplied from NHSE&I has been used to demonstrate how many community pharmacies per locality have signed up to provide the Advanced Services in Table 11. Details of individual pharmacy providers can be seen in Appendix A.

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

Table 11: Providers of Advanced Services in Harrow 2022

Percentage of community pharmacy providers by locality (number of pharmacies)	Advanced Services					
	New Medicine Service (NMS)	Community pharmacy seasonal influenza vaccination	Community Pharmacist Consultation Service (CPCS)	Hypertension Case Finding Service	Community pharmacy COVID-19 lateral flow distribution service	COVID-19 medicines delivery service*
Central (18)	89%	83%	78%	33%	94%	6%
Northeast (8)	87%	100%	100%	88%	100%	12.5%
Northwest (12)	100%	75%	42%	50%	92%	8.3%
Southeast (8)	100%	75%	50%	50%	100%	25%
Southwest (16)	87%	69%	69%	38%	69%	19%

*Most pharmacies provide a free or paid-for delivery service irrespective of the pandemic.

At the time of writing, there is no data on Appliance Use Review (AUR) and hepatitis C-screening (currently until 31 March 2023).

The information in Table 12 provides detail of the recorded activity of Advanced Service delivery in Harrow for 2021-22 (7 months). It must be stressed that the impact of the COVID-19 pandemic will have affected this activity data in several ways:

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

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

Table 12: Advanced Service provision

Advanced Service*	Percentage of providers currently providing		
	England	London	Harrow*
New Medicine Service (NMS)*	85%	81.5%	92%
Community pharmacy seasonal influenza vaccination (2020-21)	63.5%	67%	86%
Community Pharmacist Consultation Service (CPCS)*	77%	71%	74%
Hypertension case-finding service	0%	0%	0%
Community pharmacy hepatitis C antibody-testing service (currently until 31 March 2022)*	0.1%	0.3%	0%
Community pharmacy COVID-19 lateral flow distribution service*	89%	87%	100%
COVID-19 medicines delivery service*	7.7%	7.6%	14%
Appliance Use Review (AUR)**	0.3%	0.2%	0%
Stoma Appliance Customisation (SAC)**	8%	2.1%	2%

Source: NHS BSA Dispensing Data

*Data from NHS BSA 2021-22 7 months

**Data taken from average of 3 months from August to October 2021

Appendix A lists those community pharmacies that have provided these services as of 17 February 2021.

Table 12 provides information on the activity of Advanced Services across Harrow. For Harrow COVID data, the average of three months has been used, to consider that not all pharmacies submit payment for services monthly. For this PNA, activity data across the last four years has been used as the most recent data will have been affected by the coronavirus pandemic and will therefore not be an accurate reflection.

Activity data shows that Advanced Services are used, but the information is skewed due to the pandemic. New services such as CPCS are being used, but data shows low uptake nationally.²⁴ A recent report (October 2021) demonstrated that there are currently over 6,500 GP practices in England and only 862 practices referred patients to CPCS.²⁵ National data as of August 2021 shows that 33% of community pharmacies are using CPCS. However, Harrow shows higher use of CPCS service with 74% of community pharmacies providing this service. The provision of COVID-19 Lateral Flow Tests began on 1 April 2021, and this service uptake has been high locally and nationally due to increased awareness by the public.

²⁴ NHS BSA. Dispensing Data. www.nhsbsa.nhs.uk/prescription-data/dispensing-data

²⁵ Royal College of General Practitioners. Making the Community Pharmacist Consultation. Service a Success. October 2021. www.rpharms.com/recognition/all-our-campaigns/policy-a-z/cpcs

To date, there has been no local data recorded on the use of community pharmacy hepatitis C antibody testing service and hypertension case finding service.

There has been no recorded provision of the AUR service from community pharmacy providers in Harrow up until 1 November. The number of providers of the AUR is also very low regionally and nationally.

3.1.5 Enhanced Service provision

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

NHSE&I (London region) currently commissions the London Vaccination Service from pharmacies in Harrow. This Enhanced Service is in addition to the national Advanced Flu Vaccination Service and includes a top-up element for seasonal flu as well as pneumococcal vaccinations for certain cohorts.

Delivery of the COVID-19 vaccination has been added as an Enhanced Service from community pharmacies to support the public during the pandemic.

In addition, the Bank Holiday services listed in 3.1.3.5 are Enhanced services.

3.2 Dispensing Appliance Contractors (DACs)

There are no Dispensing Appliance Contractors (DACs) in Harrow. However, DAC services are available to the population from elsewhere in the UK. Appliances may also be dispensed from community pharmacies. The community pharmacy contractor questionnaire received 47 responses and 72% of respondents reported that they provide all types of appliances.

As part of the Essential Services of DACs, a free delivery service is available to all patients. It is therefore likely that patients will obtain appliances delivered from DACs outside Harrow. There were 112 DACs in England in 2020-21.

3.3 Distance-Selling Pharmacies (DSPs)

A Distance-Selling Pharmacy (DSP) provides services as per the Pharmaceutical Regulations, 2013. Provision is by mail order and/or wholly internet. As part of the terms of service for DSPs, provision of all services offered must be offered throughout England.

It is therefore likely that patients within Harrow will be receiving pharmaceutical services from a Distance-Selling Pharmacy outside Harrow. There are five DSPs in Harrow.

- Doorstep Pharmacy, 106 High Street, Harrow HA1 3LP (Southwest)
- Avviro Pharmacy Ltd, Office 108, Pentax House, South Hill Avenue HA2 0DU (Southwest)
- New Health Supplies Ltd, Unit 5, Archdale Business Centre, Brember Road, Harrow HA2 8DJ (Southwest)
- Kuramed Pharmacy, Office Suite 7, Winsor and Newton Building, Whitefriars Avenue, Whitefriars Avenue, Harrow Weald HA3 5RN (Central)
- 111 Chemist, 136 Carlyon Avenue, South Harrow HA2 8SW (Southwest)

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

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

In Harrow, DSPs do provide some Advanced Services to the public and this is discussed by locality in Section 6.6.

Figures for 2020-21 show that in England there were 372 DSPs, accounting for 3.2% of the total number of pharmacies. This has increased significantly from 2015-16, when there were 266 DSPs, accounting for 2.3% of all pharmacy contractors.

3.4 Local Pharmaceutical Service (LPS) providers

There are no LPS providers in Harrow.

3.5 Dispensing GP practices

There are no dispensing GP practices in Harrow.

3.6 Pharmacy Access Scheme (PhAS)

There are no PhAS in Harrow.

3.7 Pharmaceutical service provision provided from outside Harrow HWB area

Harrow is bordered by five other HWB areas; Hertfordshire, Brent, Ealing, Barnet, and Hillingdon. As previously mentioned, Harrow has a comprehensive transport system. As a result, it is anticipated that many residents in Harrow HWB area will have reasonable access to pharmaceutical service providers in neighbouring HWB areas and beyond.

It is not practical to list here all those pharmacies outside Harrow by which Harrow residents will access pharmaceutical services. A number of providers lie within close proximity to the borders of Harrow boundaries and are marked in Figure 5. Further analysis of cross-border provision is undertaken in Section 6.

Two pharmacies to which the Steering Group wishes to make specific reference, as they are considered to routinely provide services to a large number of Harrow Council residents are:

- Churchills Pharmacy, 207 Kenton Road, Kenton, Harrow HA3 0HD (in Brent and commissioned by London Borough of Harrow (LBH) to provide the supervised consumption service)
- Tyrest Pharmacy, Gooseacre Parade, 427-429 Kenton Road, Kenton HA3 0XY (in Brent)c

Section 4: Other services that may affect pharmaceutical services provision

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

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

The services commissioned in Harrow are described below and in Section 6, and those commissioned from community pharmacy contractors in Harrow are listed in Table 13.

Table 13: Commissioned services from community pharmacies in Harrow

Commissioned service	CCG-commissioned service	LA-commissioned service
Supervised consumption service		x
Needle and syringe exchange service		x
In-hours palliative care medicines supply service	x	
Out-of-hours palliative care medicines supply service	x	

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

Harrow Council commissions two services from community pharmacies:

- Supervised consumption
- Needle exchange service

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

4.2 CCG-commissioned services

NWL CCG currently commissions two services in Harrow (see Section 6.5 for further details):

- In-hours palliative care medicines supply service
- Out-of-hours palliative care medicines supply service

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

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

4.3 Other services provided from community pharmacies

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

There were 45 total responses to the contractor questionnaire. Examples from the 32 responding to the question regarding willingness to provide a service:

- 88% indicated they would provide chlamydia testing if commissioned
- 91% indicated they would provide an asthma service if commissioned
- 88% indicated they would provide a CHD service if commissioned
- 91% indicated they would provide a diabetes service if commissioned

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

4.4 Collection and delivery services

All pharmacies who responded offer collection of prescriptions from GP practices. Of those who responded, 92% of pharmacies offer a free delivery service of dispensed medicines on request, while 9% provide a chargeable service. Depending on the area in question and the ability of residents to pay for a delivery service, this could affect the ability to receive a delivery service and affect the access to medications for individuals.

Free delivery is required to be offered without restriction by all DSPs to patients who request it throughout England. There are five DSPs based in Harrow, but there are 266 throughout England. Free delivery of appliances is also offered by DACs. There are no DACs based in Harrow, but there are 110 throughout England.

4.5 Services for less-abled people

Under the Equality Act 2010,²⁶ community pharmacies are required to make 'reasonable adjustments' to their services to ensure they are accessible by all groups, including less-abled persons. 91% of respondents to the community pharmacy contractor questionnaire reported the pharmacy had wide-door access for wheelchair users.

4.6 Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 128 reported that they offer at least one additional language in addition to English. The most common spoken additional languages were Hindi, Gujarati, Urdu, Arabic, Punjabi and Polish.

²⁶ Equality Act 2010. www.legislation.gov.uk/ukpga/2010/15/contents

4.7 GP practices providing extended hours

There are a number of GP practices in Harrow HWB area that provide extended hours. The normal working hours that a GP practice is obliged to be available to patients is 8 am until 6.30 pm, Monday to Friday. A number of practices offer extended hours both before and after these times, including on a Saturday morning.

4.8 Other providers

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

NHS Hospitals – pharmaceutical service provision is provided to patients by the hospital.

- Northwick Park Hospital, Watford Road, Harrow HA1 3UJ

This hospital is located just across the border in Brent, however, the majority of patients in Harrow would access services there.

GP Access Centres (GPACs) – the following are open 8 am to 8 pm, seven days a week, and are based at:

- Pinn GPAC, The Pinn Medical Centre, 37 Love Lane, Pinner HA5 3EE
- Belmont GPAC, The Belmont Health Centre, 516 Kenton Lane, Harrow HA3 7LT
- Alexandra Avenue Health and Social Care Centre, 275 Alexandra Avenue, Harrow, HA2 9DX

There are no minor injury units or urgent care centres in Harrow HWB area.

Section 5: Findings from the public questionnaire

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

- All residents in Harrow via Healthwatch webpage/social media/December newsletters
- All residents in Harrow via the council's webpage/social media/website news article
- Internally to all staff via the Yammer network and newsletter
- All residents in Harrow via Soar Beyond's social media

From the 219 responses received from the public questionnaire:

5.1 Visiting a pharmacy

- 93% have a regular or preferred pharmacy
- 91% describe the service as good or excellent (only 4 respondents (2%) identified the service from their pharmacy as poor).
- 58% have visited a pharmacy once a month or more for themselves in the past six months

5.2 Choosing a pharmacy

Reason for choosing pharmacy	% Respondents stating 'very important'
Convenience	74%
Quality of service	82%
Availability of medication	75%

5.3 Mode of transport to a community pharmacy

The main way reported is that patients access a pharmacy by walking, with 61% using this method. The next most common method is by car (29%); 4% used public transport. 98% of respondents report travelling to the pharmacy from home, with only 8% (15) stating that they travel from work.

5.4 Time to get to a pharmacy

≤30 mins	≤15 mins
97%	88%

3 (1%) of respondents reported a travel time of more than 30 minutes.

- 87% report no difficulty in travelling to a pharmacy
- Of the 13% (26 respondents) reporting any difficulty, 27% (7) of them report difficulty in travelling to a pharmacy due to parking

5.5 Preference for when to visit a pharmacy

The information from respondents showed that there was no preferred day or time of day to visit a pharmacy. Of note: 95% of respondents suggest that the pharmacy is open on the most convenient day and 91% state it is open at the most convenient time.

5.6 Service provision from community pharmacies

From the Q19 of the survey, it can be seen that there was generally good awareness of Essential Services provided from community pharmacy (well over 90%) with the exception of the Discharge Medicines Service (22%).

Table 14 shows the awareness of respondents for some non-essential services and a second column that identifies the percentage that would wish to see the service provided.

Table 14: Public questionnaire respondents about Advanced Services

Service	% of respondents who were aware	% of respondents who would wish to see provided
DMS	22%	70%
COVID-19 LFT distribution	87%	89%
CPCS	21%	68%
Flu vaccination	93%	90%
NMS	30%	61%
Needle exchange	20%	44%
Stop smoking	52%	60%
Supervised consumption	23%	38%
Sexual health services	34%	59%
Access to palliative care medicines	18%	69%
Hepatitis C testing	8%	43%
COVID-19 vaccination	72%	85%

It can be seen that there is a lack of awareness of all of the services that are currently provided but also a perceived need for the provision of more services from community pharmacy.

In the comments section, of the 104 responses the two highest were:

- Always brilliant, helpful (35)
- Essential service in the community, with a friendly and caring local pharmacy team (28)

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

Table 15 provides the demographic analysis of respondents.

Table 15: Demographic analysis of community pharmacy user questionnaire respondents

Sex (%)							
Male				Female			
26%				73%			
Age (%)							
Under 25	25–34	35–44	45–54	55–64	65–74	75 or over	Prefer not to say
1%	4%	7%	17%	23%	26%	19%	3%
Illness or disability (%)?							
Yes				No			
44%				52%			

Section 6: Analysis of health needs and pharmaceutical service provision

6.1 Pharmaceutical services and health needs

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

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

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

To note: there have been temporary changes to the service requirements within the NHS Community Pharmacy Contractual Framework that were introduced during the pandemic. The changes were agreed by the Pharmaceutical Services Negotiating Committee (PSNC) with NHSE&I and the Department of Health and Social Care (DHSC) to allow pharmacy contractors and their teams to prioritise the provision of key services to patients during periods of time when capacity in pharmacies and the wider NHS became very stretched.

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

It should also be recognised that there was a significant increase in the demand for self-care, minor ailment treatment and advice during the pandemic. An audit conducted by the Pharmaceutical Services Negotiating Committee (PSNC) enabled them to measure the reliance that the public has had on pharmacies through the pandemic and the additional pressure that this had put on teams.²⁷

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

6.1.1 Harrow health needs

The causes of ill health in Harrow are discussed in detail in Section 2 of this document. Some of the key areas are as follows:

In comparison with London the key behavioural risk factors for ill health include 1,424 alcohol-related admissions to hospital (in 2018-19), a lower percentage of the population that are physically active, at 57%, and a higher rate of the incidence of TB at 29.1 per 100,000 or 218 cases from 2018-20.

²⁷ <https://psnc.org.uk/contract-it/essential-service-clinical-governance/clinical-audit/psnc-pharmacy-advice-audit/>

The Global Burden of Disease²⁸ also details the five highest risk factors as causes of death and disability as tobacco, high BMI, high fasting plasma glucose, dietary risk and high blood pressure.

Within the context of a Harrow population that is ageing, mobile and ethnically diverse, the rationale for focusing resources on physical activity, weight management, smoking, substance misuse and the care of the elderly is appropriate. Migration presents some unique challenges, including the control of infectious diseases such as TB, COVID-19 and influenza, and improving the health literacy of those more likely to suffer from inequitable health and care outcomes.

6.1.2 Harrow Joint Health and Wellbeing Strategy

The Harrow Joint Health and Wellbeing Strategy (2020-2025)²⁹ prioritises health across the life course approach:

- Starting Well (0–5 years)
- Developing Well (5–25 years)
- Living and Working Well (16–64 years)
- Ageing Well (65+ years)
- Common themes within the life stages are:
 - Reducing the gap in life expectancy
 - Focusing on prevention
 - Improving emotional wellbeing
 - Ensuring an integrated approach to care

6.1.3 Priorities from the NHS Long Term Plan

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

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

From 2019, NHS 111, integrated urgent clinical assessment services and in some cases the 999 service started direct booking into GP practices across the country, as well as referring on to community pharmacies who support urgent care and promote patient self-care and self-management. GPs were also introduced to be able to refer into the service with GP CPCS.

²⁸ See note 20.

²⁹ Harrow Joint Health and Wellbeing Strategy 2020-2025. https://moderngov.harrow.gov.uk/documents/s164744/Harrow_Joint_Health_and_Wellbeing_Strategy.pdf Publications :: North West London Clinical Commissioning Groups (nwlondonccg.nhs.uk)

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

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

Medicines adherence and review is vital for the successful management of many long-term conditions, e.g. circulatory diseases, mental health and diabetes, therefore having a positive impact on morbidity and mortality. Disease-specific guidance, e.g. from the National Institute for Health and Care Excellence (NICE), regularly emphasises the importance of medicine optimisation and adherence in control of conditions such as hypertension, asthma and stroke.

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

6.2 Essential Services

The Essential Services of the community pharmacy contract **must** be provided by all contractors:

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

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

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

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

ES4 provides the ability to:

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

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

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

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

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

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

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

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

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

6.3 Advanced Services

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

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

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

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

A.1 Appliance Use Review

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

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

A.2 Stoma Appliance Customisation (SAC)

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

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

From 16 March 2021, people who have been notified of the need to self-isolate by NHS Test and Trace are able to access support for the **delivery of their prescriptions from community pharmacies**. This is due to stop from 5 March 2022.

C-19 lateral flow device distribution service, which pharmacy contractors can choose to provide as long as they meet the necessary requirements, aims to improve access to COVID-19 testing by making lateral flow device (LFD) test kits readily available at community pharmacies for asymptomatic people, to identify COVID-positive cases in the community and break the chain of transmission. This is due to stop on 1 April 2022.

A.5 Community Pharmacist Consultation Service (CPCS)

Introduced on 29 October 2019 to enable community pharmacies to play a greater role in urgent care provision. The service replaces the NHS Urgent Supply Advanced Scheme (NUMSAS) and local pilots of Digital Minor Illness Referral Service (DMIRS). The first phase was to offer patients a consultation with a pharmacist following referral from NHS 111, integrated urgent clinical assessment services or, in some cases, from 999. From 1 November 2020, GP CPCS was launched where GPs can refer patients for minor illness consultation via CPCS, with a locally agreed referral pathway. The CPCS and GP CPCS service aim to relieve pressure on the wider NHS by connecting patients with community pharmacies who are integrated with primary care-level services, part of the NHS Long Term Plan.

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

A.6 Flu vaccination

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

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

A.7 Hepatitis C testing service

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

A.8 Hypertension case-finding service

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

A.9 New Medicine Service

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

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

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

Asthma and COPD	Parkinson's disease
Diabetes (type 2)	Urinary incontinence/retention
Hypertension	Heart failure

Hypercholesterolaemia	Acute coronary syndromes
Osteoporosis	Atrial fibrillation
Gout	Long-term risks of venous thromboembolism/embolism
Glaucoma	Stroke/transient ischemic attack
Epilepsy	Coronary Heart Disease (CHD)

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

The NHS Business Services Authority (NHS BSA) has published a list of medicines that are suitable for the NMS.³⁰

A.10 Smoking cessation

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

6.4 Enhanced Services

6.4.1 COVID-19 vaccination

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

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

6.4.2 London Vaccination Service

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

There is also provision for pneumococcal vaccination to eligible cohorts.

6.4.3 Bank Holiday Services

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

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

³⁰ NHS BSA. New Medicine Service (NMS) – Drug Lists. www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/new-medicine-service-nms-drug-lists

6.4.4 Christmas day and Easter Sunday Services

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

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

6.5 Locally Commissioned Services

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

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

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

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

6.5.1 In-hours palliative care medicines supply service

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

The aim of the EoLC/palliative care pharmacy rota service is to improve access to the supply of specialist palliative care drugs within the community in a timely manner for patients, carers and health professionals. National guidance recommends that palliative care formularies should be agreed as part of EoLC pathways. There should be adequate provision to these drugs for both in-hours and out-of-hours (below) settings, supporting home death scenarios.

NWL CCG has a guidance document 'Access to Anticipatory Medicines from Community Pharmacy', which covers all aspects of this service.

Within Harrow, ten pharmacies (18%) provide this service in 2021. At least one pharmacy in each locality provides this service, except in Southeast. Pharmacies are required to keep medicines contained within a palliative care formulary in stock for in-hours access by local clinicians, patients and carers. Activity data for this service was not available.

6.5.2 Out-of-hours palliative care medicines supply service

When the pharmacies for the in-hours service are closed or not accessible during the out-of-hours periods, providers such as GPs, hospices, healthcare professionals, care homes and community trusts can access and trigger the pharmacy on-call service.

The GP out-of-hours provider, Care UK, and London Central and West Unscheduled Care Collaborative will have details of the out-of-hours community pharmacy rota's pharmacy stockholding for that duty week and the schedule of the community pharmacists' contact details.

6.5.3 Substance misuse services – supervised consumption

There is a 'lead provider' arrangement, with the local authority holding a contract with Westminster Drug Project (WDP) who subcontracts with individual contractors.

Community pharmacies have been used for a number of years by drug and alcohol service providers in the provision of supervised consumption services and needle exchange services.

Access to substance misuse services has a significant role in supporting several outcomes highlighted in the Joint Health and Wellbeing Strategy.

Supervised consumption involves the client consuming methadone or buprenorphine under the direct supervision of a pharmacist in a community pharmacy. It is a medicines adherence service which aims to:

- Reduce the risk of harm to the client by over- or under-usage of drug treatment
- Reduce the risk of harm to the local community by the inappropriate use of prescribed medicines via the illicit drug market

Reduce the risk of harm to the community by accidental exposure to prescribed medicines.

In Harrow, 28 pharmacies (49%) are commissioned to provide this service. These are geographically spread across the borough and available in all localities.

6.5.4 Needle exchange service

There is a 'lead provider' arrangement, with the local authority holding a contract with WDP who subcontracts with individual contractors.

This service is an integral part of the harm reduction strategy for drug users. It aims to reduce the spread of blood-borne pathogens, e.g. hepatitis B, hepatitis C and Human Immunodeficiency Virus (HIV), and to act as a referral point for service users to other health and social care services.

Ten community pharmacies (18%) in Harrow are sub-commissioned to provide this service.

6.6 PNA localities

There are 57 community pharmacies within Harrow HWB area and five DSPs. Individual pharmacy opening times are listed in Appendix A.

As described in Section 1.5, the PNA Steering Group decided that the Harrow HWB PNA should be divided into five localities:

- Central
- Northeast
- Northwest
- Southeast
- Southwest

Some health data is available at this level and populations and their health needs varies between wards. This is illustrated and discussed in in Section 2.

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

There are four DSPs in the Southwest locality which do provide a number of Advanced and Enhanced Services and this is highlighted in Table 18, i.e. the number of pharmacies have changed in this section. A DSP must not provide Essential Services to a person who is present at the pharmacy or in the vicinity of it, and therefore they are not included in the numbers of pharmacies when assessing Necessary Services, i.e. opening times. The DSP in the Central locality does not provide any additional services.

Table 17: Opening hours of community pharmacies by locality

Opening times	Locality (number of community pharmacies)				
	Central (17)	Northeast (8)	Northwest (12)	Southeast (8)	Southwest (12)
100-hour pharmacy	1 (6%)	0	1	0	0
After 18:30 weekday	7	1	8	2	7
Saturday	15	6	12	7	12
Sunday	5	2	4	0	0
<i>Distance-Selling Pharmacy*</i>	1	0	0	0	4
Total contractors	18	8	12	8	16

**DSPs do not provide face to face Essential Services so opening times are not relevant*

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

NHSE Advanced or Enhanced Service	Locality (number of pharmacies)				
	Central (17) [^]	Northeast (8)	Northwest (12)	Southeast (8)	Southwest (16) [#]
NMS	16 (94%)	7 (87%)	12 (100%)	8 (100%)	14 (88%)
CPCS	15 (88%)	8 (100%)	5 (42%)	4 (50%)	11 (69%)
C-19 LFD	17 (100%)	8 (100%)	12 (100%)	8 (100%)	11 (64%)
<i>C-19 delivery</i>	1 (6%)	1 (12%)	1 (83%)	2 (25%)	3 (19%)
Flu vaccination	15 (88%)	8 (100%)	9 (75%)	6 (75%)	11 (69%)
SAC	1 (6%)	0	0	0	0
AUR	0	0	0	0	0
Hypertension Case-Finding Service	6 (33%)	7 (88%)	6 (50%)	4 (50%)	6 (38%)
C-19 vaccination*	2 (12%)	0	1 (8%)	1 (13%)	6 (38%)

NHSE Advanced or Enhanced Service	Locality (number of pharmacies)				
	Central (17) [^]	Northeast (8)	Northwest (12)	Southeast (8)	Southwest (16) [#]
London Vaccination Service*	15 (88%)	8 (100%)	9 (75%)	6 (75%)	11 (69%)

*Enhanced

[^]DSP does not provide services

[#]DSPs do provide services

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

LCS	Locality (number of community pharmacies)*				
CCG	Central (17)	Northeast (8)	Northwest (12)	Southeast (8)	Southwest (12)
In-hours access to palliative care medicines	3 (18%)	2 (25%)	3 (25%)	0	2 (17%)
LA					
Needle exchange	2 (12%)	2 (25%)	2 (17%)	1 (13%)	3 (25%)
Supervised Consumption	10 (59%)	5 (63%)	5 (42%)	3 (38%)	5 (42%)

*DSPs do not provide these services so are not included in the numbers

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

For the purposes of the Harrow PNA, Necessary Services are all Essential Services. The following Advanced Services are considered relevant:

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

Harrow HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Harrow HWB area.

Harrow HWB has identified Locally Commissioned Services (LCS) that secure improvements or better access or have contributed towards meeting the need for pharmaceutical services in Harrow HWB area.

6.6.1 Central

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

6.6.1.1 Necessary Services: current provision

Central has a population of 63,508, of which 13% are over 65 years old. Central has an IMD of 10.5, which is good.

There are 17 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 26.8, higher than the Harrow (22.6) and the England (20.5) averages (Section 3.1). Of these pharmacies, 16 hold a standard 40-core hour contract while one holds a 100-core hour contract.

There is one DSP in Central that does not provide any Advanced or Enhanced Services and so is not included in the narrative below.

Of the 17 community pharmacies:

- 7 pharmacies (41%) are open after 6.30 pm on weekdays
- 15 pharmacies (88%) are open on Saturdays
- 5 pharmacies (29%) are open on Sundays

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

6.6.1.2 Necessary Services: gaps in provision

There are 22% of older people in deprivation in Central; this group is considered to have greater health needs than other sectors of the population.

The HSDP will transform Wealdstone and the current Civic Centre site (Poets Corner), with three underused urban sites at the heart of the regeneration programme. More than 1,500 new homes (including affordable new council housing) will be developed. The current ratio of community pharmacies to unit population is higher than the Harrow average and is well placed to meet any demands created as a consequence of these developments.

Generally, there is good pharmaceutical service provision across the whole locality, with a high ratio of community pharmacies per unit of population to ensure continuity of provision to the anticipated population.

No gaps in the provision of Necessary Services have been identified for Central locality.

6.6.1.3 Other relevant services: current provision

Table 18 shows the pharmacies providing Advanced and Enhanced Services in Central – there is good availability of NMS, CPCS, flu vaccination and C-19 LFD distribution in the locality.

Regarding access to **Enhanced Services**:

- 15 pharmacies (88%) provide the London Vaccination Service
- 2 pharmacies provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 17 pharmacies:

- 3 pharmacies (18%) provide the in-hours immediate access to palliative medicines service commissioned via the CCG
- 2 pharmacies (12%) provide needle exchange
- 10 pharmacies (59%) provide supervised consumption services.

6.6.1.4 Improvements and better access: gaps in provision

Central is a relatively healthy area, however, emergency admissions and deaths from Coronary Heart Disease (CHD) are significantly higher than the England average (Standardised Mortality Ratio 119.9).

Should this be a priority target area for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD.

Over 85% of the 32 contractors across Harrow who responded to the questionnaire indicated that they would be willing to provide a CHD service if commissioned.

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

Harrow HWB will monitor the uptake and need for Necessary Services. It will also consider the impact of any changes (e.g. housing developments) in this locality in the future that may provide evidence that a need exists.

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

6.6.2 Northeast

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

6.6.2.1 Necessary Services: current provision

Northeast has a population of 37,114 and has a greater proportion of over-65s than the other localities in Harrow (21%).

There are eight community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 21.6, similar to the Harrow (22.6) and England (20.5) averages (Section 3.1, Table 6). Of these pharmacies, all hold a standard 40-core hour contract.

Of the 8 pharmacies:

- 1 pharmacy (13%) is open after 6.30 pm weekdays
- 6 pharmacies (75%) are open on Saturdays
- 2 pharmacies (25%) are open on Sundays

6.6.2.2 Necessary Services: gaps in provision

There is good access to community pharmacies in the locality.

No gaps in the provision of Necessary Services have been identified for Northeast locality.

6.6.2.3 Other relevant services: current provision

Table 18 shows the pharmacies providing Advanced and Enhanced Services in Northeast – there is good availability (over 85%) of NMS, CPCS, and C-19 LFD distribution in the locality.

Regarding access to **Enhanced Services**:

- All 8 pharmacies provide the London Vaccination Service
- No pharmacy provides the C-19 vaccination service (as of 24 February 2022)

Regarding access to **Locally Commissioned Services** within the 8 pharmacies:

- 2 pharmacies provide the immediate access to palliative medicines service commissioned via the CCG
- 2 pharmacies (25%) provide needle exchange
- 5 pharmacies (63%) provide supervised consumption services

6.6.2.4 Improvements and better access: gaps in provision

There is a higher number of over-65s in Northeast when compared with other localities. The requirements for ongoing access to healthcare services within this age group should be considered over the lifetime of the PNA. Harrow health priorities include focusing resources on the care of the elderly and, should this identify any priority target areas for commissioners, they may want to consider the current provision and uptake of services from community pharmacies.

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies.

Based on the results of the public and pharmacy contractor questionnaires, and access to pharmacies across Harrow or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Harrow HWB will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

6.6.3 Northwest

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

6.6.3.1 Necessary Services: current provision

Northwest has a population of 41,816, with a high proportion of over-65s in the population (21%) – slightly lower than Northeast. There are fewer older people in deprivation than other localities in Harrow.

There are 12 community pharmacies in this locality (down from 13 in 2018) and the estimated average number of community pharmacies per 100,000 population is 28.7; this is significantly higher than the Harrow (22.6) and the England (20.5) averages (Section 3.1, Table 6). Of these pharmacies, 11 hold a standard 40-core hour contract and there is one 100-hour pharmacy.

Of the 12 pharmacies:

- 8 pharmacies (67%) are open after 6.30 pm weekdays
- 12 pharmacies (100%) are open on Saturdays
- 4 pharmacies (33%) are open on Sundays

6.6.3.2 Necessary Services: gaps in provision

There is good provision of community pharmacies in this locality.

Harrow will consider any changes in health needs in Northwest locality through the three-year time horizon of the PNA.

No gaps in the provision of Necessary Services have been identified for Northwest locality.

6.6.3.3 Other relevant services: current provision

Table 18 shows the pharmacies providing Advanced and Enhanced Services in Harrow.

Advanced Service provision in Northwest:

- All 12 pharmacies provide NMS and C-19 LFD
- 9 pharmacies (75%) provide flu vaccination
- 5 (42%) of pharmacies provide CPCS

Regarding access to **Enhanced** Services:

- 9 (75%) of pharmacies provide the London Vaccination Service
- 1 pharmacy provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 12 pharmacies:

- 3 pharmacies provide the immediate access to palliative medicines service commissioned via the CCG
- 2 pharmacies (17%) provide needle exchange
- 5 pharmacies (42%) provide supervised consumption services

6.6.3.4 Improvements and better access: gaps in provision

Based on the results of the public and pharmacy contractor questionnaires and access to pharmacies across Harrow or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Harrow HWB will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

6.6.4 Southeast

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

6.6.4.1 Necessary Services: current provision

Southeast has a population of 63,708, making it the most populated locality in Harrow. Southeast has a lower IMD (7.4) than other localities in Harrow.

There are 8 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 12.6, significantly lower than the Harrow (22.6) and the England (20.5) averages (Section 3.1, Table 6). Of these pharmacies, all 8 hold a standard 40-core hour contract.

Of the 8 pharmacies:

- 2 pharmacies (25%) are open after 6.30 pm weekdays
- 7 pharmacies (88%) are open on Saturdays
- No pharmacies are open on Sundays

6.6.4.2 Necessary Services: gaps in provision

There is a significantly lower ratio of community pharmacies in Southeast than any other locality in Harrow (less than half that of Northwest). However, Figure 5 shows that there are many pharmacies on the border of Southeast both within and outside Harrow HWB, many of which are in walking distance.

In addition, the absence of a pharmacy open on a Sunday will mean that any need will have to be met by neighbouring localities or cross-border providers. However, there is sufficient service provision across the HWB area in the neighbouring central and northern parts of the HWB area. These localities include shops and facilities in retail developments, frequently accessed on Sundays.

No gaps in the provision of Necessary Services have been identified for Southeast locality.

6.6.4.3 Other relevant services: current provision

Table 18 shows the pharmacies providing Advanced and Enhanced Services in Harrow.

Advanced Service provision in Southeast:

- All 8 pharmacies provide NMS and C-19 LFD
- 6 pharmacies (75%) provide flu vaccination
- 4 (50%) of pharmacies provide CPCS

Regarding access to **Enhanced** Services:

- 6 (75%) of pharmacies provide the London Vaccination Service
- 1 pharmacy provides the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 8 pharmacies:

- None of the pharmacies provide the immediate access to palliative medicines service commissioned via the CCG
- 1 pharmacy (17%) provides needle exchange
- 3 pharmacies (38%) provide supervised consumption services

6.6.4.4 Improvements and better access: gaps in provision

There are proportionally fewer pharmacies providing services in Southeast than other localities, however as discussed above there are numerous pharmacies on the borders of other localities and other HWB areas.

Southeast does have a high rate of emergency admissions to hospital for CHD (Standardised Admission Ratio (SAR) 2015-20 of 131.8). Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD.

Based upon the results of the public and pharmacy contractor questionnaires, and access to pharmacies across Harrow or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Harrow HWB will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

6.6.5 Southwest

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

6.6.5.1 Necessary Services: current provision

Southwest has a population of 49,877 and has an IMD of 11.6, higher than the Harrow but better than the national average.

There are 12 community pharmacies in this locality and the estimated average number of community pharmacies per 100,000 population is 24.1, higher than the Harrow (22.6) and the England (20.5) averages (Section 3.1). Of these pharmacies, all 12 hold a standard 40-core hour contract.

In addition, there are four DSPs in this locality, which provide a number of Advanced and Enhanced Services, and this is highlighted in the relevant section below, i.e. the number of pharmacies will be changed in this section. A DSP must not provide Essential Services to a person who is present at the pharmacy or in the vicinity of it, and therefore they are not included in the numbers of pharmacies when assessing Necessary Services.

Based on the 12 community pharmacies (excluding the DSPs):

- 7 pharmacies (58%) are open after 6.30 pm weekdays
- 12 pharmacies (100%) are open on Saturdays
- No pharmacies are open on Sundays

6.6.5.2 Necessary Services: gaps in provision

The regeneration of the Grange Farm estate in South Harrow is underway. Phase 1 of the programme is on site, delivering 89 new affordable homes. Subsequent phases will deliver a further 485 new homes. The current provision of community pharmacies in Southwest will be sufficient to manage this proposed increase in housing.

The absence of a pharmacy open on a Sunday will mean that any need will have to be met by neighbouring localities or cross-border providers. However, there is sufficient service provision across the HWB in the neighbouring Central and Northwest localities of the HWB, where there are relatively high numbers of pharmacies open on a Sunday.

No gaps in the provision of Necessary Services have been identified for Southwest locality.

6.6.5.3 Other relevant services: current provision

Table 18 shows the pharmacies providing Advanced and Enhanced Services in Harrow, which includes the 4 DSPs.

Advanced Service provision in Southwest:

- 14 (88%) pharmacies provide NMS
- 11 (69%) provide CPCS
- 12 (75%) provide C-19 LFD
- 11 (69%) of pharmacies provide flu vaccination

Regarding access to **Enhanced** Services:

- 11 (69%) pharmacies provide the London Vaccination Service
- 6 (38%) provide the C-19 vaccination service

Regarding access to **Locally Commissioned Services** within the 12 pharmacies:

- 2 of the pharmacies provide the immediate access to palliative medicines service commissioned via the CCG
- 3 pharmacies (25%) provide needle exchange
- 5 pharmacies (42%) provide supervised consumption services

6.6.5.4 Improvements and better access: gaps in provision

Southwest has a high rate of emergency admissions to hospital for CHD (SAR 2015-20 of 130.2). Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate. In addition, the smoking cessation Advanced Service would contribute to reducing a major risk factor in CHD.

Based upon the results of the public and pharmacy contractor questionnaires, and access to pharmacies across Harrow or in neighbouring HWB areas, there is no evidence to suggest there is a gap in service that would equate to the need for access to Essential Services outside normal hours in this locality. Harrow HWB will monitor the uptake and need for Necessary Services.

It will also consider the impact of any changes in this locality in the future that may provide evidence that a need exists.

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

6.7 Necessary Services in Harrow – gaps in service provision

For the purposes of the PNA for Harrow Necessary Services are all Essential Services. The following Advanced Services are considered relevant:

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

Harrow HWB has identified Enhanced Services as pharmaceutical services that secure improvements or better access or that have contributed towards meeting the need for pharmaceutical services in Harrow HWB area.

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

The PNA has considered NHS Long Term Plan (LTP) that was published in January 2019, and it set out the priorities for healthcare for the next ten years. It is wide-ranging and includes chapters on new service models, action on prevention and health inequalities, and progress on care quality and outcomes. Section 2.1 identifies aspects of the LTP that are especially relevant to community pharmacy services provision.

The following have been considered when assessing the provision of Necessary services in Harrow and each of the five localities:

- The health needs of the population of Harrow from the JNSA and nationally from the NHS LTP
- IMD and deprivation ranges compared with the relative location of pharmacy premises
- Population changes and housing developments (Section 2) and discussed by locality (Section 6.6)
- Section 3.1.3 discusses access to community pharmacies including:
 - Walking: 97.8% of the population can walk to a pharmacy within 15 minutes (Figure 6)
 - Peak driving: 99.98% of the population can drive to a pharmacy within 5 minutes (Figure 7)
 - Off-peak driving: 99.99% of the population can drive to a pharmacy within 5 minutes (Figure 8)
- The location of pharmacies within each of the five localities and across the whole of Harrow (Figure 5)
- The number, distribution and opening times of pharmacies within each of the five localities and across the whole of Harrow (Appendix A)
- Results of the public questionnaire (Section 5 and Appendix E)
- Results of the contractor questionnaire (Appendix G)

In all five localities, there are pharmacies open beyond what may be regarded as normal hours in that they provide pharmaceutical services during supplementary hours in the evening during the week and are open on Saturday and Sunday. For those localities that have limited late evening pharmaceutical provision, there are what are considered by the Steering Group to be easily accessible alternative pharmacies in either the surrounding localities or in neighbouring HWBs. There are two 100-hour pharmacies within Harrow (Table 9, Section 3.1.2); 69% of pharmacies are open later than 6 pm on weekdays with 90% of community pharmacies open on Saturday and 20% are open on Sunday.

Harrow is very diverse, with a quarter of the population being from the Indian community and one of the most ethnically diverse populations in the country. Harrow's population is more diverse than West London and London overall, with 69.1% from minority ethnic groups, in comparison with 64.3% in West London and 53.7% in London. The results of the contractor questionnaire (Appendix G) indicated that many different languages in addition to English are spoken by pharmacy staff in community pharmacies, the most common being Gujarati and Hindi.

Overall, Harrow's IMD was ranked 207 out of 317 local authorities in England (where 1 is most deprived).

Only 57% of adults met recommended physical activity levels per week in Harrow, which is lower than the England average of 66.4%.

The public questionnaire did not record any specific themes relating to pharmacy opening times (Section 5). This and other information on current provision allows us to conclude, therefore, that there is no significant information to indicate there is a gap in the current provision of pharmacy opening times.

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

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

The current 2020 estimated resident population is 252,338. Over the past decade Harrow's population has increased by around 10%. This is lower than London's growth of 14% over the same period and higher than England's growth of 8%. By 2041, 22% (59,324) of Harrow's residents could be aged 65 and over, compared with the 2018 level of 16.5% (42,779), according to the GLA 2020 Population Projections.

The increasing population and its diversity will require significant planning for the delivery of services, in particular to meet its varied health and social care needs.

The PNA Steering Group has concluded that there is no gap in Necessary Service provision.

6.8 Improvements and better access in Harrow – gaps in service provision

The Steering Group considers it is those services provided in addition to those considered Necessary for the purpose of this PNA that should reasonably be regarded as providing either an improvement or better access to pharmaceutical provision. This includes Advanced, Enhanced and Locally Commissioned Services, which are described in Sections 6.3 to 6.5 and discussed by locality in Section 6.6.

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

The health needs of the population of Harrow were outlined in Section 2 and summarised in Section 6.1. There are some areas of ill-health across the whole of Harrow, which are identified below and in Appendix M, which outlines possible services that may be delivered from a community pharmacy to meet some of these identified issues.

In comparison with London the key behavioural risk factors for ill-health include 1,424 alcohol-related admissions to hospital (in 2018-19), a lower percentage of the population that is physically active, at 57%, and a higher rate of the incidence of TB at 29.1 per 100,000 or 218 cases from 2018-20. The Global Burden of Disease provides another perspective of health and care need. An analysis of greater London is provided, which shows the five largest causes of death and disability to be low back pain, ischaemic heart disease, diabetes, COPD and depressive disorders.

The table below summarises the highest risk factors for causing death and disease and the focus of resources for the Harrow population.

Risk Factor	Resource Focus
Tobacco	Smoking cessation and substance misuse
High BMI	Physical activity
Dietary risk	Weight management
High fasting plasma glucose	Care of the elderly
High blood pressure	

Consideration should be given to incentives for further uptake from current providers and extending provision through community pharmacies. Implementation of the new Advanced Service – hypertension case-finding service – would seem appropriate. In addition, the smoking cessation Advanced Service would contribute to reducing the risk factors identified above.

While the uptake of existing services (e.g. NMS, CPCS) have been difficult to assess completely, methods to enhance the uptake should be considered, including awareness campaigns (healthcare professionals and public) and gaining a clear understanding of the pandemic impact. The public questionnaire does indicate a lack of awareness of many services.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all localities. This will mean that more eligible patients are able to access and benefit from these services.

Over 85% of the 32 contractors who responded to the questionnaire indicated that they would be willing to provide a CHD service if commissioned. The emergency hospital admissions CHD SAR (2015-20) was 115.8 for Harrow and higher in some localities (see Section 6.6). 94% of respondents indicated they would be willing to provide diabetes screening services if commissioned, supporting the identified risk factor above, which also has a higher prevalence in some of the Black, Asian and Minority Ethnic (BAME) groups living in Harrow.

Migration presents some unique challenges, including the control of infectious disease including TB, COVID-19 and influenza, and improving the health literacy of those more likely to suffer from inequitable health and care outcomes. Flu vaccination and the London Vaccination Service are available in over 85% of community pharmacies in Harrow.

There are a number of Locally Commissioned Services in Harrow by the CCGs and local authority. These are discussed in Section 6.5 and by locality in Section 6.6. Supervised consumption services are available in almost half of community pharmacies and needle exchange in ten pharmacies over the HWB area.

When pharmacy contractors were asked if there were services that they would like to provide if they were commissioned, the majority indicated a willingness to do so for a large number of disease-specific, health-screening and other services, indicating that the possibility for a broader provision of services from community pharmacies is possible.

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

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

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

The PNA Steering Group recognises that there are potential opportunities to commission services from community pharmacies or other healthcare providers that would promote health and wellbeing, address health inequalities and reduce pressures elsewhere in the health system. Where the potential exists for community pharmacies to contribute to the health and wellbeing of the population of Harrow, this has been included within the document. Appendix M discusses some possible services that could fulfil these criteria. There is a clear opportunity for general practice and community pharmacy to better identify and follow up patients with risk factors and opportunistically identify clients in pharmacy to refer back to general practice. Hypertension is a clear example.

The PNA notes that while there are variations in the number of contractors who provide Locally Commissioned Services and other services within each locality. However, access to these and Advanced Services are considered adequate in each locality and residents have good access to all services.

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

Section 7: Conclusions

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

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

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

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

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

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Harrow HWB area, and are commissioned by the Clinical Commissioning Group (CCG) or local authority, rather than NHSE&I.

7.1 Current provision of Necessary Services

Necessary Services – gaps in provision

Necessary services are Essential Services, which are described in Section 6.2. Details of Necessary Service provision in Harrow are provided in Section 6.7.

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

7.1.1 Necessary Services – normal working hours

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

7.1.2 Necessary Services – outside normal working hours

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

7.2 Future provision of Necessary Services

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

7.3 Improvements and better access – gaps in provision

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

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

Locally Commissioned Services are those that secure improvements or better access to, or that have contributed towards meeting the need for, pharmaceutical services in Harrow HWB area, and are commissioned by the Clinical Commissioning Group or local authority, rather than NHSE&I.

7.3.1 Current and future access to Advanced Services

Details of the services are outlined in Section 6.3 and the provision in each locality discussed in Section 6.6. Section 6.8 discusses improvements and better access to services in relation to the health needs of Harrow.

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

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

7.3.2 Current and future access to Enhanced Services

Details of the Enhanced Services are outlined in Section 6.4 and the provision in each locality discussed in Section 6.6. Section 6.8 discusses improvements and better access to services in relation to the health needs of Harrow.

The London Vaccination and C-19 Vaccination Services are the Enhanced Services provided in Harrow, with 86% of pharmacies providing the London Vaccination Service.

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

7.3.3 Current and future access to Locally Commissioned Services

With regard to Locally Commissioned Services (LCS), the PNA is mindful that only those commissioned by NHSE&I are regarded as pharmaceutical services. The absence of a particular service being commissioned by NHS England is in some cases addressed by a service being commissioned through the council; these services are described in Section 6.5 and their provision by locality discussed in Section 6.6.

Section 6.8 discusses improvements and better access to LCS in relation to the health needs of Harrow.

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

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

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

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

Appendix A: List of pharmaceutical service providers in Harrow HWB area

Central locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines	Needle exchange	Supervised consumption	
Boots	FCP17	Community	Unit 9-10 St Annes Centre, St Anne's Road, Harrow	HA1 1AS	09:00-18:00 (Wed 09:00-19:00)	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-		
Boots	FV432	Community	16 St Georges Shopping Centre, St Anne's Road, Harrow	HA1 1HS	09:00-18:00	09:00-18:00	11:00-17:00	-	-	Y	-	-	-	-	Y	Y	-	-	Y	-	-	-	Y		
Boots	FFT68	Community	66-72 High Street, Wealdstone, Harrow	HA3 7AF	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-		
Desons Chemist	FX409	Community	216 Harrow View, Harrow	HA2 6PL	09:15-18:00 (Fri 09:15-19:00)	09:15-15:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-		
Garner Chemists	FAR80	Community	160 Pinner Road, Harrow	HA1 4JJ	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-		
Wellcare Pharmacy	FH519	Community	2 Weald Lane, Harrow Weald	HA3 5ES	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	Y		
Keencare Pharmacy	FNN54	Community	18 College Road, Harrow	HA1 1BE	09:00-18:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-		
KL Pharmacy	FCJ54	Community	229 Kenton Lane, Kenton	HA3 8RP	09:00-18:30 (Wed 09:00-17:00)	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	Y		
Lloyds Pharmacy	FXA04	Community	Belmont Circle, Harrow	HA3 8SA	09:00-21:00	09:00-19:00	10:00-17:00	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	-	Y	-	Y		
Murrays Chemist	FE127	Community	172 Kenton Road, Harrow	HA3 8BL	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	Y	-		
Nowell Pharmacy	FNM19	Community	10 Weald Lane, Harrow Weald	HA3 5ES	09:00-18:30 (Wed 09:00-17:00)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	Y		
Overton & Pickup	FN113	Community	6 Kenton Park Road, Kenton Road, Kenton	HA3 8DQ	09:00-13:00, 14:00-18:00	Closed	Closed	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y		
Superdrug Pharmacy	FAE00	Community	297-301 Station Road, Harrow	HA1 2TA	09:00-14:00, 14:30-18:00 (Thu 09:00-14:00, 14:30-19:00)	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y		
Tesco Pharmacy	FQ454	Community	2 Station Road Harrow	HA1 2TU	09:00-21:00	09:00-21:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-		
The Harrow Pharmacy	FEW00	Community	73 Station Road, Harrow	HA1 2TY	07:30-22:30	08:00-21:00	09:00-21:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-	Y		

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Webber Pharmacy	FXL95	Community	105 Headstone Road, Harrow	HA1 1PG	09:00-19:00 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	-	-	-	-	-	-
Belmont Pharmacy	FE292	Community	4-5 Station Parade, Belmont Circle, Harrow	HA3 8SB	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-
Kuramed Pharmacy	FC345	DSP	Office Suite 7, Winsor and Newton Building, Whitefriars Avenue, Whitefriars Avenue, Harrow Weald	HA3 5RN	09:00-13:00, 14:00 - 18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Northeast locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Andrews Pharmacy	FJJ60	Community	9 Cannons Corner, Edgware	HA8 8AE	09:00-18:30	Closed	10:00-13:00	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	-	-	
Sharmans Pharmacy	FHH80	Community	32 Church Road, Stanmore	HA7 4AL	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	-	-	
Care Chemists	FRN74	Community	5 Buckingham Parade, Stanmore	HA7 4EB	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	Y	-	Y	
Wellcare Pharmacy	FKM10	Community	385 High Road, Harrow Weald	HA3 6EL	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	-	Y	
Medicare Dispensing Chemist	FLD44	Community	10 Handle Parade, Edgware	HA8 6LD	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	Y	Y	
Cannons Pharmacy	FMH04	Community	11 Station Parade, Whitchurch Lane, Edgware	HA8 6RW	09:00-18:30	10:00-13:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y		-	Y	-	Y	-	Y	
Reems Pharmacy	FAE25	Community	107 Uxbridge Road, Harrow Weald	HA3 6DN	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-		-	Y	-	-	Y	Y	
Lloyds Pharmacy	FN256	Community	Sainsburys Store, 1 The Broadway, Stanmore	HA7 4DA	08:00-22:00	08:00-22:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	-	-	

Northwest locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Angies Chemist	FQC82	Community	3 High Street, Pinner	HA5 5PJ	09:00-18:45	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	Y		-	Y	-	-	-	-	
Boots	FFK27	Community	37 Bridge Street, Pinner	HA5 3HR	09:00-18:00	09:00-18:00	10:00-17:00	-	-	Y	-	-	-	-	Y	Y	-		-	Y	-	-	-	-	
North Harrow Pharmacy	FC251	Community	509 Pinner Road, North Harrow	HA2 6EH	09:00-13:00, 14:00-19:00 (Wed 09:00-13:00)	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		Y	Y	-	-	Y	Y	
Carters Chemist	FAP70	Community	24 Bridge Street, Pinner	HA5 3FJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	Y		-	Y	-	Y	Y	Y	
Cedars Pharmacy	FPA41	Community	197 Headstone Lane, Harrow	HA2 6ND	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-		-	-	-	-	-	Y	
Gor Pharmacy	FLG60	Community	37 Love Lane, Pinner	HA5 3EE	07:00-22:00	07:00-20:00	08:00-20:00	Y	-	Y	-	-	-	-	Y	Y	-		-	Y	Y	-	-	-	
Gor Pharmacy	FXP54	Community	147 Marsh Road, Pinner	HA5 5PB	08:30-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-		-	Y	-	-	-	Y	
Health Pharmacy	FTK68	Community	5 Broadway Parade, Pinner Road, North Harrow	HA2 7SY	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	-	-	
Saville Chemist	FH145	Community	61 Station Road, North Harrow	HA2 7SR	09:00-19:00 (Thu 09:00-18:00)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y		-	Y	-	-	-	Y	
Tannas Chemist	FH689	Community	320 Uxbridge Road, Hatch End, Pinner	HA5 4HR	09:00-19:00 (Wed 09:00-18:00)	09:00-18:00	10:00-14:00	-	-	Y	-	-	-	-	-	Y	Y		-	-	-	Y	-	-	
Tesco Pharmacy	FPT84	Community	1 Ash Hill Drive, Pinner	HA5 2AG	09:00-19:00 (Wed 09:00-18:00)	09:00-19:00	10:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-		-	Y	-	-	-	-	
Village Pharmacy	FP233	Community	272 Uxbridge Road, Hatch End, Pinner	HA5 4HS	09:00-18:30 (Thu- Fri 09:00-18:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-			-	-	-	Y	-	-	

Southeast locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Honeypot Pharmacy	FCC60	Community	189 Streatfield Road, Harrow	HA3 9DA	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-
Bachu's Jade Pharmacy	FCG50	Community	708 Kenton Road, Kenton	HA3 9QX	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-
Doshi Pharmacy	FG324	Community	127 Burnt Oak Broadway, Edgware	HA8 5EN	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y	Y
Burnt Oak Pharmacy	FF430	Community	71-73 Burnt Oak Broadway, Edgware	HA8 5EP	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	Y
Fairview Pharmacy	FA078	Community	293-295 Burnt Oak Broadway, Edgware	HA8 5ED	09:00-19:00	09:00-13:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	-	-	-
Kings Pharmacy	FQ407	Community	903 Honeypot Lane, Stanmore	HA7 1AR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	Y
Osbon Pharmacy	FMN04	Community	39 South Parade, Mollison Way, Edgware	HA8 5QL	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-
Collins Pharmacy	FW431	Community	8-9 Queensbury Circle Parade, Stanmore	HA7 1EY	09:00-18:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	-

Southwest locality

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Alexandra Pharmacy	FPJ69	Community	190 Alexandra Avenue, South Harrow	HA2 9BN	09:00-19:00 (Wed 09:00-18:30)	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	Y	?	-	-	-			
Boots	FXL37	Community	283 Northolt Road, South Harrow	HA2 8HX	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	Y		
Wellcare Pharmacy	FN853	Community	157-159 Greenford Road, Harrow	HA1 3QN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	Y	-	-	-	-	-	-	-	-		
Curapharm Chemist	FWF21	Community	154 Greenford Road, Sudbury Hill, Harrow	HA1 3QS	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	Y		
Doorstep Pharmacy	FNH26	DSP	106 High Street, Harrow	HA1 3LP	09:00-18:00	09:00-16:30	11:00-13:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-		
Healthways Chemist	FFH31	Community	382 Rayners Lane, Pinner	HA5 5DY	09:00-19:00 (Wed 09:00-13:00)	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	Y	-	-	-	Y	
P M Williams	FWW52	Community	5 Station Parade, Northolt Road, South Harrow	HA2 8HB	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	
Kings Pharmacy (H)	FEJ95	Community	336 Eastcote Lane, South Harrow	HA2 9AJ	09:00-19:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	
S & A Pharmacy	FL800	Community	251 Northolt Road, South Harrow	HA2 8HR	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	
Shaftesbury Pharmacy	FQ718	Community	5-6 Shaftesbury Parade, South Harrow	HA2 0AJ	09:00-19:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	-	Y	Y	
Stratwicks Limited	FJT26	Community	240 Northolt Road, Harrow	HA2 8DU	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	-	Y	Y	
Health Pharmacy	FPF04	Community	390/392 Rayners Lane, Harrow	HA5 5DY	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	Y	-	-	-	
Meads Pharmacy	FVW50	Community	399 Alexandra Avenue, Harrow	HA2 9SG	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	-	-	
Avviro Ltd	FK866	DSP	Office 108, Pentax House, South Hill Avenue, Middlesex	HA2 0DU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
New Health Supplies Ltd	FWQ91	DSP	Unit 5, Archdale Business Centre, Brember Road, Harrow	HA2 8DJ	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
111 Chemist	FE237	DSP	136 Carlyon Avenue, South Harrow	HA2 8SW	06:00-14:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Appendix B: PNA Steering Group terms of reference

Objective / Purpose

To support the production of a Pharmaceutical Needs Assessment (PNA) on behalf of the Harrow Council, to ensure that it satisfies the relevant regulations including consultation requirements.

Accountability

The Steering Group is to report to the Consultant in Public Health.

Membership

Core members:

- Consultant in Public Health
- NHS England representative
- Local Medical Committee representative
- Local Pharmaceutical Committee representative(s)
- North West London Harrow CCG representative
- Council – Commissioning Manager
- Healthwatch representative (lay member)

Soar Beyond are not to be a core member however will chair the meetings. Each core member has one vote. The Consultant in Public Health will have the casting vote, if required. Core members may provide a deputy to meetings in their absence. The Steering Group shall be quorate with three core members in attendance. Non-attending members are unable to cast a vote – that vote may otherwise sway the casting decision.

Additional members (if required):

- CCG commissioning managers
- NHS Trust chief pharmacists
- Head of PCN Development

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

Frequency of meetings

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

Responsibilities

- Provide a clear and concise PNA process.
- Review and validate information and data on population, demographics, pharmaceutical provision, and health needs.
- To consult with the bodies stated in Regulation 8 of the Pharmaceutical Regulations 2013:
 - Any Local Pharmaceutical Committee for its area

- Any Local Medical Committee for its area
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area
- Any LPS chemist in its area
- Any local Healthwatch organisation for its area
- Any NHS Trust or NHS Foundation Trust in its area
- NHS England
- Any neighbouring HWB
- Ensure that due process is followed.
- Report to the HWB on both a draft and final PNA.
- Publish a final PNA by 1 October 2022.

Appendix C: PNA project plan

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Stage 1: Project Planning and Governance <ul style="list-style-type: none"> Stakeholders identified First Steering Group meeting conducted Project Plan, Communications Plan and Terms of Reference agreed PNA localities agreed Questionnaire templates shared and agreed 													
Stage 2: Research & analysis <ul style="list-style-type: none"> Collation of data from NHSE&I, PH, LPC and other providers of services Listing and mapping of services and facilities with the borough Collation of information regarding housing and new care home developments EIA Electronic, distribution and collation Analysis of questionnaire responses Steering Group Meeting Two Draft Update for HWB 													
Stage 3: PNA development <ul style="list-style-type: none"> Triangulation, review and analysis of all data and information collated to identify gaps in services based on current and future population needs Develop Consultation Plan Draft PNA Engagement for consultation Steering Group Meeting Three Draft update for HWB 													
Stage 4: Consultation & final draft production <ul style="list-style-type: none"> Coordination and management of consultation Analysis of consultation responses Production of consultation findings report Draft Final PNA for approval Steering Group Meeting Four Minutes to meetings Edit and finalise Final PNA 2022 Draft update for HWB 													

Appendix D: Public questionnaire



Pharmaceutical Needs Assessment (PNA) 2022

Public Questionnaire

Harrow Health and Wellbeing Board

Tell us what you think of pharmacy services in Harrow

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

The information you give us will enable us to:

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

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

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

This questionnaire is available in other formats upon request, if you require this, please contact Harrow Council Public Health Team on 020 8424 1002 or email publichealth@harrow.gov.uk

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

<https://www.surveymonkey.co.uk/r/HarrowPNA2022Public>



Closing date for this questionnaire is Friday 31 December 2021

Please post back in envelope provided.

N.B. All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided will be treated as strictly confidential and in line with GDPR (General Data Protection Regulation). The information will be held securely and used for the purpose of planning appropriate services for all communities. It will not be passed on to any third party. For more detail on the Public Health privacy notice please visit: <https://www.harrow.gov.uk/council/data-protection/3>

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

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

Yes – if happy to do so, please provide the name and address

No

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

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

- Excellent
- Good
- Fair
- Poor

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

- Very easy
- Easy
- Difficult
- Very difficult

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

- 1 2 3 4 5 6 7 8 9 10

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

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

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

For yourself:

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

For someone else:

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

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

I regularly prefer to use an internet/online pharmacy (an internet pharmacy is one which operated partially or totally online where prescriptions are sent electronically and dispensed medication is sent via a courier to your home) – if happy to do so, please provide the website.

Other, please specify _____

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

- Yourself
- A family member
- Neighbour/friend
- Someone you are a carer for
- All of the above
- Other, please specify _____

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

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

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

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

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

12) If you travel to the pharmacy, where do you travel from?

- Home Work Other, please specify _____

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

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

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

- Yes No

If you have answered No, please go to question 16

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

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

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

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

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

- Yes No

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

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

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

- Yes No

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

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

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

Service	Are you aware that a pharmacy may provide this?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No
New Medicine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Discharge from hospital Medicines Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stoma Appliance Customisation Service	<input type="checkbox"/> Yes <input type="checkbox"/> No
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other, please specify _____	

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

Service	Would you like to see this service always provided?
Advice from your pharmacist	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 lateral flow device distribution service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
COVID-19 vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Flu vaccination services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Buying over-the-counter medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Dispensing appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Repeat dispensing services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Home delivery and prescription collection services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Medication review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
New Medicine Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Discharge from hospital Medicines Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Emergency supply of prescription medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Disposal of unwanted medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Appliance Use Review	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Community Pharmacist Consultation Service (urgent care referral)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Hepatitis testing service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stoma Appliance Customisation Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Needle exchange	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Stopping smoking/nicotine replacement therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Immediate access to specialist drugs, e.g. palliative care medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Supervised consumption of methadone and buprenorphine	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No opinion
Other, please specify _____	

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

- Yes No I don't know

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

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

- Yes No I don't know

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

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Paper request form to my GP practice | <input type="checkbox"/> Paper request form through my pharmacy |
| <input type="checkbox"/> By email to my GP practice | <input type="checkbox"/> Online request to my GP practice |
| <input type="checkbox"/> My pharmacy orders on my behalf | <input type="checkbox"/> Electronic Repeat Dispensing (eRD) |
| <input type="checkbox"/> NHS app | <input type="checkbox"/> Varies |
| <input type="checkbox"/> Other (please specify) _____ | |

27) Have you ever used [Electronic Repeat Dispensing](#) (eRD) (eRD is where your prescriber writes several months of prescriptions electronically and you obtain them straight from the pharmacy at monthly intervals)

- Yes
- No
- I don't know/have never heard of it

Do you have any comments about it?

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

Thank you for completing this questionnaire

For more information about Harrow Pharmaceutical Needs Assessment, please visit:

<https://www.harrow.gov.uk/health-leisure/pharmaceutical-needs-assessments>

A bit about you

29) What best describes your gender?

Female Male Intersex Non-binary

I prefer to self-describe: _____

Prefer not to say

30) How would you describe your ethnic origin?

Arab

Asian or Asian British: Indian

Asian or Asian British: Pakistani

Asian or Asian British: Bangladeshi

Asian or Asian British: Chinese

Asian or Asian British: Other

Black or Black British: African

Black or Black British: Caribbean

Black or Black British: Other

Mixed: White and Black Caribbean

Mixed: White and Black African

Mixed: White and Asian

Mixed: Other

White: British

White: Irish

White: Gypsy or Irish Traveller

White: Other

Other ethnic group

If you prefer to use your own definition please specify _____

Prefer not to say

If you have selected any Other background, please specify _____

31) Do you identify as trans?

Yes

No

Prefer not to say

32) Please indicate your age group

- Under 25 25–34 35–44 45–54
 55–64 65–74 75 or over Prefer not to say

33) Which of the following best describes your sexual orientation?

- Heterosexual/straight Bisexual Lesbian/Gay
 Other Prefer to self-describe _____ Prefer not to say

34) Do you consider yourself to have a disability or long-term condition (such as a learning difficulty, diabetes, arthritis, a heart condition, or a mental health condition, for example)?

- Yes No Prefer not to say

35) What best describes your religion or belief?

- Christianity (including Church of England, Catholic, Protestant, and all other denominations)
 Buddhism Hinduism Islam
 Jainism Judaism Sikhism
 No religion Other Prefer not to say

36) What is your marital status?

- Single Married Civil partnership Partner
 Separated Divorced Widow/widower Prefer not to say

37) Do you have caring responsibilities?

- None
 Primary carer of a child/children (under 18)
 Primary carer of a disabled child/children (under 18)
 Primary carer of a disabled adult (18 and over)
 Primary carer of an older person
 Secondary carer (another person carries out the main caring role)
 Carer (other)
 Prefer not to say

Appendix E: Results of the public questionnaire

Total responses received:¹ 219

1 - What could a pharmacy offer to make it your first point of call for your health needs?	Answered	219	Skipped	0
			Responses	
Friendly and knowledgeable staff				68
Good opening hours				8
In-house GP				2
General health checks				36
Home visits/delivery				11
Quick and efficient service				24
Privacy				5
Minor Ailment Service				8
Telephone & online services				7
Advertise services well				3
General health advice				5

2 - Do you have a regular or preferred pharmacy that you visit/contact?	Answered	219	Skipped	0
			Responses	
Yes		93%		203
No		7%		15
I regularly prefer to use an online pharmacy		0%		1

Comments:

Provided name and address of pharmacy	191
Provided name and website of online pharmacy	1














3- How would you rate your overall satisfaction with your regular/preferred pharmacy?	Answered	219	Skipped	0
			Responses	
Excellent		61%		134
Good		30%		66
Fair		7%		15
Poor		2%		4

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question or figures have been rounded up to the nearest whole percent.

4 - How easy has it been to speak to your pharmacy team over the last 18 months, during the pandemic?		Answered 219	Skipped 0
		%	Responses
Very easy		57%	125
Easy		35%	77
Difficult		7%	15
Very difficult		1%	2






5 - On a scale from 1 to 10 (1=poorly, 10=very well) how well does your local community pharmacy meet your need for treating a minor illness?		Answered 219	Skipped 0
		%	Responses
1		3%	6
2		0%	1
3		1%	3
4		1%	3
5		7%	15
6		6%	14
7		11%	24
8		18%	40
9		16%	34
10		36%	79






6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:		Answered 213	Skipped 6
		%	Responses
Quality of service (friendly staff, expertise)			
Very important		82%	174
Important		18%	38
Neutral		0%	1
Not important		0%	0
Completely irrelevant		0%	0
Convenience (e.g. location, opening times)			
Very important		74%	158
Important		25%	53
Neutral		1%	2
Not important		0%	0
Completely irrelevant		0%	0

6 - When considering a choice of pharmacy, please select the importance of each of the following aspects:		Answered 213	Skipped 6
		%	Responses
Accessibility (e.g. parking, clear signage)			
Very important		39%	83
Important		29%	61
Neutral		24%	51
Not important		6%	13
Completely irrelevant		2%	5
Availability of medication/services (e.g. stocks, specific services)			
Very important		75%	158
Important		23%	49
Neutral		2%	4
Not important		0%	0
Completely irrelevant		0%	0
Other			
Very important		47%	30
Important		23%	15
Neutral		11%	7
Not important		8%	5
Completely irrelevant		11%	7

Comments:







Knowledgeable staff	11	Short wait times	5
Availability of medication	4	Phone and online services	9
Flu abs	3	Home delivery	3
Longer Hhours	7	Good COVID practices	1
Privacy	4		

7a - How often have you visited/contacted a pharmacy in the last six months for yourself?		Answered 219	Skipped 0
		%	Responses
Once a week or more		12%	26
Once a month		46%	97
Once every few months		33%	70
Once in six months		5%	11
I haven't visited/contacted a pharmacy in the last 6 months		3%	7

7b- How often have you visited/contacted a pharmacy in the last six months for someone else?		Answered 219	Skipped 0
		%	Responses
Once a week or more		9%	14
Once a month		34%	55
Once every few months		28%	45
Once in six months		10%	16
I haven't visited/contacted a pharmacy in the last 6 months		20%	33


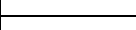


Comments:






I prefer to use an internet/online pharmacy	3
I did not have any need to visit a pharmacy	6
Pharmacy staff is not well equipped or trained	2
Someone else has gone for me	1

8- Who would you normally visit/contact a pharmacy for? (Please select all that apply)		Answered 212	Skipped 7
		%	Responses
Yourself		90%	191
A family member		53%	112
A neighbour/friend		5%	11
Someone you are a carer for		9%	19
All of the above		5%	10
Other		2%	4

Comments:



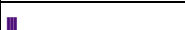
Housemate	1	I work as a volunteer for the pharmacy	1
I visit	1	Husband	1

9 - If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)		Answered 126	Skipped 93
		%	Responses
Opening hours not suitable for the person		10%	13
Most convenient		40%	51
Access (e.g. disability/transport)		16%	20
The person cannot use the delivery service		3%	4

9 - If you visit/contact a pharmacy regularly on behalf of someone else, please give a reason why? (Please select all that apply)		Answered 126	Skipped 93
		%	Responses
For a child/dependant		16%	20
The person is too unwell		18%	23
The person does not have access to digital or online services		20%	25
All of the above		3%	4
Other		19%	24




Comments:

I go for a family member	12	Collect LFT	1
Collect dosette boxes	2	Urgent prescription	1

10- How would you usually travel to the pharmacy?		Answered 212	Skipped 7
		%	Responses
Car		29%	62
Taxi		0%	0
Public transport		4%	8
Walk		61%	130
Bicycle		0%	1
Wheelchair/mobility scooter		0%	0
I don't, someone goes for me		0%	0
I don't, I use an online pharmacy or delivery service		1%	2
Other		0%	1





Comments:



Pharmacy delivers	1	Friend's car	1
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11 - If you travel, where do you travel from?		Answered 198	Skipped 21
		%	Responses
Home		98%	195
Work		8%	15
Other		3%	6

Comments:






Varies	3	Doctor's Surgery	3
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12 - On average, how long would it take you to travel to a pharmacy?		Answered 202	Skipped 17
		%	Responses
0 to 15 minutes		88%	177
16 to 30 minutes		9%	19
Over 30 minutes		1%	3
Varies		1%	3



13 - Do you have any difficulties when travelling to a pharmacy?		Answered 200	Skipped 19
		%	Responses
Yes		13%	26
No		87%	174






Comments:



Illness or physical condition	11	Parking difficulties	7
I don't, someone goes for me	2	It's too far away	1
Access issues	1	Housebound	1
Vulnerability and long waiting times	1	Dangerous road cross	1
Location of pharmacy	0	Public transport availability	0








14 - What is the most convenient day for you to visit / contact a pharmacy?		Answered 197	Skipped 22
		%	Responses
Monday to Friday		23%	46
Saturday		5%	9
Sunday		1%	2
Varies		34%	67
I don't mind		37%	73

15 - Is your preferred pharmacy open on the most convenient day for you?		Answered 196	Skipped 23
		%	Responses
Yes		95%	187
No		5%	9

16 - When do you prefer to visit/contact a pharmacy?		Answered 200	Skipped 19
		%	Responses
Morning (8 am–12 pm)		23%	45
Lunchtime (12 pm–2 pm)		3%	5

16 - When do you prefer to visit/contact a pharmacy?		Answered	200	Skipped	19
		%		Responses	
Afternoon (2 pm–6 pm)		14%		27	
Early evening (6 pm–8 pm)		6%		12	
Late evening (after 8 pm)		2%		3	
Varies		37%		73	
I don't mind/No preference		18%		35	

17 - Is your preferred pharmacy open at the most convenient time for you/at your preferred time?		Answered	197	Skipped	22
		%		Responses	
Yes		91%		179	
No		9%		18	

18- How regularly do you typically buy an over-the-counter (i.e. non-prescription) medicine from a pharmacy?		Answered	199	Skipped	20
		%		Responses	
Varies- when I need it		53%		105	
Daily		0%		0	
Weekly		1%		2	
Fortnightly		2%		4	
Monthly		14%		28	
Yearly		6%		12	
Rarely		23%		46	
Never		1%		2	

19 - Which of the following pharmacy services are you aware that a pharmacy may provide?		Answered		199		Skipped		20	
		Yes	No	Yes	No	Yes	No	Yes	No
Advice from your pharmacist	98%	195	2%	3					
COVID-19 lateral flow device distribution service	87%	165	13%	25					
COVID-19 vaccination services	72%	132	28%	52					
Flu vaccination services	93%	181	7%	14					
Buying over-the-counter medicines	99%	197	1%	1					
Dispensing medicines	99%	196	1%	2					
Dispensing appliances	66%	119	34%	61					
Repeat dispensing services	93%	184	7%	13					
Home delivery and prescription collection services	75%	140	25%	46					
Medication review	41%	74	59%	107					

19 - Which of the following pharmacy services are you aware that a pharmacy may provide?	Answered 199		Skipped 20	
	Yes	No	Yes	No
New Medicine Service	30%	52	70%	119
Discharge from hospital Medicines Service	22%	37	78%	131
Emergency supply of prescription medicines	56%	100	44%	78
Disposal of unwanted medicines	80%	152	20%	38
Appliance Use Review	21%	35	79%	131
Community Pharmacist Consultation Service (urgent care referral)	21%	35	79%	135
Hepatitis testing service	8%	14	92%	151
Stoma Appliance Customisation Service	7%	12	93%	154
Needle exchange	20%	33	80%	134
Stopping smoking/nicotine replacement therapy	52%	91	48%	83
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	34%	57	66%	111
Immediate access to specialist drugs, e.g. palliative care medicines	18%	30	82%	138
Supervised consumption of methadone and buprenorphine	23%	38	77%	129
Other, please specify below	13%	7	87%	47

Comments:

Ears and listening problems	1	Medicines disposal available	1
Take on more non-urgent services	1	Slow-release morphine	1
Blood pressure testing, diabetes testing, travel vaccinations	1	All these services should be better advertised	1

20 - Would you like to see the following pharmacy services always provided by your pharmacy?	Answered 194		Skipped 25			
	Yes	No	No opinion	Yes	No	
Advice from your pharmacist	97%	185	0%	0	3%	6
COVID-19 lateral flow device distribution service	89%	166	2%	3	10%	18
COVID-19 vaccination services	85%	158	3%	6	12%	22
Flu vaccination services	90%	168	3%	5	7%	14
Buying over-the-counter medicines	97%	183	1%	1	2%	4
Dispensing medicines	98%	185	1%	1	2%	3
Dispensing appliances	69%	122	4%	8	27%	48
Repeat dispensing services	95%	178	1%	2	4%	7
Home delivery and prescription collection services	89%	162	3%	6	8%	15

20 - Would you like to see the following pharmacy services always provided by your pharmacy?	Answered 194		Skipped 25			
	Yes	No	No opinion			
Medication review	67%	121	9%	17	24%	43
New Medicine Service	61%	107	6%	11	32%	56
Discharge from hospital Medicines Service	70%	124	5%	9	25%	44
Emergency supply of prescription medicines	95%	172	1%	2	4%	8
Disposal of unwanted medicines	92%	171	1%	2	7%	13
Appliance Use Review	42%	73	9%	16	49%	84
Community Pharmacist Consultation Service (urgent care referral)	68%	121	6%	11	26%	46
Hepatitis testing service	43%	75	7%	12	50%	88
Stoma Appliance Customisation Service	32%	56	8%	14	60%	106
Needle exchange	44%	77	9%	15	47%	83
Stopping smoking/nicotine replacement therapy	60%	106	4%	7	36%	64
Sexual health services (chlamydia testing/treating, condom distribution, emergency contraception)	59%	104	8%	14	33%	59
Immediate access to specialist drugs, e.g. palliative care medicines	69%	122	7%	12	25%	44
Supervised consumption of methadone and buprenorphine	38%	66	9%	16	53%	93
Other, please specify below	10%	7	10%	7	79%	53

Comments:

Weight control	1	Blood tests	1
HIV testing	1	Blood pressure checks	1
Minor ailments	1	Slow release morphine	1
Battery providing for hearing aid	1	Child and age-related issues	1
Diabetes checks	1	All	1
Specialist/targeted cancer therapy	1	COVID vaccine boosters	1
All pharmacies should offer emergency contraception			1

21 - Is there a consultation room available where you cannot be overheard in the pharmacy you normally visit/contact?		Answered 198	Skipped 21
		%	Responses
Yes		72%	142
No		5%	10
I don't know		23%	46

22 - If there is a consultation room, is it fully accessible to wheelchair users, or other accessibility needs?		Answered 143	Skipped 76
		%	Responses
Yes		45%	64
No		8%	12
I don't know		47%	67

Any other comments about the consultation room:




Room is too small/not welcoming	5
Not very private and conversations can be heard	1
Rarely used. Patients should be made aware that it's available for their privacy	3
Not sure about accessibility	2
Generally good service but depends on the staff	1
Good to have a room where you can talk to the pharmacist in private	1
Appointment times are not respected	1

23 - Is your pharmacy able to provide medication on the same day that your prescription is sent to it?		Answered 198	Skipped 21
		%	Responses
Yes		54%	106
No – it normally takes one day		18%	35
No – it normally takes two or three days		15%	29
No – it normally takes more than three days		2%	3
I don't know		13%	25

24 - If you use your pharmacy to collect regular prescriptions, how do you order your prescriptions? (Please select all that apply)		Answered 189	Skipped 30
		%	Responses
Paper request to my GP practice		14%	26
Paper request form through my pharmacy		2%	3
By email to my GP practice		11%	21
Online request to my GP practice		58%	110
My pharmacy orders on my behalf		6%	11
Electronic Repeat Dispensing (eRD)		10%	18
NHS app		7%	14
Varies		4%	8
Other		7%	13

Comments:

Patient access app	4	Phone GP	2
Request and collect from hospital	2	Phone pharmacy	1

25- Have you ever used Electronic Repeat Dispensing (eRD)?		Answered 197	Skipped 22
		%	Responses
Yes		22%	44
No – it normally takes one day		44%	87
I don't know/have never heard of it		34%	66




Any comments about eRD:










Very useful/convenient service	10
It was available but then stopped	4
I don't think my GP practice/pharmacy offers this service	3
I would like to use this service	2
I request a few months together or ask for repeat prescriptions	2
I don't need it	2
Very helpful but not well understood/used properly	2
Convenient because it gets delivered	1
Problems when changing medication	1


26 - Do you have any other comments you would like to make about your pharmacy?	Answered 104	Skipped 115
Always brilliant, helpful	35	
Essential service in the community, with friendly and caring local pharmacy team	28	
Could open for longer hours (on Sat)	9	
Excellent service, specially through the pandemic	6	
Expand/extend their services to decrease pressure on GPs	4	
Better communication between pharmacy and GP practice	3	
Essential to deal with minor issues	2	
Unhelpful staff, rude manager	2	
Parking is an issue	1	
Pharmacy should provide pill boxes without charge	1	
Small pharmacies are pleasant and helpful but don't provide as many services	1	
I'll like to use eRD	1	

26 - Do you have any other comments you would like to make about your pharmacy?	Answered 104	Skipped 115
Could do COVID vaccine		1
Check prescriptions properly		1
Pharmacies should stock some health foods		1
A disabled parking spot by each pharmacy would help		1
Queues due to slow service		1
They have knowledge of alternative medication if there are supply chain issues		1
They should protect patient privacy better, not discussing medication in public		1
Poor COVID-safe measures		1
They run out of flu jab last year		1

A bit about you



27 - What best describes your gender?		Answered 195	Skipped 24
		%	Responses
Female		73%	142
Male		26%	50
Intersex		0%	0
Non-binary		0%	0
Prefer not to say		2%	3








28 - How would you describe your ethnic origin?		Answered 194	Skipped 25
		%	Responses
Arab		1%	2
Asian or Asian British: Indian		13%	25
Asian or Asian British: Pakistani		1%	2
Asian or Asian British: Bangladeshi		2%	3
Asian or Asian British: Chinese		0%	0
Asian or Asian British: Other		5%	9
Black or Black British: African		1%	2
Black or Black British: Caribbean		0%	0
Black or Black British: Other		1%	1
Mixed: White and Black Caribbean		0%	0
Mixed: White and Black African		0%	0
Mixed: White and Asian		1%	2
Mixed: Other		0%	0
White: British		62%	121
White: Irish		4%	8



28 - How would you describe your ethnic origin?		Answered	194	Skipped	25
		%		Responses	
White: Gypsy or Irish Traveller		0%		0	
White: Other		6%		12	
Other ethnic group (please specify below)		1%		1	




Other:









Philippine	1	White Australian	1
------------	---	------------------	---







29 - Do you identify as trans?		Answered	188	Skipped	31
		%		Responses	
Yes		0%		0	
No		96%		181	
Prefer not to say		4%		7	








30 - Please indicate your age group		Answered	196	Skipped	23
		%		Responses	
Under 25		1%		1	
25–34		4%		7	
35–44		7%		14	
45–54		17%		34	
55–64		23%		46	
65–74		26%		51	
75 or over		19%		37	
Prefer not to say		3%		6	

31 - Sexual orientation – which of the following best describes your sexual orientation?		Answered	192	Skipped	27
		%		Responses	
Heterosexual/straight		91%		174	
Bisexual		1%		1	
Lesbian/Gay		1%		1	
Other		1%		1	
Prefer not to say		8%		15	

32 - Do you consider yourself to have a disability or long-term condition?		Answered	195	Skipped	24
		%		Responses	
Yes		44%		85	
No		52%		101	
Prefer not to say		5%		9	

33 - What best describes your religion or belief?		Answered 192	Skipped 27
		%	Responses
Christianity (including Church of England, Catholic, Protestant, and all other denominations)		44%	85
Buddhism		1%	1
Hinduism		10%	19
Islam		4%	7
Jainism		3%	5
Judaism		6%	12
Sikhism		1%	1
No religion		21%	41
Other		2%	3
Prefer not to say		9%	18

34 - What is your marital status?		Answered 193	Skipped 26
		%	Responses
Single		15%	29
Married		55%	107
Civil partnership		0%	0
Partner		6%	11
Separated		0%	0
Divorced		9%	18
Widow/widower		8%	16
Prefer not to say		6%	12

35 – Do you have caring responsibilities?		Answered 190	Skipped 29
		%	Responses
None		59%	113
Primary carer of a child/children (under 18)		9%	18
Primary carer of a disabled child/children (under 18)		0%	0
Primary carer of a disabled adult (18 and over)		5%	10
Primary carer of an older person		7%	13
Secondary carer (another person carries out the main caring role)		8%	16
Carer (other)		5%	10
Prefer not to say		5%	10

Appendix F: Pharmacy contractor questionnaire

PNA Pharmacy Contractor Questionnaire 2022

Harrow Health and Wellbeing Board

Soar Beyond are supporting the London Borough of Harrow to produce their 2022 Pharmaceutical Needs Assessment. We are undertaking a survey of all pharmacy contractors within Harrow.

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

<https://www.surveymonkey.co.uk/r/HarrowPNA2022PharmacyContractor>



Please complete this questionnaire by Friday 31 December 2021 at the latest

Premises and contact details

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

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

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

Total hours of opening

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

Consultation facilities

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

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

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

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

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

Services

Does the pharmacy dispense appliances?

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

Advanced Services

Does the pharmacy provide the following services?

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

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

SERVICE	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			
Anticoagulant Monitoring Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antiviral Distribution Service ⁽²⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Home Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Testing Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia Treatment Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Service (not EC) ⁽¹⁾	<input type="checkbox"/>					
Disease Specific Medicines Management Service						
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

² These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the NHSE&I regional team. The NHSE&I regional team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

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

SERVICE	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			
On-Demand Availability of Specialist Drugs Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of Hours Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Group Direction Service (name the medicines)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phlebotomy Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening Service						
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. pylori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HbA1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal Influenza Vaccination Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Vaccinations⁽¹⁾						
Childhood vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COVID-19 vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis (at-risk workers or patients) vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please state)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharps Disposal Service ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop Smoking Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Administration Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SERVICE	Currently providing under contract with			Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately
	NHSE&I regional team	CCG	Local Authority			
Supplementary Prescribing Service (Please name therapeutic areas)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Risk Assessment Service (NHS Health Check) ⁽¹⁾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-commissioned services

Does the pharmacy provide any of the following?

Collection of prescriptions from GP practices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – Selected patient groups (Please list criteria)	
Delivery of dispensed medicines – Selected areas (Please list areas)	
Delivery of dispensed medicines – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery of dispensed medicines – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – Free of charge on request	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monitored Dosage Systems – With charge	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No

May the LPC update its opening hours and related matters and services details for you with the above information?	<input type="checkbox"/> Yes
---	------------------------------

Details of the person completing this form:

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

Appendix G: Results of the pharmacy contractor questionnaire

Total responses received:¹ 45

1 - Pharmacy-specific questions: ODS code, trading name, etc	Answered	44	Skipped	1
	N/A			

2 - Is this pharmacy one which is entitled to Pharmacy Access Scheme payments?		Answered	44	Skipped	1
		%	Responses		
Yes		16%	7		
No		68%	30		
Possibly		16%	7		

3 - Is this pharmacy a 100-hour pharmacy?		Answered	44	Skipped	1
		%	Responses		
Yes		5%	2		
No		95%	42		


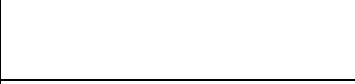


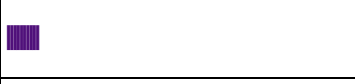


4 - Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' pharmaceutical services contract)		Answered	44	Skipped	1
		%	Responses		
Yes		14%	6		
No		86%	38		


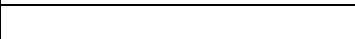
5 - Is this pharmacy a Distance-Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)		Answered	43	Skipped	2
		%	Responses		
Yes		2%	1		
No		98%	42		


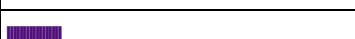
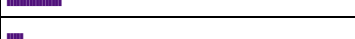
6- May the LPC update its premises and contact details for you with the above information?		Answered	43	Skipped	2
		%	Responses		
Yes		93%	40		
No		7%	3		



7-10 - Questions relating to opening hours: core and total hours of opening, including lunchtime closures		Answered	38	Skipped	7
		N/A			

¹ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question or figures have been rounded up to the nearest whole percent.

11 - There is a consultation room (distinct from the public area, clearly designated and confidential) on premises:		Answered 37	Skipped 8
		%	Responses
None, have submitted a request to NHSE&I that premises are too small		0%	0
None, NHSE&I has approved my request that premises are too small		0%	0
None (Distance-Selling Pharmacy)		3%	1
Available (including wheelchair access)		86%	32
Available (without wheelchair access)		11%	4
Planned before 1 April 2023		0%	0
Other (please specify)		0%	0





12- Where there is a consultation area, is it a closed room?		Answered 37	Skipped 8
		%	Responses
Yes		100%	37
No		0%	0

13 - During consultations are there hand-washing facilities?		Answered 37	Skipped 8
		%	Responses
In the consultation area		76%	28
Close to the consultation area		19%	7
None		5%	2

14 - Do patients attending for consultations have access to toilet facilities?		Answered 37	Skipped 8
		%	Responses
Yes		30%	11
No		70%	26








15 - Languages spoken (in addition to English)				Answered 33	Skipped 12
				N/A	
Gujarati	32	Hindi	25	Urdu	12
Punjabi	6	Swahili	6	Pashto	2
Arabic	4	Bengali	1	Tamil	5

















15 - Languages spoken (in addition to English)				Answered 33	Skipped 12
				N/A	
French	2	German	1	Spanish	2
Polish	3	Marathi	1	Rajasthani	1
Romanian	2	Farsi	2	Chinese	1
Iraqi	1	Turkish	1		




16- Does the pharmacy dispense appliances?		Answered 34	Skipped 11
		%	Responses
None		0%	0
Yes – All types		71%	24
Yes, excluding stoma appliances		9%	3
Yes, excluding incontinence appliances		0%	0
Yes, excluding stoma and incontinence appliances		0%	0
Yes, just dressings		18%	6
Other		3%	1














Comments:
















Dressings and catheters	1
-------------------------	---
















17 - Does the pharmacy provide the following Advanced Services?		Answered 34	Skipped 11
		%	Responses
Appliance Use Review Service (AUR)			
Yes		10%	3
Intending to begin within 12 months		27%	8
No – not intending to provide		63%	19
Community Pharmacist Consultation Service (CPCS)			
Yes		97%	31
Intending to begin within 12 months		3%	1
No – not intending to provide		0%	0
C-19 Lateral Flow Device (LFD) Distribution			
Yes		97%	32
Intending to begin within 12 months		3%	1
No – not intending to provide		0%	0








17 - Does the pharmacy provide the following Advanced Services?		Answered 34	Skipped 11
		%	Responses
Flu Vaccination Service			
Yes		91%	30
Intending to begin within 12 months		6%	2
No – not intending to provide		3%	1
Hepatitis C Testing Service (until 31 March 2022)			
Yes		7%	2
Intending to begin within 12 months		34%	10
No – not intending to provide		59%	17
Hypertension Case-Finding			
Yes		26%	8
Intending to begin within 12 months		55%	17
No – not intending to provide		19%	6
New Medicine Service (NMS)			
Yes		100%	34
Intending to begin within 12 months		0%	0
No – not intending to provide		0%	0
Pandemic Delivery Service (until 31 March 2022)			
Yes		85%	29
Intending to begin within 12 months		6%	2
No – not intending to provide		9%	3
Stoma Appliance Customisation Service			
Yes		14%	4
Intending to begin within 12 months		14%	4
No – not intending to provide		72%	21

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 32	Skipped 13
		%	Responses
Anticoagulant Monitoring Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		6%	2
Willing to provide privately		6%	2

18 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 32	Skipped 13
		%	Responses
Antiviral Distribution Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		94%	30
Not able or willing to provide		3%	1
Willing to provide privately		3%	1
Care Home Service			
Providing (contract with NHSE&I)		6%	2
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		71%	22
Not able or willing to provide		19%	6
Willing to provide privately		3%	1
Chlamydia Testing Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	29
Not able or willing to provide		9%	3
Willing to provide privately		0%	0
Chlamydia Treatment Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		94%	29
Not able or willing to provide		6%	2
Willing to provide privately		0%	0
Contraceptive Service (not EC)			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		94%	29
Not able or willing to provide		6%	2
Willing to provide privately		0%	0










19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)		Answered 33	Skipped 12
		%	Responses
Allergies			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	29
Not able or willing to provide		3%	1
Willing to provide privately		6%	2
Alzheimer's/dementia			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	29
Not able or willing to provide		6%	2
Willing to provide privately		6%	2
Asthma			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	30
Not able or willing to provide		3%	1
Willing to provide privately		6%	2
CHD			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		6%	2
Willing to provide privately		6%	2
COPD			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	29
Not able or willing to provide		3%	1
Willing to provide privately		6%	2











19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)		Answered 33	Skipped 12
		%	Responses
Depression			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		6%	2
Willing to provide privately		6%	2
Diabetes type I			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	29
Not able or willing to provide		6%	2
Willing to provide privately		6%	2
Diabetes type II			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	30
Not able or willing to provide		3%	1
Willing to provide privately		6%	2
Epilepsy			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		84%	27
Not able or willing to provide		6%	2
Willing to provide privately		6%	2
Heart failure			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		6%	2
Willing to provide privately		6%	2

19 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Disease-Specific Medicines Management Services (DSMMS)		Answered 33	Skipped 12
		%	Responses
Hypertension			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		3%	1
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	29
Not able or willing to provide		3%	1
Willing to provide privately		3%	1
Parkinson's disease			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		6%	2
Willing to provide privately		6%	2

Other:




COVID vaccinations	1
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20 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 33	Skipped 12
		%	Responses
Emergency Contraception Service			
Providing (contract with NHSE&I)		3%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		3%	1
Willing to provide if commissioned		76%	25
Not able or willing to provide		3%	1
Willing to provide privately		15%	5
Emergency Supply Service			
Providing (contract with NHSE&I)		25%	8
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		69%	22
Not able or willing to provide		3%	1
Willing to provide privately		3%	1

20 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 33	Skipped 12
		%	Responses
Gluten-Free Food Supply Service (i.e. not via FP10)			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		78%	25
Not able or willing to provide		16%	5
Willing to provide privately		6%	2
Home Delivery Service (not appliances)			
Providing (contract with NHSE&I)		6%	2
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		68%	21
Not able or willing to provide		6%	2
Willing to provide privately		19%	6
Independent Prescribing Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		72%	23
Not able or willing to provide		19%	6
Willing to provide privately		9%	3

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

Free home delivery service	1	Diabetes and cardiovascular	1
Hypertension, diabetes, minor ailments, upper resp infection, UTI & dermatology			1












21 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 33	Skipped 12
		%	Responses
Language Access Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		61%	19
Not able or willing to provide		32%	10
Willing to provide privately		6%	2

21 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 33	Skipped 12
		%	Responses
Medication Review Service			
Providing (contract with NHSE&I)		12%	4
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		85%	28
Not able or willing to provide		3%	1
Willing to provide privately		0%	0
Medicines Assessment and Compliance Support Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	29
Not able or willing to provide		3%	1
Willing to provide privately		6%	2
Minor Ailment Scheme			
Providing (contract with NHSE&I)		3%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		91%	30
Not able or willing to provide		6%	2
Willing to provide privately		0%	0
Medicines Optimisation Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		94%	31
Not able or willing to provide		6%	2
Willing to provide privately		0%	0

If currently providing a medicines optimisation service, what therapeutic areas are covered?












Hypertension, Diabetes, Asthma	1
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23 - Which of the following other services does the pharmacy provide, or would be willing to provide?	Answered 33	Skipped 12
	%	Responses
Needle and Syringe Exchange Service		
Providing (contract with NHSE&I)	13%	4
Providing (contract with CCG)	0%	0
Providing (contract with LA)	16%	5
Willing to provide if commissioned	38%	12
Not able or willing to provide	34%	11
Willing to provide privately	0%	0
Obesity Management (adults and children)		
Providing (contract with NHSE&I)	3%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	91%	30
Not able or willing to provide	3%	1
Willing to provide privately	3%	1
Not Dispensed Scheme		
Providing (contract with NHSE&I)	3%	1
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	84%	26
Not able or willing to provide	13%	4
Willing to provide privately	0%	0
On-Demand Availability of Specialist Drugs Service		
Providing (contract with NHSE&I)	0%	0
Providing (contract with CCG)	0%	0
Providing (contract with LA)	0%	0
Willing to provide if commissioned	72%	23
Not able or willing to provide	28%	9
Willing to provide privately	0%	0
Out-of-Hours Services		
Providing (contract with NHSE&I)	3%	1
Providing (contract with CCG)	3%	1
Providing (contract with LA)	3%	1
Willing to provide if commissioned	50%	16
Not able or willing to provide	41%	13
Willing to provide privately	0%	0

23 - Which of the following other services does the pharmacy provide, or would be willing to provide?		Answered 33	Skipped 12
		%	Responses
Patient Group Direction Service			
Providing (contract with NHSE&I)		3%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		6%	2
Willing to provide if commissioned		71%	22
Not able or willing to provide		6%	2
Willing to provide privately		13%	4
Phlebotomy Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		78%	25
Not able or willing to provide		22%	7
Willing to provide privately		0%	0
Prescriber Support Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		84%	27
Not able or willing to provide		16%	5
Willing to provide privately		0%	0
Schools Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		72%	23
Not able or willing to provide		28%	9
Willing to provide privately		0%	0

Please name the medicines for your Patient Group Direction Service:


















Influenza vaccine	1
Antibiotics for UTI	1
Antimalarials / weight management / ED	1














24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:		Answered 32	Skipped 13
		%	Responses
Alcohol			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		84%	27
Not able or willing to provide		16%	5
Willing to provide privately		0%	0
Cholesterol			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		9%	3
Willing to provide privately		3%	1
Diabetes			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		94%	30
Not able or willing to provide		6%	2
Willing to provide privately		0%	0
Gonorrhoea			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		81%	26
Not able or willing to provide		19%	6
Willing to provide privately		0%	0
H. pylori			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		13%	4
Willing to provide privately		0%	0

24 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Screening Services:		Answered 32	Skipped 13
		%	Responses
HbA1C			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		88%	28
Not able or willing to provide		13%	4
Willing to provide privately		0%	0
Hepatitis			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		75%	24
Not able or willing to provide		25%	8
Willing to provide privately		0%	0
HIV			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		66%	21
Not able or willing to provide		34%	11
Willing to provide privately		0%	0
Other			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		89%	17
Not able or willing to provide		5%	1
Willing to provide privately		5%	1

Other:





















COVID testing	1
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25 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered 33	Skipped 12
		%	Responses
Seasonal Influenza Vaccination Service			
Providing (contract with NHSE&I)		73%	24
Providing (contract with CCG)		6%	2
Providing (contract with LA)		0%	0
Willing to provide if commissioned		15%	5
Not able or willing to provide		6%	2
Willing to provide privately		0%	0
Childhood vaccinations			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		72%	23
Not able or willing to provide		22%	7
Willing to provide privately		6%	2
COVID-19 vaccinations			
Providing (contract with NHSE&I)		19%	6
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		69%	22
Not able or willing to provide		9%	3
Willing to provide privately		3%	1
Hepatitis (at-risk workers or patients) vaccinations			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		75%	24
Not able or willing to provide		16%	5
Willing to provide privately		9%	3
HPV vaccinations			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		81%	26
Not able or willing to provide		9%	3
Willing to provide privately		9%	3

25 - Which of the following other services does the pharmacy provide, or would be willing to provide? – Vaccinations		Answered 33	Skipped 12
		%	Responses
Meningococcal vaccinations			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		83%	25
Not able or willing to provide		10%	3
Willing to provide privately		7%	2
Pneumococcal vaccinations			
Providing (contract with NHSE&I)		39%	12
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		48%	15
Not able or willing to provide		10%	3
Willing to provide privately		3%	1
Travel vaccinations			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		53%	17
Not able or willing to provide		16%	5
Willing to provide privately		31%	10
Other vaccinations			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		82%	9
Not able or willing to provide		9%	1
Willing to provide privately		9%	1















Other:

Chicken pox	1
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26 - Which of the following other services does the pharmacy provide or would be willing to provide?		Answered 33	Skipped 12
		%	Responses
Sharps Disposal Service			
Providing (contract with NHSE&I)		3%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		3%	1
Willing to provide if commissioned		69%	22
Not able or willing to provide		25%	8
Willing to provide privately		0%	0
Stop Smoking Service			
Providing (contract with NHSE&I)		3%	1
Providing (contract with CCG)		0%	0
Providing (contract with LA)		3%	1
Willing to provide if commissioned		85%	28
Not able or willing to provide		6%	2
Willing to provide privately		3%	1
Supervised Administration Service			
Providing (contract with NHSE&I)		25%	8
Providing (contract with CCG)		6%	2
Providing (contract with LA)		6%	2
Willing to provide if commissioned		34%	11
Not able or willing to provide		28%	9
Willing to provide privately		0%	0
Supplementary Prescribing Service			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		78%	25
Not able or willing to provide		19%	6
Willing to provide privately		3%	1
Vascular Risk Assessment Service (NHS Health Check)			
Providing (contract with NHSE&I)		0%	0
Providing (contract with CCG)		0%	0
Providing (contract with LA)		0%	0
Willing to provide if commissioned		87%	27
Not able or willing to provide		10%	3
Willing to provide privately		3%	1

Please name the therapeutic areas for your Supplementary Prescribing Service:

Diabetes and cardiovascular	1
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27 - Non-commissioned services: Does the pharmacy provide any of the following?		Answered 33	Skipped 12
		%	Responses
Collection of prescriptions from GP practices			
Yes		91%	30
No		9%	3
Delivery of dispensed medicines – selected patient groups			
Yes		82%	27
No		18%	6
Delivery of dispensed medicines – selected areas			
Yes		83%	25
No		17%	5
Delivery of dispensed medicines – free of charge on request			
Yes		81%	26
No		19%	6
Delivery of dispensed medicines – with charge			
Yes		34%	10
No		66%	19
Monitored dosage systems – free of charge on request			
Yes		87%	27
No		13%	4
Monitored dosage systems – with charge			
Yes		24%	7
No		76%	22

Please list your criteria for selected patient groups

Housebound/elderly/infirm/disabled	7	MDS patients (paid service)	1
All patients after assessment	1	Shielding or self-isolating	1
Request from GP	1		



Please list your criteria for selected areas

Local	3	Harrow	1
3–4-mile radius	2	Harrow, Northwood, Northolt	1
1-mile radius	1	Harrow and Stanmore	1

28 - Is there a particular need for a locally commissioned service in your area? If so, what is the service requirement and why?		Answered 31	Skipped 14
		%	Responses
Yes		52%	16
No		48%	15

Please state the service requirement and why:

Stop smoking service – big demand. A paid service could deliver to more patients	3
Minor ailment scheme – to avoid unnecessary 111 service or go to A&E	4
Monitored dosage systems and medicines optimisation service – for the elderly (large population), and to cover costs of preparing	3
Emergency Hormonal Contraception (EHC) – to reduce pregnancy	3
C-19 vaccinations – great demand. (Stanmore needs more accessible locations)	2
Free contraceptives	1
Travel vaccinations, chicken pox vaccine, HPV vaccination, shingles vaccination	1
CHD and diabetes checks, glucose testing	1
Vascular risk assessment, cholesterol testing, weight loss service	1
Sharps disposal service	1

29 - May the LPC update its opening hours and related matters and services details for you with the above information		Answered 33	Skipped 12
		%	Responses
Yes		85%	28
No		15%	5

Appendix H: PCN questionnaire

PNA 2022 Primary Care Network (PCN) Questionnaire

Harrow Health and Wellbeing Board

What is this questionnaire about?

As you may be aware, Harrow Council has a statutory duty to develop and publish a revised Pharmaceutical Needs Assessment (PNA) at least every three years. The next PNA will be published by October 2022. Work has been underway on the PNA for some time and I would like to update you on the process so far.

A core Steering Group was established to lead the work. The Steering Group includes Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC) representation.

Information is being collated on the population and health needs of each of the localities in Harrow. Alongside that, information is being collated on the pharmaceutical services that are currently available.

The conclusions will start to be drawn leading to the draft PNA for consultation being completed by summer 2022. All PCNs will be invited to comment as part of the consultation.

To help us form a clearer picture of the services available to patients living in the more rural parts of the Health and Wellbeing Board area who may have problems accessing services, please can you answer the following questions by **31 December at the latest**, so that the information can be incorporated into the needs assessment.

Who should complete the questionnaire?

This questionnaire should be completed by the PCN Clinical Director / Senior Pharmacist. The responses should be about the pharmaceutical services provided by the PCN.

Please note, we are aware that activities and priorities have changed significantly in the last year with the impact of COVID-19, and therefore would like to emphasise there is not right or wrong answer for these questions. The answers will provide a clear understanding of the current provision of pharmaceutical services within your PCN as well as the needs for future developments.

If you do not wish to answer a question for any reason, then leave it blank.

If you would like to complete this online please go to:

<https://www.surveymonkey.co.uk/r/HarrowPNA2022PCN>

Please complete the questionnaire by **31 December**

1) What do you know about your local pharmaceutical provision across your PCN?

2) Have your PCN employed PCN pharmacist(s)?

Yes No Don't know

If "No" or "Don't know", please go to question 5

3) How many PCN pharmacists have your PCN employed? _____

4) And how do you see this role dovetailing into the current pharmaceutical service provision across your PCN?

Don't know

5) Who is leading your pharmacy integration strategy at a local level?

Don't know

6) Do you know who your Community Pharmacy PCN Lead is?

Yes No

7) Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?

Yes No Don't know

8) Is the community pharmacy contract integrated into the way the PCN operates?

Yes No Don't know

9) How do you rate the quality of the service in your local pharmaceutical provision in Harrow?

Excellent Very Good Good Adequate Poor Very Poor Don't know

10) Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)

- Community Pharmacist Consultation Service (CPCS)
- New Medicines Service (NMS)
- Flu vaccination service
- Appliance Use Review (AUR)
- Stoma Appliance Customisation (SAC)
- Discharge Medicines Service (DMS)
- Pandemic delivery service (commissioned until 31 March 2022)

11) Is the technology suitable to provide effective pharmaceutical services across your PCN? (E.g. Discharge Medicine Service – access and permissions to edit summary care records in community pharmacy)

- Yes No Don't know


12) Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?


Thank you for completing this questionnaire



Appendix I: Results of the PCN questionnaire

Total responses received:³⁴ 2

1 - What do you know about your local pharmaceutical provision across Harrow?	Answered 2	Skipped 0
	%	Responses
Not much		1
I have much knowledge of my local pharmacies in terms of what services they provide to our patients		1

2 - Has your PCN employed a PCN pharmacist(s)?		Answered 2	Skipped 0
		%	Responses
Yes		100%	2
No		0%	0
I don't know		0%	0


3 - If you have answered yes to the previous question, how many?		Answered 2	Skipped 0
		%	Responses
1		0%	0
2		0%	0
3		0%	0
4		100%	2
5		0%	0
6		0%	0
7		0%	0
8+		0%	0



4 - And how do you see this role dovetailing into the current pharmaceutical service provision across your PCN?		Answered 2	Skipped 0
		%	Responses
Please provide description below		50%	1
I don't know		50%	1

Description:



Medication review, long-term care drug and clinical management, prescribing minor illness management, flu clinics	1
I have much knowledge of my local pharmacies in terms of what services they provide to our patients	1



³⁴ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.










5 - Who is leading your pharmacy integration strategy at a local level?		Answered 2	Skipped 0
		%	Responses
Please provide details below		0%	0
I don't know		100%	2


6 - Do you know who your Community Pharmacy PCN Lead is?		Answered 2	Skipped 0
		%	Responses
Yes		50%	1
No		50%	1

7 - Do you have any plans that have been developed between the pharmacy and the PCN for pharmacy services across your PCN?		Answered 2	Skipped 0
		%	Responses
Yes		0%	0
No		100%	2

8 - Is the community pharmacy contract integrated into the way the PCN operates?		Answered 2	Skipped 0
		%	Responses
Yes		0%	0
No		50%	1
I don't know		50%	1

9 - How do you rate the quality of the service in your local pharmaceutical provision in Harrow?		Answered 2	Skipped 0
		%	Responses
Excellent		0%	0
Very Good		50%	1
Good		50%	1
Adequate		0%	0
Poor		0%	0
Very Poor		0%	0
I don't know		0%	0

10 - Which of the following community pharmacy services is your PCN signposting/referring/using? (Please select all that apply)		Answered 2	Skipped 0
		%	Responses
Community Pharmacist Consultation Service (CPCS)			
Signposting		0%	0
Referring		0%	0
Using		50%	1
Not utilising		50%	1
New Medicines Service (NMS)			
Signposting		0%	0
Referring		0%	0
Using		0%	0
Not utilising		100%	2
Flu Vaccination Service			
Signposting		0%	0
Referring		0%	0
Using		0%	0
Not utilising		100%	2
Appliance Use Review (AUR)			
Signposting		0%	0
Referring		0%	0
Using		0%	0
Not utilising		100%	2
Stoma Appliance Customisation (SAC)			
Signposting		0%	0
Referring		0%	0
Using		0%	0
Not utilising		100%	2
Discharge Medicines Service (DMS)			
Signposting		0%	0
Referring		0%	0
Using		0%	0
Not utilising		100%	2
Pandemic Delivery Service (Commissioned until 31 March 2022)			
Signposting		0%	0
Referring		0%	0
Using		50%	1
Not utilising		50%	1

11 - Is the technology suitable to provide effective pharmaceutical services across your PCN?		Answered 2	Skipped 0
		%	Responses
Yes		0%	0
No		100%	2

12 - Is there anything further you would like to add regarding pharmaceutical service provision across your PCN?		Answered 2	Skipped 0
		%	Responses
No			1
Better integration between the primary care and local pharmacies			1

Appendix J: Consultation plan and list of stakeholders

Consultee as required by Pharmaceutical Regulations 2013 Part 2 (8)

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
Middlesex Pharmaceutical Group (LPCs)	Y	Y	Contractor/Public/Commissioner	Y
LMC, Committee Liaison Executive, North West London	Y	Y	Contractor/Public/Commissioner	Y
Outreach Manager, Healthwatch Harrow	Y	Y	Contractor/Public/Commissioner	Y
Operations Manager, Enterprise Wellness Ltd	-	-	Public	Y
Hosted on Council website	-	-	Public	-
Social Media; Facebook & Twitter targeting residents	-	-	Public	-
Website News article	-	-	Public	-
Weekly Residents eNewsletters (70k circulation)	-	-	Public	-
Printed copies of Questionnaires & Posters to 59x Pharmacies and Harrow Council Office	-	-	Public	-
Easy Read copies available on request	-	-	Public	-
Circulated Comms to Partners: CCG, Comms Teams for onward distribution	-	-	Public	-
All Internal Council Staff via Yammer	-	-	Public	-
HealthWatch: Website Social Media Posts & Article in Dec newsletter	-	-	Public	-
Senior Commissioning Manager Market Entry/Pharmacy	Y	Y	Contractor/Public/Commissioner	Y
NHS England	Y	Y	Contractor/Public/Commissioner	Y
Hertfordshire HWB	-	-	-	Y

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
Hillingdon HWB	-	-	-	Y
Ealing HWB	-	-	-	Y
Brent HWB	-	-	-	Y
Barnet HWB	-	-	-	Y

Other consultees

Stakeholder role	PNA briefing letter sent	Steering Group representation	PNA production engagement: Questionnaire (pharmacy contractor/public/commissioner)	Draft PNA link sent
Neighbouring HWB Areas LPC	-	-	-	Y
Neighbouring HWB Areas LMC	-	-	-	Y
GP Practices	-	-	-	Y
Prescribing Advisor, North West London CCG	Y	Y	Contractor/Public/Commissioner	Y
Head of PCN Delivery	Y	Y	Contractor/Public/Commissioner	Y
Londonwide LMC	-	-	-	Y
Consultant in Public Health, London Borough of Harrow	Y	Y	Contractor/Public/Commissioner	Y
Head of Business Intelligence, LBH	Y	Y	Contractor/Public/Commissioner	Y
Deputy Head of Communications, LBH	-	-	Public	Y
Director of Public Health	-	-	Public	Y
Communications Officer	-	-	Public	Y
PH Team, Contracts Support Officer	-	-	Public	Y
Chief Pharmacist – Northwick Park Hospital (Data Queries)	-	-	-	Y
Children's Social Care, Early Intervention, Youth Offending	-	-	-	-
Adults Social Care	-	-	-	-
Education	-	-	-	-
Corporate Performance & Community Safety	-	-	-	-
SIMS	-	-	-	-
Housing	-	-	-	-

Appendix K: Summary of consultation responses

As required by the Pharmaceutical Regulations 2013,³⁵ Harrow HWB held a 60-day consultation on the draft PNA from 25 April to 24 June 2022.

The draft PNA was hosted on the Harrow Council website and invitations to review the assessment, and comment, were sent to a wide range of stakeholders including all community pharmacies in Harrow. A number of members of the public had expressed an interest in the PNA and were invited to participate in the consultation as well as a range of public engagement groups in Harrow as identified by Harrow Council and Harrow Healthwatch. Responses to the consultation were possible via an online survey, paper or email.

There were in total 63 responses, all of them from the internet survey. Responses received:

- 19 (30%) from the public
- 5 (8%) from healthcare or social care providers
- 1 (2%) from organisations, businesses and 'other'
- 38 (60%) did not identify their role

The following are the main themes, and PNA Steering Group's response, to feedback received during the consultation on the draft PNA:

- Information provided in the PNA
- Consideration which services are 'necessary' and 'relevant'
- Issues over access to services
- Availability of services currently, and not currently, provided by pharmacies
- Correction of data in the PNA

All responses were considered by the PNA Steering Group at its meeting on 19 July 2022 for the final report. A number of additional comments were received that were considered by the Steering Group in the production of the final PNA. Please see Appendix I for consultation comments and responses.

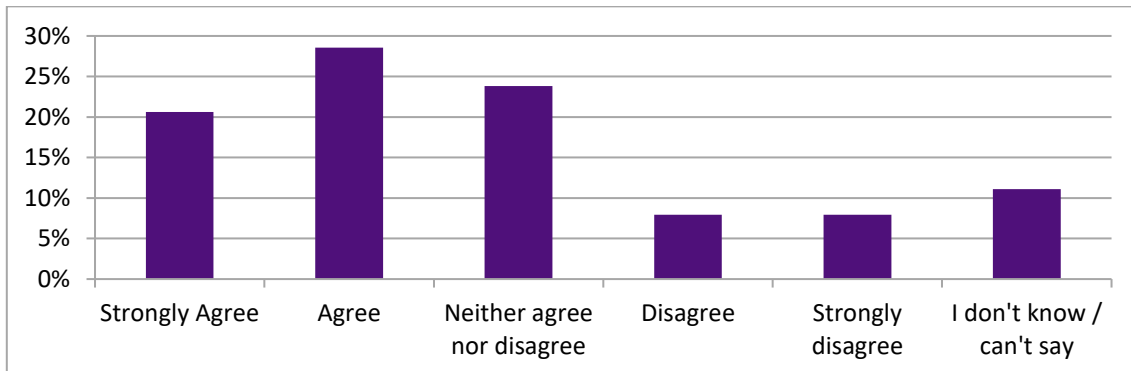
Below is a summary of responses to the specific questions, asked during the consultation.³⁶

³⁵ Pharmaceutical Regulations 2013 - <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

³⁶ Please note that some percentage figures will add up to more or less than 100%. This is either due to respondents being able to give more than one response to a question, or figures have been rounded up to the nearest whole percent.

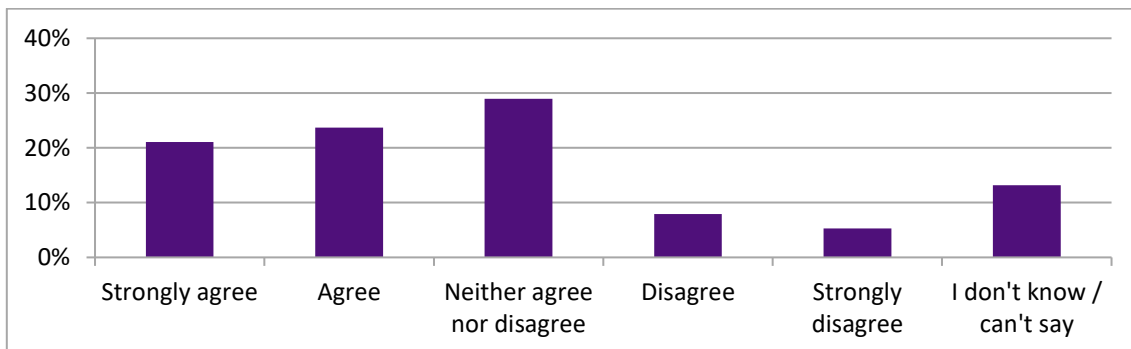
Consultation questions and responses:

Q1- The Harrow draft PNA does not identify any gaps in the provision of pharmaceutical services. To what extent do you agree or disagree with this assessment?



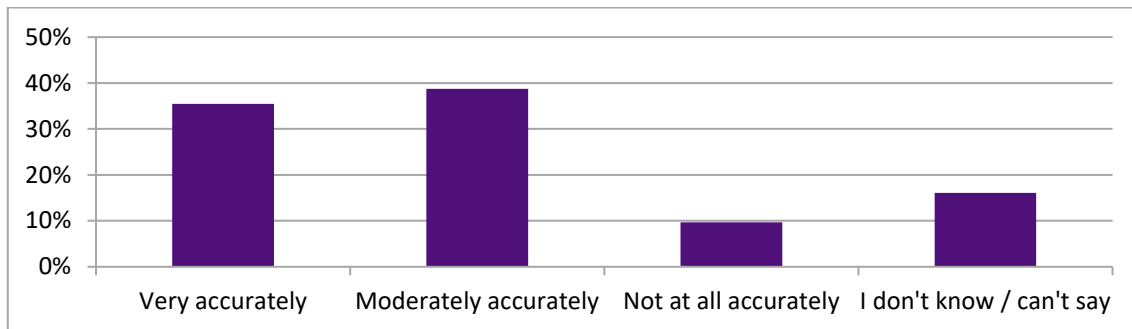
Answer Choices	Responses	
Strongly Agree	21%	13
Agree	29%	18
Neither agree nor disagree	24%	15
Disagree	8%	5
Strongly disagree	8%	5
I don't know / can't say	11%	7
Answered		63
Skipped		0

Q2- To what extent do you agree or disagree with the other conclusions contained within the draft PNA? (See the Executive Summary section of the document)



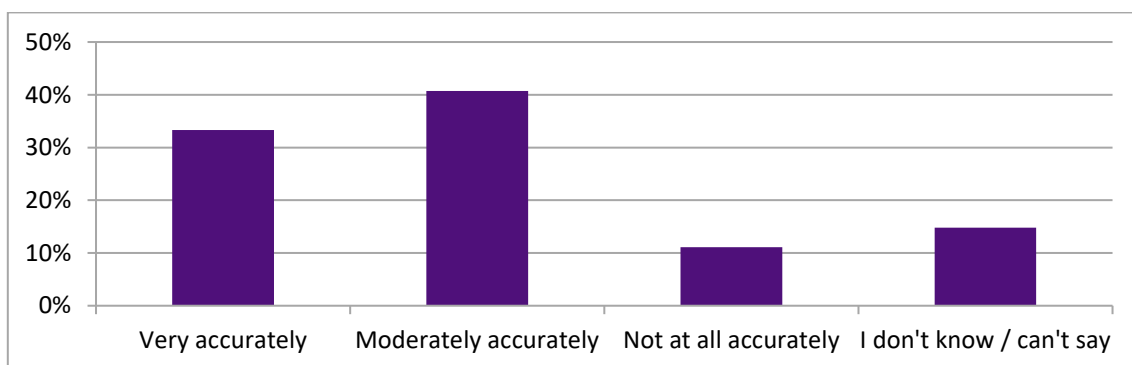
Answer Choices	Responses	
Strongly agree	21%	8
Agree	24%	9
Neither agree nor disagree	29%	11
Disagree	8%	3
Strongly disagree	5%	2
I don't know / can't say	13%	5
Answered		38
Skipped		25

Q3- In your opinion, how accurately does the draft PNA reflect the current provision of pharmaceutical services in Harrow? (See Sections 3.5 and 3.6; Sections 4.1, 4.2 and 4.3 and Sections 6.1 to 6.6 of the draft PNA)



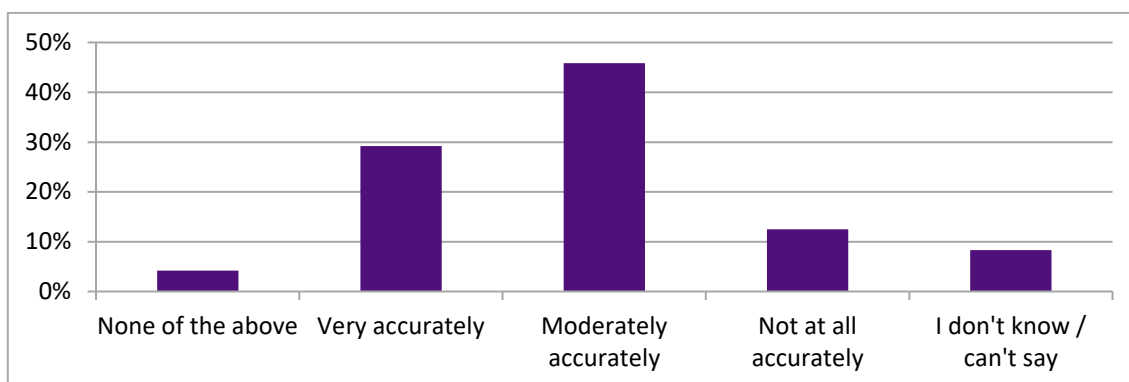
Answer Choices	Responses	
Very accurately	35%	11
Moderately accurately	39%	12
Not at all accurately	10%	3
I don't know / can't say	16%	5
Answered		31
Skipped		32

Q4- In your opinion, how accurately does the draft PNA reflect the current pharmaceutical needs of Harrow's population? (See Sections 6.1 to 6.6 of the draft PNA)



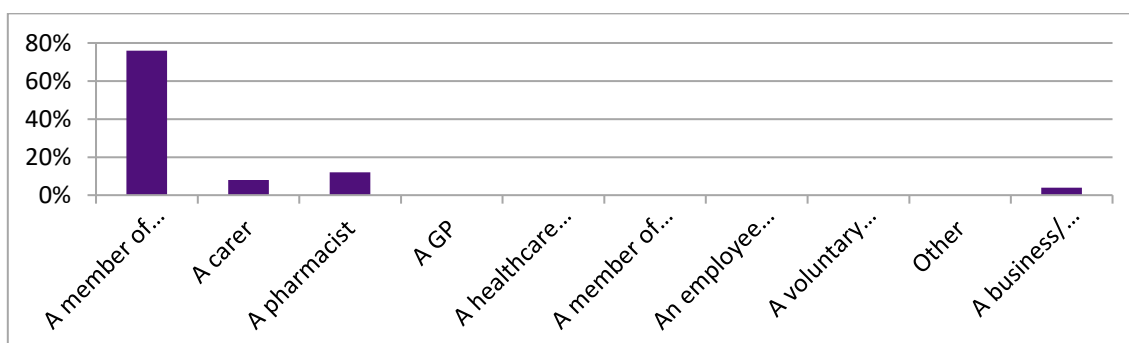
Answer Choices	Responses	
Very accurately	33%	9
Moderately accurately	41%	11
Not at all accurately	11%	3
I don't know / can't say	15%	4
Answered		27
Skipped		36

Q5- In your opinion, how accurately does the draft PNA reflect the future pharmaceutical needs of Harrow’s population (over the next three years)?



Answer Choices	Responses	
None of the above	4%	1
Very accurately	29%	7
Moderately accurately	46%	11
Not at all accurately	13%	3
I don't know / can't say	8%	2
Answered		24
Skipped		39

Q8- Are you mainly responding as? (Please select one option)



Answer Choices	Responses	
A member of the public	76%	19
A carer	8%	2
A pharmacist	12%	3
A GP	0%	0
A healthcare or social care professional	0%	0
A member of Harrow Council (councillor)	0%	0
An employee of Harrow Council	0%	0
A voluntary or community sector organisation	0%	0
Other	0%	0
A business/ organisation	4%	1
Answered		25
Skipped		38

All free text comments (including questions 6 and 7) are included in the consultation comments report included as Appendix L.

Appendix L: Consultation Comments Report

Comment number	Question	Responding as	Comment	SG response
1	Does not identify any gaps	-	Emergency hormonal contraception is not available	Emergency Hormonal Contraception (EHC) is not recognised as an Essential Service across Harrow and therefore some pharmacies may not offer this.
2	Does not identify any gaps	A member of the public	The pharmacist has no power to issue any medication except what you can buy	Noted.
3	Current provision	A member of the public	They can't issue any medication apart from what on the shelves as the doctor situation we can hardly ever sees doctor would it not be a good idea to give pharmacist more power	Noted.
4	Does not identify any gaps	A member of the public	Support for elderly conditions and support for chronic conditions	Noted.
5	Other conclusion	A member of the public	Need a balanced short term plan as well as long term plan	Noted. The PNA covers the next three years as per regulatory requirement.
6	Current provision	A member of the public	They need to take into account the only serving hospital is Northwick Park which covers a large area.	Noted, however this is outside of the scope of the PNA.
7	Does not identify any gaps	A member of the public	No late night facility	Noted, however the assessment concluded there was sufficient provision.
8	Does not identify any gaps	A member of the public	Need more services to take the load off GP's	Noted.
9	Other conclusions	A carer	It would be useful if one pharmacy in each ward were to open til late evening and on Sundays.	Noted, however the assessment concluded there was sufficient provision.
10	Current provision	A carer	There are current significant chain issues with certain medications resulting in shortages Pharmacists need to actively work with GPs and patients to find alternatives.	Noted, however this is outside of the scope of the PNA.

Comment number	Question	Responding as	Comment	SG response
11	Does not identify any gaps	A member of the public	Slow and difficult to have prescription renewed to collect at the pharmacy because the GP surgery is overwhelmed with patients phoning and there is no pharmacy service at the surgery premises so patients have to travel to the local chemist when medicine is prescribed	Noted, however this is outside of the scope of the PNA.
12	Other conclusions	A member of the public	Local chemist is often busy and I have waited 30 minutes or more for a prescription to be ready and there is no access evenings or Sundays for medicines	Noted, however the assessment concluded there was sufficient provision.
13	Current provisions	A member of the public	In my experience the service of dispensing prescribed medicines in the local pharmacy is not adequate as there are often long waits and the chemist is a distance from the GP surgery and only open usual trading hours.	Noted, however this is outside of the scope of the PNA.
14	Protected characteristic impact	A member of the public	Pharmacy service available at the GP surgery premises	Noted, however this is outside of the scope of the PNA.
15	Other comments	A member of the public	I would like pharmaceutical services to be more closely aligned with GP services with prescriptions dispensed at the GP surgery	Noted, however this is outside of the scope of the PNA.
16	Does not identify any gaps	-	Pharmacists are best placed to review medicines and could manage repeat prescription requests but they would have to have access to patients medical records and work in GP surgeries. They could also manage minor ailments such as sore throats and prescribe treatment.	Noted.
17	Other conclusions	A member of the public	Taking my expired medicine to pharmacy for safe disposal was met with reluctance	Noted.
18	Other comments	A member of the public	Experience limited to Shaftesbury Circle Pharmacy and Boots in central Harrow. Have been able to ask their advice which has been helpful	Noted.
19	Does not identify any gaps	-	Lack of provision for those who struggle to remember to order since automatic repeats were stopped.	Noted.

Appendix M: Opportunities for service provision from community pharmacies in Harrow

Introduction

Any local commissioning of services for delivery by community pharmacy lies outside of the requirements of a PNA; such services are considered as being additional to any Necessary Services required under the Regulations.

In reviewing the provision of Necessary Services and considering Advanced, Enhanced and Locally Commissioned Services for Harrow as part of the PNA process, it was possible to identify opportunities for service delivery via the community pharmacy infrastructure that could positively impact the population.

Not every service can be provided from every pharmacy and that service development and delivery must be planned carefully. However, many of the health priorities either at a national or local level can be positively affected by services provided from community pharmacies, albeit being out of the scope of the PNA process.

Where applicable, all pharmacies and pharmacists should be encouraged to become eligible to deliver Advanced Services in all pharmacies across all CCG localities. This will mean that more eligible patients are able to access and benefit from these services.

When pharmacy contractors were asked if there were services that they would like to provide that are not currently commissioned, 52% (of 33) said yes. When asked if they would be willing to provide specific services if they were commissioned to do so, the vast majority stated that they were willing to do so, with some of the positive responses as high as 94%, indicating the possibility for a broader provision of services is possible.

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

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

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

Health needs identified in the NHS Long Term Plan

The LTP identifies community pharmacists as part of the process of improving the effectiveness of approaches such as the **NHS Health Check**, rapidly treating those identified with high-risk conditions, including high blood pressure. The **hypertension case-finding service** has been developed as an Advanced Service from community pharmacy as part of this process, but other disease-specific programmes should be made part of the service options available including respiratory disease, diabetes and cancer. For example, the LTP

states ‘We will do more to support those with respiratory disease to receive and use the right medication’. Of NHS spend on asthma, 90% goes on medicines, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. The New Medicine Service (NMS) is an Advanced Service that provides support for people with long-term conditions prescribed a new medicine to help improve medicines adherence.

LTP priorities that can be supported from community pharmacy

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

Health needs in Harrow

The health needs of the population of Harrow were briefly outlined in Section 2 and summarised in Section 6.1.

In comparison with London, the key behavioural risk factors for ill health include 1,424 alcohol-related admissions to hospital (in 2018-19), a lower percentage of the population that is physically active, at 57%, and a higher rate of the incidence of TB, at 29.1 per 100,000 or 218 cases from 2018-20. The Global Burden of Disease provides another perspective of health and care need. An analysis of greater London is provided, which shows the five largest causes of death and disability to be low back pain, ischaemic heart disease, diabetes, COPD, and depressive disorders.

The table below summarises the highest risk factors for causing death and disease and the focus of resources for the Harrow population.

Risk Factor	Resource focus
Tobacco	Smoking cessation and substance misuse
High BMI	Physical activity
Dietary risk	Weight management
High fasting plasma glucose	Care of the elderly
High blood pressure	

Opportunities for further Community Pharmacy provision

Should these be priority target areas for commissioners, they may want to consider the current and future service provision from community pharmacies, in particular the screening services they are able to offer.

Based on these priorities and health needs community pharmacy can be commissioned to provide services that can help manage and support in these areas.

A. Existing Services

Essential Services

Signposting for issues such weight management and health checks.

Advanced Services

Some of the existing Advanced Services could be better used within Harrow, i.e. CPCS and NMS, including a focus on particular health needs in the population for these services, e.g. diabetes, CHD.

Locally Commissioned Services

The needle exchange and supervised consumption services are provided across Harrow. Coupling such services with the new Advanced Hepatitis C testing service could be advantageous.

B. New Services

From the public questionnaire there is a wish for new services to be made available from community pharmacies. From the contractor questionnaire there is also a willingness to deliver such services.

Advanced Services

These services would be commissioned by NHSE&I.

There are several new Advanced Services about to be implemented that could be beneficial to the population of Harrow based on the identified health needs, including:

- **Hypertension case finding service**

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

- **Hepatitis C testing service**

The service is focused on provision of point -of care testing (POCT) for hepatitis C (Hep C) antibodies to People Who Inject Drugs (PWIDs), i.e. individuals who inject illicit drugs such as steroids or heroin, but who haven’t yet moved to the point of accepting treatment for their substance use. Where people test positive for Hep C antibodies, they will be referred for a confirmatory test and treatment, where appropriate.

- **Smoking Cessation**

There is a new smoking cessation Advanced Service for people referred to pharmacies by a hospital, which will be commissioned from March 2022 (delayed). The service is aimed at ‘stop smoking support’ for those beginning a programme of smoking cessation in secondary care and referred for completion in community pharmacy. The Department of Health and Social Care and NHSE&I proposed the commissioning of this service, as an Advanced Service.

Locally Commissioned Services

Based on the local and national health needs identified throughout this document, there are opportunities for community pharmacy to positively impact outcomes.

The NHS Health Check is a national programme for people aged 40–74 years that assesses a person's risk of developing **diabetes, heart disease, kidney disease** and **stroke**. It then provides the person with tailored support to help prevent the condition, advising on lifestyle changes to reduce their risk. Nationally, there are over 15 million people in this age group who should be offered an NHS Health Check once every five years, and local authorities are responsible for commissioning NHS Health Checks.

As hypertension, stroke and circulatory disease are all priority health areas in Harrow and the rates of diabetes are increasing then the provision of Health Checks through community pharmacies within the existing infrastructure could be considered or reviewed.

Below are examples of services that have been commissioned in some areas of England either by NHSE or CCGs. These would be seen as add-on services to Advanced Services or could be commissioned separately.

There are many examples of different service types on the PSNC website, those below are described to give an idea of the type of service available. The conditions listed have been identified as health priorities either as causes of ill health in Harrow (Section 2) or the NHS LTP.

Possible disease-specific services

- **Weight management**

There are many different examples of weight management services already provided from a number of community pharmacies in England. These may be targeted to localities, e.g. areas of higher deprivation, or coupled with programmes for other ill health, e.g. cardiovascular disease or diabetes.

- **Diabetes**

Diabetes-focused pharmacy (Wessex LPN). The framework is categorised into six elements: 1. The pharmacy team; 2. Prevention and lifestyle; 3. Complications of diabetes; 4. Education programmes; 5. Medicines adherence; 6. Signposting.

- **Directly observed treatment – tuberculosis**

Harrow has a higher rate of the incidence of TB at 29.1 per 100,000 or 218 cases from 2018-20. A service from community pharmacies whereby patients are observed taking their medication on an agreed schedule to improve eradication of TB. The observation would be like that provided in the supervised consumption services already implemented.

- **Cardiovascular**

In several localities of Harrow there is a higher incidence of hospital admissions due to CHD. In addition to the hypertension case finding Advanced Service the following is possible.

Atrial fibrillation screening service (multiple LPC areas). This service provides patients at high risk of AF with a consultation that gathers information and screens them for atrial fibrillation using a portable heart monitoring device called an AliveCor monitor. Patients who have this arrhythmia detected will be counselled by the pharmacist about the implications of the diagnosis and referred to their GP for on-going management. The pharmacy consultation will: 1. screen identified cohorts for atrial fibrillation using a portable heart monitor device; 2. counsel the patient on the results of the analysis; 3. where appropriate, send the report and refer the patient to their GP for further investigation and management; 4. offer advice on a healthier lifestyle; and 5. signpost the patient to other services available in the pharmacy such as a smoking cessation Service or Weight Loss Support Service.

- **Respiratory**

Six pharmacies in north-east Essex are piloting a Chronic Obstructive Pulmonary Disease (COPD) project aimed at reducing demand on GPs and hospitals during the busy winter period. Funded through winter pressures money, the service proactively checks that patients with COPD are aware of what to do if they start an exacerbation (whether this is a formal written plan or not) and checks that they have a rescue pack at home if this is part of the plan. If they haven't, there is a Patient Group Direction element to supply this. The service is different to other rescue pack schemes in that rescue packs are discussed and supplied to patients when they are well, rather than when they have started to exacerbate.

Recommendations

1. Highlight to the public the services that are currently available from community pharmacies

This will help to manage the following issues:

- The existing services can have improved utilisation
- The public questionnaire made it clear that members of the public were not aware of all the available services
- Members of the public wish to see many of these services provided (Section 5)

2. Identify the best way to deliver the new Advanced Services

Smoking cessation and hypertension case-finding can all meet the health needs of Harrow, albeit in targeted localities.

3. Consider the provision of new Locally Commissioned Services

To meet specific health needs in Harrow, e.g. weight management, diabetes, TB, or respiratory services.

Appendix N: Alphabetical list of pharmaceutical service providers in Harrow HWB area

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA		
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption	
111 Chemist	FE237	DSP	136 Carlyon Avenue, South Harrow	HA2 8SW	06:00-14:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Alexandra Pharmacy	FPJ69	Community	190 Alexandra Avenue, South Harrow	HA2 9BN	09:00-19:00 (Wed 09:00-18:30)	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	-	Y	-	Y	Y	?	-	-	-	-	-
Andrews Pharmacy	FJJ60	Community	9 Cannons Corner, Edgware	HA8 8AE	09:00-18:30	Closed	10:00-13:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-
Angies Chemist	FQC82	Community	3 High Street, Pinner	HA5 5PJ	09:00-18:45	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-
Avviro Ltd	FK866	DSP	Office 108, Pentax House, South Hill Avenue	HA2 0DU	09:00-17:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bachus Chemist	FXF93	Community	708 Kenton Road, Kenton	HA3 9QX	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-
Belmont Pharmacy	FE292	Community	4-5 Station Parade, Belmont Circle, Harrow	HA3 8SB	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	-	-
Boots	FCP17	Community	Unit 9-10 St Annes Centre, St Anne's Road, Harrow	HA1 1AS	09:00-18:00 (Wed 09:00-19:00)	09:00-18:00	11:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-
Boots	FV432	Community	16 St Georges Shopping Centre, St Anne's Road, Harrow	HA1 1HS	09:00-19:00	09:00-19:00	11:00-17:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	Y
Boots	FEM93	Community	157-159 Greenford Road, Harrow	HA1 3QN	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	-
Boots	FXL37	Community	283 Northolt Road, South Harrow	HA2 8HX	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	-	Y	-	-	-	-	-	-	-	-	-	Y
Boots	FFT68	Community	66-72 High Street, Wealdstone, Harrow	HA3 7AF	09:00-18:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	-	-	-
Boots	FFK27	Community	37 Bridge Street, Pinner	HA5 3HR	09:00-18:00	09:00-18:00	10:00-17:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	-
Burnt Oak Pharmacy	FF430	Community	71-73 Burnt Oak Broadway, Edgware	HA8 5EP	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	-	-	Y
Cannons Pharmacy	FMH04	Community	11 Station Parade, Whitchurch Lane, Edgware	HA8 6RW	09:00-18:30	10:00-13:00	Closed	-	-	-	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-	-	-	Y
Care Chemists	FRN74	Community	5 Buckingham Parade, Stanmore	HA7 4EB	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	Y	-	-	-	Y
Carters Chemist	FAP70	Community	24 Bridge Street, Pinner	HA5 3FJ	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	-	Y	Y	Y	Y	Y
Cedars Pharmacy	FPA41	Community	197 Headstone Lane, Harrow	HA2 6ND	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Y

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines	Needle exchange	Supervised consumption	
Collins Pharmacy	FW431	Community	8-9 Queensbury Circle Parade, Stanmore	HA7 1EY	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	-	-	
Curapharm Chemist	FWF21	Community	154 Greenford Road, Sudbury Hill, Harrow	HA1 3QS	09:00-18:00	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	Y	Y	
Desons Chemist	FX409	Community	216 Harrow View, Harrow	HA2 6PL	09:15-18:00 (Fri 09:15-19:00)	09:15-15:00	Closed	-	-	-	-	-	-	-	Y	-	-	-	-	-	-	-	-	-	
Doorstep Pharmacy	FNH26	DSP	106 High Street, Harrow	HA1 3LP	09:00-18:00	09:00-16:30	11:00-13:00	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-	-	-	
Doshi Pharmacy	FG324	Community	127 Burnt Oak Broadway, Edgware	HA8 5EN	09:00-18:30	09:00-17:30	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	Y	Y	
Fairview Pharmacy	FA078	Community	293-295 Burnt Oak Broadway, Edgware	HA8 5ED	09:00-19:00	09:00-13:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	Y	Y	-	-	
Garner Chemists	FAR80	Community	160 Pinner Road, Harrow	HA1 4JJ	09:00-18:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	
Gor Pharmacy	FLG60	Community	37 Love Lane, Pinner	HA5 3EE	07:00-22:00	07:00-20:00	08:00-20:00	Y	-	Y	-	-	-	-	Y	Y	-	-	-	Y	Y	-	-	-	
Gor Pharmacy	FXP54	Community	147 Marsh Road, Pinner	HA5 5PB	08:30-19:00	09:00-17:00	Closed	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-	-	Y	
Health Pharmacy	FTK68	Community	5 Broadway Parade, Pinner Road, North Harrow	HA2 7SY	09:00-19:00	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	
Health Pharmacy	FPF04	Community	390/392 Rayners Lane, Harrow	HA5 5DY	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	Y	Y	Y	-	-	Y	Y	-	-	-	
Healthways Chemist	FFH31	Community	382 Rayners Lane, Pinner	HA5 5DY	09:00-19:00 (Wed 09:00-13:00)	09:00-19:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	
Honeypot Pharmacy	FCC60	Community	189 Streatfield Road, Harrow	HA3 9DA	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	-	
Keencare Pharmacy	FNN54	Community	18 College Road, Harrow	HA1 1BE	09:00-18:00	10:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	Y	-	-	Y	
Kings Pharmacy	FQ407	Community	903 Honeypot Lane, Stanmore	HA7 1AR	09:00-18:30	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	-	Y	-	-	-	Y	
Kings Pharmacy (H)	FEJ95	Community	336 Eastcote Lane, South Harrow	HA2 9AJ	09:00-19:00	09:00-12:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	Y	-	-	
KL Pharmacy	FCJ54	Community	229 Kenton Lane, Kenton	HA3 8RP	09:00-18:30 (Wed 09:00-17:00)	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	-	Y	-	-	-	Y	
Kuramed Pharmacy	FC345	DSP	Office Suite 7, Winsor and Newton Building, Whitefriars Avenue, Harrow Weald	HA3 5RN	09:00-13:00, 14:00 - 18:00	Closed	Closed	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Lloyds Pharmacy	FXA04	Community	Belmont Circle, Harrow	HA3 8SA	09:00-21:00	09:00-21:00	10:00-17:00	-	-	Y	-	Y	Y	-	Y	Y	-	-	Y	-	Y	-	Y		
Lloyds Pharmacy	FN256	Community	Sainsburys Store, 1 The Broadway, Stanmore	HA7 4DA	08:00-22:00	08:00-22:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-		
Meads Pharmacy	FVW50	Community	399 Alexandra Avenue, Harrow	HA2 9SG	09:00-19:00	09:00-18:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	Y	Y	-	-	-	-		
Medicare Dispensing Chemist	FLD44	Community	10 Handle Parade, Edgware	HA8 6LD	09:00-18:30	09:00-18:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y	Y		
Murrays Chemist	FE127	Community	172 Kenton Road, Harrow	HA3 8BL	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	Y	-	Y		
New Health Supplies Ltd	FWQ91	DSP	Unit 5, Archdale Business Centre, Brember Road, Harrow	HA2 8DJ	09:00-19:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	-	-	-	-	-	-	-	-	-		
North Harrow Pharmacy	FC251	Community	509 Pinner Road, North Harrow	HA2 6EH	09:00-13:00, 14:00-19:00 (Wed 09:00-13:00)	09:00-16:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y		
Nowell Pharmacy	FNM19	Community	10 Weald Lane, Harrow Weald	HA3 5ES	09:00-18:30 (Wed 09:00-17:00)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y		
Osbon Pharmacy	FMN04	Community	39 South Parade, Mollison Way, Edgware	HA8 5QL	09:00-18:00	09:00-14:00	Closed	-	-	Y	-	-	-	-	-	Y	-	-	-	-	-	-	-		
Overton & Pickup	FN113	Community	6 Kenton Park Road, Kenton Road, Kenton	HA3 8DQ	09:00-18:30	09:00-14:00	Closed	-	-	Y	-	-	-	-	-	Y	Y	-	-	-	-	-	Y		
P M Williams	FWW52	Community	5 Station Parade, Northolt Road, South Harrow	HA2 8HB	09:00-19:00	09:00-17:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-		
Reems Pharmacy	FAE25	Community	107 Uxbridge Road, Harrow Weald	HA3 6DN	09:00-17:30	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y		
S & A Pharmacy	FL800	Community	251 Northolt Road, South Harrow	HA2 8HR	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-	-		
Saville Chemist	FH145	Community	61 Station Road, North Harrow	HA2 7SR	09:00-19:00 (Thu 09:00-18:00)	09:00-14:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	Y		
Shaftesbury Pharmacy	FQ718	Community	5-6 Shaftesbury Parade, South Harrow	HA2 0AJ	09:00-19:00	10:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	Y	-	Y	Y		
Sharmans Pharmacy	FHH80	Community	32 Church Road, Stanmore	HA7 4AL	09:00-17:30	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-	-		
Stratwicks Limited	FJT26	Community	240 Northolt Road, Harrow	HA2 8DU	09:00-18:00	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	Y	Y	-	-	Y	Y		

Pharmacy name	ODS number	Pharmacy type	Address	Postcode	Monday to Friday opening hours	Saturday opening hours	Sunday opening hours	100 hrs	PhAS	NHSE&I Advanced										NHSE&I Enhanced			CCG	LA	
										NMS	AUR	SAC	CPCS	Hep C testing	Flu vaccination	C-19 LFD distribution	Hypertension case-finding	Stop smoking	C-19 vaccination	London vaccination	Bank Holiday	Anticipatory medicines		Needle exchange	Supervised consumption
Superdrug Pharmacy	FAE00	Community	297-301 Station Road, Harrow	HA1 2TA	09:00-14:00, 14:30-18:00 (Thu 09:00-14:00, 14:30-19:00)	09:00-14:00, 14:30-17:30	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	Y	Y		
Tannas Chemist	FH689	Community	320 Uxbridge Road, Hatch End, Pinner	HA5 4HR	09:00-19:00 (Wed 09:00-18:00)	09:00-18:00	10:00-14:00	-	-	Y	-	-	-	-	Y	Y	-	-	-	Y	-	-			
Tesco Pharmacy	FQ454	Community	2 Station Road Harrow	HA1 2TU	09:00-21:00	09:00-21:00	10:00-16:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-			
Tesco Pharmacy	FPT84	Community	1 Ash Hill Drive, Pinner	HA5 2AG	09:00-19:00 (Wed 09:00-18:00)	09:00-19:00	10:00-17:00	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-			
The Harrow Pharmacy	FEW00	Community	73 Station Road, Harrow	HA1 2TY	07:30-22:30	08:00-21:00	09:00-21:00	Y	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	Y	-			
Village Pharmacy	FP233	Community	272 Uxbridge Road, Hatch End, Pinner	HA5 4HS	09:00-18:30 (Thu-Fri 09:00-18:00)	09:00-17:30	Closed	-	-	Y	-	-	Y	-	Y	-	-	-	-	Y	-	-			
Webber Pharmacy	FXL95	Community	105 Headstone Road, Harrow	HA1 1PG	09:00-19:00 (Wed 09:00-18:00)	09:00-13:00	Closed	-	-	Y	-	-	Y	-	Y	Y	-	-	Y	-	-	-			
Wellcare Pharmacy	FH519	Community	2 Weald Lane, Harrow Weald	HA3 5ES	09:00-18:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	Y			
Wellcare Pharmacy	FKM10	Community	385 High Road, Harrow Weald	HA3 6EL	09:00-17:00	Closed	Closed	-	-	Y	-	-	Y	-	Y	Y	Y	-	Y	-	-	-			

Abbreviations

ABPM – Ambulatory Blood Pressure Monitoring
AUR – Appliance Use Review
BAME – Black, Asian and Minority Ethnic
BMI – Body Mass Index
BSA – Business Services Authority
C-19 – COVID-19
CCG – Clinical Commissioning Group
CHD – Coronary Heart Disease
COPD – Chronic Obstructive Pulmonary Disease
CPCS – Community Pharmacist Consultation Service
CVD – Cardiovascular Disease
DAC – Dispensing Appliance Contractor
DHSC – Department of Health and Social Care
DMIRS – Digital Minor Illness Referral Service
DMS – Discharge Medicines Service
DSP – Distance-Selling Pharmacy
EHC – Emergency Hormonal Contraception
EoLC – End of Life Care
GLA – Greater London Authority
GP – General Practitioner
GPAC – GP Access Centre
HIV – Human Immunodeficiency Virus
HSDP – Harrow Strategic Development Partnership
HWB – Health and Wellbeing Board
ICS – Integrated Care System
IMD – Index of Multiple Deprivation
JSNA – Joint Strategic Needs Assessment
LA – Local Authority
LASA – Look Alike Sound Alike
LBH – London Borough of Harrow
LCS – Locally Commissioned Services

LFT – Lateral Flow Test
LPC – Local Pharmaceutical Committee
LPS – Local Pharmaceutical Service
LSOA – Lower Super Output Areas
LTP – Long Term Plan
MUR – Medicines Use Review
MYE – Mid-Year Population Estimate
NHS – National Health Service
NHSE&I – NHS England and NHS Improvement
NICE – National Institute for Health and Care Excellence
NMS – New Medicine Service
NUMSAS – NHS Urgent Medicine Supply Advanced Service
NWL – North West London
OHID – Office for Health Improvement and Disparities
ONS – Office for National Statistics
PhAS – Pharmacy Access Scheme
PCN – Primary Care Network
PCT – Primary Care Trust
PHE – Public Health England
PNA – Pharmaceutical Needs Assessment
POCT – Point of Care Testing
PQS – Pharmacy Quality Scheme
PSNC – Pharmaceutical Services Negotiating Committee
PWID – People Who Inject Drugs
SAC – Stoma Appliance Customisation
SAR – Standardised Admission Ratio
TB – Tuberculosis
WDP – Westminster Drug Project