

Pharmaceutical Needs Assessment

February 2015

Made in accordance with the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)

Pharmaceutical Needs Assessment

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1. Background

1.1 Why a PNA is needed

- The provision of NHS Pharmaceutical Services is a controlled market. Any pharmacist, dispensing appliance contractor or dispensing doctor (rural areas only), who wishes to provide NHS Pharmaceutical services, must apply to be on the Pharmaceutical List. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013¹ (and amendments) set out the system for market entry.
- Under these Regulations, Health and Wellbeing Boards (HWBs) are responsible for publishing a Pharmaceutical Needs Assessment (PNA). Box 1 summarises the duties of a HWB in relation to PNAs.
- A PNA sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population. Box 2 summarises the information which the PNA must contain and the matters which must be taken into account when making the assessment.
- The PNA is subsequently used by NHS England to consider applications to open a new pharmacy; or to move an existing pharmacy; and when commissioning services. It may also act as a reference source for existing NHS pharmaceutical services contractors who may wish to change the services they provide and/or by potential new entrants to the market.
- In undertaking our assessment, we have recognised that our community pharmacies have a key role to play in helping us to develop and deliver the best possible pharmaceutical services. In this respect, the PNA will be used by Harrow Borough Council, NHS Harrow Clinical Commissioning Group and by other local partners, in the development of commissioning strategies.
- This document has been prepared by Harrow's HWB, in accordance with the Regulations. It replaces the PNA published by the former Harrow Primary Care Trust.

Box 1 - Duties of the HWB

1. **Publish** its first PNA by 1 April 2015.
2. **Maintain** the PNA, in response to changes in the availability of pharmaceutical services. This is either through revising the PNA or, where this is thought to be disproportionate, through the issue of a supplementary statement setting out the change(s). A map of provision must be kept up to date. A new PNA must be published every 3 years.
The HWB must make the PNA, and any supplementary statements, available to NHS England and neighbouring HWBs.
3. **Respond to consultations**, by a neighbouring HWB, on a draft of their PNA. In doing so, the HWB must consult with the Local Pharmaceutical Committee (LPC) and the Local Medical Committee (LMC) for its area and have due regard to their representations.

Box 2 – Requirements for the PNA

The **matters** which the HWB must consider are:

- The demography and health needs of the population.
- Whether or not there is reasonable choice in the area.
- Different needs of different localities.
- The needs of those who share a protected characteristic².
- The extent to which the need for pharmaceutical services are affected by:
 - Pharmaceutical services outside the area.
 - Other NHS services.

Schedule 1 of the Regulations¹ set out the **information** the PNA must include:

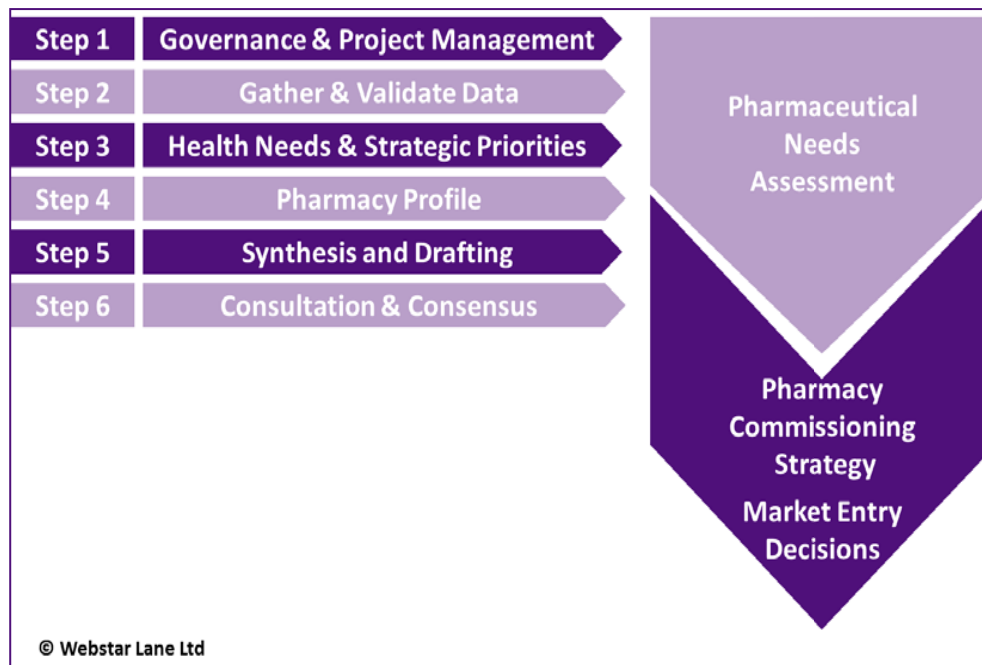
- A statement of the following:
 - Services which are considered to be **necessary** to meet a pharmaceutical need; and other **relevant** services which have secured improvements in, or better access to pharmaceutical services; making reference to current provision and any current or future gaps.
 - How other services may impact upon pharmaceutical services.
- A map identifying where pharmaceutical services are provided.
- An explanation of how the assessment was carried out including:
 - How the localities were determined.
 - How different needs of different localities, and the needs of those with protected characteristics², have been taken into account.
 - Whether further provision of pharmaceutical services would secure improvements or better access (taking into account both pharmaceutical and other NHS services inside and outside of the area).
 - Likely future pharmaceutical needs.
 - A report on the consultation.

1. Background

1.2 Methodology

Overview

- The Harrow PNA has been developed using a structured approach. The scope for the assessment is set out on the next page.
- The diagram below provides a high level overview of the process adopted; and the table on the right hand side summarises the key activities which were carried out at each stage.
- Throughout the process, the views of stakeholders were captured and used to inform the assessment and conclusions set out in our PNA.
- The formal statutory consultation was then used to test and challenge our assessment and conclusions prior to producing the final PNA for approval by the HWB and publication.



	Activity
Step 1 Governance & Project management	<ul style="list-style-type: none"> • A Steering Group was established to oversee and drive the development of the PNA. Terms of Reference are attached in Appendix A. • Webstar Lane Ltd was appointed to provide subject matter expertise and project management support.
Step 2 Gather and validate data	<ul style="list-style-type: none"> • Information and data was requested from managers and commissioners within Harrow LA, NHS England and Harrow CCG. • A questionnaire was designed and disseminated to community pharmacies to verify current service provision and to secure insights into other aspects of service delivery. A copy is attached in Appendix B. • The data from the questionnaire was used to identify and address anomalies with the data supplied by service commissioners to produce an accurate dataset.
Step 3 Health Needs & strategic priorities	<ul style="list-style-type: none"> • A desktop review of the JSNA and key strategies was undertaken. • This was supplemented by meetings with public health managers, service commissioners and other key personnel to inform current and future priorities for pharmaceutical services.
Step 4 Pharmacy profile	<ul style="list-style-type: none"> • The current profile of pharmaceutical services, was documented on a service by service basis. • This was supplemented with a benchmarking exercise using our CIPFA comparators (where data was available).
Step 5 Synthesis & assessment	<ul style="list-style-type: none"> • Emerging themes were drawn together and presented to the PNA Steering Group for discussion and decision. • Pre-determined principles were used to underpin the decision making process.
Step 6 Formal consultation	<ul style="list-style-type: none"> • A formal consultation was undertaken between 5 December 2014 & midnight on 6 February 2015 in accordance with the Regulations. • Comments were collated and presented to the Steering Group for discussion and decision. • The consultation report is attached in Section 4

1. Background

1.3 Scope

Contractors included on the Pharmaceutical List for Harrow – Refer to Page 24 for further details

Pharmacy Contractors <i>Community pharmacists; National contract</i> 62 pharmacies	Dispensing Appliance Contractors <i>Provide appliances but not medicines</i> None	Local Pharmaceutical Services Contractors Local contract, commissioned by NHSE None	Dispensing Doctors None
Pharmaceutical Services		Other services commissioned from Pharmacies	
<p>Community pharmacists provide:</p> <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing (includes electronic prescription services) and actions associated with dispensing ○ Repeatable dispensing ○ Disposal of unwanted medicines ○ Promotion of healthy lifestyles: <ul style="list-style-type: none"> ▪ Prescription linked interventions ▪ Public health campaigns ○ Signposting / Support for self-care • Advanced Services <ul style="list-style-type: none"> ○ Medicines use reviews (MURs) and Prescription Intervention Service ○ New Medicines Service (NMS) ○ Stoma Appliance Customisation Services (SACS) ○ Appliance Use Reviews (AURs) • Enhanced Services <ul style="list-style-type: none"> ○ London Pharmacy Vaccination Service ○ Out of Hours Rota for Controlled Drugs ○ Bank Holiday Rota Service ○ Pharmacy Urgent Repeat Medication 		<p>Services Commissioned by Public Health</p> <ul style="list-style-type: none"> • Emergency Hormonal Contraception • Stop Smoking • Supervised Consumption • Needle & Syringe Programme • Identification and Brief Advice on Alcohol 	
<p>Dispensing Appliance Contractors provide</p> <ul style="list-style-type: none"> • Essential Services <ul style="list-style-type: none"> ○ Dispensing and actions associated with dispensing appliances ○ Repeatable dispensing ○ Electronic prescription services ○ Home delivery for specified appliances ○ Provision of supplementary items (e.g. disposable wipes) • Advanced Services <ul style="list-style-type: none"> ○ Stoma Appliance Customisation Services (SACS) ○ Appliance Use Reviews (AURs) 		<p>Services commissioned by NHS Harrow CCG - None</p>	
		<p>Services commissioned by NHS Trusts or Foundation Trusts - None</p>	
		<p>Other services which affect the need for Pharmaceutical Services</p>	
		<ul style="list-style-type: none"> • London North West Healthcare (LNWH) NHS Foundation Trust includes: <ul style="list-style-type: none"> ○ Northwick Park & St Marks Hospital (Acute Hospital, A&E and Urgent Care Centre) ○ Community health services • Other unscheduled care providers including: <ul style="list-style-type: none"> ○ Walk-In Centres at Alexandra Avenue, Pinn Medical Centre & Edgware Community Hospital ○ Harrow GP out of hours service (provided by Care UK) • Central North West London (CNWL) NHS Trust (mental health services) • Compass Harrow – Integrated Drug & Alcohol Service • Sexual Health & GUM Services • Care Homes 	
		<p>The following services have been excluded from the scope of this PNA because they do not fall within the Regulations and do not impact market entry decisions:</p> <ul style="list-style-type: none"> • Non-NHS services provided by community pharmacies (refer to Appendix C) • The pharmacy services provided the LNWH & CNWL NHS FTs 	

2. Local Context

2.1 The Place

- The London Borough of Harrow is based in north-west London.
- The resident population is 242,377 (mid year estimates, 2012).
- Harrow is approximately 20 square miles in size.
- It is the 12th largest London Borough in terms of area but is ranked 22nd in terms of the population size.
- Harrow comprises of 21 wards and is considered a borough of "contrasts", with high levels of affluence in areas such as Harrow-on-the-Hill, Pinner and Stanmore; whereas high levels of deprivation are found in Wealdstone. Save the Children reported in 2011 that over 7,000 children are living in poverty in the Borough.
- Harrow borders with several other HWB areas:
 - Hertfordshire (to the North)
 - Hillingdon (to the West)
 - Ealing (to the South)
 - Brent (to the South East)
 - Barnet (to the East)
- Our assessment has taken into account pharmaceutical services provided in these neighbouring HWB areas.
- For benchmarking, we have used the Chartered Institute for Public Finance & Accountability (CIPFA) statistically comparable authorities. The comparators (see below) include all but one of our neighbouring HWB areas as well as other London Boroughs.



CIPFA Statistically Comparable Authorities

Barnet	Brent	Bromley	Bexley
Ealing	Enfield	Havering	Hillingdon
Hounslow	Kingston upon Thames	Merton*	Redbridge
Sutton*	Richmond upon Thames	Wandsworth	

Benchmarking data only available in combined form as Sutton & Merton

2. Local Context

2.1 The Place (cont...)

- The PNA regulations require that the HWB divides its area into localities which are then used as a basis for structuring the assessment.
- For the purpose of our PNA, we have adopted a ward based locality structure that divides the Borough into five locality areas.
- The rationale for adopting this locality structure may be summarised as follows:
 - The locality structure is consistent with that used by Harrow Council for the planning of adult and children services; and housing.
 - The structure reflects the resident population (as opposed to the GP registered population) of Harrow and is co-terminus with wards.
 - The localities are characterised by trends towards similar demographics:
 - The Central locality has higher levels of deprivation, whereas the localities in the North tend to be more affluent.
 - The localities in the South (particularly the SE) and the Central locality are more densely populated than those in the North.
 - The localities in the North, have an older population; whereas the SE and Central localities have a higher proportion of people who are working age; and the SW locality has more young people and children.
 - The structure facilitates us to better assess the impact of projected population changes, including those which may arise as a result of housing and commercial developments within our Borough; as well as those in the neighbouring Borough of Barnet.
- It should be noted that whilst the localities will form the basis of our PNA, we may also make reference to wards as a means of pin pointing specific issues within the localities; or where locality level information is not available. This is particularly the case where we identify extremes with respect to diversity, health needs and/or service provision.

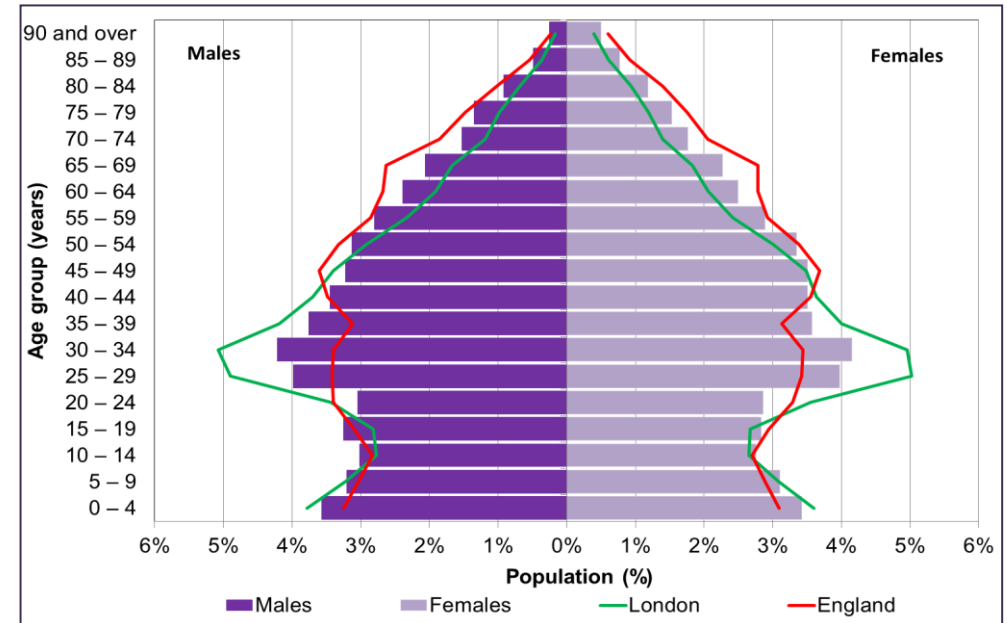
Locality	Ward(s)
Central	<ul style="list-style-type: none"> • Greenhill • Headstone South • Kenton West • Marlborough • Wealdstone
Northeast (NE)	<ul style="list-style-type: none"> • Canons • Harrow Weald • Stanmore Park
Northwest (NW)	<ul style="list-style-type: none"> • Hatch End • Headstone North • Pinner • Pinner South
Southeast (SE)	<ul style="list-style-type: none"> • Belmont • Edgware • Kenton East • Queensbury
Southwest (SW)	<ul style="list-style-type: none"> • Harrow on the Hill • Rayners Lane • Roxbourne • Roxeth • West Harrow

2. Local Context

2.2 Demography

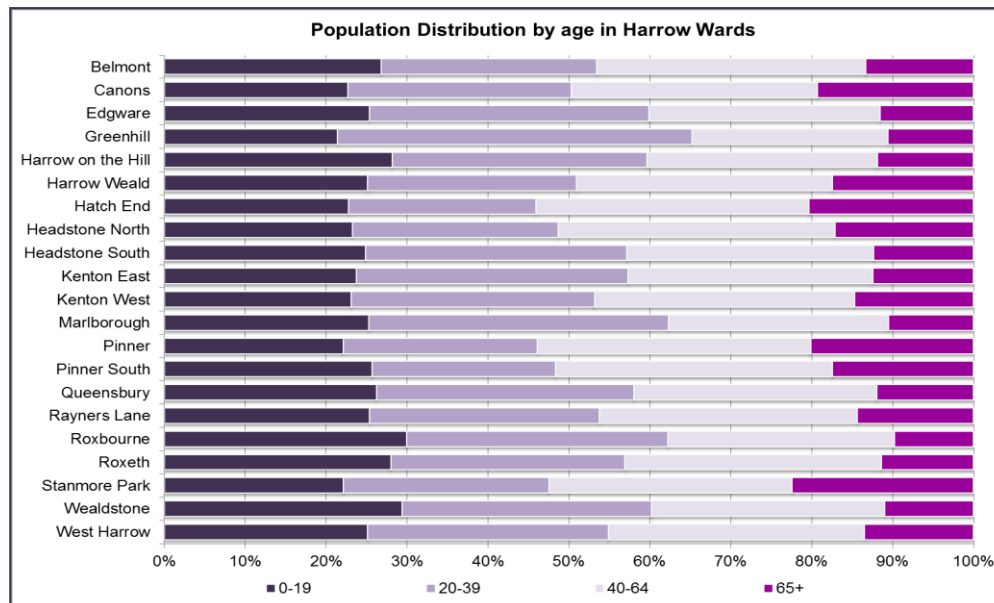
Population

- Harrow has a resident population 242,377 (ONS mid year estimates, 2012).
- The population pyramid (on the right) demonstrates:
 - A gender split of males 49.6% to females 50.4%.
 - Approximately 14% of the population is aged 65+.
 - 60% are of working age and fall within the age range of 20 – 64 years.
 - Just over 25% are aged 0-19%.
- The age distribution graph (below) shows how age varies across wards:
 - The wards within the two Northern localities have a higher proportion of people aged 65+ than the Southern and Central localities.
 - The wards in the two Southern localities (particularly the South West) have higher proportions of children and young people aged 0-19.
 - The Central and South East localities have wards with higher proportions of people of working age i.e. those aged 20 – 64 years.
- The population is projected to increase over the next 10-15 years, particularly amongst the 0-15 age group and those aged 65+.



What this means for the PNA

- The age of a person has an impact upon how and when they may need to use pharmaceutical services. This is summarised in Appendix D – “Pharmaceutical Needs Across the Lifecourse”.
- A survey of the population in England³ showed that the people more likely to visit a pharmacy once a month or more are: older people, children, women aged 55 years and over and those with a long-term condition. Conversely men, younger adults and people in employment are less likely to visit a pharmacy once a month or more.
- Harrow has a relatively young population and it is important that pharmacies maximise opportunities to target health promotion and public health interventions in order to improve health and prevent or delay the onset of disease and long term conditions. Similarly, it is important that services are responsive to, and meet the needs of, the over 65s.
- The growing population has implications for future demand for all services, including pharmacy services. Our assessment will consider the capacity of the existing pharmacy network to meet this demand.



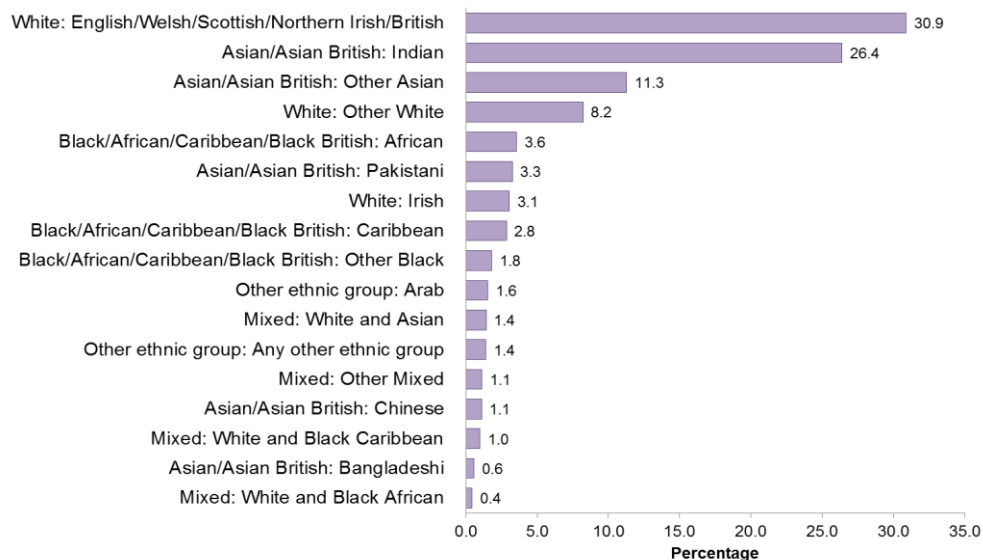
2. Local Context

2.2 Demography (cont...)

Ethnicity

- Harrow has an ethnically diverse population:
 - Just over 42% people are white (this is below the London average of 59.8%).
 - Almost 51% come from Black, Asian or Minority Ethnic communities; with the Asian communities accounting for the largest proportion of this group (42% across all Asian groups).
- The population of all ethnic groups, with the exception of the white ethnic groups, is expected to increase in the coming 10 years.
- The diversity seen within Harrow is reflected within the languages spoken:
 - Less than half the children at Harrow schools speak English as a first language (44.87%) as at January 2011.
 - After English, the most common languages spoken are Gujarati, Tamil, Somali, Urdu, Arabic and Polish.
 - The number of people who speak Middle Eastern and Eastern European languages (particularly Romanian) are increasing yearly.

Distribution of the population in ethnic minority groups, 2011 ONS



Language	No. Pharmacies	Percentage	Other languages spoken (<5% pharmacies)
Gujarati	50	85%	Italian Telugu Polish Sri Lankan Singhalese French Arabic Spanish
Hindi	47	80%	
Urdu	26	44%	
Swahili	20	34%	
Punjabi	16	27%	
Tamil	11	19%	
French	4	7%	
German	3	5%	

What this means for the PNA

- There is a correlation between health inequalities and the levels of diversity within the population. For example, BAME communities are exposed to a range of health challenges from low birth weight and infant mortality through to higher incidence of long term conditions such as diabetes and cardiovascular disease.
- It is essential that pharmaceutical services meet the specific needs of all communities within Harrow, as well as providing a broad and appropriate range of services to the general population.
- The diversity of spoken languages potentially presents a challenge for the effective communication of medication related information; and health promotion and lifestyle advice.
- A significant number of staff within our pharmacies speak languages other than English, and there is reasonable alignment with the most common languages spoken in Harrow. Where possible we will take opportunities to signpost patients to pharmacies where their first language is spoken with a view to improving access to pharmaceutical and health promotion advice.

2. Local Context

2.2 Demography (cont...)

Deprivation

- In 2010, Harrow was ranked 203 out of the 354 districts in England, on the index of multiple deprivation (IMD).
- Harrow has a mixed picture with respect to deprivation and affluence. This contributes towards health inequalities and differences in life expectancy:
 - Stanmore Park (North East locality), Hatch End (North West locality) and Roxbourne (South West locality) all have LSOAs which fall within the 20% most deprived in England.
 - 23 of Harrow's LSOAs are in the least deprived 20% in England; 8 of these, all of which are located in the North West locality, are in the least deprived 10%.
- Within Harrow, the 5 wards which are ranked highest on the IMD are: Wealdstone, Roxbourne, Marlborough, Greenhill and Harrow Weald.

Life Expectancy

- Life expectancy is a measure of how long a person, born into an area, would be expected to live by reference to current observed rates of mortality. In Harrow, average life expectancy (2010-12 data) for:
 - Women is: 84.6 years compared with 83.0 for England
 - Men is: 81.2 years compared with 79.2 for England
- The gap in life expectancy, between the best and worst, helps to illustrate how inequalities affect the population differently:
 - Life expectancy is 8.1 years lower for men and 4.2 years lower for women in the most deprived areas of Harrow (compared with the least deprived).
 - Women in Pinner South can expect to live more than 10 years longer than women in Wealdstone.
 - Men in West Harrow can expect to live for 5.5 years longer than men in Greenhill ward.
- Almost 80% of deaths, in Harrow, are from three causes and these are the most common reasons for the life expectancy gap:
 - Circulatory disease (mostly heart disease and stroke).
 - Cancer (breast, lung, prostate and bowel cancers being the most common).
 - Respiratory disease (mostly COPD and pneumonia).

Religion

- Harrow is the most religiously diverse local authority area in the UK
- The 2011 census provides an overview of religions practiced within the Borough:
 - Christianity (37.3%)
 - Hinduism (25.3%)
 - Islam (12.5%)
 - Judaism (4.4%)

What this means for the PNA

- There is a correlation between deprivation, higher incidence of long term conditions, earlier onset of disease and lifestyle-related health inequalities. This has a negative impact upon health outcomes and contributes towards health inequalities.
- Access to community pharmacies within deprived communities is important in supporting the population to adopt healthy lifestyles and to address their health needs, as well as facilitating the self-management of those with long term conditions.
- The PNA will need to take into account of whether the services provided by pharmacies are available to the most deprived communities and whether there is sufficient capacity to meet health needs.
- With respect to religion, pharmaceutical services need to ensure that advice on medicines and medicines-related issues are tailored to meet the needs of specific religious beliefs. For example, residents may seek advice on:
 - Whether or not a particular medicinal product includes ingredients which are derived from animals.
 - Taking medicines during periods of fasting e.g. Ramadan.

2.3 Health Needs

2.3.1 Lifestyle

Lifestyle has a significant impact upon the health and outcomes of an individual. Within Harrow, the lifestyle factors and behaviours which are a cause for concern include:

Smoking

- 12.8% of adults (aged 18 years and over) smoke. This prevalence rate is significantly lower than the London and England averages (17.9% and 18.4% respectively)
- Smoking rates are decreasing in all groups apart from young women; and the routine and manual group. Smoking prevalence rates for the latter are 17.6%.
- Harrow benchmarks poorly against both England and London for the rate of quitters per 100,000 smokers.

Poor diet

- 20% adults are obese:
 - This is the fourth highest level in North West London, but this is lower than the rest of England (24%).
 - The rate of obesity varies between wards and 20% is likely to be an under-estimate particularly in Wealdstone, Roxbourne and Roxeth.
- 20.3% of year 6 pupils in Harrow were classed as obese:
 - This is lower than the London average (22.5%) but slightly higher than the England average (19.2%).
 - Rates were highest in West Harrow (22.2%) and lowest in Stanmore (14.6%).

Physical inactivity

- Harrow is in the bottom 25% of local authorities with respect to physical activity levels; it falls well below London and National figures.

Substance misuse

- Harrow's Opiate/Crack cocaine user (OCU) estimate is 855 based on 2010/11 data.
- Harrow's rate for OCU use per 1,000 of the population is 5.48 compared to 8.67 nationally.
- 16% of the drinking population are high risk drinkers in Harrow, this is the second highest rate in England after Hounslow.
- 33% of the drug treatment population also have alcohol misuse as an issue. This is higher than the national average of 21%. This highlights that for Harrow joint drug and alcohol use is a substantial issue.

Risky sexual behaviour

- Sexual health is influenced by a number of factors including sexual behaviour and attitudes.
- Unprotected sex can lead to poor sexual health and unplanned pregnancy; and there is generally a strong correlation between alcohol and poor sexual health outcomes.
- Rates of STIs are among the lowest in London but late diagnosis of HIV has a worse prognosis. Harrow has one of the lowest rates of early diagnosis in London.

In the pages which follow, we explore the health consequences of these lifestyle choices, together with a range of other diseases. ***The implications for the PNA are set out on pages 20 and 21***

2.3 Health Needs

2.3.1 The Health Consequences of Lifestyle Choices

Cardiovascular Disease and Stroke

- Cardiovascular disease (CVD) is the main cause of death in Harrow. The table on the right summarises mortality rates (2010/12).
- It is estimated that 80% of cases of CVD are preventable either through modification of lifestyle and/or the use of medication (e.g. to control blood pressure, reduce cholesterol, anti-coagulant or anti-platelet therapy, anti-diabetic medication etc).

Diabetes

- The percentage of QoF recorded cases of diabetes (in those age 17+) is 8.2% (2012) compared with 5.8 & 6% for London & England.
- It is associated with long-term complications including heart disease, stroke, blindness, amputation and chronic kidney disease.
- Modifiable risk factors for diabetes include being overweight or obese, smoking and inactivity.
- There is also a correlation with:
 - Deprivation: those living in the most deprived areas have a higher risk.
 - Ethnicity: the risk for people of South Asian origin is six times greater; and Black-African Caribbean origin is five times greater than for white people. There is a greater risk of long-term complications in these groups.

Cancer

- The table on the right summarises cancer mortality rates.
- It is of note that cancer screening rates are lower than the England average, and currently the cervical and bowel cancer programmes do not meet national targets.

Chronic Respiratory Disease

- The table summarises mortality rates associated respiratory disease.
- 'Preventable' deaths are lower (better) than the London and England averages; the standardised mortality rate for 'all deaths' is lower (better) higher than the London and England values.
- The mortality rate for COPD, for which smoking is the main cause, is better (lower) than the London and England values.

Hospital admissions

- The table on the right summarises the impact of smoking on hospital admissions.

Under 75 mortality rates from cardiovascular disease per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Harrow) (London; England)	100.9 (118.1; 114.0)	42.2 (51.1; 50.1)	70.4 (83.1; 81.1)
Preventable*- Harrow (London; England)	70.7 (79.3; 80.8)	23.2 (27.0; 27.6)	46.0 (52.0; 53.5)

Under 75 mortality rates from cancer per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Harrow) (London; England)	122.8 (158.6; 163.6)	105.3 (121.9; 130.8)	113.5 (139.1; 146.5)
Preventable* (Harrow) (London; England)	70.0 (91.4; 92.7)	60.2 (72.9; 77.9)	64.7 (81.5; 84.9)

Under 75 mortality rates from respiratory disease per 100,000 population

2010-12 data	Men	Women	Total
All Deaths (Harrow) (London; England)	31.9 (40.6; 39.6)	20.8 (25.4; 27.9)	26.1 (32.6; 33.5)
Preventable* (Harrow) (London; England)	-	-	8 (17.1; 17.6)
COPD (Harrow) (London; England)	-	-	26.1 (49.9; 50.1)

Smoking –Related Hospital Admissions –Total (2010-12)

No. of Admissions (Harrow); (London; England)	893 (1331; 1,420)
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- * Preventable deaths are those which could be avoided through public health interventions

2.3 Health Needs

2.3.2 The Health Consequences of Lifestyle Choices (cont...)

Substance Misuse

- The World Health Organisation (WHO) defines the misuse of drugs or alcohol as “the use of a substance for a purpose not consistent with legal or medical guidelines”. It may also be defined as “a pattern of substance use that increases the risk of harmful consequences for the user”.
- Substance misuse is associated with a range of adverse physical, mental health and/or social consequences.
- The table (on the right) summarises the number of hospital admissions which are attributable to substance misuse.

A. Drug Misuse

- Drug misuse is associated with a high risk of blood-borne viruses such as hepatitis C, hepatitis B and HIV. These infections may cause chronic poor health and can lead to serious disease and premature death.
- The Health Protection Agency (HPA) have estimated that in England (2013) of current or previous drug injectors:
 - 16% are Hepatitis B Positive
 - 53% are Hepatitis C positive
 - 1.2% are HIV positive

B. Alcohol misuse

- Drinking more than the recommended daily allowance, and particularly binge drinking (defined as at least twice the daily recommended amount of alcohol in a single drinking session i.e. 8+ units for men and 6+ units for women), has health consequences which include:
 - **Liver disease:** The under 75 mortality rate in 2010/12 was 19.8/100,000. This is statistically similar to the England average (18/100,000) and lower than the London average (18.9/100,000).
 - **Alcohol attributable mortality (2010):** This was 44.88 /100,000 for males and 23.72/100,000 for females. In both cases, this rate is statistically similar to both the London and England averages.

Sexual Health

- Sexually transmitted infections (STIs) and HIV can cause a range of illnesses which may lead to premature death:
 - In 2013, there were 1,607 acute STIs in Harrow.
 - The rate of STIs (including chlamydia) per 100,000 population was 663.0 for Harrow; this compares to 1,332.5 and 834.2 for London and England respectively (2013).
 - The rate of chlamydia diagnosis, in those aged 15-24 years, was 1,087 for Harrow; this compares to 2,719 and 2,016 for London and England respectively (2013).
 - In 2013, the gonorrhoea diagnosis rate (per 100,000) was 63.9; this is lower than London (155.4) and statistically higher than England (52.9).
 - 57.9% HIV is diagnosed at late stage (CD4 <350) in those aged 15+. This is statistically similar to both the London (44.9%) and England (48.3%) averages (2010-12 data).
- Unwanted pregnancy has a significant impact, particularly in young girls; and termination of pregnancy can have long term physical and psychological effects leading to health problems in the future:
 - In 2012, the total number of abortions in Harrow was 1,234; a rate of 24.1 per 1000 females which is high compared to abortion rates for London 22.4 and England 16.6.
 - Teenage pregnancy often leads to poor health and social outcomes for mother and baby. In 2012, the under 18s birth rate (per 1,000) in Harrow was 14.2 and was statistically lower than the London (25.9) and England (27.7) averages.

Hospital admissions (per 100,000 population)

Alcohol related (Harrow; 2012/13) (London; England)	462 (554; 637)
Substance misuse – 15 – 24 year olds (Harrow; 2010/11 – 12/13) (London; England)	36.8 (58.1; 75.2)

2.3 Health Needs

2.3.3 Other Considerations

Mental Health

- At least one in four people will experience a mental health problem at some point in their life.
- One in six adults has a mental health problem at any one time.
- Common mental health disorders include anxiety, depression, phobias, obsessive compulsive and panic disorders.
- In Harrow:
 - The prevalence of common mental health problems and neurotic disorders are lower than the England average; but they still affect around 190 and 150 people per 100,000 population respectively.
 - The prevalence of mental health has increased from 0.85% in 2006/07 to 0.95% in 2011/12.
 - A vast array of medication is available to treat various mental health disorders including anxiety, depression, schizophrenia etc. Adherence is often poor; this is partly a result of the conditions themselves but also a reflection of the unpleasant side effects of many of the medicines.

Older People

- The frequency of ill health rises with increasing age and older people account for a larger proportion of hospital activity.
- Older people are particularly vulnerable to:
 - **Depression:** Especially those living alone, those in care homes and those with physical illnesses and disabilities.
 - **Dementia:** Harrow is estimated to have almost 2,500 cases of dementia in people aged 65+; this is predicted to rise to 3,700 by 2030. Alzheimer's disease is the most common form of dementia.
 - **Cardiovascular disease and Diabetes**
 - **Falls:** In 2012/13, the rate (per 100,000) of older people, who sustained an injury due to a fall was:
 - 5,345 for those aged 80+; this was similar to the London average and lower than the England average.
 - 987 for those aged 65 - 79; this is similar to both the England and London averages.
- In Harrow, The biggest causes of A&E attendances in older people are urological conditions, falls and respiratory disease.

Care Homes

- With increasing numbers of frailer older people with long term conditions and complex requirements including palliative needs, care homes are providing care that historically has been provided by hospitals.
- As care is provided by generalists supported by specialists, it is recognised that specialism is required to meet the needs of the individual residents and the care homes.
- In Harrow, there are approximately 906 people living in Care Homes.
- Recommendations from the NICE "*Managing Medicines in Care Homes (SC1)*" that directly relate to Community Pharmacy include:
 - The ongoing supply and demand of medicines prescribed to patients.
 - Advice/support for patients' care plans; and to staff with regards to identifying & managing adverse effects due to medicines.
 - Support the disposal of medicines.
 - Support delivery of the local medicines pathways.
 - Advice/support to staff on the medication administration records for patients
 - Provide a key contact for queries, around medicines, for resident/family members when the patient is temporarily away from care home.
- Care Homes are an area of high medicine usage and there is an unmet pharmaceutical need with respect to medicines optimisation.
- Adopting a proactive approach to managing medicines in care homes is likely to make a contribution towards reducing unplanned admissions to hospital. There are also opportunities for community pharmacists and specialist clinical pharmacists within secondary care to work more closely together.

2.3 Health Needs

2.3.3 Other Considerations

Seasonal Influenza

- Seasonal influenza may cause severe illness and complications in vulnerable groups including:
 - Children aged under 6 months;
 - Older people
 - Pregnant women
 - Those with underlying disease especially chronic respiratory disease, cardiac disease and immunosuppression
- Seasonal influenza vaccine is recommended for people falling into these clinical groups.
- The Department of Health target for 2013/14 was 75% or higher for both the over 65 years and those aged under 65 who fall into 'risk' groups.
- In Harrow, seasonal influenza vaccination uptake in 2013/14 was:
 - 71.8% for the over 65s; this was better than the London rate (70%) but fell slightly short of the England rate (73.2%).
 - 53.3% of those aged 6 months to 64, in 'at risk' groups were vaccinated. This was better than rates for London and England (52.0% and 52.3%).

Childhood immunisation

- A priority is to achieve 'herd' immunity against infectious diseases (i.e. 95% of the eligible population immunised against the disease).
- Harrow generally performs well against national vaccination targets for childhood immunisations; and either exceeds or has similar immunisation coverage to the London and England averages.

Tuberculosis

- In 2013, Harrow had a TB rate of 61.1 per 100,000 population versus 36.3 per 100,000 population London-wide.
- TB rates in Harrow increased by 21% between 2010 and 2012.
- The majority of new cases were seen in people of Indian ethnicity and rates are also high among people from Somalia, Sri Lanka and Afghanistan. The most common age group is 20-39.
- Successful treatment requires adherence to a complex regimen of medication, over a minimum of 6 months.
- The London TB Metric states that at least 85% of patients should complete treatment within 1 year. In Harrow (2012), 88.6% completed treatment; this was better than the London and England average.

In the next section, we show how healthcare strategy (nationally and locally, within Harrow) sets out to tackle the lifestyle behaviours and health needs outlined in the preceding pages. ***The implications for the PNA are set out on pages 20 and 21***

2.4 Health Services Strategy

2.4.1 National Strategy

Overview

- Healthcare Strategy is set by a range of health and care organisations working in an integrated way:
 - **Public Health England** (PHE) is the national body responsible for improving and protecting the nation's health. PHE undertake and inform health protection, health improvement and health and social care commissioning. Locally, Directors of Public Health are responsible to the Secretary of State for Health for advising local authorities on the best ways to improve the health of the population.
 - **Local Authorities** (LAs) which have responsibility for public health and improving the health of the population.
 - **Health and Wellbeing Boards** (HWBs) which must be established by each LA. The HWB is responsible for overseeing the health and wellbeing needs of its local community and for developing a Joint Health and Wellbeing Strategy, which provides a framework to inform the commissioning of integrated and/or co-ordinated health, social care and public health services based on local need. Membership of the HWB includes local commissioners of health and social care, elected members of the LA and representatives from Healthwatch.
 - **NHS England** (NHSE) is the national body responsible for commissioning 'primary care services' from GPs, pharmacies, dentists and optometrists. In addition, it is responsible for commissioning healthcare services for prisons (and other custodial organisations), the armed forces and a range of specialised and highly specialised services.
 - **Clinical Commissioning Groups** (CCGs) commission the majority of NHS healthcare for their area. Core responsibilities include securing continuous improvements in the quality of services commissioned, reducing health inequalities, enabling choice, promoting patient involvement, securing integration and promoting innovation and research.
- Healthcare strategy influences both the need for pharmaceutical services and how pharmaceutical services are delivered. Therefore, in this section we set out high level strategic priorities together with the implications for the PNA.
- It should be noted that much of this strategy is evolving. Our assessment reflects emerging themes and priorities at the time the PNA was written.

NHS England

- NHS England's ambition, to ensure "High Quality Healthcare for all, Now and in the Future", is set out within "*Everyone Counts: Planning for Patients 2014/15 to 2018/19*". The document describes a five-year transformation programme. A nationwide consultation, "*A Call to Action*", was undertaken to secure commitment to the programme.
- Some of the key changes relevant to pharmaceutical services include:
 - Providing a broader range of services, from the wider primary care providers (including pharmacy), in order to improve access and support for patients with a moderate mental health or physical long term condition.
 - A more integrated system of community-based care focused on improving health outcomes which include:
 - Developing new models of primary care which provide holistic services, particularly for frail older people & those with complex needs;
 - A greater focus on preventing ill health;
 - Involving patients and carers, more fully, in managing their health;
 - The establishment of urgent and emergency care networks to improve access to the highest quality services in the most appropriate setting;
 - A move towards providing responsive and patient-centred services seven days a week. Initially the focus will be on urgent and emergency care coupled with pilots to improve access to GP services in the evenings and at weekends.

Five Year Forward View 2014

- This document sets out an emerging consensus on what needs to be done within the NHS and with partner organisations:
 - The most important action relates to prevention to tackle the rising burden of avoidable illness arising from obesity, smoking, alcohol etc;
 - Empowering patients and their carers to manage their own care;
 - Barriers preventing effective service integration need to be broken down.
- Care needs to be organised around the individuals with multiple health conditions and not based on single disease pathways.
- Specific references to pharmacy include:
 - Building the public's understanding that pharmacies and on-line resources can help deal with minor ailments (rather than going to a GP or A&E);
 - Employment of pharmacists by multi-speciality community providers;
 - Helping people get the right care, at the right time, in the right place making appropriate use of primary care, community mental health teams, urgent care centres, ambulance services, and community pharmacies.

2.4 Health Services Strategy

2.4.2 Local Strategies

Joint Health & Wellbeing Strategy (JHWS) for Harrow 2012-15

The JHWS sets out the strategic direction, and priorities, for partners to work together to improve health and wellbeing, reduce health inequalities and promote independence.

Ambition 1

- Maintain our position in the top ten highest life expectancies in England

Ambition 2

- To reduce the inequalities gap in life expectancy within Harrow

Ambition 3

- To have a high rate of self-reported wellbeing in adults

Ambition 4

- To have a high rate of self-reported wellbeing in children

Priority Areas that may be supported by Pharmacy

• Long Term Conditions (LTCs)

- Focuses on CVD, respiratory disease and diabetes

• Cancer

- Focuses on lung cancer and breast cancer both of which drive the health inequalities gap

• Mental Health and well-being

- Includes mental health promotion to reduce the incidence and impact of mental ill health

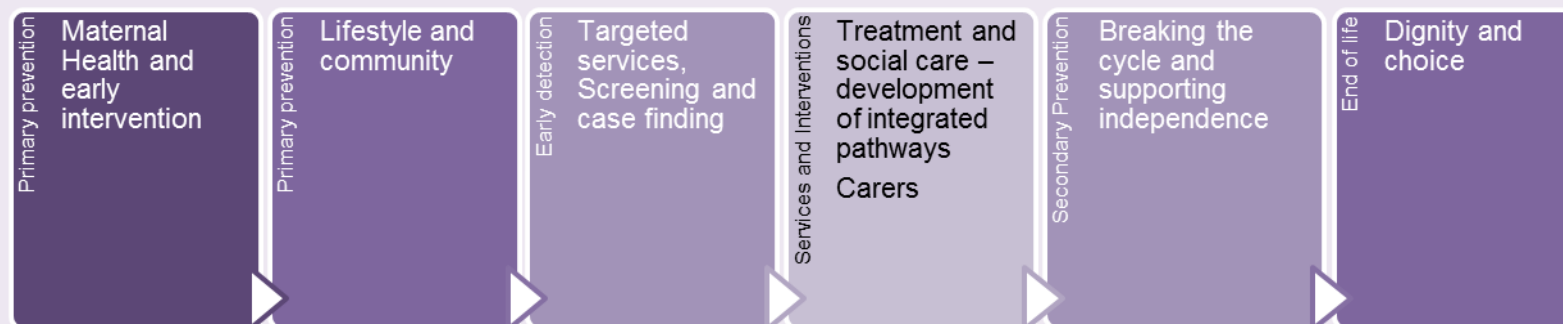
• Supporting parents and the community

- Aims to protect children and maximise life chances
- Focuses on early behaviours and strengthening the role for primary prevention

• Dementia

- Keeping physically and mentally active may prevent the onset of dementia

All of the priority areas share common risk factors e.g. smoking, diet, physical activity, alcohol and may be preventable through adopting healthy styles and through support to assist with modifying life style behaviours. The approach to delivering the JHWS is summarised below:



2.4 Health Services Strategy

2.4.2 Local Strategies (cont...)

CCG Strategy & Operating Plan 2014-16

NHS Harrow CCG's vision is to work in partnership to ensure that Harrow residents receive high quality, modern, sustainable, needs-led and cost effective care within the financial budgets available. The following service areas and priorities have been identified as those which are relevant to, or have implications for, community pharmacy. Within our PNA we will endeavour to demonstrate the contribution which community pharmacy may make to support delivery of the priorities and/or describe how community pharmacy may need to work differently.

Service Area	Priorities	Service Area	Priorities
<ul style="list-style-type: none"> Improving Quality, Patient Safety and Patient Experience Joint Commissioning with Harrow Council 	<ul style="list-style-type: none"> Placing the quality of patient care, especially patient safety, above all other aims Targeting services to give the greatest impact on outcomes Develop co-ordinated services 	<ul style="list-style-type: none"> Primary Care 	<ul style="list-style-type: none"> Improved access to primary care Develop GP networks and hubs to support out of hospital strategy and integrated care Support the development of primary care led out of care hospital services Possible open tender of phlebotomy, anti-coagulation and DMARD monitoring services
<ul style="list-style-type: none"> Integrated Care 	<ul style="list-style-type: none"> Pilot new models of Whole Systems Integrated Care (WSIC) Enhancing integrated care; includes care homes case management, "Home not hospital" services and telehealth 	<ul style="list-style-type: none"> Planned Care 	<ul style="list-style-type: none"> Implement up to 11 planned care pathways; including enhanced integration between primary and secondary care Integrated end of life pathway and service Develop respiratory pathway
<ul style="list-style-type: none"> Unscheduled Care 	<ul style="list-style-type: none"> NHS 111 and signposting service Re-direction to appropriate settings of care and developing alternative pathways Educate patients to access the appropriate care setting Develop locality based models to facilitate people accessing GP appointments effectively over an extended period Availability of diagnostics in the community Maximise use of prevention, admission avoidance and rehabilitation services 	<ul style="list-style-type: none"> Medicines Management 	<ul style="list-style-type: none"> Medicines optimisation, including support for older people cared for at home or in care homes Campaign to reduce waste medicines Targeted MURs and NMS Review of medicines in care homes and develop specifications for care home support Harrow Integrated Medicines Management Service
<ul style="list-style-type: none"> Adult Mental Health, Learning Disability and challenging behaviours 	<ul style="list-style-type: none"> Mental health strategy including shifting settings of care Dementia strategy Integrated care pathways 	<ul style="list-style-type: none"> Community Services 	<ul style="list-style-type: none"> Integrated nursing model between primary and community nursing to support management of people with long term conditions and reduce hospital admission

2.4 Health Services Strategy

2.4.2 Local Strategies (cont...)

Acute Reconfiguration

- NWL Shaping the Future agenda recommended the merger of Ealing Hospital NHS Trust & The North West London Hospitals NHS Trust.
- The merger, which has now taken place, aims to ensure locally accessible services are available 24/7 by building up primary and community capacity and reserving the acute hospital resources for those patients who really need them.
- A programme of reviewing clinical integration, joint working opportunities pre-merger and the development of a joint clinical strategy across key specialties is being undertaken. Six clinical teams have been established to consider emergency care, frail elderly care, vascular and diabetes services, orthopaedics, maternity and paediatrics.
- The merger will allow the new organisation to provide a greater range of specialist services; promote research & development; and deliver services in a financially sustainable manner within a five year period.

North West London (NWL) Whole Systems Integrated Care

- A NWL-wide initiative and one of 14 Pioneer projects designed to transform the way that health and social care services are provided.
- In Harrow, the approach is aimed at making life better for older people with at least one long term condition by providing more coordinated health and social care support.
- The focus is on the over 75s with one or more long term conditions and includes:
 - Focusing on self-care and user empowerment.
 - GPs identifying individuals using risk stratification.
 - Agreeing a care plan, based on needs and personal goals, with the patient.
 - Delivering personalised care.
 - Ensuring that all care professions work in an integrated way.
- The model of care is linked with the development and implementation of GP networks.

Prime Minister's Challenge Fund

- GPs in NWL successfully submitted a bid to the Prime Minister's Challenge Fund (PMCF).
- £5m was secured to improve access to GP surgeries during extended hours and at weekends.
- In Harrow, the intention is to move from 6 GP networks to a single GP network with a view to:
 - Providing a named co-ordinator for everyone with a care plan.
 - Providing longer GP appointments for people who need them.
- **Urgent Care**
 - Providing a timed appointment within 4 hours for patients with urgent care needs.
 - Ensuring patients with non-urgent needs are offered an appointment within 24 hours, or 48 hours with their own practice.
 - Making telephone advice and triage available 24/7 via 111.
- **Continuity of Care**
 - Ensuring all individuals who would benefit from a care plan will have one.
 - Providing a named co-ordinator for everyone with a care plan.
 - Providing longer GP appointments for people who need them.
- **Convenient care**
 - Providing access to general practice from 8am – 8pm on Monday to Friday; and 6 hours a day during the weekend.
 - Allowing people to access to a GP consultation at a time and manner convenient to the patient.
 - Online appointment booking and e-prescriptions available at all practices.
 - Giving patients online access to their own records.
 - Providing online access to self-management advice, support and service signposting.

2.5 Implications for the PNA

2.5.1 Overview

The Local Context - What this means for the PNA

Overview

- In considering the implications for the PNA, we have found it helpful to refer to the national picture.
- Pharmacy is the third largest healthcare profession, with a universally available and accessible community service. It is generally recognised that 99% of the population are within 20 minutes of a community pharmacy by car, and 96% by walking or public transport⁵.
- Every year in England, 438 million visits are made to a community pharmacy for health-related reasons⁶. This presents a considerable opportunity for pharmacy to make a real contribution towards improving the health and wellbeing of the population.
- The strengths of community pharmacy may be summarised as:

Medicines Expertise

- Medicines are the most common medical intervention. Non-adherence, to prescribed medicines, is a silent but significant challenge in managing long term conditions. It is estimated that between a third and half of all medicines prescribed for a long term condition are not taken as recommended⁶. The impact is to deny patients the benefits of taking their medicine and this represents a loss to patients, the healthcare system and society as a whole.
- Community pharmacists provide support to help patients take their medicines in the way intended by the prescriber⁷. As such, they have a central role to play in the management of long term conditions.

Provider of public health services

- Pharmacy is increasingly becoming a provider of public health services e.g. health promotion, lifestyle advice and a range of other preventive services. This is a reflection of its location within communities, accessibility, extended opening hours and the opportunistic nature of its contact with the public.

On the next page, we:

- Explore the role of community pharmacy in relation to tackling lifestyle behaviours, improving health and wellbeing and supporting the delivery of the strategic priorities described in this section of the PNA.
- Set out the factors which our assessment will need to take into account in relation to the provision of pharmaceutical and other locally commissioned services.
- Appendix D – provides an overview of pharmaceutical need across the lifecourse and has been used to inform our thinking particularly in relation to future pharmaceutical services.

2.5 Implications for the PNA

2.5.2 Systematic review

The Local Context - What this means for the PNA (continued)

Dispensing Services

- The provision of dispensing services ensure that people can obtain the medicines they need.
- Our PNA will explore both the accessibility and future capacity of dispensing services.

Health Promotion & Brief Advice

- The high number of people using pharmacies is a real opportunity to *“Make every Contact Count”*⁸.
- Future campaigns should focus on modifying lifestyle behaviours with a view to supporting prevention of CVD, diabetes and respiratory disease; and improving health in those with mental illness.

Signposting

- Pharmacies need to be equipped to facilitate signposting of patients to other health and social care services e.g. drug & alcohol services, sexual health services, specialist stop smoking services etc.

Medicines Use Reviews (MURs) & New Medicines Service (NMS)

- Medicines play a critical part in preventing illness and improving outcomes for people with LTCs.
- MURs and/or NMS reviews play a pivotal role in helping people to take their medicines as prescribed, in identifying adverse effects and potentially reducing unplanned admissions and re-admissions to hospital.
- Targeting reviews to specific groups e.g. those with diabetes, history or risk of CVD or stroke, asthma, COPD and those with a mental health disorder, will support achievement of local strategic priorities in terms of improving outcomes and helping to reduce medicines waste.
- Integrating community pharmacy more closely into new GP networks and new models of care would facilitate delivery of seamless care.

Pharmacy-based immunisation

- The pan-London commissioning of the Influenza and pneumococcal vaccination improves access for Harrow residents and contributes towards achieving ‘vaccination targets’ and herd immunity’.

Stop Smoking

- Pharmacy based stop smoking services have been shown to be effective and cost effective, and NRT to support a quit may be supplied to clients at the point of consultation.
- Smoking prevalence varies across Harrow; and it is important that services are tailored accordingly.

Substance Misuse

- Supervised consumption and needle & syringe services help to address the consequences of substance misuse including blood borne infections, & reducing drug related crime
- Alcohol Identification and Brief Advice plays a role in reducing the consequences of alcohol misuse.
- It is important that pharmacy based services reflect the different needs of the populations in relation to substance misuse.

Emergency Hormonal Contraception (EHC)

- In Harrow, community pharmacy improves access to EHC.
- Some women prefer to use town centre pharmacies as these offer a sense of anonymity when compared to more ‘local’ pharmacies. This will be taken into account when considering accessibility and provision of the service.
- In some areas, community pharmacy provide integrated sexual health services including chlamydia screening and treatment, pregnancy testing, free condoms and oral contraception.

Pharmacy-First Minor Ailments Schemes (MAS)

- In many areas, pharmacies provide valuable advice and support for people with self limiting conditions who would otherwise visit their GP or another unscheduled care provider.
- A MAS in Harrow would support delivery of local unscheduled care priorities to develop alternative pathways and re-direction to appropriate settings of care. It would potentially free up GP surgery capacity which would facilitate improving access to primary care, as part of the PMCF initiative.

Self and Personalised care

- The accessibility of community pharmacy, coupled with the role it plays in dispensing and medicines optimisation, places it in an ideal position to support the self care agenda for people with LTCs.
- There is a need to consider how community pharmacy support may be built into personalised care plans.

Screening, Diagnostics and Case Finding

- Pharmacies potentially have a role to play in identifying unmet need (e.g. undiagnosed diabetes & hypertension).
- In some areas pharmacies successfully support delivery of the NHS Health Check programme.
- Some pharmacies offer screening as a non-NHS service.

Monitoring

- Pharmacy potentially has a role in monitoring medication e.g. anti-coagulants, blood pressure checks etc.

3. The Assessment

3.1 Introduction and approach

Overview

- This section sets out the current provision of pharmaceutical services and other locally commissioned services within Harrow.
- In making this assessment, we have taken into account a variety of data sources (refer to box below) and have determined broad principles to underpin our decisions in relation to:
 - Determining whether or not a service is **necessary** (i.e. required) to meet a pharmaceutical need or **relevant** because it has **secured improvements or better access to pharmaceutical services**. Refer to table on the right hand side.
 - Determining whether or not there is sufficient choice with respect to obtaining pharmaceutical services. Refer to the box below (on the right).
- We have also considered the impact of a range of other factors, on the need for pharmaceutical services, including:
 - Services provided outside of the HWB area.
 - NHS Services provided by other NHS Trusts.
 - Specific circumstances which influence future needs including projected changes in population size, demography, health needs, future plans for commissioning or service delivery and other local plans.

Data Sources

- Pharmacy data from the Health & Social Care Information Centre (2012/13).
- Data and information collected or held by NHS England and Harrow Council in relation to the planning, commissioning and delivery of pharmaceutical services and other locally commissioned services.
- The findings from the community pharmacy questionnaire which was issued to pharmacies in June 2014. A 96.8% response rate was achieved.
- The views of stakeholders within our partner organisations.
- The Joint Strategic Needs Assessment (JSNA), national and local healthcare strategy; and other relevant strategies.

Factor	Principle(s) for Determining "Necessary" Services
Who can provide the service?	<ul style="list-style-type: none"> • Where a given service may only be delivered by a person on the pharmaceutical list (e.g. dispensing) it was more likely to be determined as necessary.
Health needs & benefits	<ul style="list-style-type: none"> • Where there is a clear local health need for a given service, it was more likely to be determined as necessary.
Published Evidence	<ul style="list-style-type: none"> • Where there is strong evidence to support delivery of a service (including improved outcomes) through pharmacy it was more likely to be determined as necessary.
Performance	<ul style="list-style-type: none"> • Where a service is delivered by a range of providers, if pharmacy performs well compared with other providers, the service was more likely to be determined as necessary.
Accessibility	<ul style="list-style-type: none"> • Where a service is provided by a range of providers, but pharmacy offers benefits in terms of accessibility (e.g. extended opening hours; weekend access etc) then it was more likely to be determined as necessary.

Choice

- For patients, choice is a mechanism to drive up the quality of services and improve patient satisfaction. For the overall health system, choice is a mechanism to encourage more appropriate and cost effective use of available services.
- The factors which have been taken into account, when considering whether or not there is sufficient choice in Harrow are the:
 - Current level of access to NHS pharmaceutical services in the area.
 - Extent to which existing services already offer a choice.
 - Extent to which choice may be improved through the availability of additional providers or additional facilities.
 - Extent to which current service provision adequately responds to the changing needs of the community it serves.
 - Need for specialist or other services which would improve the provision of, or access to services for vulnerable people or specific populations.

3.2 Pharmaceutical Services

3.2.1 Essential Services

Overview

- All community pharmacies and Dispensing Appliance Contractors (DACs) are expected to provide essential services, as set out in the 2013 Regulations, although the scope of services for pharmacies and DACs is different.
- The table, on the right, provides a brief overview of the full range of essential services provided by community pharmacies. In addition, pharmacies must comply with clinical governance requirements. These are summarised in the table below.
- DACs are required to provide dispensing, repeatable dispensing and electronic prescription services for appliances; supply supplementary items e.g. disposable wipes; and offer home delivery for specified appliances.
- Essential services are fundamental to enable patients to obtain prescribed medicines in a safe and reliable manner. Whilst dispensing NHS (FP10) prescriptions forms the primary basis of this evaluation, we also assess other elements including health promotion, sign-posting and support for self care throughout our PNA.
- As dispensing is a core requirement for all contractors it will be used to explore key service fundamentals including: the distribution of pharmacies, access and future capacity.

Clinical Governance

Use of standard operating procedures	Commitment to staff training, management and appraisals
Demonstrate evidence of pharmacist Continuing Professional Development	Compliance with Health and Safety and the Equality Act 2010
Operate a complaints procedure	Significant event analysis
Patient safety & incident reporting	Patient satisfaction surveys
Clinical audit	

Essential Services provided by Community Pharmacies

Dispensing and actions associated with dispensing

- Supply of medicines or appliances.
- Advice given to the patient about the medicines being dispensed and possible interactions with other medicines.
- Recording of all medicines dispensed, advice provided, referrals and interventions made using a Patient Medication Record (PMR).
- Electronic prescription services (EPS) allow the prescriber to electronically transmit a prescription to a patient's chosen pharmacy for dispensing. The system is more efficient than the paper based system and potentially reduces errors.

Repeat dispensing

- Allows patients, who have been issued with a repeatable prescription to collect repeat medication, for up to a year, from their pharmacy without having to request a new prescription from their GP.
- The pharmacist must ascertain the patient's need for a repeat supply of a particular medicine before each dispensing and communicate significant issues to the prescriber with suggestions on medication changes as appropriate.

Disposal of unwanted medicines

- Pharmacies act as collection points for unwanted medicines.

Signposting, Healthy Lifestyles & Public Health Campaigns

- Opportunistic advice, information and signposting around lifestyle and public health issues.
- NHS England sets the health promotion campaigns although HWBs may have the discretion to run alternative campaigns in the future.

Support for self-care

- Provision of advice and support to enable patients to derive maximum benefit from caring for themselves or their families.
- This may include self-limiting conditions as well as long term conditions.

3.2.1 Essential Services

3.2.1.1 Distribution

Overview

- Harrow has 62 community pharmacies all of which provide pharmaceutical services under the national contract, noting that:
 - There are three “100 Hour” pharmacies.
 - There are three Distance Selling (Internet) Pharmacies; Such pharmacies may not provide essential services to any person who is present, or in the vicinity of the pharmacy.
 - No pharmacies hold a local pharmaceutical services contract.
- There are no dispensing appliance contractors or dispensing doctors.

Number of pharmacies

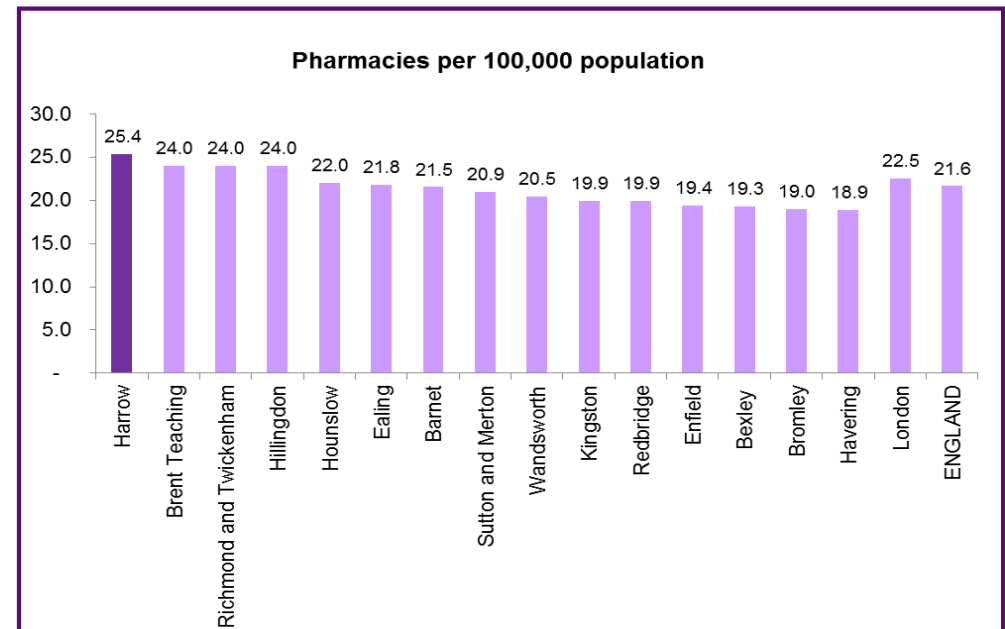
- The graph (on the right) sets the provision of pharmacy services within Harrow into context using our CIPFA comparators, together with the London and England average.
- The data demonstrate that Harrow has more pharmacies per 100,000 population than all our comparators.

Distribution of Pharmacies

- The table (next page) and **Maps 1 & 2** (subsequent pages) provide an overview of the distribution of pharmacies:
 - All areas of Harrow are within 1 mile of a pharmacy.
 - There is a choice of pharmacy in all localities, and also in most wards.
 - Whilst West Harrow has no pharmacies, residents have a choice of pharmacy in neighbouring wards.
 - There are several pharmacies, outside of our area, which are accessible to our residents who live close to the borders (those within a 0.5 mile radius of the Harrow boundary have been shown on the maps).
 - All GP surgeries are within 0.5 miles of a pharmacy, demonstrating good alignment.

Deprivation

- There is a reasonable correlation between the number of pharmacies (per 100,000 population) and deprivation:
 - The Central locality, which has three wards ranked within the top 5 on the IMD, has an above average number of pharmacies.
 - The SW locality as a whole, has a below average number of pharmacies; however Roxbourne ward (ranked 2 on the IMD) is above average.
 - Harrow Weald (ranked 5 on the IMD) is located in the NE locality, and has an above average number of pharmacies.



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Population Density

- There is not necessarily a correlation between the number of pharmacies (per 100,000) and population density:
 - The NW and NE localities have a lower population density but are significantly above the London and England average in terms of the number of pharmacies.
 - The SE and SW localities have higher population densities but have a below average number of pharmacies (18.8 and 21.5 respectively). However, residents within these localities may choose to access pharmacies in neighbouring localities or over the borders in neighbouring areas.
 - The Central locality has areas with high population density and is significantly above average in terms of the number of pharmacies.

3.2.1 Essential Services

3.2.1.1 Distribution of Contractors by Locality and Ward

Locality	Ward	IMD Rank*	Pharmacies	Population (2014)	Pharmacies / 100,000 population	No. of Pharmacies by locality	No. Locality Pharmacies / 100,000 population
Central	Greenhill	4	7	13,159	53.2	18	29.4
	Headstone South	14	2	11,656	17.2		
	Kenton West	16	5	11,603	43.1		
	Marlborough	3	2	13,007	15.4		
	Wealdstone	1	2	11,792	17.0		
Northeast	Canons	15	4	13,429	29.8	9	24.5
	Harrow Weald	5	2	11,751	17.0		
	Stanmore Park	8	3	11,564	25.9		
Northwest	Hatch End	17	2	11,007	18.2	13	30.6
	Headstone North	20	4	10,455	38.3		
	Pinner	13	6	10,358	57.9		
	Pinner South	21	1	10,699	9.3		
Southeast	Belmont	18	2	11,719	17.1	9	18.8
	Edgware	7	4	12,104	33.0		
	Kenton East	6	1	11,585	8.6		
	Queensbury	10	2	12,430	16.1		
Southwest	Harrow on the Hill	11	4	12,867	31.1	13	21.5
	Rayners Lane	19	3	11,522	26.0		
	Roxbourne	2	3	13,234	22.7		
	Roxeth	9	3	12,081	24.8		
	West Harrow ⁺	12	0	10,761	0.0		
			62	248,783	24.9		24.9

* IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 21 is the lowest within Harrow; the 5 wards ranked highest in terms of deprivation are highlighted

+ West Harrow is the only ward in Harrow that does not have a pharmacy within its boundaries and has been excluded from the detailed tabular analysis throughout the remainder of the document

Pharmaceutical Needs Assessment
Map 1: Map of Provision

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Internet Pharmacies
 - GP Surgeries
 - Harrow
 - Harrow Localities
 - ▲ Non-Pharmacy Providers:
 - A Alexandra Avenue (WIC) - HA2 9DX
 - B Northwick Park Hospital (Acute Hospital, A&E, Urgent Care Centre, GP Out of Hours via Harrow Primary Care Centre) - HA1 3UJ
 - C Pinn Medical Centre (WIC) - HA5 3EE**
 - D Edgware Community Hospital (Walk-In Centre & range of community services) - HA8 0AD
- Percentile rank of IMD score 2010 by LSOA**
- < 25 %
 - 25 to 49.9 %
 - 50 to 74.9 %
 - 75 to 100 %
- **The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.

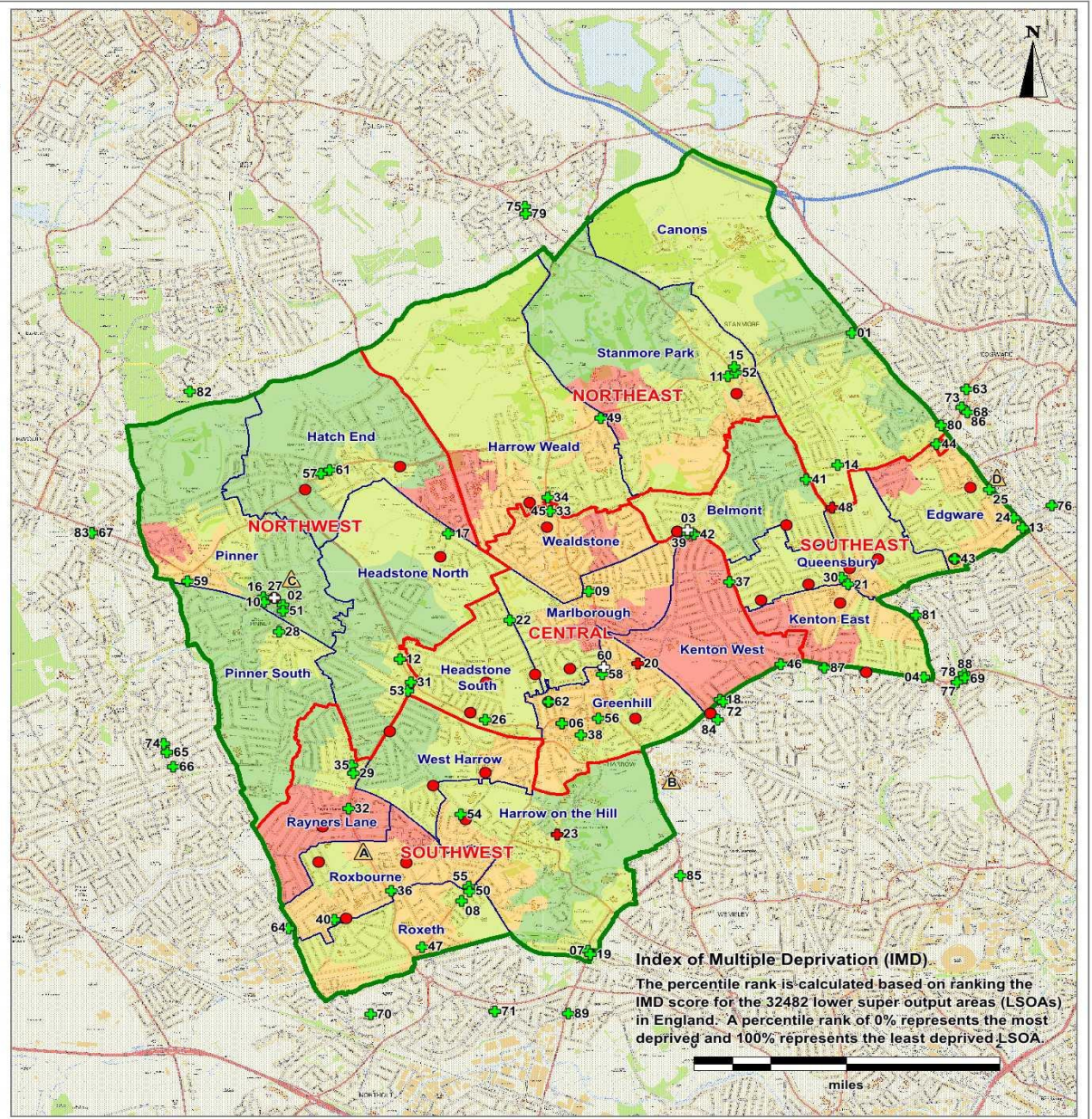
Harrow Pharmacies

- 01 Andrews Pharmacy - HA8 8AE
- 02 Angles Chemist - HA5 5PJ
- 03 Avicenna Pharmacy - HA3 8RD
- 04 Bachus Dispensing Chemist - HA3 9QX
- 05 Boots (St Ann's Centre) - HA1 1HS
- 06 Boots (St George's Shopping Centre) - HA1 1HS
- 07 Boots - HA1 3QN
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- 09 Boots - HA3 7AF
- 10 Boots - HA5 3HR
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- 13 Burnt Oak Pharmacy - HA8 5EP
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- 19 Clarke Pharmacy - HA1 3QS
- 20 Clinidirect - HA1 2RW
- 21 Collins Pharmacy - HA7 1EY
- 22 Desons Chemist - HA2 6PL
- 23 Doorstep Pharmacy - HA1 3LP
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- 28 Gor Pharmacy - HA5 5PB
- 29 Healthways Chemist - HA5 5DY
- 30 Honeypot Pharmacy - HA3 9DA
- 31 Jade Pharmacy - HA2 7SY

- 32 Jade Pharmacy - HA2 9SG
- 33 Jade Pharmacy - HA3 5ES
- 34 Jade Pharmacy - HA3 6EL
- 35 Jade Pharmacy - HA5 5DX
- 36 K L Pharmacy - HA2 9BN
- 37 K L Pharmacy - HA3 8RP
- 38 Keencare Ltd - HA1 1BE
- 39 Kentbrook Pharmacy - HA3 8SB
- 40 Kings Pharmacy - HA2 9AJ
- 41 Kotecha Pharmacy - HA7 1AR
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- 43 Mackenzie Pharmacy - HA8 5QL
- 44 Medicare Dispensing Chemist - HA8 6LD
- 45 Nowell Pharmacy - HA3 5ES
- 46 Overton and Pickup Pharmacy - HA3 8DQ
- 47 P M Williams Pharmacy - HA2 8HB
- 48 PharmacySaver - HA7 1JS
- 49 Reems Pharmacy - HA3 6DN
- 50 S & A Pharmacy - HA2 8HR
- 51 Sainsbury's Pharmacy - HA5 5LU
- 52 Sainsbury's Pharmacy - HA7 4DA
- 53 Saville Chemist - HA2 7SR
- 54 Shaftsbury Pharmacy - HA2 0AJ
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- 60 The Harrow Pharmacy - HA1 2TY
- 61 Village Pharmacy - HA5 4HS
- 62 Webber Pharmacy - HA1 1PG

Out of area pharmacies within 0.5 mile of Harrow

- 63 Avenue Pharmacy - HA8 7JX
- 64 Boots - HA4 0QP
- 65 Boots - HA5 1QH
- 66 Boots - HA5 1QR
- 67 Boots - HA6 1PF
- 68 Boots - HA8 7BD
- 69 Boots - NW9 9ED
- 70 Boots - UB5 4AP
- 71 Boots - UB5 4RR
- 72 Churchills - HA3 0HD
- 73 Derek Clarke Pharmacy - HA8 7JH
- 74 Eastcote Pharmacy - HA5 1QG
- 75 Heath Pharmacy - WD23 1GE
- 76 Heron Pharmacy - HA8 0EJ
- 77 Jade Pharmacy - NW9 9EG
- 78 Kubri Chemist - NW9 9EG
- 79 Lister Chemists - WD23 1EE
- 80 Mango Pharmacy - HA8 7HF
- 81 Morrisons Pharmacy - NW9 6RN
- 82 Prestwick Chemist - WD19 6UT
- 83 Ross Pharmacy - HA6 1PF
- 84 Sainsbury's Pharmacy - HA3 0JA
- 85 Sudbury Court Pharmacy - HA1 3UA
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- 88 UNP Pharmacy - NW9 9HH
- 89 Westlake Pharmacy - UB6 0HL



Index of Multiple Deprivation (IMD)
 The percentile rank is calculated based on ranking the IMD score for the 32482 lower super output areas (LSOAs) in England. A percentile rank of 0% represents the most deprived and 100% represents the least deprived LSOA.

**Pharmaceutical Needs Assessment
Map 2: Map of Provision**

Legend

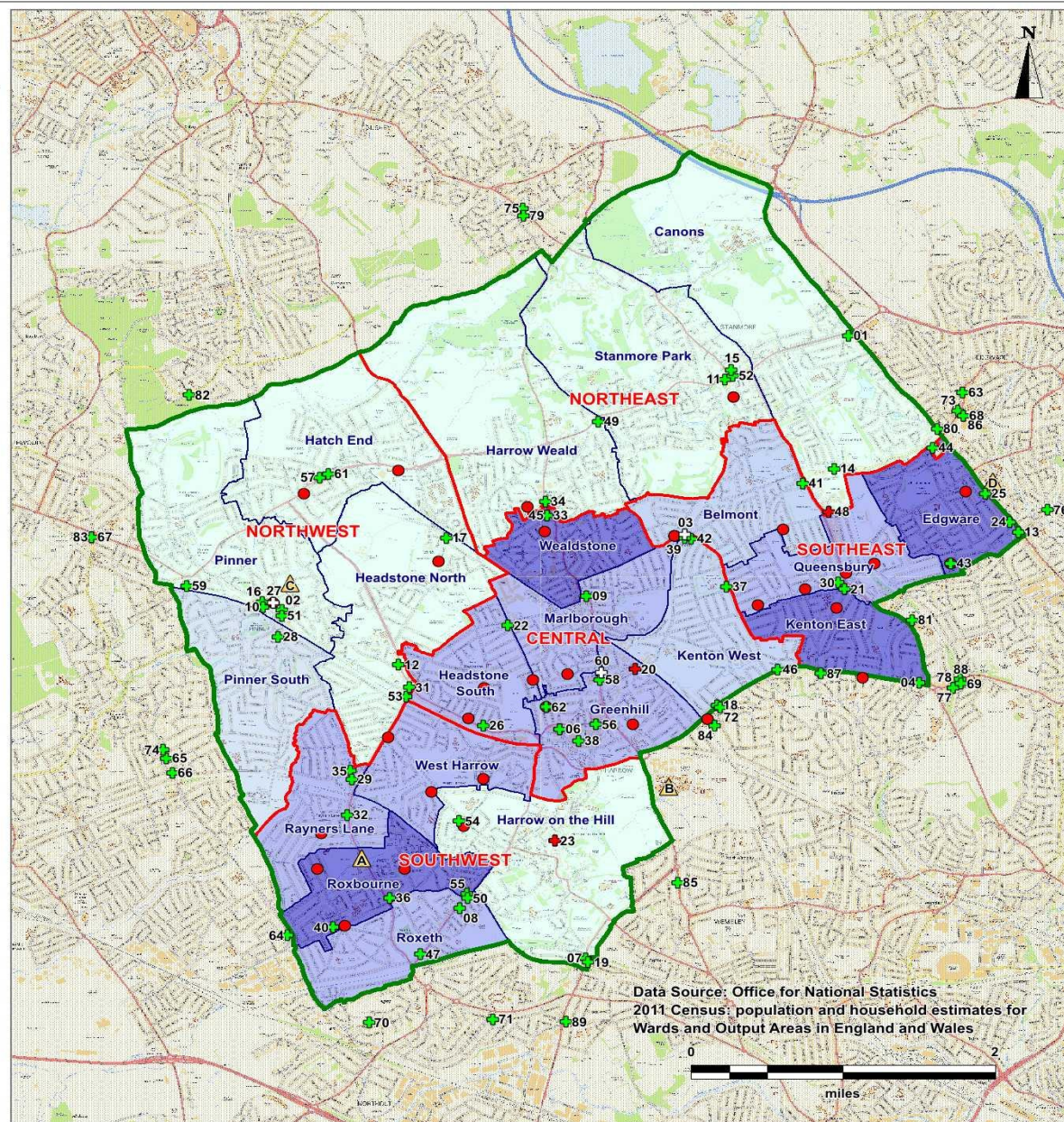
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 - + 100 Hour Pharmacies
 - + Internet Pharmacies
 - GP Surgeries
 - Harrow
 - Harrow Localities
 - ▲ Non-Pharmacy Providers:
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 - C Pinn Medical Centre (WIC) - HA5 3EE**
 - D Edgware Community Hospital (Walk-In Centre & range of community services) - HA8 0AD
- Wards**
- Population Density - Persons per Hectare**
- > 82
 - 67 to 81
 - 52 to 66
 - 37 to 51
 - < 37

Harrow Pharmacies

- | | |
|--|---|
| <ul style="list-style-type: none"> 01 Andrews Pharmacy - HA8 8AE 02 Angies Chemist - HA5 5PJ 03 Avicenna Pharmacy - HA3 8RD 04 Bachus Dispensing Chemist - HA3 9QX 05 Boots (St Ann's Centre) - HA1 1HS 06 Boots (St George's Shopping Centre) - HA1 1HS 07 Boots - HA1 3QN 08 Boots - HA2 8HX 09 Boots - HA3 7AF 10 Boots - HA5 3HR 11 Boots - HA7 4AL 12 Brayscale Pharmacy - HA2 6EH 13 Burnt Oak Pharmacy - HA8 5EP 14 Canons Pharmacy - HA8 6RW 15 Care Chemist - HA7 4EB 16 Carter's Chemist - HA5 3JF 17 Cedars Pharmacy - HA2 6ND 18 Chana Chemist - HA3 8BL 19 Clarke Pharmacy - HA1 3QS 20 Clinidirect - HA1 2RW 21 Collins Pharmacy - HA7 1EY 22 Desons Chemist - HA2 6PL 23 Doorstep Pharmacy - HA1 3LP 24 Doshi Pharmacy - HA8 5EN 25 Fairview Pharmacy - HA8 5ED 26 Garner Chemists - HA1 4JJ 27 Gor Pharmacy - HA5 3EE 28 Gor Pharmacy - HA5 5PB 29 Healthways Chemist - HA5 5DY 30 Honeypot Pharmacy - HA3 9DA 31 Jade Pharmacy - HA2 7SY | <ul style="list-style-type: none"> 32 Jade Pharmacy - HA2 9SG 33 Jade Pharmacy - HA3 5ES 34 Jade Pharmacy - HA3 6EL 35 Jade Pharmacy - HA5 5DX 36 K L Pharmacy - HA2 9BN 37 K L Pharmacy - HA3 8RP 38 Keencore Ltd - HA1 1BE 39 Kentbrook Pharmacy - HA3 8SB 40 Kings Pharmacy - HA2 9AJ 41 Kotecha Pharmacy - HA7 1AR 42 Lloydspharmacy - HA3 8SA 43 Mackenzie Pharmacy - HA8 5QL 44 Medicare Dispensing Chemist - HA8 6LD 45 Nowell Pharmacy - HA3 5ES 46 Overton and Pickup Pharmacy - HA3 8DQ 47 P M Williams Pharmacy - HA2 8HB 48 PharmacySaver - HA7 1JS 49 Reems Pharmacy - HA3 6DN 50 S & A Pharmacy - HA2 8HR 51 Sainsbury's Pharmacy - HA5 5LU 52 Sainsbury's Pharmacy - HA7 4DA 53 Saville Chemist - HA2 7SR 54 Shaftsbury Pharmacy - HA2 0AJ 55 Stratwicks Pharmacy - HA2 8DU 56 Superdrug Pharmacy - HA1 2TA 57 Tannas Chemist - HA5 4HR 58 Tesco Instore Pharmacy - HA1 2TU 59 Tesco Instore Pharmacy - HA5 2AG 60 The Harrow Pharmacy - HA1 2TY 61 Village Pharmacy - HA5 4HS 62 Webber Pharmacy - HA1 1PG |
|--|---|

Out of area pharmacies within 0.5 mile of Harrow

- | | |
|---|---|
| <ul style="list-style-type: none"> 63 Avenue Pharmacy - HA8 7JX 64 Boots - HA4 0QP 65 Boots - HA5 1QH 66 Boots - HA5 1QR 67 Boots - HA6 1PF 68 Boots - HA6 7BD 69 Boots - NW9 9ED 70 Boots - UB5 4AP 71 Boots - UB5 4RR 72 Churchills - HA3 0HD 73 Derek Clarke Pharmacy - HA8 7JH 74 Eastcote Pharmacy - HA5 1QG 75 Health Pharmacy - WD23 1GE 76 Heron Pharmacy - HA8 0EJ | <ul style="list-style-type: none"> 77 Jade Pharmacy - NW9 9EG 78 Kubri Chemist - NW9 9EG 79 Lister Chemists - WD23 1EE 80 Mango Pharmacy - HA8 7HF 81 Morrisons Pharmacy - NW9 6RN 82 Prestwick Chemist - WD19 6UT 83 Ross Pharmacy - HA6 1PF 84 Sainsbury's Pharmacy - HA3 0JA 85 Sudbury Court Pharmacy - HA1 3UA 86 Superdrug Pharmacy - HA8 7BD 87 Tyrest Ltd - HA3 0XY 88 UNP Pharmacy - NW9 9HH 89 Westlake Pharmacy - UB6 0HL |
|---|---|



Data Source: Office for National Statistics
2011 Census: population and household estimates for
Wards and Output Areas in England and Wales



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3.2.1 Essential Services

3.2.1.2 Opening Hours & Access

Overview

- A community pharmacy must open for a minimum of 40 core hours unless it was been granted a contract under the “100 hour exemption”^{*} or NHS England has granted a contract on the basis of more than 40 core hours, under the current market entry system. Additional hours, over and above core hours, are termed “supplementary hours”. DACs are required to open for a minimum of 30 core hours.
- If a pharmacy or DAC wishes to amend its core hours, it must seek permission from NHS England. Supplementary hours may be changed at the discretion of the contractor, providing that NHS England are given 90 days’ notice.
- In this section, we explore the impact of opening hours on access & choice.

Current Picture

- The table (next page), maps (3-7) and Appendix E provide an overview of opening hours and geographical coverage throughout the week.
- In terms of overall opening hours, 3 pharmacies are open for 100 hours or more; and a further 2 are open for more than 80 hours.

Weekdays

- All 62 pharmacies are open between the hours of 9:30am to 5:00pm.
- 7 (11%) pharmacies close for lunch and 2 pharmacies close early (at 1pm) on a Wednesday afternoon; whilst this reduces choice during this period, there is still reasonable access to pharmacies in all localities.
- With respect to extended hours:
 - 7 (11%) pharmacies are open by 8:00am or earlier; including two which open at 7am (one in Pinner, NW locality; one in Belmont, SE locality).
 - In the SW locality, the earliest a pharmacy opens is 9am; residents who wish to use a pharmacy prior to this may have to travel more than 2 miles to do in a neighbouring locality.
 - 30 (48%) remain open until 7:00pm or later. Almost all areas, with the exception of very small areas in Canons and Harrow Weald wards (NE locality) have a pharmacy within 1 mile which is open.
 - 1 pharmacy remains open until 10:45pm; 1 until 10:30pm; and 3 remain open until 10pm.

Current Picture (cont...)

Saturdays

- 59 (95%) pharmacies open at some point during the day. Of these:
 - 55 (89%) are open by 9am and remain open until noon.
 - A further 4 pharmacies are open by 10am.
 - The earliest a pharmacy opens is 7am (2 pharmacies).
 - 35 (56%) remain open until 5pm; and a further 9 are still open at 7pm or later; of these 2 remain open until 10pm and one until 10:30pm.
- This pattern of opening means that there is reasonable access, and a choice of pharmacy, in all localities up until 5pm in the evening.
- After this time, access and choice become more limited particularly in parts of the NE, NW and SW localities.

Sundays

- 15 (24%) pharmacies open for between 2 and 12 hours:
 - 12 of these are open for 6 or more hours.
 - 1 (in the SW locality) is a distance selling pharmacy and cannot provide essential services to customers on, or in the vicinity of, the premises.
- In terms of access:
 - Each locality has two or more pharmacies open with the exception of the SE locality where only one pharmacy opens. However, residents within the SE locality have an option to access a pharmacy just over the border in Brent which opens on a Sunday.
 - There are small areas with the NE locality (Canons and Harrow Weald) and SW locality (Roxeth & Harrow on the Hill) where residents may have to travel more than 1 mile to access a pharmacy.

Bank Holidays

- Currently, there is an enhanced service in place to ensure access to pharmacy on Christmas Day, Boxing Day and Easter Sunday. This service is **necessary** to meet pharmaceutical needs.

Out of Hours Community Pharmacy Rota for Controlled Drugs

Currently, NHS England commission an enhanced service to support patients who need to gain access controlled drugs, if needed urgently, in the out of hours period. The rota, which is provided in conjunction with pharmacies in Hillingdon, operates 365 days a year, and is **necessary** to meet the pharmaceutical needs of our population.

* The NHS (Pharmaceutical Services) Regulations 2005, had four exemptions which included pharmacies which were contracted to open for 100 hours a week

3.2.1 Essential Services

3.2.1.2 Opening Hours & Access (cont...)

Locality	Ward	Number of Pharmacies Offering Essential Services								
		Weekdays					Saturdays			Sunday
		8am or earlier	9.30am – 5.00pm	7pm or later	Closes Early on Wed	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point
Central	Greenhill	1	7	3	0	1	6	5	2	3
	Headstone South	0	2	1	0	0	2	1	0	0
	Kenton West	0	5	1	0	0	5	1	1	1
	Marlborough	1	2	1	0	0	2	2	1	1
	Wealdstone	0	2	1	0	0	2	1	0	0
Northeast	Canons	0	4	1	0	1	2	0	0	1
	Harrow Weald	0	2	1	0	0	2	1	0	0
	Stanmore Park	1	3	1	0	0	3	3	1	1
Northwest	Hatch End	0	2	1	0	0	2	2	0	1
	Headstone North	0	4	4	1	2	4	1	0	0
	Pinner	3	6	3	0	0	6	6	3	4
	Pinner South	0	1	0	0	0	1	0	0	0
Southeast	Belmont	1	2	1	0	0	2	1	1	1
	Edgware	0	4	3	0	0	4	2	0	0
	Kenton East	0	1	0	0	0	1	0	0	0
	Queensbury	0	2	2	0	1	2	2	0	0
Southwest	Harrow on the Hill	0	4	2	0	0	4	1	0	1
	Rayners Lane	0	3	2	1	0	3	2	0	1
	Roxbourne	0	3	2	0	0	3	2	0	0
	Roxeth	0	3	0	0	2	3	2	0	0
Grand Total		7	62	30	2	7	59	35	9	15
Percentage of Total		11%	100%	48%	3%	11%	95%	56%	15%	24%

Notes

- There are no pharmacies in West Harrow ward.
- Weekdays – all pharmacies open until 5:00pm or later each day with the exceptions of two pharmacies which close early on Wednesday (both at 1pm).

Pharmaceutical Needs Assessment
Map 3: Pharmacies - Open weekdays by 8am
and/or until 7pm or later

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GP Surgeries
- Harrow
- Harrow Localities
- Wards
- ▲ Non-Pharmacy Providers:
 - A Alexandra Avenue (WIC) - HA2 9DX
 - B Northwick Park Hospital (Acute Hospital, A&E, Urgent Care Centre, GP Out of Hours via Harrow Primary Care Centre) - HA1 3UJ
 - C Pinn Medical Centre (WIC) - HA5 3EE**
 - D Edgware Community Hospital (Walk-In Centre & range of community services) - HA8 0AD

- Distance Buffers**
- 0.5 mile
 - 1 mile

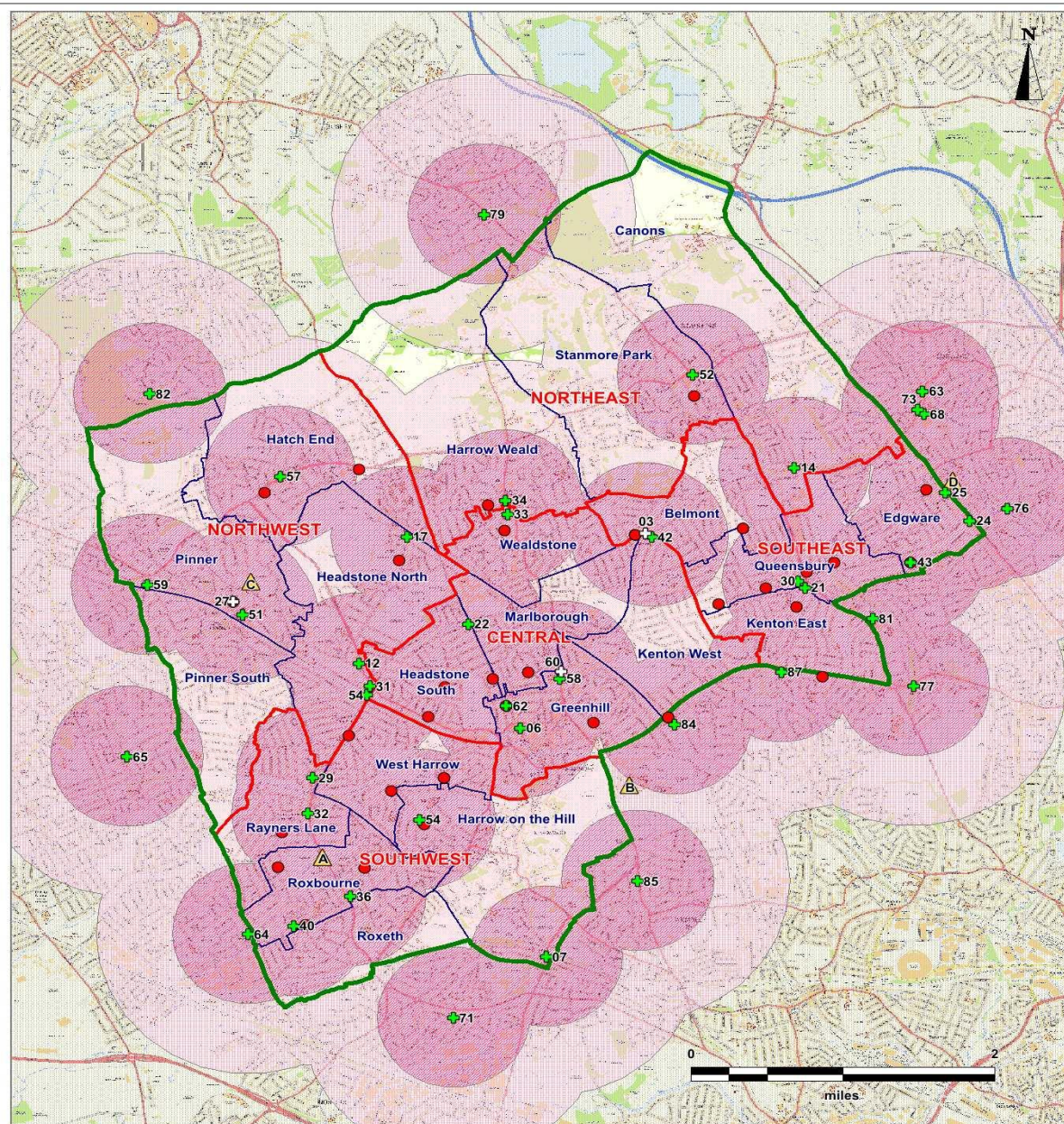
Harrow Pharmacies

- | | |
|---|-------------------------------------|
| 03 Avicenna Pharmacy - HA3 8RD | 33 Jade Pharmacy - HA3 5ES* |
| 06 Boots (St George's Shopping Centre) - HA1 1HS* | 34 Jade Pharmacy - HA3 6EL* |
| 07 Boots - HA1 3QN* | 36 K L Pharmacy - HA2 9BN* |
| 12 Brayscale Pharmacy - HA2 6EH* | 40 Kings Pharmacy - HA2 9AJ* |
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| 21 Collins Pharmacy - HA7 1EY* | 51 Sainsbury's Pharmacy - HA5 5LU |
| 22 Deons Chemist - HA2 6PL* | 52 Sainsbury's Pharmacy - HA7 4DA |
| 24 Doshi Pharmacy - HA8 5EN* | 53 Saville Chemist - HA2 7SR* |
| 25 Fairview Pharmacy - HA8 5ED* | 54 Shaftsbury Pharmacy - HA2 0AJ* |
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Out of area pharmacies within 0.5 mile of Harrow

- | | |
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| 73 Derek Clarke Pharmacy - HA8 7JH* | 85 Sudbury Court Pharmacy - HA1 3UA* |
| 76 Heron Pharmacy - HA8 0EJ* | 87 Tyrest Ltd - HA3 0XY* |

*Only open up until 7pm or later



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**Pharmaceutical Needs Assessment
Map 4: Pharmacies - Open on Saturday**

Legend

- + Pharmacies
 - + 100 Hour Pharmacies
 - + Internet Pharmacies
 - GP Surgeries
 - Harrow
 - Harrow Localities
 - ▲ Non-Pharmacy Providers:
 - A Alexandra Avenue (WIC) - HA2 9DX
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 - D Edgware Community Hospital (Walk-In Centre & range of community services) - HA8 0AD
- **The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.

Wards

Percentile rank of IMD score 201 by LSOA

- < 25 %
- 25 to 49.9 %
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- 75 to 100 %

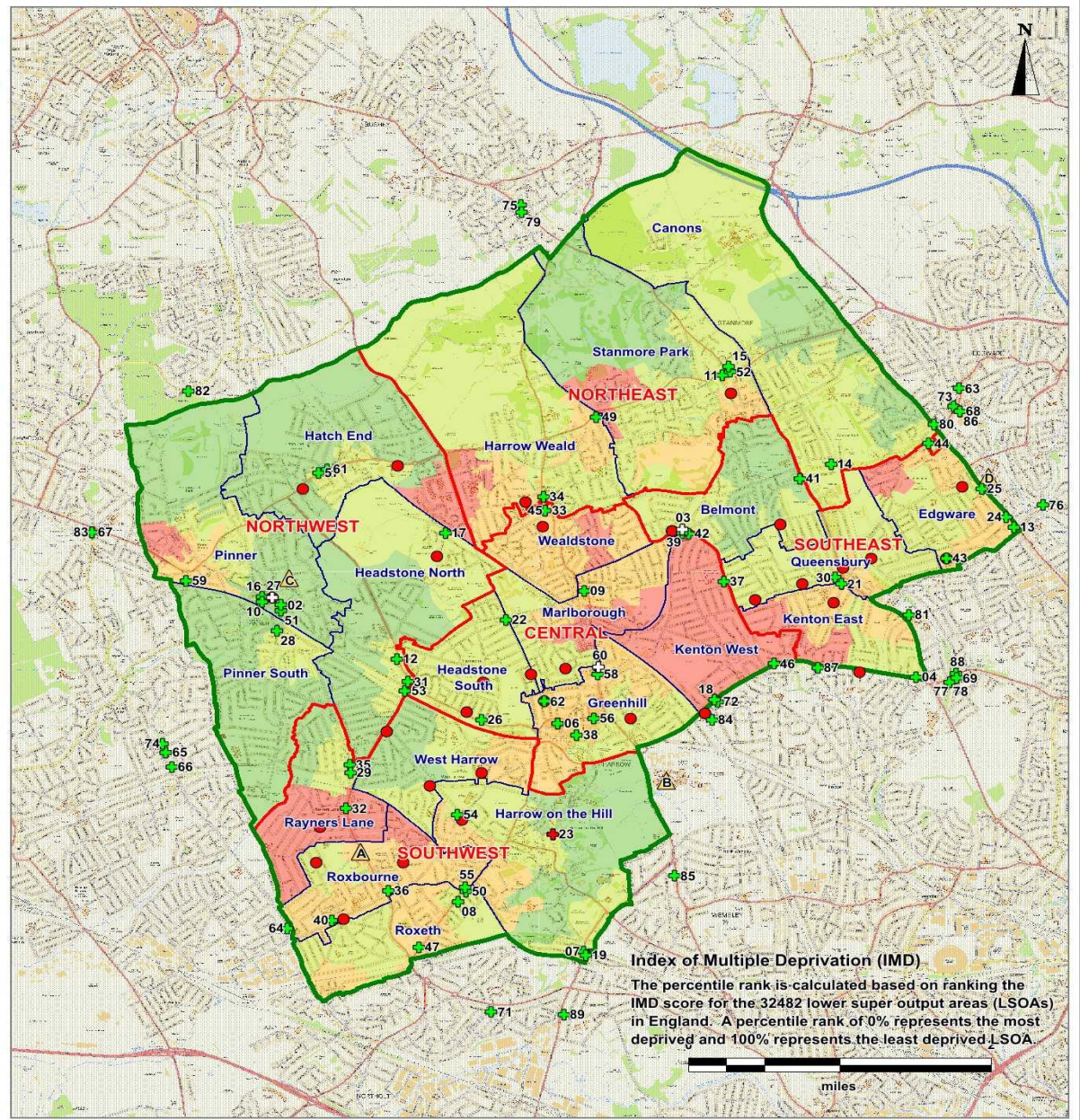
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Pharmaceutical Needs Assessment
Map 5: Pharmacies - Open on Saturday up until 5pm or later

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GP Surgeries
- Harrow
- Harrow Localities
- Wards

- Non-Pharmacy Providers:**
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- **The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.

- Distance Buffers**
- 0.5 mile
 - 1 mile

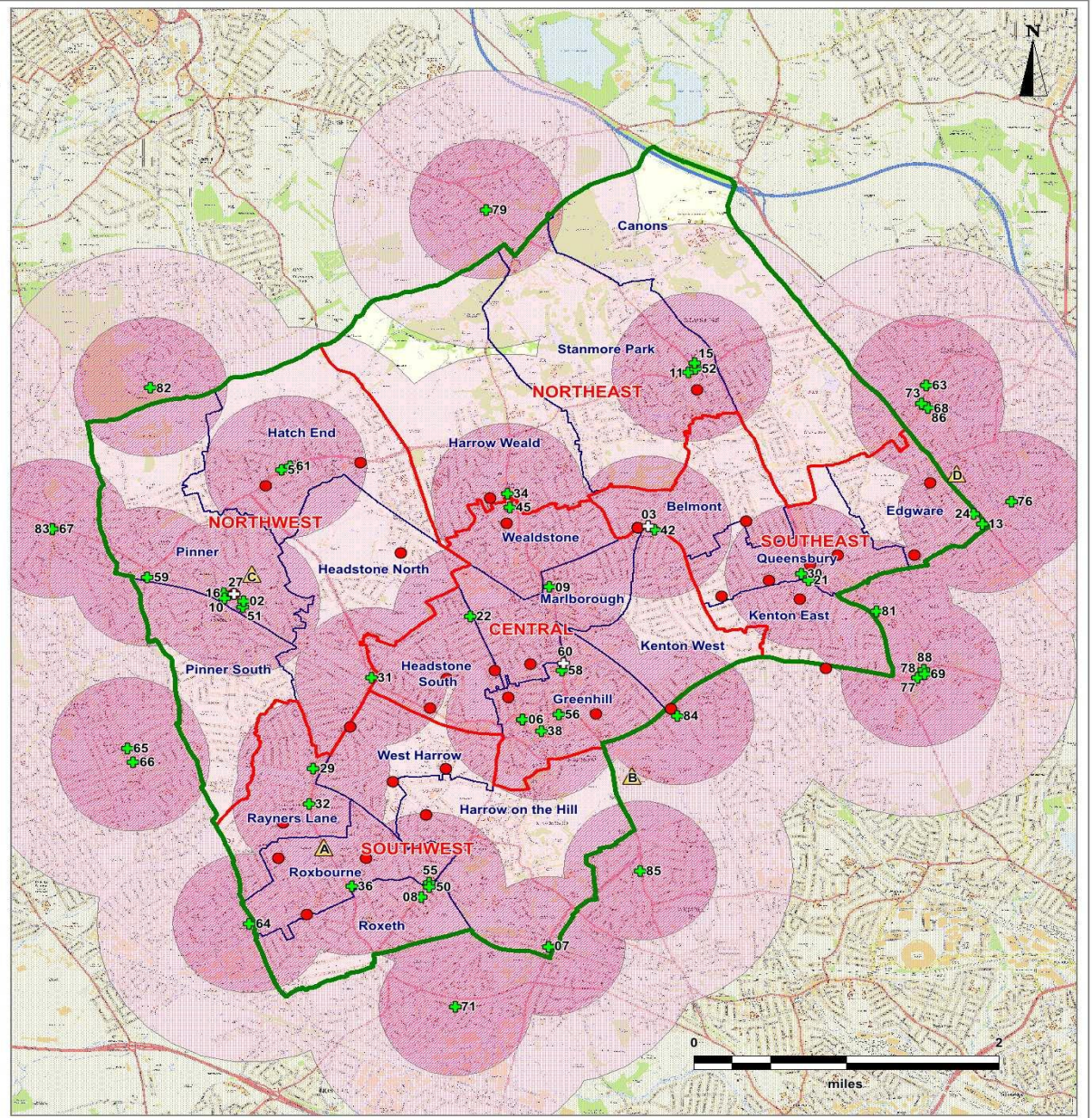
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- 07 Boots - HA1 3QN
- 08 Boots - HA2 8HX
- 09 Boots - HA3 7AF
- 10 Boots - HA5 3HR
- 11 Boots - HA7 4AL
- 13 Burnt Oak Pharmacy - HA8 5EP
- 15 Care Chemist - HA7 4EB
- 16 Carter's Chemist - HA5 3JF
- 21 Collins Pharmacy - HA7 1EY
- 22 Desons Chemist - HA2 6PL
- 24 Doshi Pharmacy - HA8 5EN
- 27 Gor Pharmacy - HA5 3EE
- 29 Healthways Chemist - HA5 5DY
- 30 Honeypot Pharmacy - HA3 9DA

- 31 Jade Pharmacy - HA2 7SY
- 32 Jade Pharmacy - HA2 9SG
- 34 Jade Pharmacy - HA3 6EL
- 36 K L Pharmacy - HA2 9BN
- 38 Keencare Ltd - HA1 1BE
- 42 Lloydsparmacy - HA3 8SA
- 45 Nowell Pharmacy - HA3 5ES
- 50 S & A Pharmacy - HA2 8HR
- 51 Sainsbury's Pharmacy - HA5 5LU
- 52 Sainsbury's Pharmacy - HA7 4DA
- 55 Stratwicks Pharmacy - HA2 8DU
- 56 Superdrug Pharmacy - HA1 2TA
- 57 Tannas Chemist - HA5 4HR
- 58 Tesco Instore Pharmacy - HA1 2TU
- 59 Tesco Instore Pharmacy - HA5 2AG
- 60 The Harrow Pharmacy - HA1 2TY
- 61 Village Pharmacy - HA5 4HS

Out of area pharmacies within 0.5 mile of Harrow

- 63 Avenue Pharmacy - HA8 7JX
- 64 Boots - HA4 0QP
- 65 Boots - HA5 1QH
- 66 Boots - HA5 1QR
- 67 Boots - HA6 1PF
- 68 Boots - HA8 7BD
- 69 Boots - NW9 9ED
- 71 Boots - UB5 4RR
- 73 Derek Clarke Pharmacy - HA8 7JH
- 76 Heron Pharmacy - HA8 0EJ
- 77 Jade Pharmacy - NW9 9EG
- 78 Kubri Chemist - NW9 9EG
- 79 Lister Chemists - WD23 1EE
- 81 Morrisons Pharmacy - NW9 6RN
- 82 Prestwick Chemist - WD19 6UT
- 83 Ross Pharmacy - HA6 1PF
- 84 Sainsbury's Pharmacy - HA3 0JA
- 85 Sudbury Court Pharmacy - HA1 3UA
- 86 Superdrug Pharmacy - HA8 7BD
- 88 UNP Pharmacy - NW9 9HH



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Pharmaceutical Needs Assessment
Map 6: Pharmacies - Open on Saturday up until 7pm or later

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- GP Surgeries
- Harrow
- Harrow Localities
- Wards
- ▲ Non-Pharmacy Providers:
 A Alexandra Avenue (WIC) - HA2 9DX
 B Northwick Park Hospital (Acute Hospital, A&E, Urgent Care Centre, GP Out of Hours via Harrow Primary Care Centre) - HA1 3UJ
 C Pinn Medical Centre (WIC) - HA5 3EE**
**The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.

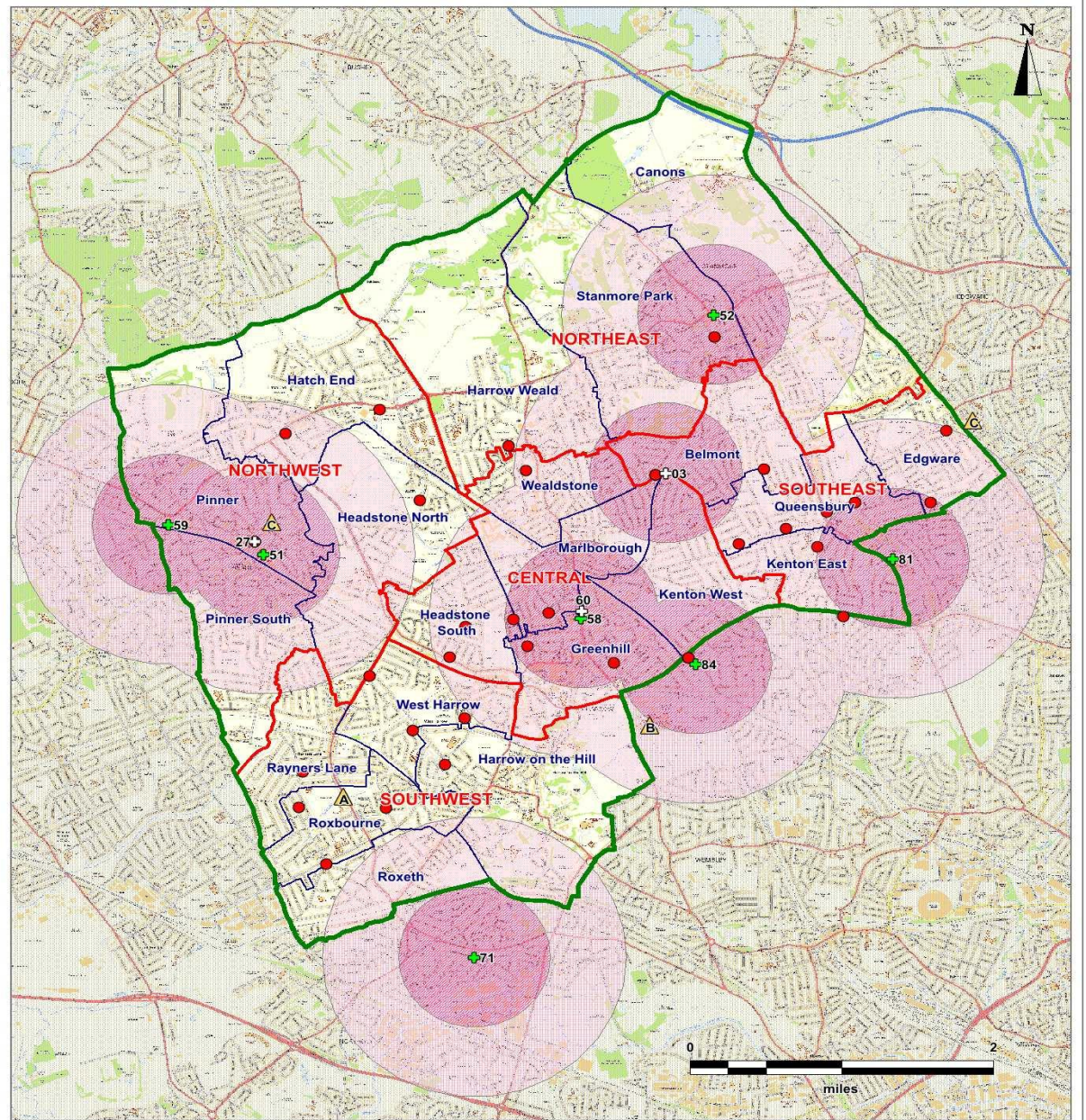
- Distance Buffers**
- 0.5 mile
 - 1 mile

Harrow Pharmacies

- 03 Avicenna Pharmacy - HA3 8RD
- 27 Gor Pharmacy - HA5 3EE
- 51 Sainsbury's Pharmacy - HA5 5LU
- 52 Sainsbury's Pharmacy - HA7 4DA
- 58 Tesco Instore Pharmacy - HA1 2TU
- 59 Tesco Instore Pharmacy - HA5 2AG
- 60 The Harrow Pharmacy - HA1 2TY

Out of area pharmacies within 0.5 mile of Harrow

- 71 Boots - UB5 4RR
- 81 Morrisons Pharmacy - NW9 6RN
- 84 Sainsbury's Pharmacy - HA3 0JA



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**Pharmaceutical Needs Assessment
Map 7: Pharmacies - Open on Sunday**

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- + Internet Pharmacies
- GP Surgeries
- Harrow
- Harrow Localities
- Wards

Percentile rank of IMD score 2010 by LSOA

- < 25 %
- 25 to 49.9 %
- 50 to 74.9 %
- 75 to 100 %

- Non-Pharmacy Providers:**
- A Alexandra Avenue (WIC) - HA2 9DX
 - B Northwick Park Hospital (Acute Hospital, A&E, Urgent Care Centre, GP Out of Hours via Harrow Primary Care Centre) - HA1 3UJ
 - C Pinn Medical Centre (WIC) - HA5 3EE**
 - D Edgware Community Hospital (Walk-In Centre & range of community services) - HA8 0AD
- **The location of this non-pharmacy provider has been adjusted to aid visualisation on the map.

Distance Buffers

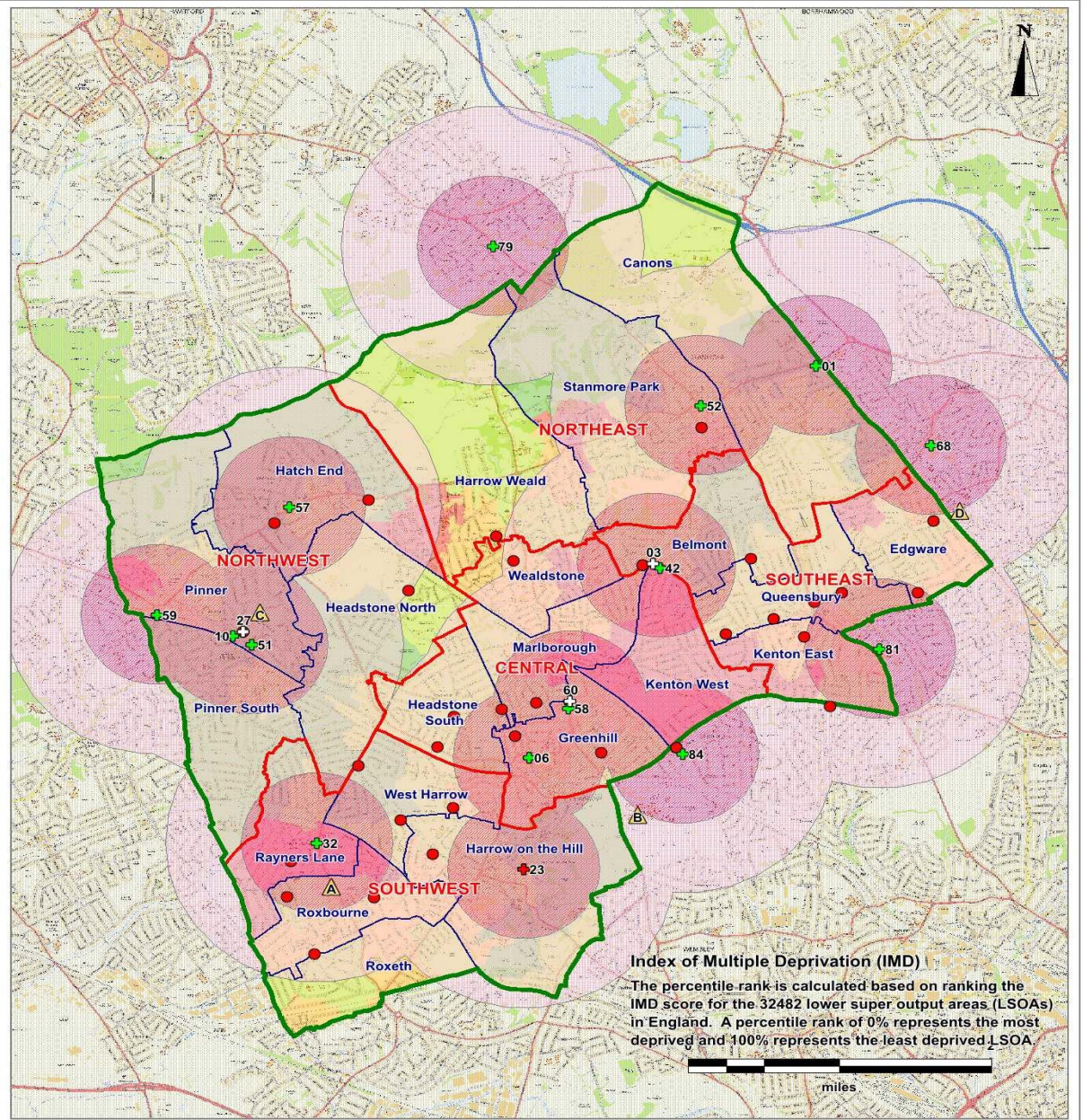
- 0.5 mile
- 1 mile

Harrow Pharmacies

- 01 Andrews Pharmacy - HA8 8AE
- 03 Avicenna Pharmacy - HA3 8RD
- 05 Boots (St Ann's Centre) - HA1 1HS
- 06 Boots (St George's Shopping Centre) - HA1 1HS
- 10 Boots - HA5 3HR
- 23 Doorstep Pharmacy - HA1 3LP
- 27 Gor Pharmacy - HA5 3EE
- 32 Jade Pharmacy - HA2 9SG
- 42 Lloydspharmacy - HA3 8SA
- 51 Sainsbury's Pharmacy - HA5 5LU
- 52 Sainsbury's Pharmacy - HA7 4DA
- 57 Tannas Chemist - HA5 4HR
- 58 Tesco Instore Pharmacy - HA1 2TU
- 59 Tesco Instore Pharmacy - HA5 2AG
- 60 The Harrow Pharmacy - HA1 2TY

Out of area pharmacies within 0.5 mile of Harrow

- 68 Boots - HA8 7BD
- 79 Lister Chemists - WD23 1EE
- 81 Morrisons Pharmacy - NW9 6RN
- 84 Sainsbury's Pharmacy - HA3 0JA



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3.2.1 Essential Services

3.2.1.3 Dispensing

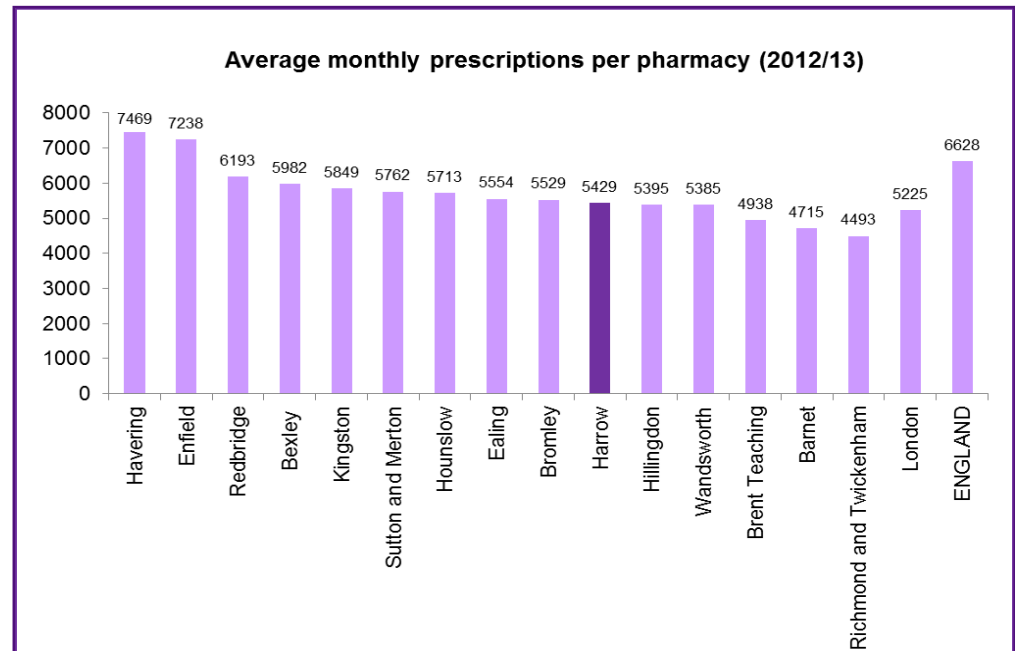
Overview

In our review of dispensing we look at a number of factors including:

- The pattern of dispensing. This includes a high level comparison with our CIPFA comparators together with a more detailed look at Harrow.
- The extent to which the dispensing needs of our residents are met by pharmacies in neighbouring areas.
- The role of repeat dispensing and electronic transfer of prescriptions.
- The future capacity of our pharmacies to continue to meet pharmaceutical needs in relation to essential services.

Current Picture

- The graph, on the right, compares the **average** pharmacy dispensing rate in Harrow with our CIPFA comparators and the London and England average. The data demonstrates that the dispensing rate for Harrow pharmacies is lower than many of our comparators and the England average. However, it is slightly higher than the London average.
- A detailed review of the total number of items dispensed against prescriptions written by Harrow prescribers has been undertaken in order to identify where these were either dispensed or personally administered by a GP surgery (e.g. injections):
 - The total number of items dispensed was 3,916, 643 (2012/13 data).
 - In total 3,087 organisations either dispensed, or personally administered, one more items.
 - 80% of these items were dispensed by Harrow pharmacies.
 - 20% were either dispensed by pharmacies outside of the area or were personally administered by GP surgeries.
- The table on the right, demonstrates:
 - Dispensing rates in all localities are below the London and England averages; and are lower than many of our comparator areas.
 - The dispensing rate in the NE locality is particularly low; this may be a data anomaly or could be attributable to a number of factors including population size, variation in local prescribing practice, a reflection of patient choice with respect to the pharmacy they use and/or service provision to neighbouring areas.



Health & Social Care Information Centre, General Pharmaceutical Services, England, 2012/13

Locality	No. of Pharmacies	Total Items Dispensed	% Total Items	Annual Items / Pharmacy	Items / Pharmacy / Month
Central	18	1,123,208	35.9%	62,400	5,200
Northeast	9	298,013	9.5%	33,113	2,759
Northwest	13	683,787	21.9%	52,599	4,383
Southeast	8*	341,784	10.9%	42,753	4,375
Southwest	13	682,539	21.8%	52,503	4,275

* Excludes Avicenna Pharmacy which only opened in December 2014

3.2.1 Essential Services

3.2.1.3 Dispensing (continued)

Cross Border Dispensing

- The table on the right provides an overview of cross-border dispensing and includes the 'top 20' pharmacies and DACs which have dispensed the most items against prescriptions written by Harrow GPs.
- Cross border dispensing is important in that it serves to improve access to pharmaceutical services, particularly for those residents who live close to the borders with other Health & Wellbeing Board areas, or for those who choose to get their prescription dispensed closer to their place of work or via a distance selling pharmacy.

Repeat Dispensing

- Repeat dispensing allows patients, who have been issued with a repeatable prescription, to collect their repeat medication from pharmacy without having to request a new prescription from their GP.
- Benefits of repeat dispensing include:
 - Reduced GP practice workload, freeing up time for clinical activities.
 - Greater predictability in workload for pharmacies which facilitates the delivery of a wider range of pharmaceutical services.
 - Reduced waste as pharmacies only dispense medicines which are needed.
 - Greater convenience for patients.
- The repeat dispensing rate is 10% of total items dispensed against prescriptions issued by Harrow GPs. The rate, which is relatively low compared with some areas, has been constant for the last 3 years.

Electronic Prescription Services (EPS)

- EPS allows for the electronic transfer of prescriptions to a patient's chosen pharmacy. The system is more efficient and reduces errors; it can reduce trips for patients between the GP surgery and pharmacy.
- Providing electronic prescriptions is one of the local priorities identified, as part of the Prime Minister's Challenge Fund initiatives, to facilitate delivery of 'convenient care'.
- NHS England lead on EPS with support from the CCG.

Area	Pharmacy Name	Postcode	% Total Items Dispensed
Brent	Morrisons Pharmacy	NW9 6RN	3.5%
	Sainsbury's Pharmacy	HA3 0JA	
	Tyrest Ltd	HA3 0XY	
	Churchills	HA3 0HD	
	UNP Pharmacy	NW9 9HH	
	Asda Pharmacy	NW9 0AS	
	Paster Chemist	HA9 8PB	
	Boots	NW9 9ED	
	Rushton's Chemist	HA3 0PS	
Hillingdon	Eastcote Pharmacy	HA5 1QG	2.4%
	Boots	HA4 0QP	
	Sainsbury's Pharmacy	HA4 0HQ	
	Boots	HA5 1QH	
	Boots	HA5 1QR	
Hertfordshire	Boots	WD17 2TR	0.6%
	D.B. Jones Chemist	WD19 5BL	
Barnet	Boots	HA8 7BD	1.0%
	Mango Pharmacy	HA8 7HF	
Ealing	Boots	W5 5JY	0.2%

Notes on table above

- A total of 3,087 organisations either dispensed or personally administered one or more items written on prescriptions issued by Harrow prescribers.
- Harrow pharmacies dispensed 80% of the items
- The remaining 20% were either dispensed out of the area or were personally administered by a GP surgery.

3.2.1 Essential Services

3.2.1.3 Dispensing (Continued...)

Alignment with Other NHS services

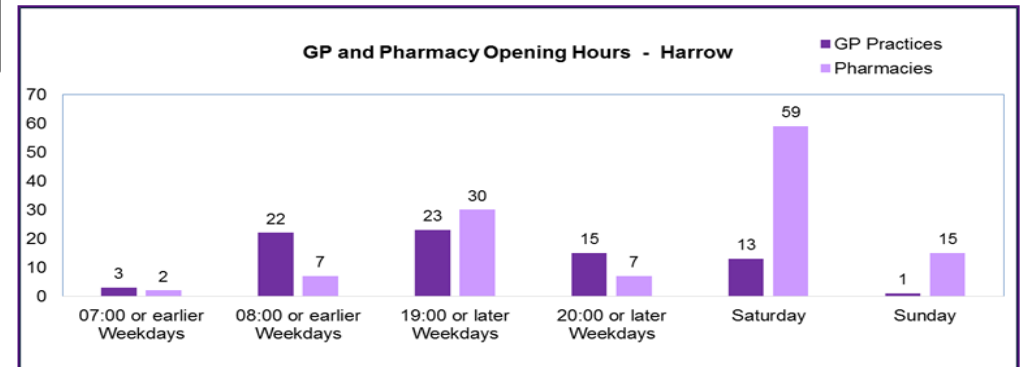
- An important pharmaceutical need is for residents to get timely access to dispensing. This is critical for medicines which need to be started urgently e.g. palliative care medicines.
- We therefore looked at pharmacy opening hours in the context of GP opening hours and other NHS services.

General Practice

- GP core hours are 8am – 6:30pm on Mondays to Fridays; in addition some GP practices open for extended hours.
- The graph (right) provides a summary of the number of practices which open for extended hours *on one or more days each week*; and the next page show this at locality level. The graphs demonstrate that:
 - There is reasonable alignment of opening hours in the NW & SE localities.
 - On weekday mornings, at 7am there are up to 3 GP practices (in the SE, Central and NE localities) open; however, only 2 pharmacies (one in the NW and the other in the SE locality) are open at this time.
 - In the SW locality, on weekday mornings at 8am, up to 3 GPs are open but no pharmacies are open. Similarly, in the evenings at 8pm or later up to 5 GP practices are open but no pharmacies are open.
 - The implication is that residents may have to travel a considerable distance to get a prescription dispensed; or wait until their regular or closest pharmacy is open.

Pharmacy Urgent Repeat Medication (PURM) Service

- In December 2014, NHSE launched a Pharmacy Urgent Repeat Medication service. This is a pilot which will run until April 2015
- NHS 111 refers people directly to pharmacies when they need an emergency supply of medicines. The aim is to reduce pressure on GP appointments and unscheduled care services at times of high demand
- The PURM service potentially plays a valuable role in improving access to medicines. If the evaluation of the pilot demonstrates value for money and reduced pressure on GP and unscheduled care services, then we would be supportive of a further roll out.



Unscheduled Care Providers

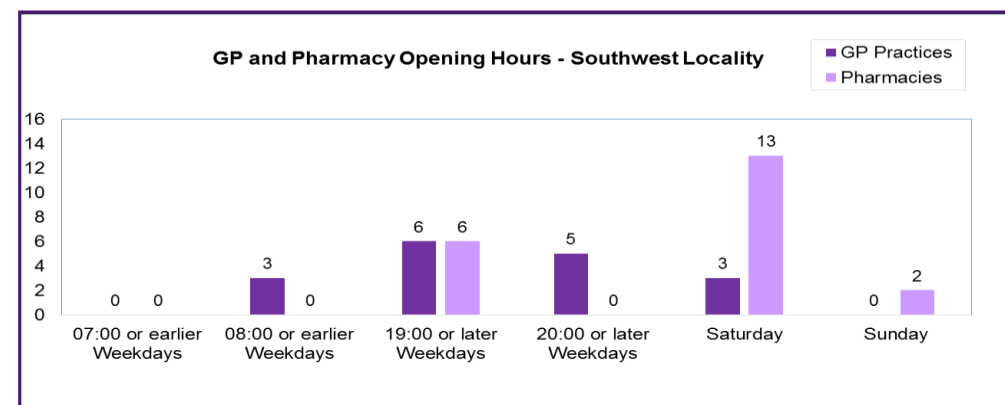
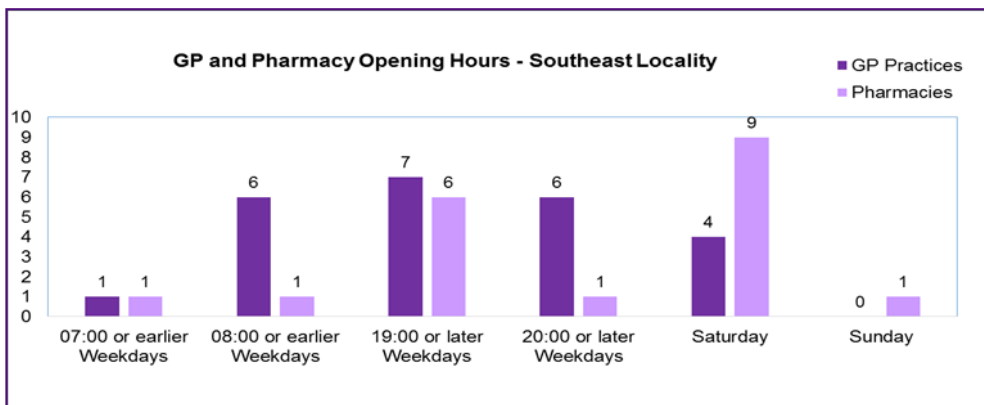
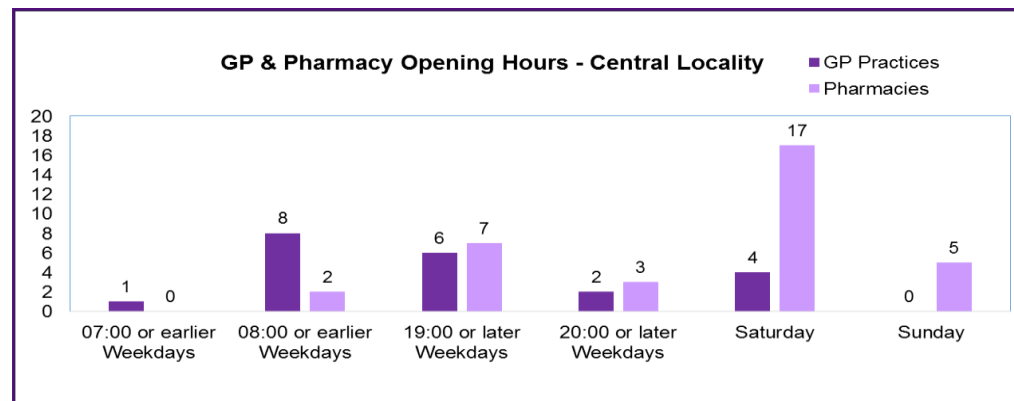
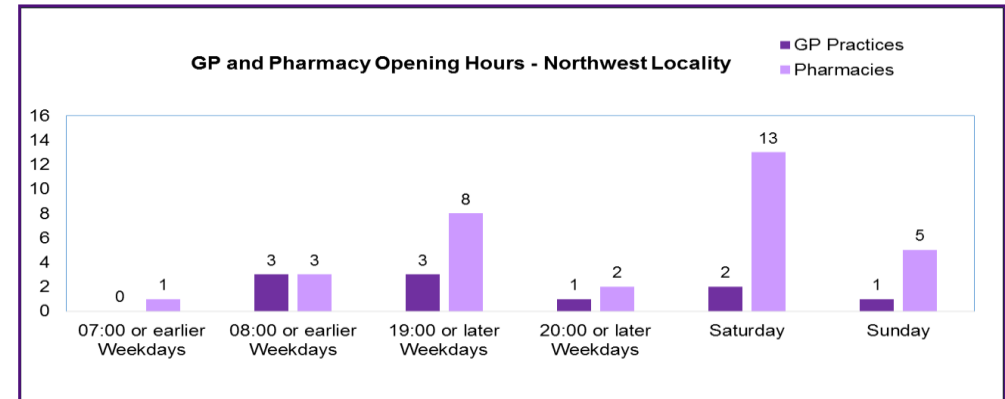
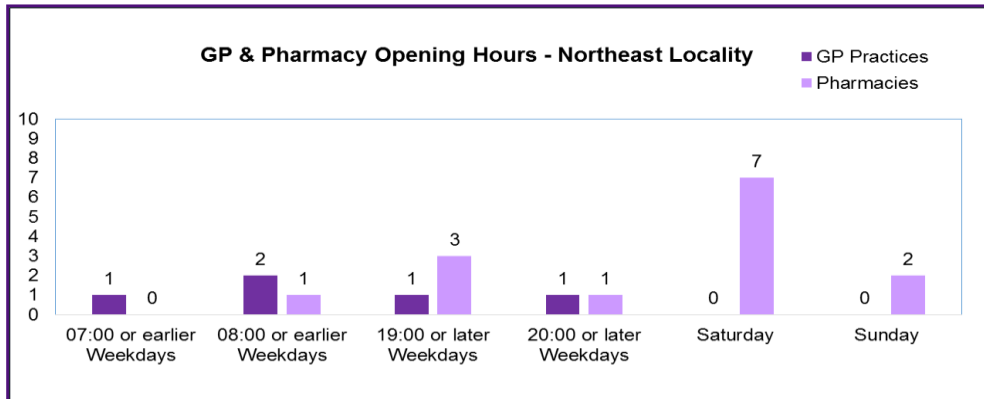
- Unscheduled care services may be accessed from:
 - Walk-in Centre (WIC) at Alexandra Avenue (SW locality) which is open from 8am – 3pm on Saturday and Sundays.
 - WIC at Pinn Medical Centre (NW locality), open 8am–7:30pm daily.
 - The WIC at Edgware Community Hospital (based in Barnet but adjacent to the Harrow border); open from 7.00am – 9.00pm seven days a week.
 - The Northwick Park and St Mark's Hospital site (based in Brent but is adjacent to the border of Harrow on the Hill, SW locality):
 - The GP Out of Hours Service, available from 6:30pm – 8am daily.
 - The UCC and A&E are open 24 hours a day, 365 days a year.
- These providers stock medicines for supply to patients, but FP10 prescriptions may be used if a non-stock medicine is required. We have identified that:
 - No pharmacies open during a period overnight. There is an out of hours rota to provide access to controlled drugs which may be required urgently.
 - Pharmacy hours in the SW locality do not align with the Alexandra Avenue WIC on Saturday mornings (no pharmacies open until 9am); and Sunday mornings (no pharmacies are open until 11am). However, it is rare that dispensing service are required for either circumstance; and we are not aware of any complaints or concerns being raised in this respect.

The Future

- In response to the PMCF, GP networks are being reconfigured to provide access to general practice from 8am – 8pm on weekdays; and 6 hours a day at weekends. The current pattern of pharmacy opening hours may need to be reviewed, to ensure good alignment with arrangements for GP extended hours. This will facilitate securing timely access to dispensing, following a GP consultation.

3.2.1 Essential Services

3.2.1.3 Dispensing (Continued...)



3.2.1 Essential Services

3.2.1.4 Access & Support for those with Disabilities

Overview

- A key consideration in relation to access, is the extent to which a pharmacy has taken action to meet the needs of those with a disability.
- The Equality Act 2010 requires pharmacies to make reasonable adjustments to support the needs of those with protected characteristics. They receive a payment as contribution towards providing auxiliary aids, for people eligible under this Act, who require support with taking their medicines.
- This was explored in our community pharmacy questionnaire.

Current Picture

- The table (on the next page) summarise the findings from our community pharmacy questionnaire at locality level and ward level.
- 96.7% pharmacies are fully accessible to wheel chairs (and pushchairs), demonstrating that wheel chair users and parents / carers of babies and young children are not disadvantaged with respect to access or choice.
- 85% pharmacies told us they are willing to undertake consultations in patients' homes. This would improve access for people who are housebound; or those who are less able to get a pharmacy without assistance.
- The range of support which is available to aid communication with those who are hearing impaired is relatively limited:
 - 23.3% of pharmacies have hearing loops.
 - 20.0% have a member of staff who is able to use sign language.
 - This potentially reduces access and choice, for those people who are dependent upon such support; This is particularly the case in the Central and SE localities.
- 81.7% of pharmacies have facilities to provide large print labels for those with visual impairment or for those with learning disabilities or cognitive impairment.
- 11.7% pharmacies offer labels with braille (although it should be noted that many original packs are embossed with braille by the manufacturer).

Current Picture (cont...)

- Aside from large print labels, a range of support is offered for people with cognitive impairment / learning disabilities:
 - 20% supply "Aide memoires" (e.g. reminder charts) if needed.
 - 93.3% have easy to read information available.
 - 35% provide monitored dosage systems; whilst there is no published evidence to demonstrate the benefits of these systems, they may be beneficial for individual people who have complex medicine regimens and for those who are easily confused.
- We also asked pharmacies if they provided a dementia friendly environment (refer to our community pharmacy questionnaire in Appendix B for further details):
 - 55% pharmacies confirmed that this was the case.
 - 18.3% said they were working towards this.

Opportunities to Secure Improvements

- Our community pharmacy questionnaire demonstrates that some pharmacies have taken steps to support people with disabilities particularly with respect to:
 - Offering consultations in patients' homes improves access to pharmacy services to those who are less able to get to a pharmacy or who are housebound.
 - Ensuring all public areas of the pharmacy are wheelchair & buggy friendly.
 - Providing appropriate facilities and support for people with hearing impairment.
 - Providing large print labels to support the visually impaired.
 - Introducing simple measures e.g. reminder charts to help people take their medicines as prescribed.
 - Making sure the pharmacy environment is welcoming and suitable for people with dementia.
- However, we would like to see more pharmacies following this lead; and anticipate that all pharmacies take reasonable steps to meet the minimum requirements of the Equality Act 2010.

3.2.1 Essential Services

3.2.1.4 Access & Support for those with Disabilities

Locality	Ward	Supporting People with Disabilities									
		Wheel-chair Access	Hearing Impairment		Visually impaired / Blindness		Cognitive Impairment				Dementia Friendly Environment
			Hearing Loop	Signing	Large Print Labels	Braille	'Aide memoire' for medicines	Easy to read Information	Monitored Dosage Systems	Large Print Labels	
Central	Greenhill	7	4	0	6	0	1	6	2	6	3
	Headstone South	2	0	0	1	0	1	2	1	1	0
	Kenton West	4	1	0	2	0	0	4	0	2	2
	Marlborough	2	0	1	2	0	0	2	0	2	2
	Wealdstone	2	0	0	2	1	0	2	0	2	0
Northeast	Canons	4	1	2	3	1	1	3	2	3	2
	Harrow Weald	2	0	1	2	1	0	2	1	2	0
	Stanmore Park	3	2	0	3	1	1	3	3	3	3
Northwest	Hatch End	2	0	1	2	1	0	2	1	2	1
	Headstone North	3	0	0	3	0	1	3	1	3	2
	Pinner	6	3	3	5	0	0	6	3	5	5
	Pinner South	1	0	0	1	0	0	1	0	1	1
Southeast	Belmont	2	0	1	2	1	1	2	2	2	2
	Edgware	4	1	0	3	0	2	4	0	3	2
	Kenton East	1	0	0	1	0	0	1	1	1	1
	Queensbury	2	0	0	2	0	2	2	2	2	2
Southwest	Harrow on the Hill	3	1	0	1	0	0	2	0	1	1
	Rayners Lane	3	0	1	3	1	1	3	1	3	0
	Roxbourne	3	0	1	3	0	1	3	1	3	2
	Roxeth	2	1	1	2	0	0	3	0	2	2
Grand Total	58	14	12	49	7	12	56	21	49	33	
Percentage of Total	96.7%	23.3%	20.0%	81.7%	11.7%	20.0%	93.3%	35.0%	81.7%	55.0%	

Notes

* Results exclude the 2 pharmacies which did not respond to the questionnaire (Doorstep Pharmacy and Chana Chemist)

The questionnaire results were inconsistent with respect to the provision of large print labels (more pharmacies said they provide these for the visually sighted than for cognitive impairment). Because the question was intended to understand if this facility was available, the results for visual impairment have been used)

3.2.1 Essential Services

3.2.1.5 Future capacity

Future Capacity

- The pattern and growth in prescribing is of relevance to the future dispensing capacity of Harrow pharmacies. The graph on the right plots the number of items dispensed per month, between April 2009 and March 2014 and projected through to March 2018.
- The graph illustrates that the trend is for the volume of items to continue to increase. The average number of items per month has been estimated to be 5,058 per pharmacy per month. This dispensing rate is lower than the **current** England and London averages, and many of our CIPFA Comparators. *It should be noted that Avicenna Pharmacy has been excluded from this analysis because the pharmacy did not open until December 2014.*
- Whilst there are the following limitations with the analysis, it provides a guide to the future dispensing capacity of pharmacies:
 - The items data doesn't include prescriptions issued by out of area GPs and other prescribers e.g. dentists, hospital FP10s etc.
 - We have assumed that the proportion of cross border dispensing and personally administered items by GP practices will remain constant at 20%.
 - It doesn't allow for changes in prescribing patterns which may arise as a result of changes in evidence, guidelines, local demography etc.

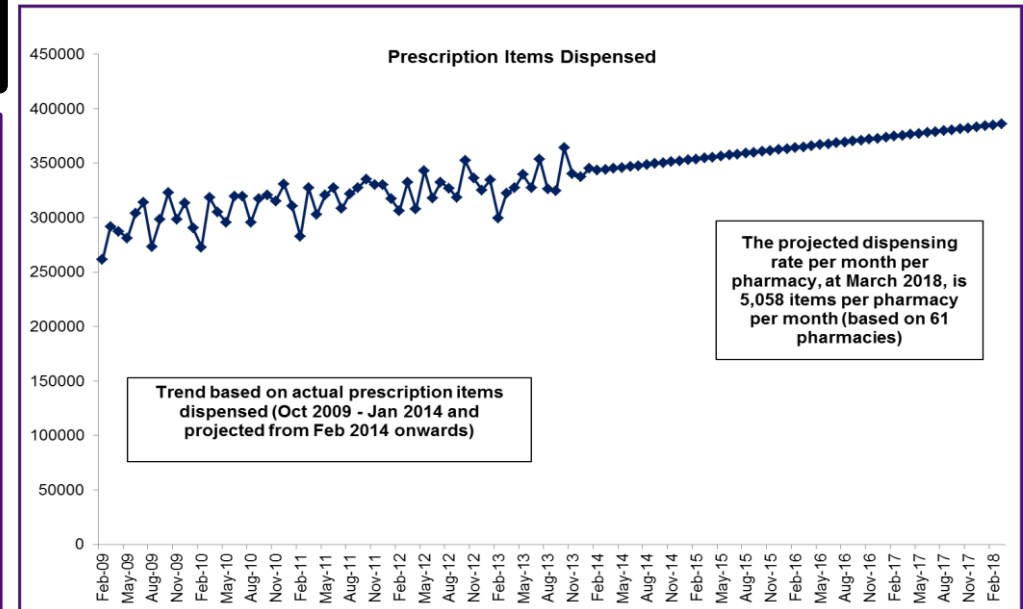
Other NHS Services

GP Surgeries & Healthcare Facilities

- We understand that a new WIC, to be located in Belmont ward (SE locality), is due to open. There is easy access to 3 pharmacies, one of which is opens for 100 hours. We believe that this is sufficient to meet the pharmaceutical needs of the population which will use this WIC.
- Harrow Council planning documents make reference to a new polyclinic and 2 new GP surgeries by 2026. However, at the time of writing, neither a site or funding proposals have identified.

NHS Trusts and Foundation Trusts

- The London North West Healthcare NHS Trust and the Central North West London NHS Trust issue FP10 prescription, to service users, in specific circumstances. Neither Trust advised us of plans to outsource their outpatient dispensing and/or change existing arrangements.



Prescription Pricing Division; Electronic Prescribing & Cost Data for NHS Harrow CCG;

Housing and Commercial Developments

- By 2026, new development and economic growth will have provided over 6,000 new homes and created over 4,000 new jobs in Harrow.
- The Harrow & Wealdstone Intensification Area is the primary focus for this development with at least 2,800 net new homes & 3,000 new jobs.
- No new town centres are planned and we are not aware of any specific travel developments.
- Developments in our neighbouring Borough of Barnet, which has the highest housing target in London, are also a consideration:
 - The target is for 22,550 new homes to be built between 2011/12 & 2021/22.
 - Colindale, which borders Harrow, has 10,000 new homes planned.
- The maximum timescale of our PNA is 3 years (i.e. it will run until the end of 2018). Harrow Council has a target of 350 homes per year, which equates to a total of 1,050 homes over the lifetime of the PNA.
- It is difficult to determine the impact of these longer term developments on NHS Pharmaceutical services; so we have used population projections to make an assessment of the impact upon the distribution of pharmacies (see page 42 - 44). We will keep developments under review and will update our PNA sooner should the need arise.

3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Ward	IMD Rank*	Pharmacies	Pharmacies by locality	Population (2014)	Ward Pharmacies per 100,000 population (2014)	Locality Pharmacies / 100,000 Population (2014)	Projected Population (2018)	Ward Pharmacies / 100,000 population (projected)	Locality Pharmacies / 100,000 Projected Population 2018)	Difference by Locality	Difference by ward
Central	Greenhill	4	7	18	13,159	53.2	29.4	14,077	49.7	28	-1.4	-3.5
	Headstone South	14	2		11,656	17.2		12,021	16.6			-0.5
	Kenton West	16	5		11,603	43.1		11,980	41.7			-1.4
	Marlborough	3	2		13,007	15.4		14,055	14.2			-1.1
	Wealdstone	1	2		11,792	17.0		12,242	16.3			-0.6
Northeast	Canons	15	4	9	13,429	29.8	24.5	14,430	27.7	23.2	-1.3	-2.1
	Harrow Weald	5	2		11,751	17.0		12,165	16.4			-0.6
	Stanmore Park	8	3		11,564	25.9		12,249	24.5			-1.5
Northwest	Hatch End	17	2	13	11,007	18.2	30.6	11,350	17.6	29.3	-1.3	-0.5
	Headstone North	20	4		10,455	38.3		11,374	35.2			-3.1
	Pinner	13	6		10,358	57.9		10,686	56.1			-1.8
	Pinner South	21	1		10,699	9.3		10,991	9.1			-0.2
Southeast	Belmont	18	2	9	11,719	17.1	18.8	12,017	16.6	18.2	-0.6	-0.2
	Edgware	7	4		12,104	33.0		12,853	31.1			-1.9
	Kenton East	6	1		11,585	8.6		11,894	8.4			-0.2
	Queensbury	10	2		12,430	16.1		12,794	15.6			-0.5
Southwest	Harrow on the Hill	11	4	13	12,867	31.1	21.5	13,343	30.0	20.8	-0.7	-1.1
	Rayners Lane	19	3		11,522	26.0		11,940	25.1			-0.9
	Roxbourne	2	3		13,234	22.7		13,612	22.0			-0.6
	Roxeth	9	3		12,081	24.8		12,429	24.1			-0.7
	West Harrow	12	0		10,761	0.0		11,063	0.0			-
Total Harrow			62	62	248,783	24.9	24.9	259,565	23.9	23.9	-1.0	-1.0

Notes

- IMD = Index of Multiple Deprivation (2010) where 1 is the highest rank and 21 is the lowest within Harrow
- Greater London Authority (GLA) SHLAA populations projections are linked to housing development trajectories. The level of growth is constrained so that the resulting estimate of household numbers fits with the available dwellings. The SHLAA is an assessment of the land that is likely to be available to developers within the next 5 years, 10 years and 15 years i.e. trajectories are constructed based on these 3 time periods
- London and England averages for the number of pharmacies per 100,000 (2012/13) are 22.5 and 21.6 respectively; it is not possible to project these forward to 2018

3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Impact of Population Projection to 2018	Implications for Pharmaceutical Needs of the Locality
Central	<ul style="list-style-type: none"> Locality population increase is estimated as 3,200 people. This effectively reduces the number of pharmacies per 100,000 by 1.4. The locality would remain significantly higher than the current London and England averages with respect to the number of pharmacies. The no. of items dispensed per pharmacy per month is below the Harrow and England average; and around the London average. Access to pharmacies, during extended hours on weekdays, Saturdays and Sundays is generally good in this locality. 	<p>No future gaps identified</p> <ul style="list-style-type: none"> The locality remains very well resourced with respect to pharmacy numbers. There is sufficient capacity within the system to meet future dispensing needs of the population.
Northeast	<ul style="list-style-type: none"> Locality population increase is estimated as 2,100 people. This effectively reduces the number of pharmacies per 100,000 by 1.3. The locality would remain above the current London and England averages with respect to the number of pharmacies. The no. of items dispensed per pharmacy per month is significantly below the Harrow, London and England averages (although there may be an anomaly with the data). Access to pharmacies, during extended hours on weekdays and Saturdays afternoons is reasonable in this locality; there is only one pharmacy open on Saturday evenings. On Sundays, there are small areas of the Canons and Harrow Weald ward where residents may have to travel more than a mile to access a pharmacy. These areas have a relatively low population density. 	<p>No future gaps identified</p> <ul style="list-style-type: none"> The locality remains reasonably resourced with respect to pharmacy numbers. There is sufficient capacity within the system to meet future dispensing needs of the population. Whilst there is only one pharmacy open on Saturday evenings, demand for services at this time of day is likely to be lower. On Sundays, the more limited access in some parts of the locality is not a significant issue as a limited number of residents are affected.
Northwest	<ul style="list-style-type: none"> Locality population increase is estimated as 1,880 people. This effectively reduces the number of pharmacies per 100,000 by 1.3. The locality would remain significantly higher than the current London and England averages with respect to the number of pharmacies. No. of items dispensed per pharmacy per month is significantly below the Harrow, London and England averages. Access to pharmacies, during extended hours on weekdays & Saturdays is generally good; and reasonable on a Sunday 	<p>No future gaps identified</p> <ul style="list-style-type: none"> The locality remains very well resourced with respect to pharmacy numbers. There is sufficient capacity within the system to meet future dispensing needs of the population.

3.2.1 Essential Services

3.2.1.3 Future capacity (cont...)

Locality	Impact of Population Projection to 2018	Implications for Pharmaceutical Needs of the Locality
Southeast	<ul style="list-style-type: none"> Locality population increase is estimated as 1,700 people. This effectively reduces the number of pharmacies per 100,000 by 0.6. The locality would move further below the Harrow, London and England averages with respect to the number of pharmacies. The no. of items dispensed per pharmacy per month is significantly below the Harrow, London and England averages. Access to pharmacies, on weekday evenings, Saturdays and Sundays is reasonable. 	<p>No future gaps identified</p> <ul style="list-style-type: none"> Whilst the number of pharmacies per 100,000 is below average, this does not create cause for concern, as dispensing rates are below average; and because there are several pharmacies close to the borders of the neighbouring localities and boroughs. There is sufficient capacity within the system to meet future dispensing needs of the population.
Southwest	<ul style="list-style-type: none"> Locality population increase is estimated as 1,900 people. This would effectively reduce the number of pharmacies per 100,000 by 0.7 The locality would move slightly further below the Harrow, London and England averages with respect to the number of pharmacies. The no. of items dispensed per pharmacy per month is significantly below the Harrow, London and England averages. Access to pharmacies, on weekday evenings & Saturday afternoons and Sundays is reasonable however, there is no access to a pharmacy on weekday mornings before 9am or on weekday evenings after 7pm; and on Saturday evenings after 6pm. 	<p>No future gaps identified, but there are opportunities for improvements</p> <ul style="list-style-type: none"> Whilst the number of pharmacies per 100,000 is marginally below average, this does not create cause for concern as pharmacy numbers are similar to some of our comparator areas; and because there are several pharmacies close to the borders of the neighbouring localities and boroughs. There is sufficient capacity within the system to meet future dispensing needs of the population. Improvements in access could be achieved, now and in the future, through extending opening hours on weekday mornings and evenings; and on Saturday evenings; this would improve access for: <ul style="list-style-type: none"> People of working age who prefer to use a pharmacy on their way to work; For those who have seen a GP, before 9am in the morning; and from 8pm onwards in the evening; and For young people who may need to access pharmacy services urgently e.g. to obtain access to EHC after unprotected sexual intercourse

3.2.1 Essential Services

3.2.1.4 Meeting the Needs of Specific Populations

Meeting the needs of those with a protected characteristic		
Age	✓	<ul style="list-style-type: none"> Advice and support needs to be tailored according to a patient's age. For example: <ul style="list-style-type: none"> Older people often take multiple medications and are more susceptible to side effects. Parents may require advice on managing their child's medicines during school hours or advice on managing minor ailments. People of working age, may wish to access services outside of normal working hours e.g. on weekdays before or after work; or at weekends.
Disability	✓	<ul style="list-style-type: none"> Many pharmacy users may be considered as disabled. This may include disability as a consequence of their disease as well as physical, sensory or cognitive impairment. Pharmacies offer a range of support including: <ul style="list-style-type: none"> The provision of large print labels for those who are visually impaired. Supply of original packs with braille or medicines labelled in braille for those who are blind. The use of hearing loops to aid communication for those with impaired hearing. Supply of multi-compartment compliance aids <i>may</i> improve adherence for those with cognitive impairment. People with a disability may have to exercise a choice and choose a pharmacy which better addresses their needs.
Gender	✓	<ul style="list-style-type: none"> We have identified that younger adults, particularly men, are less likely to visit pharmacies. We, therefore, need to ensure that our pharmacies maximise opportunities to target health promotion and public health interventions (e.g. alcohol IBA and stop smoking services) at this group.
Race	✓	<ul style="list-style-type: none"> Language may be a barrier to effectively delivering advice on taking medicines, health promotion advice and public health interventions. We have identified an opportunity to sign post patients to pharmacies where their first language is spoken BAME communities are exposed to a range of health challenges from low birth rate and infant mortality through to a higher incidence of long term conditions. People in this group are more likely to take medicines. This provides an opportunity to target health promotion advice and public health interventions in order to promote healthy lifestyles and improve outcomes.
Religion or belief	✓	<ul style="list-style-type: none"> Pharmacies are able to provide medicines related advice to specific religious groups, and need to be aware of the religious beliefs of the population which they serve. For example, advice on taking medicines during Ramadan; advice on whether or not a medicine contains ingredients derived from animals.
Pregnancy and maternity	✓	<ul style="list-style-type: none"> Pharmacies are ideally placed to provide health promotion advice to women who are pregnant or planning to become pregnant. They play a vital role in helping to ensure that pregnant and breast feeding mothers avoid medicines which may be harmful.
Sexual orientation	✗	<ul style="list-style-type: none"> No specific needs identified.
Gender reassignment	✓	<ul style="list-style-type: none"> Pharmacies may be part of the care pathway for people undergoing gender reassignment and play a role in ensuring the medicines which form part of that treatment are available and provided without delay or impediment.
Marriage & civil partnership	✗	<ul style="list-style-type: none"> No specific needs identified.

3.2.1 Essential Services

3.2.1.5 Conclusions

Conclusions on Essential Services

- Essential services are provided by all NHS Pharmaceutical Services contractors. We have, therefore, used provision of these services to explore a range of factors which are relevant to the pharmaceutical needs of our population.
- We have determined that essential services are **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - Dispensing is a fundamental service which ensures that patients can access prescribed medicines in a safe, reliable and timely manner. FP10 prescriptions may only be dispensed by providers of NHS Pharmaceutical Services.
 - Through supporting health promotion campaigns; and a proactive approach to delivering health promotion and sign posting advice, community pharmacy plays a valuable role in addressing the health needs, and tackling the health inequalities, of Harrow's population.

Distribution of Pharmacies

- Harrow is well resourced in terms of the number of pharmacies it has and this serves to afford a reasonable choice to our residents. Furthermore, there are number of pharmacies in neighbouring areas which are easily accessible for residents who live close to the borders.
- All areas of the Borough are within 1 mile of a pharmacy (either within the area or in a neighbouring borough) and we estimate (using mapping tools) that the majority of residents live within 20 minutes of a pharmacy by car.
- There is a reasonable correlation between deprivation and the number of pharmacies per 100,000.
- The number of pharmacies per 100,000 does not necessarily correlate with population density. However, residents based in the localities with a below average number of pharmacies (i.e. the SE and SW localities) have the option of accessing pharmacies in a neighbouring locality or borough.

Opening Hours

- In considering opening hours we have taken into account that Harrow has a relatively high proportion of people who are of working age, who may wish to access pharmacy services outside of working hours; and we have looked at the alignment of pharmacy opening hours with other services.
- On weekdays (9:30am - 5pm) and Saturdays up until 5pm residents have good access to, and a choice of pharmacy.
- Outside of these hours, access and choice within Harrow is more limited and we have identified the following potential gaps, where improvements to access or choice may be required:
 - **Weekdays** (before and including 8am; and in the evenings from 7pm onwards) when some residents may have to travel more than two miles to access a pharmacy. This is particularly the case in the SW locality; and also applies to the more northerly parts of the NE locality.
 - **Saturdays evenings** (7pm onwards), when residents living in the NE, NW and SW localities may have to travel more than 2 miles to access a pharmacy.
 - **Sundays**, there are pharmacies open in all localities; and there is also a pharmacy close to the SE locality border; some residents in the NW and SW localities may have to travel more than a mile to access a pharmacy.
 - 3 pharmacies open for 100 hours a week and a further 2 pharmacies open for over 80 hours, which helps to improve extended hour access. However, some residents need to travel more than 4 miles in order to reach these pharmacies.
 - There is insufficient alignment between GP and pharmacy opening hours in the SW locality before 9am and after 7pm on weekday evenings; and in the Central locality before 8am.
 - In the SW locality, no pharmacies open before 9am on Saturday or before 11am on a Sunday morning; this potentially creates an issue for people using the Alexandra Avenue WIC. There are no pharmacies open overnight. There is a rota to ensure access to controlled drugs if these are required urgently. For both of these circumstances, it is rare that NHS Pharmaceutical Services will be required and there is no evidence that pharmaceutical needs are not being met.

3.2.1 Essential Services

3.2.1.5 Conclusions (cont...)

Conclusions on Essential Services

Dispensing

- The dispensing rate for Harrow pharmacies is lower dispensing rates than many of our CIPFA comparators and the London & England averages.
- 80% of prescription items written by GPs in Harrow are dispensed by Harrow pharmacies; out of area pharmacies and personally administered items by GPs account for the other 20%.
- There is scope to increase repeat dispensing services because of the benefits for patients and the health economy in general.

Access & Support for People with Disabilities

- We have identified that some pharmacies within Harrow have taken steps to provide support for people with physical, sensory and cognitive impairment and disabilities.

Future capacity

- We have identified that there is sufficient capacity, within the existing network of pharmacies, to meet the future needs of our population. In reaching this conclusion we have looked at the current trend for growth in prescription items, planned housing and commercial developments and pharmacy opening hours.

Overall conclusions for essential services

Current Need

- None identified.

Future Need

- Following confirmation of arrangements for the provision of GP extended hours, there *may* be a need to review the current pattern of pharmacy opening hours to ensure that residents can secure timely access to dispensing, following a GP consultation. This is particularly the case in the SW and Central localities, but is also dependent upon the final GP arrangements for operational delivery of extended hours and the number of patients who may be using GP surgeries. Our benchmarking exercise demonstrates that there is sufficient capacity within our existing network of pharmacies to meet this need.

Current and Future Improvements or Better Access

- Extending opening hours on weekday mornings & evenings and at weekends, particularly in the SW locality, would improve access and choice to dispensing and other essential services, both now and in the future. This would address the potential gaps described and would be beneficial for residents who work full time; for those using GP services on weekdays before 9am and in the evenings from 8pm onwards; and for those who prefer to use a pharmacy outside of regular opening hours.
- There are opportunities for more pharmacies to provide support for people with disabilities particularly those with hearing impairment.

Many of the findings in this section e.g. access in relation to opening hours, support for people with disabilities etc are pertinent to other pharmacy-based services and our conclusions should be borne in mind when reviewing the remainder of the PNA. It is of note that the valuable pharmacy resource, within Harrow, is not optimally utilised particularly in the context of a primary care led NHS and improving access in primary care.

3.2.2 Premises

3.2.2.1 Consultation Areas

Overview

- Consultation areas provide a place in which private discussions may be held within a pharmacy. These areas are a pre-requisite for the provision of advanced, enhanced and locally commissioned services and also facilitate confidentiality when a pharmacy user wishes to seek advice on a sensitive matter.
- For advanced services, the characteristics of a pharmacy consultation area have been defined¹⁰:
 - There must be a sign designating the private consultation area.
 - The area or room must be:
 - Clean and not used for the storage of any stock.
 - Laid out and organised so that any materials or equipment which are on display are healthcare related.
 - Laid out and organised so that when a consultation begins, the patient's confidentiality and dignity is respected.
- In recognition of the interdependency between the commissioning of a broad range of services from pharmacy and the presence of a suitable consultation area, we explored the facilities available in our community pharmacy questionnaire; the table on the right summarises the results.

Conclusions on Consultation Areas

- Almost all pharmacies (95%) have at least one consultation area which in the majority of cases is a confidential closed room (92%). 3 pharmacies have two consultation areas.
- Most consultation areas are well equipped, but there opportunities to:
 - Ensure the use of technology is embraced in order to facilitate confidential discussions and information exchange, where required by the service.
 - Improve security through the use of CCTV and panic buttons.
 - Make adaptations to support those with disabilities, particularly meeting the needs of wheelchair users and those with a hearing impairment.
- 85% pharmacies said they currently provide consultations in a patient's home, which supports improving access for the housebound and/or those who find it difficult to access pharmacy services without support from a carer.

Consultation Areas & Facilities

Feature	Rationale	No. (n=60)*	%
On-site	Facilitates 'walk in' approach to service delivery	57	95%
Closed room	For confidentiality	55	92%
Space for a chaperone	Important for patients who wish to be accompanied during a consultation	38	63%
Wheel chair access	Improves access to a confidential area for those with a physical disability	39	65%
Hearing loop within the room	Improves quality of the consultation for those with a hearing impairment	9	15%
Computer	For contemporaneous patient records	42	70%
Internet access	Access to on-line resources	41	68%
Medication records	Access to patients' medication history during the consultation	37	62%
Telephone	Allows confidential calls to be made	18	30%
Sink with hot water	Required for services which include examination or taking samples	35	58%
Examination couch	Allows for a broader range of services to be provided	3	5%
CCTV	Affords protection and security	4	7%
Panic button	Affords protection and security	11	18%
Other Facilities on the Premises			
Patient toilet	Facilitates provision of samples	19	32%

* Results exclude the 2 pharmacies which did not respond to the questionnaire (Doorstep Pharmacy and Chana Chemist)

3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Overview

- The Medicines Use Reviews (MURs) & Prescription Intervention (PI) service consists of structured reviews for people taking multiple medicines.
- The service aims to improve patients' understanding of their medicines with the outcome of improving adherence and reducing waste.
- MURs tend to be proactive and targeted at specific patient groups whereas PIs are more reactive and are usually undertaken following the identification of a serious adherence issue.
- The pharmacy must have a consultation area which complies with specified criteria; and the pharmacist undertaking the service must be accredited to do so. A pharmacy may also seek permission, from NHS England, to provide MURs in the domiciliary setting.
- A pharmacy may:
 - Only offer an MUR to a patient who has been using the pharmacy for 3 months or more (this is known as the '3 month rule'). The 3 month rule does not apply to prescription interventions.
 - Undertake up to 400 MURs per annum.
 - From 2014/15, 70% of MURs must be directed to target groups i.e.
 - People on high risk medicines (NSAIDs, anti-coagulants, anti-platelets, diuretics).
 - Those who have been recently discharged from hospital.
 - People who have been prescribed certain respiratory medicines.
 - Those taking 4 or more medicines and who either have cardiovascular disease or whom are at risk of cardiovascular disease.

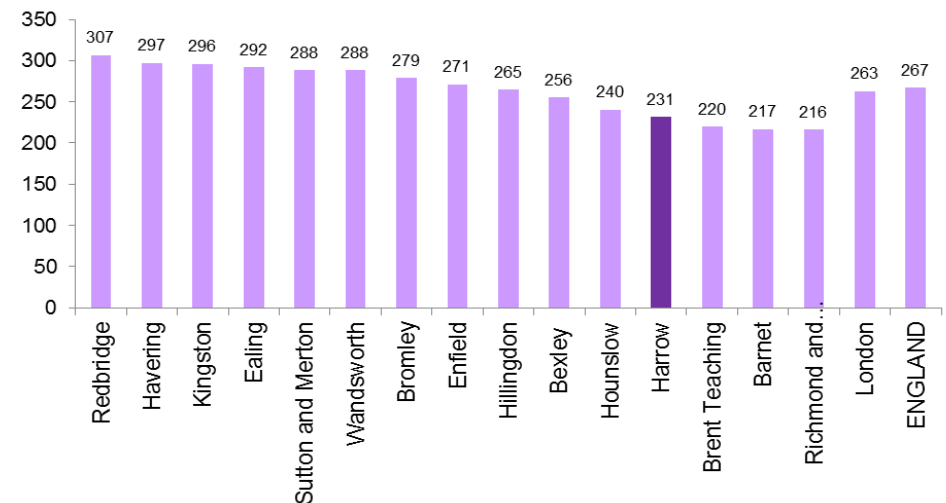
The Evidence Base

- The effectiveness of MURs at improving adherence, improving outcomes and reducing medicines related risks including adverse effects, has been demonstrated in studies¹⁰:
 - 49% of patients reported receiving recommendations to change how they take their medicines, and of these 90% were likely to make the change(s)
 - 77% had their medicines knowledge improved by the MUR.
 - 97% of patients thought the place where the MUR was conducted was sufficiently confidential.
 - 85% of patients scored the MUR 4 or 5 on a usefulness scale where 1 was not useful and 5 very useful.

The Current Picture

- 56 (90%) pharmacies offer Medicine Use Reviews.
- The graph below compares Harrow with our CIPFA comparator areas:
 - In Harrow, the average number of MURs per pharmacy was 231.
 - This performance is significantly below most of our comparators areas; and the London & England averages.
 - It is of note that all areas are below the maximum threshold of 400 MURs per annum.
- The table (next page) demonstrates:
 - Good access on weekdays (9:30am – 5pm) & Saturdays (10am – 12pm).
 - More limited access on weekday mornings (up until, and including 8am), Saturday afternoons, weekday evenings and Sundays.
- **Map 8** shows a good distribution of pharmacies offering the service.

Average MURs per pharmacy (2012/13)



3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Locality	Ward	Number of Pharmacies Offering the Medicines Use Review Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Closes early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	1	6	3	0	1	6	5	2	3	1
	Headstone South	0	2	1	0	0	2	1	0	0	0
	Kenton West	0	4	1	0	0	4	1	1	1	1
	Marlborough	1	2	1	0	0	2	2	1	1	0
	Wealdstone	0	2	1	0	0	2	1	0	0	0
Northeast	Canons	0	3	1	0	1	2	0	0	1	1
	Harrow Weald	0	2	1	0	0	2	1	0	0	0
	Stanmore Park	1	3	1	0	0	3	3	1	1	0
Northwest	Hatch End	0	2	1	0	0	2	2	0	1	0
	Headstone North	0	3	3	1	2	3	1	0	0	1
	Pinner	2	5	2	0	0	5	5	2	3	1
	Pinner South	0	1	0	0	0	1	0	0	0	0
Southeast	Belmont	1	2	1	0	0	2	1	1	1	0
	Edgware	0	4	3	0	0	4	2	0	0	0
	Kenton East	0	1	0	0	0	1	0	0	0	0
	Queensbury	0	2	2	0	1	2	2	0	0	0
Southwest	Harrow on the Hill	0	3	2	0	0	3	1	0	0	1
	Rayners Lane	0	3	2	1	0	3	2	0	1	0
	Roxbourne	0	3	2	0	0	3	2	0	0	0
	Roxeth	0	3	0	0	2	3	2	0	0	0
Grand Total		6	56	28	2	7	55	34	8	13	6
Percentage of Total		10%	90%	45%	3%	11%	89%	55%	13%	21%	10%

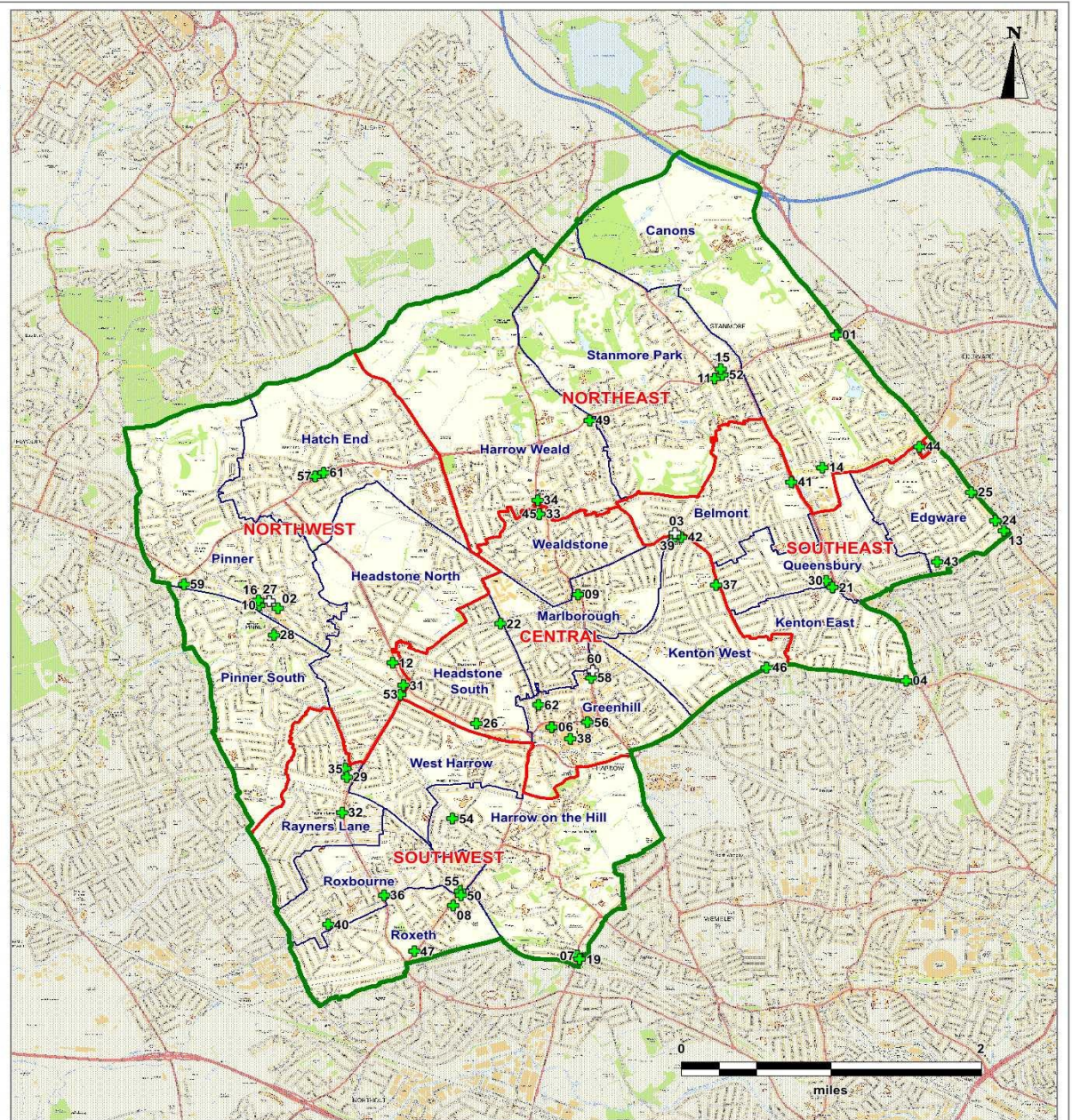
Pharmaceutical Needs Assessment
Map 8: Pharmacies Providing Medicines Use Reviews

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Harrow
- Harrow Localities
- Wards

Harrow Pharmacies

- | | |
|--|--|
| 01 Andrews Pharmacy - HA8 8AE | 33 Jade Pharmacy - HA3 5ES |
| 02 Angies Chemist - HA5 5PJ | 34 Jade Pharmacy - HA3 6EL |
| 03 Avicenna Pharmacy - HA3 8RD | 35 Jade Pharmacy - HA5 5DX |
| 04 Bachus Dispensing Chemist - HA3 9QX | 36 K L Pharmacy - HA2 9BN |
| 05 Boots (St Ann's Centre) - HA1 1HS | 37 K L Pharmacy - HA3 8RP |
| 06 Boots (St George's Shopping Centre) - HA1 1HS | 38 Keencare Ltd - HA1 1BE |
| 07 Boots - HA1 3QN | 39 Kentbrook Pharmacy - HA3 8SB |
| 08 Boots - HA2 8HX | 40 Kings Pharmacy - HA2 9AJ |
| 09 Boots - HA3 7AF | 41 Kotecha Pharmacy - HA7 1AR |
| 10 Boots - HA5 3HR | 42 Lloydspharmacy - HA3 8SA |
| 11 Boots - HA7 4AL | 43 Mackenzie Pharmacy - HA8 5QL |
| 12 Brayscale Pharmacy - HA2 6EH | 44 Medicare Dispensing Chemist - HA8 6LD |
| 13 Burnt Oak Pharmacy - HA8 5EP | 45 Nowell Pharmacy - HA3 5ES |
| 14 Canons Pharmacy - HA8 6RW | 46 Overton and Pickup Pharmacy - HA3 8DQ |
| 15 Care Chemist - HA7 4EB | 47 P M Williams Pharmacy - HA2 8HB |
| 16 Carter's Chemist - HA5 3JF | 49 Reems Pharmacy - HA3 6DN |
| 19 Clarke Pharmacy - HA1 3QS | 50 S & A Pharmacy - HA2 8HR |
| 21 Collins Pharmacy - HA7 1EY | 52 Sainsbury's Pharmacy - HA7 4DA |
| 22 Desons Chemist - HA2 6PL | 53 Saville Chemist - HA2 7SR |
| 24 Doshi Pharmacy - HA8 5EN | 54 Shaftsbury Pharmacy - HA2 0AJ |
| 25 Fairview Pharmacy - HA8 5ED | 55 Stratwicks Pharmacy - HA2 8DU |
| 26 Garner Chemists - HA1 4JJ | 56 Superdrug Pharmacy - HA1 2TA |
| 27 Gor Pharmacy - HA5 3EE | 57 Tannas Chemist - HA5 4HR |
| 28 Gor Pharmacy - HA5 3PB | 58 Tesco Instore Pharmacy - HA1 2TU |
| 29 Healthways Chemist - HA5 5DY | 59 Tesco Instore Pharmacy - HA5 2AG |
| 30 Honeypot Pharmacy - HA3 9DA | 60 The Harrow Pharmacy - HA1 2TY |
| 31 Jade Pharmacy - HA2 7SY | 61 Village Pharmacy - HA5 4HS |
| 32 Jade Pharmacy - HA2 9SG | 62 Webber Pharmacy - HA1 1PG |



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3.2.3 Advanced Services

3.2.3.1 Medicines Use Reviews & Prescription Interventions

Meeting the needs of those with a protected characteristic

Age	✓	Older people, on multiple medications for long term conditions may require MURs. People of working age may wish to access this service during extended hours.
Disability	✓	MURs help to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment.
Gender	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering MURs.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	MURs may help women who are planning pregnancy or breast feeding women to avoid harmful medicines.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✓	MURs may help to improve adherence to prescribed medicines.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- We would like to see all Harrow pharmacies offering the MUR service to address the gap, whereby some residents cannot access the service because it is not offered by their regular pharmacy.
- We wish to see all pharmacies targeting the service at people who will benefit the most. This will support pharmacies delivering the maximum number of MURs per annum.
- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times.
- Providing MURs in the domiciliary setting may improve access for people who are less able to visit a pharmacy.

The Future

We anticipate there will be an increase in the number of people requiring MURs as our population ages; as a result of population growth and because of local strategy to provide more care outside of hospital. Our benchmarking analysis demonstrates that there is sufficient capacity, within the current pharmacy network, to meet this future need.

Conclusions

- Targeted MURs improve adherence with the prescribed regimen, help to manage medicines related risks and improve patient outcomes:
 - People with long term conditions with multiple medicines benefit from regular reviews.
 - It is estimated that up to 20% of all hospital admissions are medicines related⁶ and arise as a result of treatment failure or unintended consequence (e.g. a side effect or taking the wrong dose).
- We have concluded that this service is **relevant** service to meet the pharmaceutical needs of our population, on the basis that:
 - Whilst MURs may only be provided by community pharmacists there are other comparable services that can be provided by other healthcare professionals (e.g. practice nurses, hospital pharmacists).
 - There is published evidence to demonstrate the benefits of MURs.
 - There is good alignment with local strategic priorities in that MURs contribute towards the effective management of long term conditions.
- 56 pharmacies offer the service; and 3 are willing to do so in the future.
- We have identified the following potential gaps:
 - 6 pharmacies don't offer the service at all.
 - More limited access on weekday & Saturday mornings up until including 8:00am (particularly in the SW locality); Saturday evenings (all localities); and Sundays (all localities). This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend.
 - There is scope for pharmacies to increase the number of MURs which are undertaken.
 - The 3 month rule means that the service may not be accessed from a pharmacy other than the regular pharmacy. This has implications in that residents using pharmacies which don't offer the service, and those who wish to use the service during extended hours, cannot choose to go to alternative pharmacy.

3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Overview

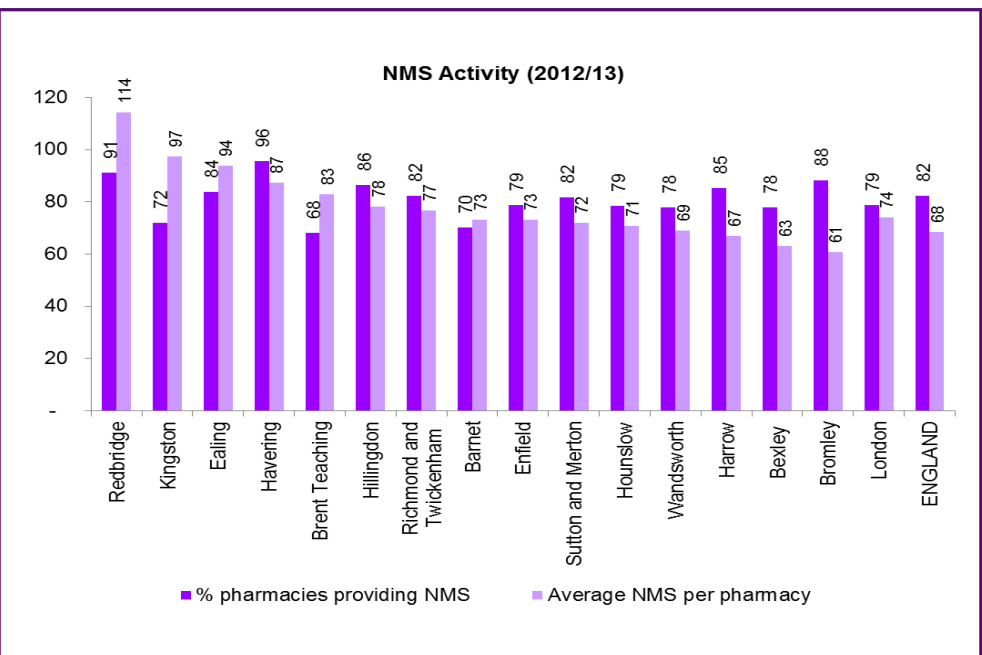
- The aim of the New Medicine Service (NMS) is to support patients with long-term conditions, who are taking a **newly prescribed medicine**, to help improve medicines adherence.
- The service is focused on the following patient groups and conditions:
 - Asthma and COPD
 - Diabetes (Type 2)
 - Hypertension
 - Antiplatelet / anticoagulant therapy.
- Patients are either referred into the service by a prescriber when a new medicine is started (this can be from primary or secondary care) or are identified opportunistically by the community pharmacist.
- The number of NMS interventions which a pharmacy may undertake is linked to their volume of dispensing in any given month.

The Evidence Base

- A recent randomised controlled trial¹¹ demonstrated that the NMS intervention in community pharmacy may deliver health benefits by increasing adherence to medication and be cost effective:
 - The NMS increased adherence by around 10% and increased identification in the numbers of medicine related problems and solutions.
 - Economic modelling showed that the NMS could increase the length and quality of life for patients, while costing the NHS less than for those in the comparator group.
 - Pharmacy ownership however, was likely to have affected effectiveness, with adherence seen to double, following an NMS if conducted by small multiple compared to an independent.
- In a study evaluating a telephone based pharmacy advisory service¹², pharmacists met patients' needs for information and advice on medicines, when starting treatment.

The Current Picture

- 54 (87%) pharmacies offer the NMS.
- Benchmarking data (graph below) summarises Harrow's provision and performance against our CIPFA comparators:
 - The proportion of pharmacies offering the service is higher than the London and England average and many of our comparator areas.
 - The average number of NMS reviews undertaken is lower than the London and England average and many of our comparator areas.
- The table (next page) shows:
 - Good access on weekdays (9:30am – 5pm) & Saturdays (10am – 12 pm).
 - More limited access on weekday mornings (up until, and including 8am), Saturday afternoons, weekday & Saturday evenings and Sundays.
 - There is no access to the service in the SW locality on weekday mornings (up until & including 8am) and on Saturday evenings (7pm onwards)
- Map 9** shows a good distribution of pharmacies offering the service.



3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Locality	Ward	Number of Pharmacies Offering the New Medicine Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	1	6	3	0	1	6	5	2	3	1
	Headstone South	0	1	0	0	0	1	0	0	0	1
	Kenton West	0	4	1	0	0	4	1	1	1	1
	Marlborough	1	2	1	0	0	2	2	1	1	0
	Wealdstone	0	2	1	0	0	2	1	0	0	0
Northeast	Canons	0	3	1	0	1	2	0	0	1	1
	Harrow Weald	0	2	1	0	0	2	1	0	0	0
	Stanmore Park	1	3	1	0	0	3	3	1	1	0
Northwest	Hatch End	0	2	1	0	0	2	2	0	1	0
	Headstone North	0	3	3	1	2	3	1	0	0	1
	Pinner	2	5	2	0	0	5	5	2	3	1
	Pinner South	0	0	0	0	0	0	0	0	0	1
Southeast	Belmont	1	2	1	0	0	2	1	1	1	0
	Edgware	0	4	3	0	0	4	2	0	0	0
	Kenton East	0	1	0	0	0	1	0	0	0	0
	Queensbury	0	2	2	0	1	2	2	0	0	0
Southwest	Harrow on the Hill	0	3	2	0	0	3	1	0	0	1
	Rayners Lane	0	3	2	1	0	3	2	0	1	0
	Roxbourne	0	3	2	0	0	3	2	0	0	0
	Roxeth	0	3	0	0	2	3	2	0	0	0
Grand Total		6	54	27	2	7	53	33	8	13	8
Percentage of Total		10%	87%	44%	3%	11%	85%	53%	13%	21%	13%

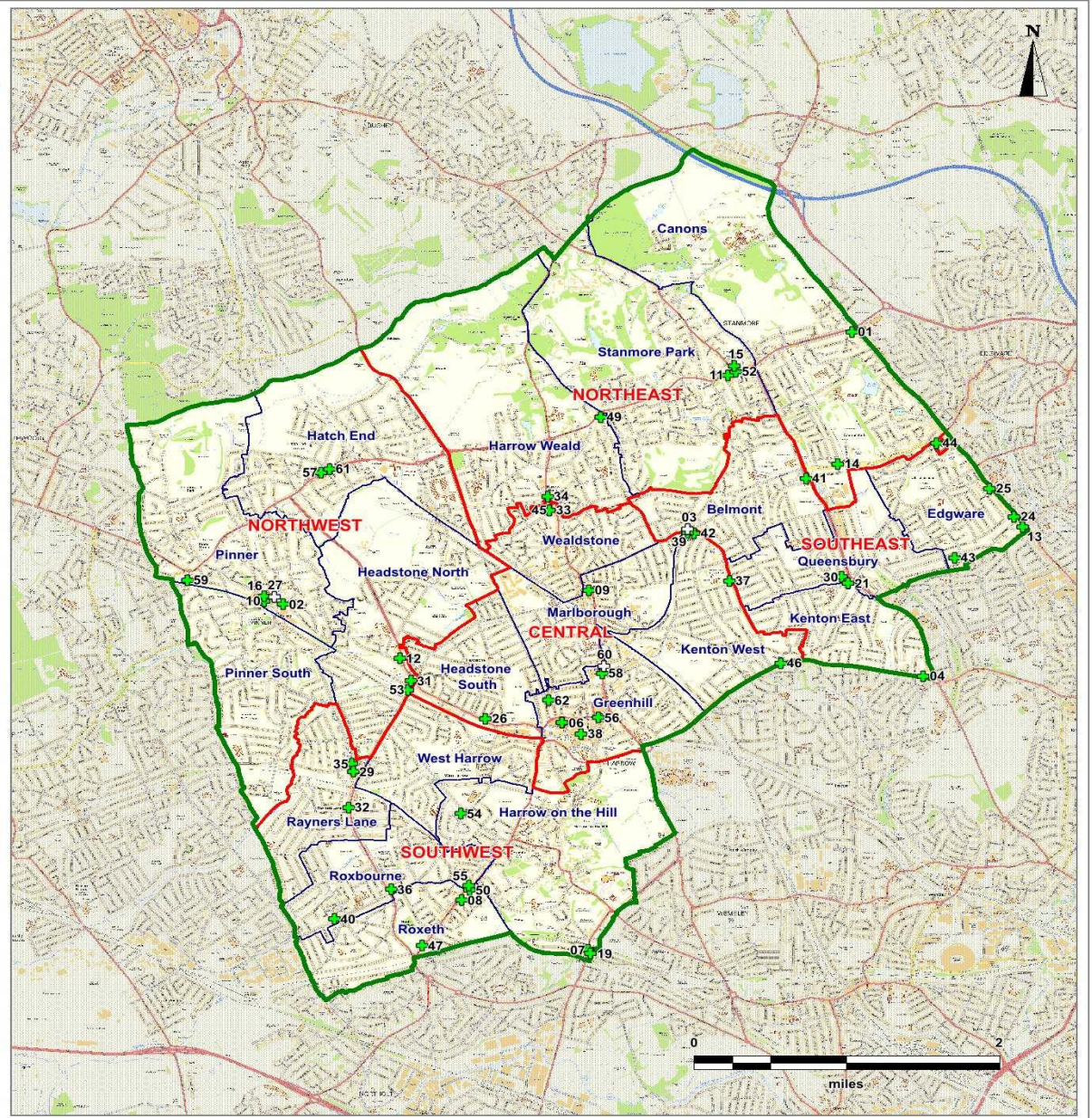
Pharmaceutical Needs Assessment Map 9: Pharmacies Providing the New Medicine Service

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Harrow
- Harrow Localities
- Wards

Harrow Pharmacies

- | | |
|--|--|
| 01 Andrews Pharmacy - HA8 8AE | 34 Jade Pharmacy - HA3 6EL |
| 02 Angies Chemist - HA5 5PJ | 35 Jade Pharmacy - HA5 5DX |
| 03 Avicenna Pharmacy - HA3 8RD | 36 K L Pharmacy - HA2 9BN |
| 04 Bachus Dispensing Chemist - HA3 9QX | 37 K L Pharmacy - HA3 8RP |
| 05 Boots (St Ann's Centre) - HA1 1HS | 38 Keencare Ltd - HA1 1BE |
| 06 Boots (St George's Shopping Centre) - HA1 1HS | 39 Kentbrook Pharmacy - HA3 8SB |
| 07 Boots - HA1 3QN | 40 Kings Pharmacy - HA2 9AJ |
| 08 Boots - HA2 8HX | 41 Kotecha Pharmacy - HA7 1AR |
| 09 Boots - HA5 7AF | 42 Lloydspharmacy - HA3 8SA |
| 10 Boots - HA5 3HR | 43 Mackenzie Pharmacy - HA8 5QL |
| 11 Boots - HA7 4AL | 44 Medicare Dispensing Chemist - HA8 6LD |
| 12 Brayscale Pharmacy - HA2 6EH | 45 Nowell Pharmacy - HA3 5ES |
| 13 Burnt Oak Pharmacy - HA8 5EP | 46 Overton and Pickup Pharmacy - HA3 8DQ |
| 14 Canons Pharmacy - HA8 6RW | 47 P M Williams Pharmacy - HA2 8HB |
| 15 Care Chemist - HA7 4EB | 49 Reems Pharmacy - HA3 6DN |
| 16 Carter's Chemist - HA5 3JF | 50 S & A Pharmacy - HA2 8HR |
| 19 Clarke Pharmacy - HA1 3QS | 52 Sainsbury's Pharmacy - HA7 4DA |
| 21 Collins Pharmacy - HA7 1EY | 53 Saville Chemist - HA2 7SR |
| 24 Doshi Pharmacy - HA8 5EN | 54 Shaftsbury Pharmacy - HA2 0AJ |
| 25 Fairview Pharmacy - HA8 5ED | 55 Stratwicks Pharmacy - HA2 8DU |
| 26 Garner Chemists - HA1 4JJ | 56 Superdrug Pharmacy - HA1 2TA |
| 27 Gor Pharmacy - HA5 3EE | 57 Tannas Chemist - HA5 4HR |
| 29 Healthways Chemist - HA5 5DY | 58 Tesco Instore Pharmacy - HA1 2TU |
| 30 Honeypot Pharmacy - HA3 9DA | 59 Tesco Instore Pharmacy - HA5 2AG |
| 31 Jade Pharmacy - HA2 7SY | 60 The Harrow Pharmacy - HA1 2TY |
| 32 Jade Pharmacy - HA2 9SG | 61 Village Pharmacy - HA5 4HS |
| 33 Jade Pharmacy - HA3 5ES | 62 Webber Pharmacy - HA1 1PG |



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3.2.3 Advanced Services

3.2.3.2 New Medicine Service (NMS)

Meeting the needs of those with a protected characteristic

Age	✓	Older people on multiple medications for long term conditions may benefit from the NMS. People of working age may wish to access this service during extended hours.
Disability	✓	The NMS helps to assess & provide support to patients to help improve adherence to medicines e.g. provision of large print labels for the visually impaired. Advice needs to be tailored for those with cognitive impairment.
Gender	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering successful NMS.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	NMS may help women who are <i>planning</i> pregnancy or breast feeding women to avoid harmful medicines.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- To improve access we would like to see more pharmacies opening earlier in the morning and staying open later in the evening, where there is a demand for service provision at these times.
- Adopting an integrated approach to service delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for patients.
- Where a pharmacy does not offer the service, they should be encouraged to signpost patients to an alternative pharmacy.

The Future

- The NMS was originally implemented as a time-limited intervention. NHS England has stated it will continue to commission the service in 2014/15. *We wish to see all pharmacies in Harrow offering, and proactively delivering the service, for as long as this is commissioned.*
- Our benchmarking analysis demonstrates there is sufficient capacity in the system, to meet any increased future demand.

Conclusions

- The NMS has been shown to improve adherence with a newly prescribed medicine; helps to manage medication related risks; and improves outcomes through tackling the following problems⁶:
 - Only 16% people take a new medicine as prescribed.
 - 10 days after starting a new medicine, almost one third of patients are non-adherent.
 - Up to 20% of hospital admissions are medicines-related and arise as a result of failure or unintended consequence of the prescribed medicine.
- On balance, we have determined that the service is not necessary to meet a pharmaceutical need, but is **relevant** in that it improves access to medicines reviews and clinical support. The following factors have influenced this decision:
 - The service may only be provided by community pharmacists but other healthcare professionals may offer comparable services.
 - There is published evidence to demonstrate the benefits of the NMS
 - There is good alignment with local strategic priorities in that the service contributes towards the effective management of long term conditions and admission avoidance.
 - The number of reviews undertaken in Harrow is relatively low compared with our CIPFA comparators and the London & England averages.
 - The long term future of the service is not known at this point in time.
- 54 pharmacies offer the service; a further 5 are willing to do so.
- We have identified the following potential gaps:
 - 8 pharmacies don't offer the service at all.
 - The number of reviews undertaken is low.
 - More limited access on weekday mornings up until including 8:00am in all localities (with no access in the SW locality); Saturday evenings and Sundays. This pattern of opening may present a constraint for people who work full time and who may prefer to use pharmacy services in the early morning or at the weekend.

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Overview

- This service involves the customisation of stoma appliances, based on a patient's measurements or a template.
- The aim of the service is to ensure proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste.
- There are no limits on the number of SACS which may be undertaken.

The Current Picture

- 8 (13%) pharmacies advised us, in the community pharmacy questionnaire, that they offer the SAC service:
 - There are one or more pharmacies offering the service, on weekdays and Saturdays, in all localities apart from the NW locality.
 - On Sundays, only one pharmacy offering the service is open; this is based in the SW locality.
- 36 of the 54 pharmacies which don't offer the service, told that they would be willing to provide the service in the future.
- Benchmarking data (table on the right) for 2012/13 shows the number of SACS undertaken by Harrow pharmacies compared with our CIPFA comparators and demonstrates:
 - The areas which have a dispensing appliance contractors (all highlighted in the table) have high activity.
 - The areas which only have community pharmacies (including Harrow) have significantly lower activity; of these, Harrow has the lowest activity.
- With respect to non-pharmacy providers, stoma customisation is a specialist service and many residents will be supported by the hospital or clinic responsible for their on-going care.

The Evidence Base

- There is no published evidence to demonstrate the benefits of SACS.
- The stated benefits of improving the duration of usage and reducing waste are theoretical.

CIPFA Comparator Area	SACS Service 2012/13	
	Total	Average No. per Pharmacy / DAC
Wandsworth	7,598	7,598
Brent Teaching	6,708	6,708
Kingston	6,253	3,127
Sutton and Merton	5,983	1,197
Barnet	834	278
Redbridge	107	27
Havering	70	18
Enfield	65	9
Bromley	63	9
Ealing	43	14
Bexley	29	6
Richmond and Twickenham	15	8
Hillingdon	12	6
Hounslow	8	4
Harrow	5	5
London	70,883	921
England	1,117,971	635

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

Locality	Ward	Number of Pharmacies Offering the Stoma Appliance Customisation Service			Not offered at all
		Weekdays	Saturdays	Sunday	
Central	Greenhill	0	0	0	7
	Headstone South	0	0	0	2
	Kenton West	0	0	0	5
	Marlborough	0	0	0	2
	Wealdstone	2	2	0	0
Northeast	Canons	0	0	0	4
	Harrow Weald	1	1	0	1
	Stanmore Park	0	0	0	3
Northwest	Hatch End	0	0	0	2
	Headstone North	0	0	0	4
	Pinner	0	0	0	6
	Pinner South	0	0	0	1
Southeast	Belmont	1	1	0	1
	Edgware	0	0	0	4
	Kenton East	0	0	0	1
	Queensbury	0	0	0	1
Southwest	Harrow on the Hill	1	1	0	4
	Rayners Lane	3	3	1	0
	Roxbourne	0	0	0	3
	Roxeth	0	0	0	3
Grand Total		8	8	1	54
Percentage of Total		13%	13%	2%	87%

3.2.3 Advanced Services

3.2.3.3 Stoma Appliance Customisation Service (SACS)

SACS – Out of Area Provision

- In order to effectively review out of area provision of SACS, it is necessary to review the dispensing of stoma appliances.
- The total number of stoma appliances, dispensed against prescriptions issued by Harrow GPs was 8,439 (2012/13 data).
- The table on the right summarises how this breaks down between Harrow and out of area pharmacies and DACs:
 - 28.5% of items were dispensed within Harrow. 59 (97%) Harrow pharmacies dispensed anywhere between 3 and 342 items (Avicenna Pharmacy has been excluded from the analysis because it did not open until December 2014)
 - 71.5% of items were dispensed outside of the area.
- Taking the above into account, it follows that a significant proportion of Harrow residents will access the SACS outside of the area.

Stoma Appliance Dispensing			
		Items	% Total
Harrow Pharmacies	Central	1,063	12.6%
	Northeast	238	2.8%
	Northwest	411	4.9%
	Southeast	286	3.4%
	Southwest	409	4.8%
	Total - Harrow		2,407
Out of Area Pharmacies	>100 items per pharmacy / DAC	1,495	17.7%
	<100 items per pharmacy / DAC	4,537	53.8%
	Total - Out of Area		6,032

Meeting the needs of those with a protected characteristic

Age	✓	Older people are more likely to have stomas and therefore may require access to the SACS.
Disability	✓	SACS help to assess need & provide support to help people with disabilities manage their stoma.
Gender	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering successful SACS.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	SACS may be required during pregnancy to help accommodate changing body shape.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Conclusions

- The service aims to ensure the proper use and comfortable fitting of the appliance and to improve the duration of usage, thereby reducing waste.
- 8 pharmacies offer the SACS service; and 36 are willing to offer the service in the future.
- Very few SACS are undertaken within Harrow and believe this may be explained by the following reasons:
 - The majority of stoma appliances are dispensed outside of the area; consequently, SACS are more likely to be provided outside of the area.
 - The reviews are specialist in nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care.
 - Hospitals may refer patients directly to the appliance manufacturers who supply directly; such patients may not be aware that pharmacies offer SACS.
- We have determined that the SACS service is not necessary to meet a pharmaceutical need but it is **relevant** for the following reasons:
 - The service is available from pharmacy providers and non-pharmacy providers within and outside of the area.
 - There is insufficient published evidence to demonstrate improved patient outcomes or value for money.
- We are not aware of any complaints or dissatisfaction with the current service level and have not identified any current or future gaps.

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

Overview

- Appliance Use Reviews (AURs) may be provided by community pharmacies and dispensing appliance contractors. They may be carried out by an appropriately trained pharmacist or specialist nurse either within the contractor's premises or in a patient's own home.
- The purpose of AURs is to improve a patient's knowledge and use of any 'specified appliance' that they have been prescribed. The pharmacy would normally dispense and undertake a review with a view to improving adherence and to minimise waste by resolving any issues related to poor or ineffective use of the appliance by the patient.
- The number of AURs which may be undertaken is linked to the volume of appliances dispensed i.e. 1/35 of specified appliances (see box on the right).

The Current Picture

- 10 (16%) pharmacies advised us, in the community pharmacy questionnaire, that they offer the AUR service:
 - There are one or more pharmacies offering the service, on weekdays and Saturdays, in all localities
 - On Sundays, only 3 pharmacies offering the service are open; these are based in the NW, SE and SW localities.
- 35 of the 52 pharmacies which don't offer the service, told us that they would be willing to provide the service in the future.
- Benchmarking data (table on the right) for 2012/13 shows that Harrow pharmacies have not undertaken any AURs; this is a similar position to all of our CIPFA comparator areas with the exception of those which have a DAC.
- With respect to non-pharmacy providers, advice on the use of appliances may be offered by the hospital or clinic responsible for ongoing care.

Specified Appliances

- Catheter appliances, accessories & maintenance solutions
- Laryngectomy or tracheostomy appliance
- Anal irrigation kits
- Vacuum pump or constrictor rings for erectile dysfunction
- Stoma appliances
- Incontinence appliances

The Evidence Base

- There is no published evidence to demonstrate the benefits of AURs.
- The stated benefits of improving adherence and reducing waste are theoretical.

ONS Comparator Area	No. of AURs provided (2012/13)			
	Home	Premises	Total	% at Home
Brent Teaching	311	10	321	97%
Wandsworth	173	147	320	54%
Barnet	22	0	22	100%
Sutton and Merton	7	0	7	100%
Bexley	0	0	0	0%
Bromley	0	0	0	0%
Ealing	0	0	0	0%
Enfield	0	0	0	0%
Harrow	0	0	0	0%
Havering	0	0	0	0%
Hillingdon	0	0	0	0%
Hounslow	0	0	0	0%
Kingston	0	0	0	0%
Redbridge	0	0	0	0%
Richmond and Twickenham	0	0	0	0%
London	1820	354	2174	84%
England	23,554	4593	28147	84%

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

Locality	Ward	Number of Pharmacies Offering Appliance Use Reviews			Not offered at all
		Weekdays	Saturdays	Sunday	
Central	Greenhill	0	0	0	7
	Headstone South	1	1	0	1
	Kenton West	0	0	0	5
	Marlborough	0	0	0	2
	Wealdstone	2	2	0	0
Northeast	Canons	0	0	0	4
	Harrow Weald	1	1	0	1
	Stanmore Park	0	0	0	3
Northwest	Hatch End	1	1	1	1
	Headstone North	0	0	0	4
	Pinner	0	0	0	6
	Pinner South	0	0	0	1
Southeast	Belmont	2	2	1	0
	Edgware	0	0	0	4
	Kenton East	0	0	0	1
	Queensbury	0	0	0	2
Southwest	Harrow on the Hill	0	0	0	4
	Rayners Lane	2	2	1	1
	Roxbourne	0	0	0	3
	Roxeth	1	1	0	2
Grand Total		10	10	3	52
Percentage of Total		16%	16%	5%	85%

3.2.3 Advanced Services

3.2.3.4 Appliance Use Reviews (AURs)

AURs – Analysis of Provision

- We have used dispensing of incontinence appliances as a means of exploring provision of AURs.
- The total number of incontinence appliances, dispensed against prescriptions issued by Harrow GPs was 3,858 (2012/13 data). The table (on the right) summarises how this breaks down between Harrow and out of area pharmacies and DACs:
 - 56% of items were dispensed within Harrow with 53 (87%) pharmacies dispensed anywhere between 3 and 510 items (Avicenna Pharmacy has been excluded from the analysis as it did not open until December 2014).
 - 44% of items were dispensed outside of the area.
 - The maximum number of AURs which could be provided to people using incontinence appliances was 110; 62 within Harrow; & 49 outside of the area.
 - Similarly, for stoma appliances (see page 59), the maximum number would be 68 and 172 for Harrow and outside of the area respectively.

Incontinence Appliance Dispensing				
		Total Items	% Total Items	Max No. AURs
Harrow Pharmacies	Central	1,208	31.3%	35
	Northeast	173	4.48%	6
	Northwest	400	10.37%	5
	Southeast	174	4.51%	5
	Southwest	198	5.13%	11
	Total – Harrow		2,153	56%
Out of Area Pharmacies	>100 items per pharmacy / DAC	802	21%	26
	<100 items per pharmacy / DAC	903	23%	23
	Total - Out of Area	1,705	44%	49

Meeting the Needs of those with a protected characteristic

Age	✓	Older people are more likely to use appliances and as such require AURs.
Disability	✓	Disabled people are more likely to use appliances and as such may require AURs.
Gender	✓	Appliance advice can be specific to gender.
Race	✓	Language may be a barrier to delivering successful AURs.
Religion or belief	✗	No specific needs identified.
Pregnancy & maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Conclusions

- The aim of AURs is to improve knowledge and use of 'specified appliances' with a view to improving outcomes and reducing waste.
- In Harrow, 10 pharmacies offer the AURs service; and 35 have said they are willing to do so in the future.
- No AURs were undertaken in Harrow. The following reasons explain this:
 - The AURs limit impacts upon the number of people eligible for the service.
 - Over 40% appliances are dispensed outside of the area; and it follows that AURs will be undertaken outside the area.
 - The reviews are specialist in nature and patients often receive the support they need from the hospital or clinic responsible for their ongoing care.
 - Hospitals may refer directly to appliance manufacturers who supply directly; such patients may not be aware that pharmacies offer AURs.
- We have determined that AURs are not necessary to meet a pharmaceutical need but are **relevant** for the following reasons:
 - The service is available from pharmacy providers and non-pharmacy providers within and outside of the area.
 - There is insufficient published evidence to demonstrate improved patient outcomes or value for money.
- We are not aware of any complaints or dissatisfaction with the current service level and have not identified any current or future gaps.

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Overview

- The aim of the immunisation programme is to minimise the health impact of disease through effective prevention.
- The London Pharmacy Vaccination service has been established to deliver population-wide evidence based immunisation programmes with a view to:
 - Ensuring timely delivery of immunisations to achieve optimum coverage for the target population.
 - Promote a choice of provider for patients and facilitate the “Every Contact Counts” approach by offering co-administration opportunities where an individual is eligible for two or more vaccinations under different immunisation programmes.
 - Improving access to vaccination services.
 - Addressing the historically low uptake of seasonal influenza vaccination by those aged under 65 who fall into an ‘at risk’ group and those aged 65+.
- The scope of service current includes the following portfolio from September 2014 - March 2015:
 - Pneumococcal polysaccharide vaccination.
 - Seasonal Influenza vaccinations.

The Current Picture

- 30 (48%) pharmacies are commissioned to provide the service.
- The table on the next page summarises availability of services:
 - There is reasonable access, and a choice of pharmacy, on weekdays (9:30am-5:00pm) and on Saturday (10am – 12pm) in all localities.
 - During extended hours service availability is more limited in all localities; particularly in the NE, SE and SW localities when it is not available in the early mornings or Saturday evenings (7pm onwards); and on Sundays, where there is no availability in the NE and SE localities.
- **Map 10** provides an overview of the distribution of pharmacies against a background of the older people (65+) population and shows:
 - That there is not necessarily a good correlation with need.
 - Residents living in the NW and NE localities, where there is a high proportion of people aged 65+, may have to travel more than 2 miles to access the service.
- **Non Pharmacy providers:** include GPs and community nurses.

The Evidence Base

- In 2011/12, pharmacies in one area used ‘PharmOutcomes’ to record vaccinations and notify GP colleagues¹³:
 - 4,192 people were vaccinated (approximately 15% of total vaccinated).
 - 35% were under 65 and in ‘at risk’ groups (other providers vaccinated 17% in this category).
 - 19% patients stated vaccination was unlikely without pharmacy access.
 - 97% rated the service as ‘excellent’.
 - 13% of patients cited difficulties in obtaining the vaccine from other providers.
- A literature review¹⁴ of community pharmacy delivered immunisation services demonstrates:
 - Immunisation can be safely delivered through community pharmacy.
 - Patient medication records are effective at identifying ‘at risk’ clients to be invited for immunisation and this can increase uptake of vaccine.
 - User satisfaction with pharmacy based services is high.
 - Support for non-physician delivered immunisation is greater for adults than children.

Provider Criteria

- The following criteria in order to provide the service:
 - There must be a designated consultation area or alternative premises that meet specific criteria including workspace & infection control requirements.
 - The service must be provided by an accredited pharmacist working under the NHS England Core PGD for Administration of 2014/15 Vaccinations, as well as individual PGDs for the pneumococcal and seasonal influenza vaccinations.
 - A Declaration of Competences for Vaccination Services (the London Service); including Centre of Pharmacy Postgraduate Education (CPPE) on immunisations and basic life support training must be completed.
 - Pharmacists must attend relevant study days/courses, keeping up to date with clinical literature.
 - Pharmacist must be aware of the need to have hepatitis B vaccination.
 - Standard operating procedures must be available.
 - All pharmacy staff must be trained on the operation of the scheme, with full details available for locum pharmacists.
 - Pharmacies participating in the service are expected to work in partnership with local GPs to identify and encourage those that have failed to attend previous vaccination appointments.

3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service

Locality	Ward	Number of Pharmacies Offering the London Pharmacy Vaccination Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	1	5	3	0	1	5	4	2	2	2
	Headstone South	0	1	0	0	0	1	0	0	0	1
	Kenton West	0	2	0	0	0	2	0	0	0	3
	Marlborough	1	1	1	0	0	1	1	1	1	1
	Wealdstone	0	1	1	0	0	1	0	0	0	1
Northeast	Canons	0	1	1	0	0	1	0	0	0	3
	Harrow Weald	0	2	1	0	0	2	1	0	0	0
	Stanmore Park	0	1	0	0	0	1	1	0	0	2
Northwest	Hatch End	0	0	0	0	0	0	0	0	0	2
	Headstone North	0	1	1	0	0	1	1	0	0	3
	Pinner	3	4	3	0	0	4	4	3	3	2
	Pinner South	0	1	0	0	0	1	0	0	0	0
Southeast	Belmont	0	1	0	0	0	1	0	0	0	1
	Edgware	0	1	1	0	0	1	0	0	0	3
	Kenton East	0	1	0	0	0	1	0	0	0	0
	Queensbury	0	0	0	0	0	0	0	0	0	2
Southwest	Harrow on the Hill	0	2	0	0	0	2	0	0	1	2
	Rayners Lane	0	1	1	0	0	1	1	0	1	2
	Roxbourne	0	2	1	0	0	2	1	0	0	1
	Roxeth	0	2	0	0	1	2	1	0	0	1
Grand Total		5	30	14	0	2	30	15	6	8	32
Percentage of Total		8%	48%	23%	0%	3%	48%	24%	10%	13%	52%

**Pharmaceutical Needs Assessment
Map 10: Pharmacies Providing the
London Pharmacy Vaccination Service**

Legend

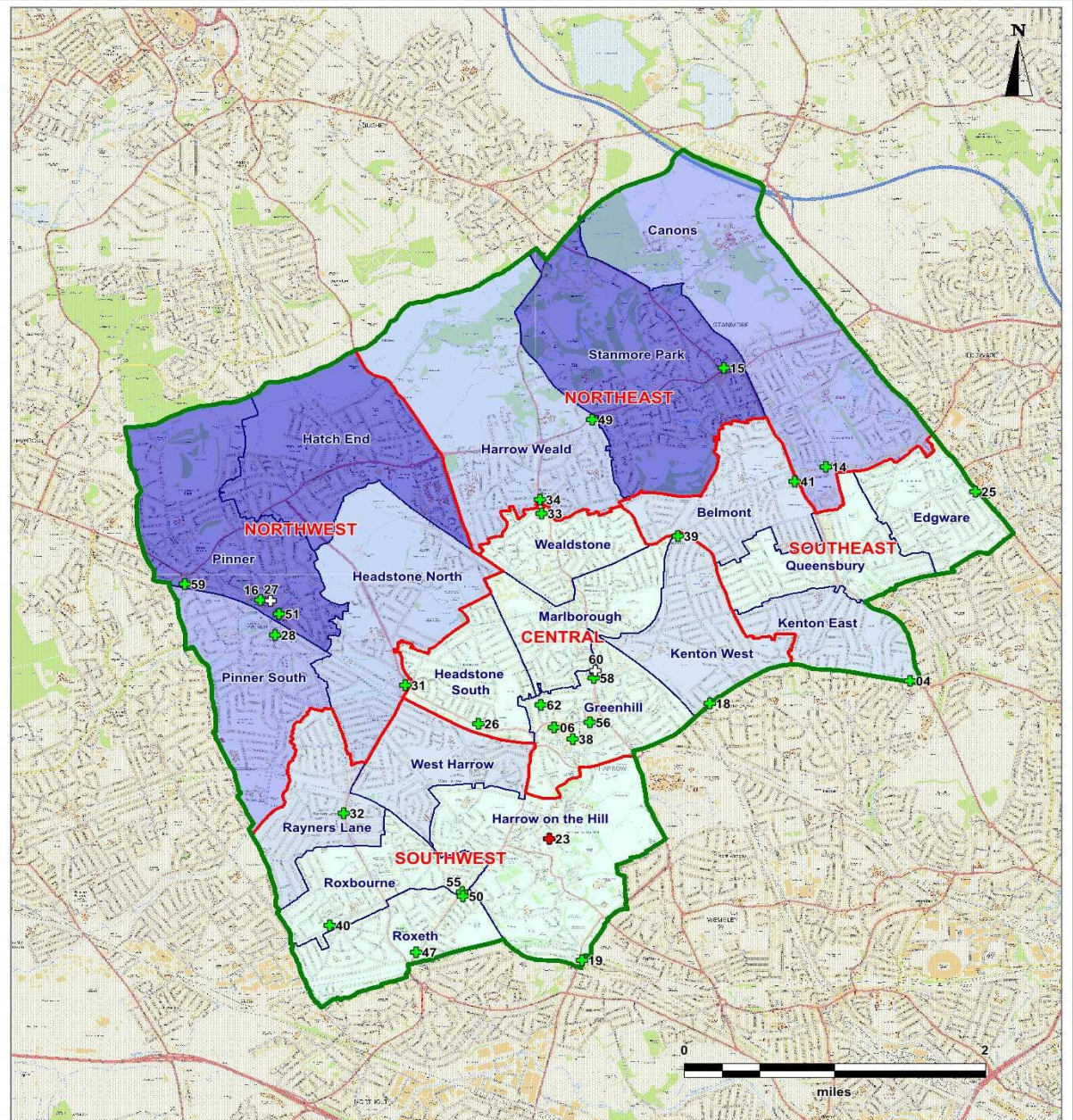
- + Pharmacies
- + 100 Hour Pharmacies
- + Internet Pharmacies
- Harrow
- Harrow Localities
- Wards

**Percentage of population aged 65 plus
by Ward**

- 19.8 to 22.4 %
- 17.3 to 19.7%
- 14.8 to 17.2%
- 12.3 to 14.7 %
- 9.8 to 12.2 %

Harrow Pharmacies

- | | |
|--|--|
| <ul style="list-style-type: none"> 04 Bachus Dispensing Chemist - HA3 9QX 06 Boots (St George's Shopping Centre) - HA1 1HS 14 Canons Pharmacy - HA8 6RW 15 Care Chemist - HA7 4EB 16 Carter's Chemist - HA3 3JF 18 Chana Chemist - HA3 9BL 19 Clarke Pharmacy - HA1 3QS 23 Doorstep Pharmacy - HA1 3LP 25 Fairview Pharmacy - HA8 5ED 26 Garner Chemists - HA1 4JJ 27 Gor Pharmacy - HA5 3EE 28 Gor Pharmacy - HA5 5PB 31 Jade Pharmacy - HA2 7SY 32 Jade Pharmacy - HA2 9SG 33 Jade Pharmacy - HA3 5ES | <ul style="list-style-type: none"> 34 Jade Pharmacy - HA3 6EL 38 Keencare Ltd - HA1 1BE 39 Kentbrook Pharmacy - HA3 8SB 40 Kings Pharmacy - HA2 9AJ 41 Kotecha Pharmacy - HA7 1AR 47 P M Williams Pharmacy - HA2 8HB 49 Reems Pharmacy - HA3 6DN 50 S & A Pharmacy - HA2 8HR 51 Sainsbury's Pharmacy - HA5 5LU 55 Stratwicks Pharmacy - HA2 8DU 56 Superdrug Pharmacy - HA1 2TA 58 Tesco Instore Pharmacy - HA1 2TU 59 Tesco Instore Pharmacy - HA5 2AG 60 The Harrow Pharmacy - HA1 2TY 62 Webber Pharmacy - HA1 1PG |
|--|--|



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3.2.4 Enhanced Services

3.2.4.1 London Pharmacy Vaccination Service (cont...)

Meeting the needs of those with a protected characteristic		
Age	✓	The service is available to those over 65 and under 65 in at risk groups; people of working age may wish to access the service during extended hours.
Disability	✓	Pharmacy services may be more accessible and convenient for people with a physical disability.
Gender	✗	No specific needs identified.
Race	✓	BAME people are more likely to be in the “at risk” groups.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	The service is available to women who are pregnant.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- We wish to see this service commissioned from as many pharmacies as possible in Harrow to support increased uptake of seasonal influenza vaccine in all at risk groups; 25 pharmacies told us they would be willing to provide this service in the future.
- In particular, we wish to see all pharmacies which are open for extended hours on weekdays, Saturdays and Sundays offering the service. This would potentially improve access for people who work full time and who may find it difficult to attend for vaccination during working hours.

The Future

- NHS England has advised that they may wish to broaden the current portfolio to include shingles, pertussis, Fluenz ® and rotavirus vaccination.

Conclusions

- The London Pharmacy Vaccination Service has been established to improve the uptake of immunisation, to provide a choice of provider and to facilitate implementation of “Every Contact Counts” by offering co-administration of different vaccines, where these are clinically indicated.
- The scope of the service, in 2013/14, includes seasonal influenza and pneumococcal vaccines.
- We have concluded that this service is not necessary to meet a pharmaceutical need but is **relevant** in that:
 - Community pharmacy is one of a range of providers offering the vaccinations. Many are open during extended hours on weekdays and at weekends. As such, the pharmacy-based service offers improvements in both access and choice.
 - There is emerging published evidence to support the role of community pharmacy in delivering immunisation services.
 - The service will support Harrow with achieving vaccination targets and coverage, particularly in those aged under 64 years who are at risk.
- 30 pharmacies are currently offering the vaccination service.
- Service provision does not necessarily align with need, particularly in the NE and NW localities; and there are opportunities to improve service availability during extended hours on weekdays, Saturdays and Sundays.
- The London Pharmacy Vaccination Service was launched in September 2014 and it is, therefore, too earlier to evaluate its impact.

3.3 Locally Commissioned Services

3.3.1 Overview

Overview

- The Regulations¹ require that the HWB considers how other services affect the need for pharmaceutical services. Within our PNA, we look at this from two perspectives:
 - a. Firstly, we review how other NHS services impact upon pharmaceutical need (this is considered throughout the PNA).
 - b. Secondly, an assessment of services which have been directly commissioned from pharmacy by other organisations.
- In this section of the PNA, we undertake a detailed review of the services which have been directly commissioned from pharmacy:
 - Emergency Hormonal Contraception
 - Stop Smoking Service
 - Supervised Consumption Service
 - Needle and Syringe Programme
 - Alcohol Identification and Brief Advice
- In undertaking our assessment, we have adopted a structure and approach similar to that used for pharmaceutical services. This includes setting out current and future gaps and identifying areas for further improvement.
- We have found it helpful to consider whether or not a locally commissioned service is necessary to meet a pharmaceutical need; or if we believe that it is relevant in that it secures improvements in access or choice
- It should be noted that applications **must relate to pharmaceutical services** (i.e. essential, advanced and/or enhanced services) and should not be submitted on the basis of gaps or needs identified for locally commissioned services.

3.3 Locally Commissioned Services

3.3.2 Emergency Hormonal Contraception

Overview

- The pharmacy-based service provides access to emergency hormonal contraception (EHC) to young women aged 13-19 years, who have had unprotected sexual intercourse within the last 72 hours.
- Pharmacies supply and supervise the consumption of levonorgestrel 1,500 micrograms.
- Those seeking the EHC service are also opportunistically offered free condoms and access to the C-Card scheme.
- This service aims to:
 - Increase access and knowledge of EHC and other types of contraception for women aged between 13 - 19 years.
 - Raise awareness of safer sexual practice.
 - Reach out to sexually active young people who do not use sexual health services.
 - Signpost to specialist services where required.
 - Allow faster response to clients' needs, without the need to see a doctor.

The Current Picture

- In 21015, 11 (18%) pharmacies have been commissioned
- The table (next page) and **Map 11** (subsequent page) provide an overview of the availability and distribution of the service:
 - The service may be accessed in all localities on weekdays (9:30am – 5pm); and on Saturdays up until 5pm (apart from the SE locality).
 - The service is only available via one pharmacy based in the Central locality, on Saturday evenings (7pm onwards) and on Sundays (between 11am and 5pm only).
 - There is no access to pharmacy based services on weekday mornings and Saturday mornings before 9am.
 - There is a reasonable correlation between service provision and need (based on the percentage of females aged 13 – 19) during the day on weekdays and Saturdays. Outside of these hours (and particularly on Saturday evenings and Sundays), there is a poor correlation as the only pharmacy offering the service is based in an area of low need.
 - **Non-pharmacy providers:** Northwick Park GUM Service, Harrow Youth Stop, Alexandra Avenue Contraceptive Services and the Caryl Thomas Clinic.

Provider Criteria

- Pharmacists delivering this service must:
 - Attend an NHS Harrow accreditation workshop and have a DRB check.
 - Complete the relevant CPPE Open Learning Programmes: Emergency Hormonal Contraception, dealing with difficult discussions, contraception, Child Protection and e-assessment.
- Pharmacies are required to:
 - Provide dedicated window or wall space to advertise the availability of the service.
 - Have an approved private and confidential consultation area.
 - Put into place standard operating procedures (including safeguarding and Fraser competency).
 - Have indemnity insurance.

The Evidence Base

- The effectiveness of pharmacy-based EHC services, at reducing unwanted pregnancies, has been demonstrated in studies:
 - Pharmacy-based services provide timely access to EHC, with most women able to receive it within 24 hours of unprotected intercourse^{15,16}
 - EHC services (including supply against prescription, under PGDs or over the counter sales) are highly rated by women who use them^{14,15}
 - There has been a steady decline in teenage pregnancy since the first EHC service was established in 1999, but it is not possible to separate out the contribution of the community pharmacy service¹⁷
 - Evidence of EHC impact is generally lacking, although one randomised controlled trial noted fewer A&E visits¹⁸. A Scottish Government review concluded the service was useful, especially in rural areas, but it would benefit from better skill mix, referral, links to contraception advice and pregnancy testing¹⁹.
 - 10% of women, choose pharmacy supply of EHC to maintain anonymity. Some women prefer to use town centre pharmacies as these offer a greater sense of anonymity compared to more 'local' pharmacies¹⁴.

3.3 Locally Commissioned Services

3.3.2 Emergency Hormonal Contraception

Locality	Ward	Number of Pharmacies Offering Emergency Hormonal Contraception									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	0	2	2	0	0	2	1	1	1	5
	Headstone South	0	0	0	0	0	0	0	0	0	2
	Kenton West	0	0	0	0	0	0	0	0	0	5
	Marlborough	0	0	0	0	0	0	0	0	0	2
	Wealdstone	0	1	0	0	0	1	1	0	0	1
Northeast	Canons	0	0	0	0	0	0	0	0	0	4
	Harrow Weald	0	1	1	0	0	1	1	0	0	1
	Stanmore Park	0	0	0	0	0	0	0	0	0	3
Northwest	Hatch End	0	1	0	0	0	1	1	0	0	1
	Headstone North	0	1	1	0	0	1	1	0	0	3
	Pinner	0	1	0	0	0	1	1	0	0	5
	Pinner South	0	0	0	0	0	0	0	0	0	1
Southeast	Belmont	0	1	0	0	0	1	0	0	0	1
	Edgware	0	0	0	0	0	0	0	0	0	4
	Kenton East	0	1	0	0	0	1	0	0	0	0
	Queensbury	0	0	0	0	0	0	0	0	0	2
Southwest	Harrow on the Hill	0	0	0	0	0	0	0	0	0	4
	Rayners Lane	0	1	0	0	0	1	0	0	0	2
	Roxbourne	0	0	0	0	0	0	0	0	0	3
	Roxeth	0	1	0	0	0	1	1	0	0	2
Grand Total		0	11	4	0	0	11	7	1	1	51
Percentage of Total		0%	18%	6%	0%	0%	18%	11%	2%	2%	82%

**Pharmaceutical Needs Assessment
Map 11: Pharmacies Providing
Emergency Hormonal Contraception**

Legend

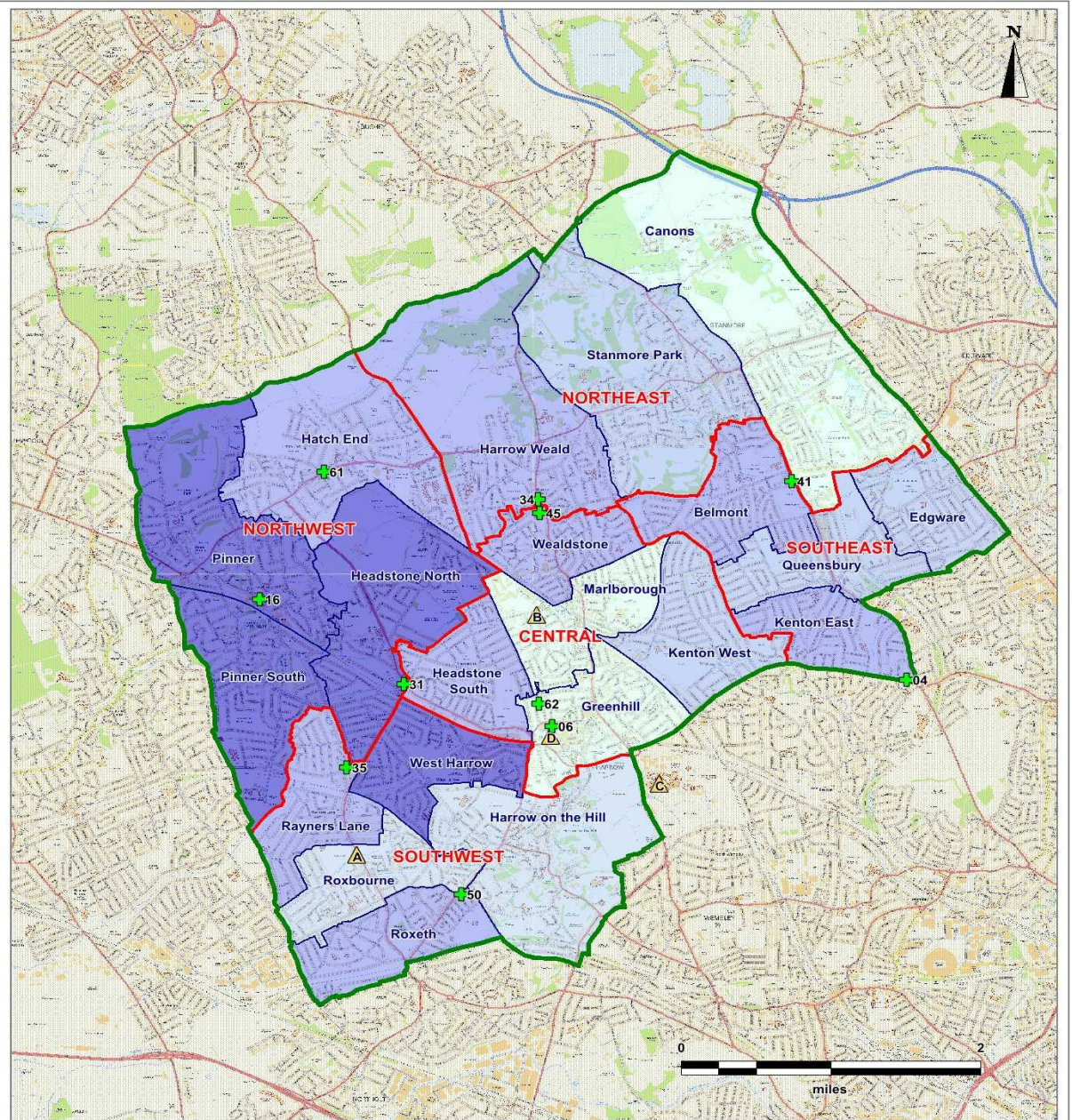
- + Pharmacies
- Harrow
- Harrow Localities
- Wards
- ▲ Non-Pharmacy Providers:
 - A Alexandra Avenue Health and Social Care Centre - HA2 9DX
 - B Caryl Thomas Clinic - HA1 4UQ
 - C Genito Urinary Medicine Centre (NPH) - HA1 3UJ
 - D Harrow Youth Stop - HA1 1BQ

**Percentage of Female Population aged 13 to 19
by Ward**

- 22.5 to 23.5 %
- 21.3 to 22.4 %
- 20.1 to 21.2 %
- 18.9 to 20.0 %
- 17.7 to 18.8 %

Harrow Pharmacies

- 04 Bachus Dispensing Chemist - HA3 9QX
- 06 Boots (St George's Shopping Centre) - HA1 1HS
- 16 Carter's Chemist - HA5 3JF
- 31 Jade Pharmacy - HA2 7SY
- 34 Jade Pharmacy - HA3 6EL
- 35 Jade Pharmacy - HA5 5DX
- 41 Kotecha Pharmacy - HA7 1AR
- 45 Nowell Pharmacy - HA3 5ES
- 50 S & A Pharmacy - HA2 8HR
- 61 Village Pharmacy - HA5 4HS
- 62 Webber Pharmacy - HA1 1PG



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3.3 Locally Commissioned Services

3.3.2 Emergency Hormonal Contraception

Meeting the Needs of those with a protected characteristic

Age	✓	Service only available to those aged 13 – 19.
Disability	✓	Service and advice may need to be tailored for those with learning disabilities and cognitive impairment.
Gender	✓	The service is only appropriate for women.
Race	✓	Language may be a barrier to delivering successful Sexual Health services.
Religion or belief	×	No specific needs identified.
Pregnancy and maternity	×	No specific needs identified.
Sexual orientation	×	No specific needs identified.
Gender reassignment	×	No specific needs identified.
Marriage & civil partnership	×	No specific needs identified.

Activity and Performance

- The table below demonstrates that only 9 pharmacies were active in 2013/14. It should be noted that there have been changes to the pharmacies providing the service in 2015 and some of the inactive pharmacies are no longer commissioned.
- Pharmacies identified the need for training; lack of demand and customers coming from other areas as barriers to service delivery.

EHC – Summary of Activity (2013/14) By Locality

Locality	No. of Pharmacies Commissioned	No. of Active pharmacies	No. of Doses Supplied	% Total Doses
Central	6	2	44	27%
Northeast	3	2	26	16%
Northwest	2	2	30	18%
Southeast	3	1	50	30%
Southwest	5	2	15	9%

Further Provision

- The service needs to be more closely aligned with need; ideally residents should have access to EHC, within their own localities, every day of the week. This is important because EHC needs to be taken as soon as possible after unprotected intercourse and certainly within a maximum of 72 hours.
- We would like to see the service commissioned from pharmacies which open for extended hours and/or on 7 days a week, to improve access and choice, for young women.

The Future

The pharmacy-based service is currently being reviewed and will consider: Current provision, access issues, a revised training programme for pharmacists and recruitment of additional pharmacies.

Conclusions

- This pharmacy-based service provides timely access to EHC for young women aged 13 – 19 years old.
- We have determined that the service is **necessary** to meet the pharmaceutical needs of our population:
 - There is published evidence to demonstrate the benefits of pharmacy – based EHC supply, particularly for young women.
 - Whilst pharmacy is one of a range of providers, the pharmacy based service improves access including during extended hours in some localities.
 - The service is an important element of the Teenage Pregnancy Strategy.
- 11 pharmacies have been commissioned to provide the service; and 37 have indicated that they would be willing to provide this in the future.
- Service accessibility, including late at night and at weekends, usually sets pharmacy aside from other providers. However, this is not necessarily the case in Harrow, as we have identified gaps in provision, in some localities during extended hours on weekdays and on Sundays, including in localities with higher need.
- Historically, only 9 pharmacies are actively delivering the service. We will be evaluating the reasons for this as part of our service review.

3.3 Locally Commissioned Services

3.3.3 Stop Smoking

Overview

- Level 1 and 2 stop smoking services are provided by Harrow pharmacies; and include the delivery of opportunistic information and advice, as well as the supply of Nicotine Replacement Therapy (NRT) and non-pharmacological stop smoking aids.
- This service, which is available to any smoker aged 12 or above who is motivated to quit, aims to:
 - Improve access and choice to stop smoking services, including access to pharmacological and non-pharmacological stop smoking aids.
 - Reduce smoking related illnesses and deaths by helping people to give up smoking.
 - Improve the health of the population by reducing exposure to passive smoking.
 - Help service users access additional treatment by offering referral to specialist services where appropriate.
- Pharmacies are expected to achieve a 4 week quit rate of 50 – 70%

The Current Picture

- In 2015, 51 (82%) pharmacies have been commissioned.
- The table (next page) and **Map 12** (subsequent page) provide an overview of the availability and distribution of the service:
 - There is good access, and a choice of pharmacy, in all localities, on weekdays (9:30am – 5pm) and on Saturdays up until 5pm.
 - Outside these hours, whilst access to the service is more limited it is generally available in all localities on weekday mornings (before and including 8am); Saturday evenings (7pm onwards) and on Sundays. The exception is the SW locality where no pharmacies are open early on weekday mornings or on Saturday evenings.
- The table, on the right, summarises the relative performance of pharmacies (2013/14 data)
 - 46 pharmacies were active.
 - There was variation between localities with respect to the number of quit dates set, with the Central and SW localities being most active.
 - In terms of quit rates, whilst individual pharmacies achieved the target of 50-70%, this was not achieved by any locality as a whole.
- Non-pharmacy providers include: GP practices and two “in house” specialists for specific groups e.g. maternity, the house-bound etc.

Provider Criteria

- Pharmacists must:
 - Complete a local level 2 Smoking Cessation training programme and the online National Centre for Smoking Cessation Training (Level 1 and 2).
 - Demonstrate competency in providing advice on smoking cessation in accordance with the Harrow Stop Smoking Service accredited training programme and register with the Harrow Stop Smoking Service.
 - Ensure attendance at least one mandatory update training session, as arranged by the Harrow Stop Smoking Service.
- The pharmacy must:
 - Have a private space for confidential counselling of clients.
 - Designate window & wall space to advertise the service & display materials.
 - Have indemnity insurance, policies and standard operating procedures.

The Evidence Base

- There is good evidence to support the role of community pharmacists in stop smoking services^{14,15}:
 - Studies have demonstrated the effectiveness and cost effectiveness of pharmacy-based stop smoking services, in improving quit rates.
 - Community pharmacists trained in behaviour-change methods are effective in helping clients stop smoking. Training increases knowledge, self-confidence and the positive attitude of pharmacists and their staff.
 - Involving pharmacy support staff may increase the provision of brief advice and recording of smoking status in patient medication records.
 - Abstinence rates from one-to-one treatment services provided by community pharmacists versus primary care nurses are similar.

	No. Active Pharmacies	Quit Date Set (% total)	No. DH Validated Quits	% Quitters	No. Achieving target
Central	15	447 (38%)	176	39%	3
Northeast	5	142 (12%)	48	34%	0
Northwest	10	113 (10%)	52	46%	4
Southeast	5	109 (9%)	41	38%	2
Southwest	11	355 (30%)	171	48%	4
Harrow	46	1166	488	42%	13

3.3 Locally Commissioned Services

3.3.3 Stop Smoking

Locality	Ward	Number of Pharmacies Offering the Stop Smoking Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	1	6	3	0	1	6	5	2	3	1
	Headstone South	0	2	1	0	0	2	1	0	0	0
	Kenton West	0	5	1	0	0	5	1	1	1	0
	Marlborough	1	2	1	0	0	2	2	1	1	0
	Wealdstone	0	2	1	0	0	2	1	0	0	0
Northeast	Canons	0	2	1	0	1	2	0	0	0	2
	Harrow Weald	0	2	1	0	0	2	1	0	0	0
	Stanmore Park	1	2	1	0	0	2	2	1	1	1
Northwest	Hatch End	0	2	1	0	0	2	2	0	1	0
	Headstone North	0	3	3	1	2	3	1	0	0	1
	Pinner	2	4	2	0	0	4	4	2	3	2
	Pinner South	0	0	0	0	0	0	0	0	0	1
Southeast	Belmont	1	2	1	0	0	2	1	1	1	0
	Edgware	0	4	3	0	0	4	2	0	0	0
	Kenton East	0	0	0	0	0	0	0	0	0	1
	Queensbury	0	1	1	0	0	1	1	0	0	1
Southwest	Harrow on the Hill	0	3	2	0	0	3	1	0	0	1
	Rayners Lane	0	3	2	1	0	3	2	0	1	0
	Roxbourne	0	3	2	0	0	3	2	0	0	0
	Roxeth	0	3	0	0	2	3	2	0	0	0
Grand Total		6	51	27	2	6	51	31	8	12	11
Percentage of Total		10%	82%	44%	3%	10%	82%	50%	13%	19%	18%

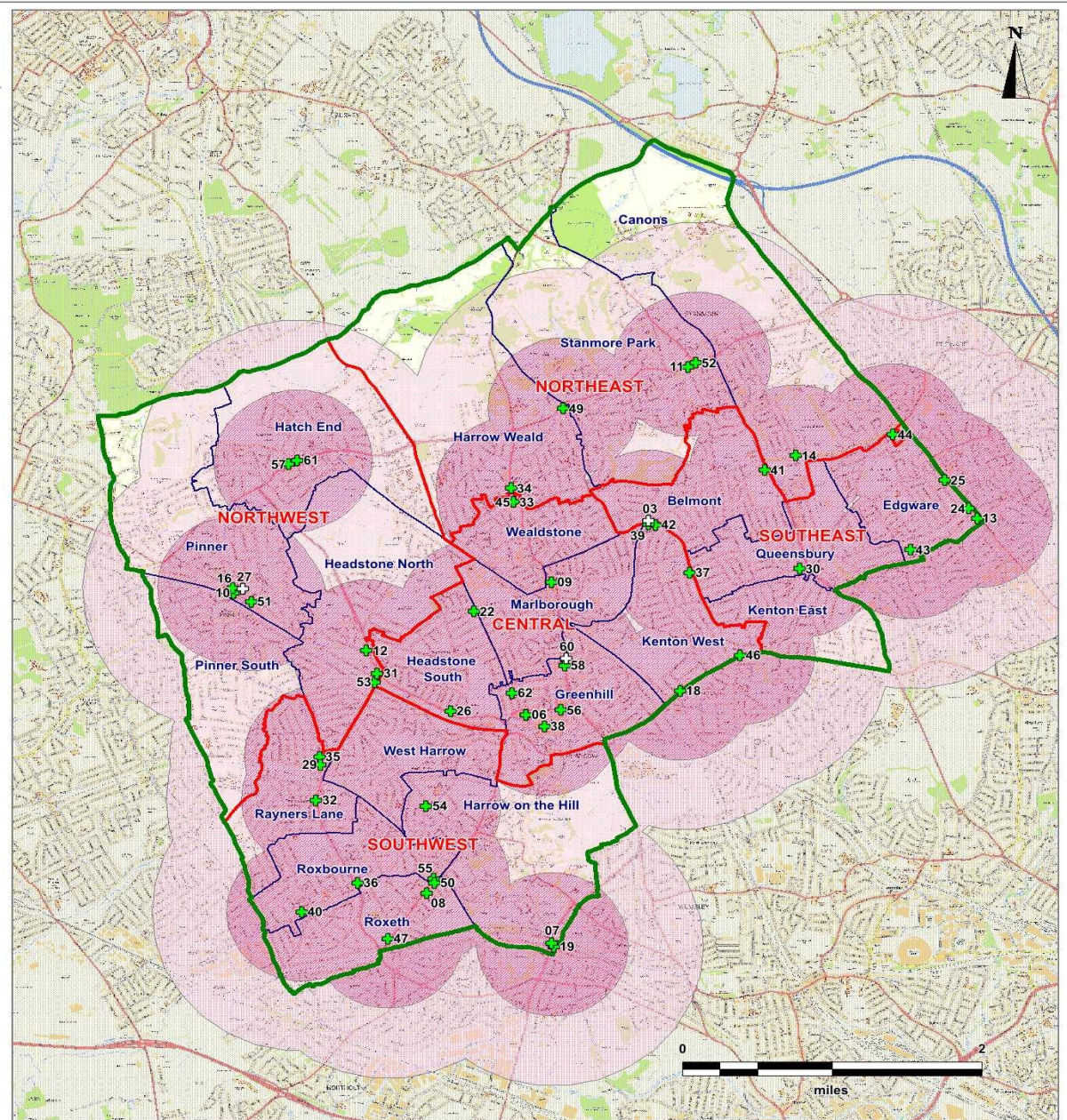
Pharmaceutical Needs Assessment
Map 12: Pharmacies Providing the Stop Smoking Service

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Harrow
- Harrow Localities
- Wards
- Distance Buffers**
- 0.5 mile
- 1 mile

Harrow Pharmacies

- | | |
|---|--|
| <ul style="list-style-type: none"> 03 Avicenna Pharmacy - HA3 8RD 05 Boots (St Ann's Centre) - HA1 1HS 06 Boots (St George's Shopping Centre) - HA1 1HS 07 Boots - HA1 3QN 08 Boots - HA2 8HX 09 Boots - HA3 7AF 10 Boots - HA5 3HR 11 Boots - HA7 4AL 12 Brayscale Pharmacy - HA2 6EH 13 Burnt Oak Pharmacy - HA8 5EP 14 Canons Pharmacy - HA8 6RW 16 Carter's Chemist - HA5 3JF 18 Chana Chemist - HA3 8BL 19 Clarke Pharmacy - HA1 3QS 22 Desons Chemist - HA2 6PL 24 Doshi Pharmacy - HA8 5EN 25 Fairview Pharmacy - HA8 5ED 26 Garner Chemists - HA1 4JJ 27 Gor Pharmacy - HA5 3EE 29 Healthways Chemist - HA5 5DY 30 Honeypot Pharmacy - HA3 9DA 31 Jade Pharmacy - HA2 7SY 32 Jade Pharmacy - HA2 9SG 33 Jade Pharmacy - HA3 5ES 34 Jade Pharmacy - HA3 6EL 35 Jade Pharmacy - HA5 5DX | <ul style="list-style-type: none"> 36 K L Pharmacy - HA2 9BN 37 K L Pharmacy - HA3 8RP 38 Keencare Ltd - HA1 1BE 39 Kentbrook Pharmacy - HA3 8SB 40 Kings Pharmacy - HA2 9AJ 41 Kolecha Pharmacy - HA7 1AR 42 Lloydspharmacy - HA3 8SA 43 Mackenzie Pharmacy - HA8 5QL 44 Medicare Dispensing Chemist - HA8 6LD 45 Nowell Pharmacy - HA3 5ES 46 Overton and Pickup Pharmacy - HA3 8DQ 47 P M Williams Pharmacy - HA2 8HB 49 Reems Pharmacy - HA3 6DN 50 S & A Pharmacy - HA2 8HR 51 Sainsbury's Pharmacy - HA5 5LU 52 Sainsbury's Pharmacy - HA7 4DA 53 Saville Chemist - HA2 7SR 54 Shaftsbury Pharmacy - HA2 0AJ 55 Stratwicks Pharmacy - HA2 8DU 56 Superdrug Pharmacy - HA1 2TA 57 Tannas Chemist - HA5 4HR 58 Tesco Instore Pharmacy - HA1 2TU 60 The Harrow Pharmacy - HA1 2TY 61 Village Pharmacy - HA5 4HS 62 Webber Pharmacy - HA1 1PG |
|---|--|



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3.3 Locally Commissioned Services

3.3.3 Stop Smoking

Meeting the needs of those with a protected characteristic

Age	✓	The service may be accessed by anyone aged 12 years or over. Smoking prevalence may vary between age groups and there are opportunities to target services at specific age segments of the population.
Disability	✓	Services and advice need to be tailored to meet the specific needs of those with learning disabilities and cognitive impairment.
Gender	✗	Smoking prevalence is higher in young women.
Race	✓	Language may be a barrier. BAME groups more susceptible to Diabetes, CVD etc made worse by smoking.
Religion or belief	✗	No specific needs identified.
Pregnancy and maternity	✓	Good evidence of improved outcomes in pregnancy.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- We wish to see all commissioned pharmacies proactively identifying (e.g. through their patient medication records or opportunistic interventions within the pharmacy) patients who may benefit from the stop smoking service.
- We would like to see improved access to the service during extended hours, where there is demand for this.
- In our community pharmacy questionnaire, 5 pharmacies who currently don't provide the service would be willing to do so in the future.

The Future

A review of the service is required to understand why some pharmacies do not perform as well as others (noting that the context of such a review would need to take into account that Harrow has a relatively low smoking prevalence rate compared with the England average).

Conclusions

- Stop smoking services are vital with respect to reducing the health consequences and inequalities associated with smoking.
- We have determined that, on balance, the service is not necessary to meet the pharmaceutical needs of our population but is **relevant** in that it improves access to stop smoking support. The following factors have underpinned this decision:
 - There is published evidence to support community pharmacy-based stop smoking services.
 - Pharmacy is one a range of providers commissioned to provide stop smoking services, and potentially has benefits in that it may be accessed during extended hours and at weekends in some localities.
 - The service supports us with meeting our strategic priorities around cardiovascular disease, cancer and COPD.
 - Pharmacy performance is variable, particularly with respect to achieving the required quit rate.
- Since 2015, 51 pharmacies have been commissioned to provide the service.
- Historically, only 46 pharmacies were active, noting that some of the inactive pharmacies are no longer commissioned.
- Access to the service is good on weekdays (9:30 – 5pm) and Saturdays (10-5pm).
- We have identified that availability is reduced at other times.
- Potential gaps, which may make it difficult for people who work full time to access the service, include weekday mornings (up until and including 8am) and Saturday evenings (7pm onwards); noting that the service is not available at all in the SW locality at these times

3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Overview

- The pharmacy based supervised consumption service, has been commissioned in accordance with National Drug Misuse Guidelines.
- It aims to support service users to comply with their prescribed opiate substitute medication. As such it helps to reduce incidents of accidental death through overdose; reduce the diversion of controlled drugs into the community and supports harm reduction by reducing the need for service users to inject drugs.
- Pharmacists are required to:
 - Supervise the consumption of methadone or buprenorphine on a daily basis (or dispense when the pharmacy is closed).
 - Monitor the patient's response to prescribed treatment; and withhold treatment if this is in the interest of patient safety, liaising with the prescriber or named key worker as appropriate.
 - Undertake health promotion activities which may include displaying leaflets and/or provision of opportunistic advice.
 - Signpost or refer on to other substance misuse services as necessary.
 - Westminster Drug Project Harrow manages the overall opiate substitution programme including the GPs providing shared care.

The Evidence Base

- Studies have demonstrated the effectiveness of community pharmacy-based supervised consumption services at improving adherence, improving outcomes and reducing medicine diversion^{14,15}:
 - There is moderate quality evidence that there is high attendance at community pharmacy based supervised methadone administration services and that this service is acceptable to users.
 - Recent evidence suggests inclusion of trained community pharmacists in the care of intravenous drug users attending to obtain methadone substitution treatment, improved testing and subsequent uptake of hepatitis vaccination.
 - Most drug users value community pharmacy-based services highly.

The Current Picture

- 31 (50%) pharmacies have been commissioned to provide the service.
- The table (next page) and **Map 13** (subsequent page) provide an overview of the availability and distribution of the service:
 - There is good access, and a choice of pharmacy, on weekdays (9:30am – 5pm) and Saturdays (10am – 12pm), in all localities.
 - Access outside of these hours is more limited, particularly on:
 - Weekday mornings before & including 8am, when only 3 pharmacies offering the service are open.
 - Weekday evenings, Saturday afternoons & evenings and Sundays when choice is reduced in all localities.
 - There is no provision in the NE and SW localities on weekday mornings (before & including 8am), Saturday evenings (7pm onwards) and on Sundays.
- Ambulance data indicates that Greenhill (Central locality), Roxbourne and West Harrow (SW locality) have the highest number drug related call outs.
- Non-pharmacy providers: Compass Harrow (the current provider of Integrated Drug and Alcohol services).

Provider Criteria

- Pharmacists should have completed (or have plans to complete within 6 months of joining the scheme) the CPPE package on 'Substance Use and Misuse'.
- The service may only be provided by an accredited pharmacist.
- There must be a consultation area which provides sufficient confidentiality for the service user.
- The pharmacy must put into place indemnity insurance, relevant policies and standard operating procedures.

3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Locality	Ward	Number of Pharmacies Offering Supervised Consumption Services									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	0	2	1	0	1	2	2	1	1	5
	Headstone South	0	0	0	0	0	0	0	0	0	2
	Kenton West	0	4	1	0	0	4	1	1	1	1
	Marlborough	1	2	1	0	0	2	2	1	1	0
	Wealdstone	0	2	1	0	0	2	1	0	0	0
Northeast	Canons	0	1	1	0	0	1	0	0	0	3
	Harrow Weald	0	2	1	0	0	2	1	0	0	0
	Stanmore Park	0	1	0	0	0	1	1	0	0	2
Northwest	Hatch End	0	0	0	0	0	0	0	0	0	2
	Headstone North	0	2	2	0	1	2	0	0	0	2
	Pinner	1	3	1	0	0	3	3	1	2	3
	Pinner South	0	1	0	0	0	1	0	0	0	0
Southeast	Belmont	1	2	1	0	0	2	1	1	1	0
	Edgware	0	2	1	0	0	2	1	0	0	2
	Kenton East	0	0	0	0	0	0	0	0	0	1
	Queensbury	0	1	1	0	0	1	1	0	0	1
Southwest	Harrow on the Hill	0	2	2	0	0	2	1	0	0	2
	Rayners Lane	0	1	1	1	0	1	1	0	0	2
	Roxbourne	0	2	1	0	0	2	2	0	0	1
	Roxeth	0	1	0	0	1	1	1	0	0	2
Grand Total		3	31	16	1	3	31	19	5	6	31
Percentage of Total		5%	50%	26%	2%	5%	50%	31%	8%	10%	50%

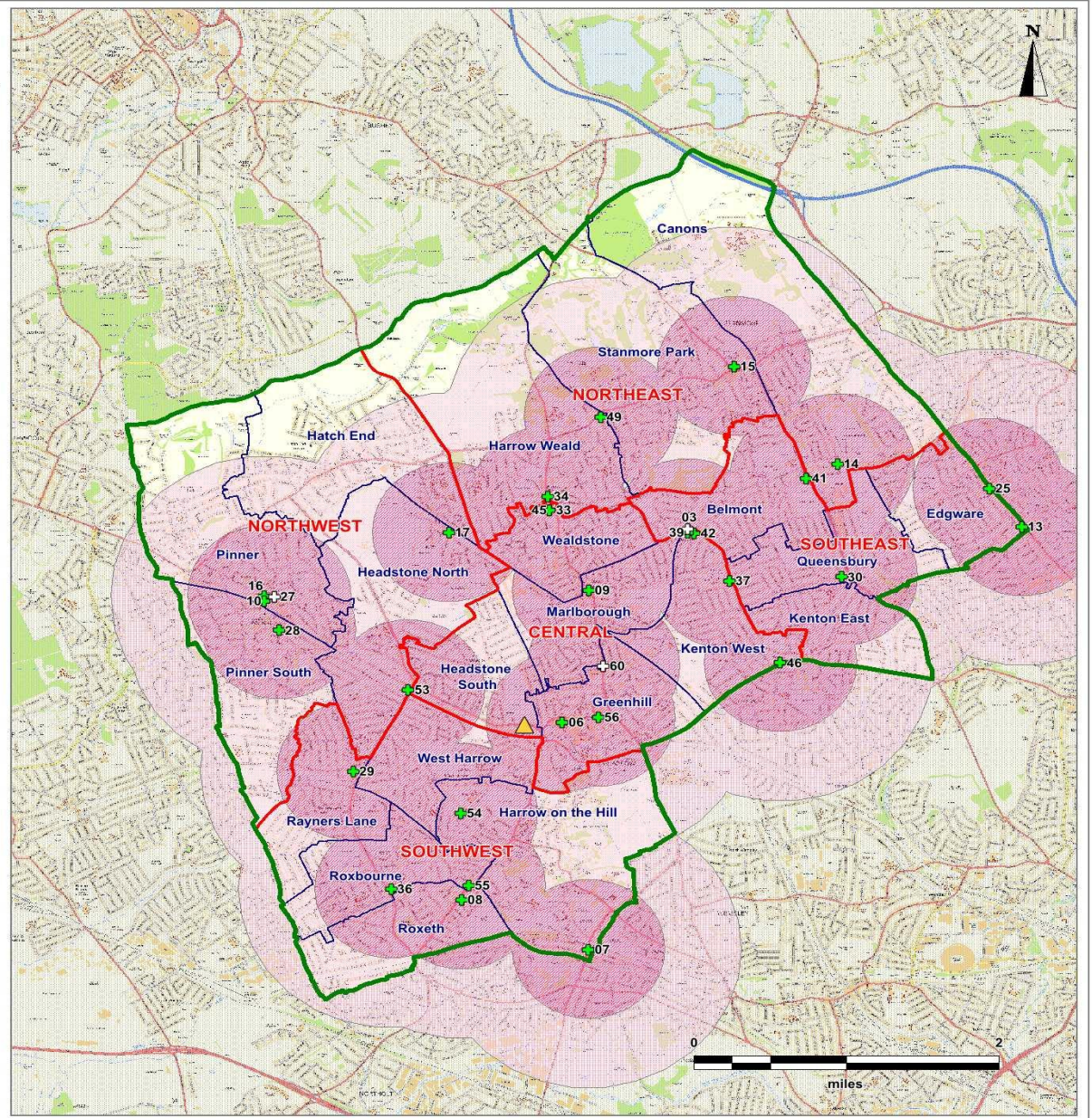
**Pharmaceutical Needs Assessment
Map 13: Pharmacies Providing the
Supervised Consumption Services**

Legend

- + Pharmacies
- + 100 Hour Pharmacies
- Harrow
- Harrow Localities
- Wards
- ▲ Non-Pharmacy Provider:
Compass Harrow (Integrated Drug and Alcohol Service)
- Distance Buffers**
- 0.5 mile
- 1 mile

Harrow Pharmacies

- | | |
|--|--|
| <ul style="list-style-type: none"> 03 Avicenna Pharmacy - HA3 8RD 06 Boots (St George's Shopping Centre) - HA1 1HS 07 Boots - HA1 3QN 08 Boots - HA2 8HX 09 Boots - HA3 7AF 10 Boots - HA5 3HR 13 Burnt Oak Pharmacy - HA8 5EP 14 Canons Pharmacy - HA8 6RW 15 Care Chemist - HA7 4EB 16 Carter's Chemist - HA5 3JF 17 Cedars Pharmacy - HA2 6ND 25 Fairview Pharmacy - HA8 5ED 27 Gor Pharmacy - HA5 3EE 28 Gor Pharmacy - HA5 5PB 29 Healthways Chemist - HA5 5DY 30 Honeypot Pharmacy - HA3 9DA | <ul style="list-style-type: none"> 33 Jade Pharmacy - HA3 5ES 34 Jade Pharmacy - HA3 6EL 36 K L Pharmacy - HA2 9BN 37 K L Pharmacy - HA3 8RP 39 Kentbrook Pharmacy - HA3 8SB 41 Kotecha Pharmacy - HA7 1AR 42 Lloydspharmacy - HA3 8SA 45 Nowell Pharmacy - HA3 5ES 46 Overton and Pickup Pharmacy- HA3 8DQ 49 Reems Pharmacy - HA3 6DN 53 Saville Chemist - HA2 7SR 54 Shaftsbury Pharmacy - HA2 0AJ 55 Stratwicks Pharmacy - HA2 8DU 56 Superdrug Pharmacy - HA1 2TA 60 The Harrow Pharmacy - HA1 2TY |
|--|--|



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3.3 Locally Commissioned Services

3.3.4 Supervised Consumption

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults.
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities.
Gender	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering the supervised consumption service.
Religion or belief	✗	No specific needs identified.
Pregnancy & maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access; and would facilitate enhancing the level of supervision which would particularly beneficial for higher risk service users
- We anticipate the external review will provide further insights into how we can more effectively align service provision with need.
- In our community pharmacy questionnaire, pharmacies identified a need for further training. Barriers to delivering the service including concerns about safety and a perception of lack of demand.

The Future

- An externally commissioned needs assessment of adult alcohol and drug services has recently been completed.
- This will be used to inform the future commissioning of this service.

Conclusions

- The supervised consumption service provides support to drug users with a view to helping them to manage their treatment programme. It aims to improve patients' outcomes and to reduce the diversion of drugs into the community.
- We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - The service is primarily available through community pharmacy.
 - Published evidence suggests that a community pharmacy model of supervised consumption can improve health outcomes for service users including improved adherence to treatment.
 - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse.
- 31 pharmacies are commissioned to provide the service.
- In our pharmacy questionnaire, 13 pharmacies stated they would be willing to provide this service in the future.
- With respect to service access, we have identified this is more limited on weekday mornings up until & including 8am; weekday evenings; Saturday afternoons & evenings and on Sunday. The implication of this include:
 - Service users may have less flexibility as to when they are able to attend the pharmacy
 - Pharmacies which do not open at weekends are not able to offer such close supervision of their service users.

3.3 Locally Commissioned Services

3.3.5 Needle & Syringe Programme

Overview

- Compass Harrow is the prime contractor for the needle and syringe programme; and subcontracts with Harrow pharmacies.
- The aim of the service is protect the health and reduce the rate of blood borne viruses and drug related deaths among injecting service users until they are ready and willing to cease injecting and achieve a drug-free life.
- Pharmacies are required to:
 - Provide clean injecting equipment and encourage exchange for used needles and syringes.
 - Support with the safe disposal of used equipment.
 - Provide health promotion advice, in relation to both substance misuse and sexual health.
 - Refer on to specialist drug and alcohol services.
 - Signpost on to other health and social care professions where required to support their broader needs (e.g. hepatitis and HIV screening, primary care etc.).

The Current Picture

- 8 (13%) pharmacies have been commissioned to provide the service
- The table (next page) and **Map 14** (subsequent page) provide an overview of the availability and distribution of the service:
 - There are one or more pharmacies commissioned to provide the service in each locality.
 - However, because the service is only commissioned from a small number of pharmacies, access and choice is limited at all times.
 - There is no access to the service:
 - Up until and including 8am on weekdays in all localities.
 - On weekday evenings (7pm onwards) in the NE and NW localities.
 - On Saturday evenings (7pm onwards) and Sundays in the NE, NW, SE and SW localities.
- Ambulance data indicates that Greenhill (Central locality), Roxbourne and West Harrow (SW locality) have the highest number drug related call outs.
- Non-pharmacy providers of the service include Compass Harrow (the current provider of Integrated Drug and Alcohol services).

Provider Criteria

- Pharmacists must:
 - Complete an appropriate CPPE package and maintain appropriate CPD.
 - Ensure that the service is supervised by an accredited pharmacist.
 - Ensure that pharmacy staff involved in the service attend mandatory training sessions.
- The pharmacy must:
 - Have a consultation area which provides sufficient confidentiality.
 - Ensure there are sufficient stocks of kits; and store these safely so they are inaccessible to customers and in accordance with sterile medical equipment.
 - Put into place indemnity insurance, relevant policies (including a needle stick injury policy) and standard operating procedures; and ensure that staff have read and understood these.
 - Ensure protective equipment to deal with spillages is readily available and kept close to the storage site.
 - Display the national logo or a locally approved logo.
 - Ensure the service is available on Monday to Saturday (with the exception of Bank Holidays).

The Evidence Base

- The effectiveness of Needle and Syringe Exchange services at improving outcomes and reducing injecting related risks e.g. Hepatitis B/C and HIV infections, has been demonstrated in studies^{14,15}:
 - Community pharmacy based needle exchange schemes were found to achieve high rates of returned injecting equipment and are cost effective. However, the evidence is based on descriptive studies only.
 - Most drug users value community pharmacy-based services highly.

3.3 Locally Commissioned Services

3.3.5 Needle & Syringe Programme

Locality	Ward	Number of Pharmacies Offering the Needle & Syringe Programme									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	0	2	1	0	1	2	2	1	1	5
	Headstone South	0	0	0	0	0	0	0	0	0	2
	Kenton West	0	0	0	0	0	0	0	0	0	5
	Marlborough	0	0	0	0	0	0	0	0	0	2
	Wealdstone	0	1	1	0	0	1	0	0	0	1
Northeast	Canons	0	1	0	0	1	1	0	0	0	3
	Harrow Weald	0	0	0	0	0	0	0	0	0	2
	Stanmore Park	0	0	0	0	0	0	0	0	0	3
Northwest	Hatch End	0	0	0	0	0	0	0	0	0	2
	Headstone North	0	0	0	0	0	0	0	0	0	4
	Pinner	0	1	0	0	0	1	1	0	0	5
	Pinner South	0	0	0	0	0	0	0	0	0	1
Southeast	Belmont	0	0	0	0	0	0	0	0	0	2
	Edgware	0	1	1	0	0	1	1	0	0	3
	Kenton East	0	0	0	0	0	0	0	0	0	1
	Queensbury	0	0	0	0	0	0	0	0	0	2
Southwest	Harrow on the Hill	0	1	1	0	0	1	0	0	0	3
	Rayners Lane	0	0	0	0	0	0	0	0	0	3
	Roxbourne	0	1	0	0	0	1	1	0	0	2
	Roxeth	0	0	0	0	0	0	0	0	0	3
Grand Total		0	8	4	0	2	8	5	1	1	54
Percentage of Total		0%	13%	6%	0%	3%	13%	8%	2%	2%	87%

**Pharmaceutical Needs Assessment
Map 14: Pharmacies Providing the
Needle & Syringe Programme**

Legend

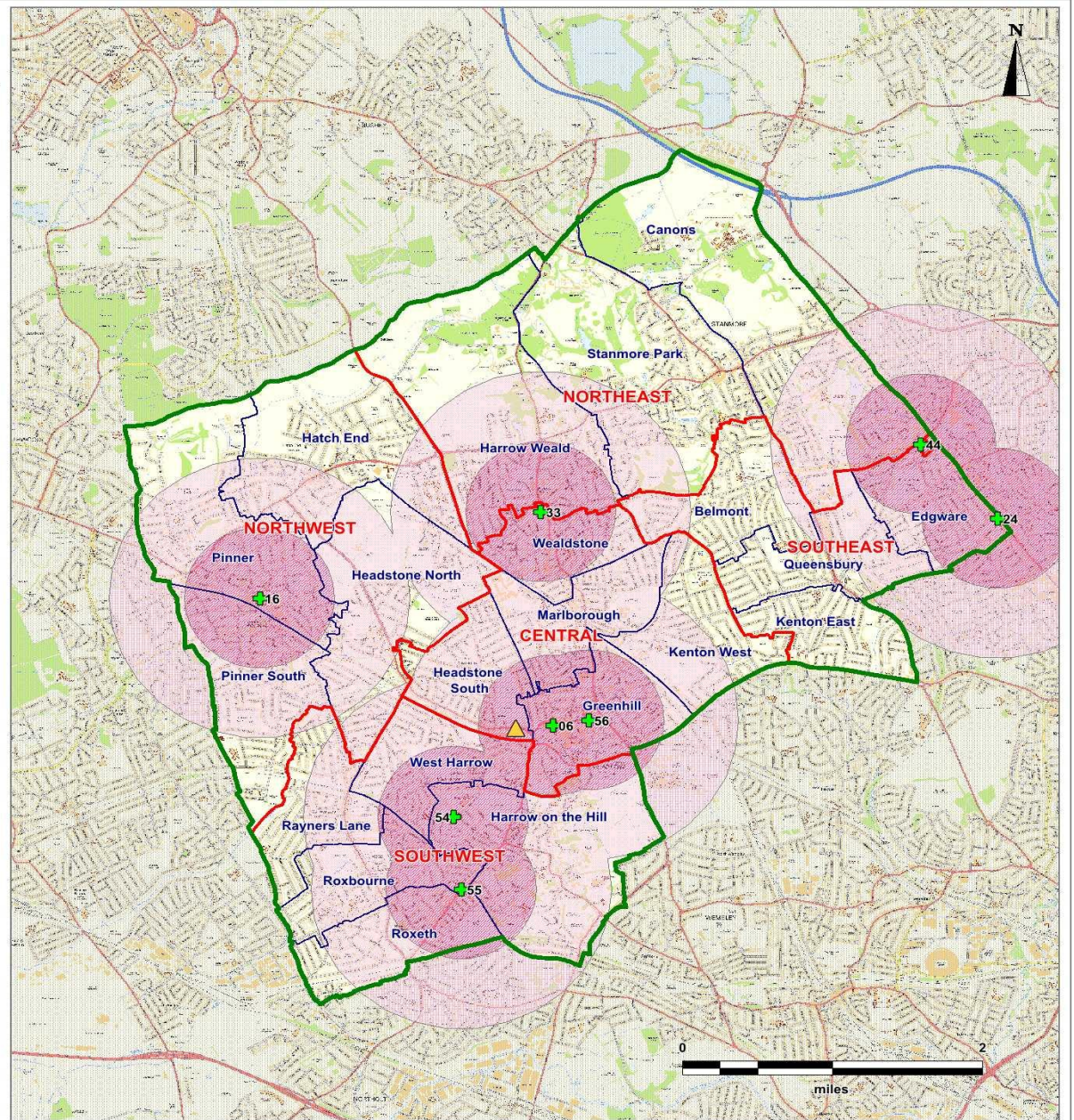
- + Pharmacies
- Harrow
- Harrow Localities
- Wards
- ▲ Non-Pharmacy Provider:
Compass Harrow (Integrated Drug and Alcohol Service)

Distance Buffers

- 0.5 mile
- 1 mile

Harrow Pharmacies

- 06 Boots (St George's Shopping Centre) - HA1 1HS
- 16 Carter's Chemist - HA5 3JF
- 24 Doshi Pharmacy - HA8 5EN
- 33 Jade Pharmacy - HA3 5ES
- 44 Medicare Dispensing Chemist - HA8 6LD
- 54 Shaftsbury Pharmacy - HA2 0AJ
- 55 Stratwicks Pharmacy - HA2 8DU
- 56 Superdrug Pharmacy - HA1 2TA



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3.3 Locally Commissioned Services

3.3.5 Needle & Syringe Programme

Meeting the needs of those with a protected characteristic

Age	✓	The service is aimed at young people and adults.
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities.
Gender	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering the service.
Religion or belief	✗	No specific needs identified.
Pregnancy & maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access, and choice, for service users.
- We anticipate the external review will provide further insights into how we can more effectively align service provision with need.
- In our community pharmacy questionnaire, pharmacies identified a need for further training. Barriers to delivering the service including concerns about safety and a perceived lack of demand.

The Future

- An externally commissioned needs assessment of adult alcohol and drug services has recently been completed.
- This will be used to inform the future commissioning of this service.

Conclusions

- The needle and syringe programme is an important public health service which reduces risks to injecting drug users and the general public.
- We have determined that this service is **necessary** to meet the pharmaceutical needs of our population for the following reasons:
 - The service is primarily available through community pharmacy.
 - There is published evidence that pharmacy-based needle exchange programmes are cost effective and improve outcomes.
 - There is good alignment with local strategic priorities with respect to reducing the consequences of substance misuse.
- 8 pharmacies are commissioned to provide the service.
- In our community pharmacy questionnaire, 33 pharmacies stated they would be willing to provide this service in the future.
- Whilst the service is available in all localities, access is relatively limited and there is only a choice of provider in two localities.
- We have identified the following potential gaps in that there is no access to the service, however, the extent to which this impacts upon pharmaceutical need has been explored as part of the external review:
 - Up until and including 8am on weekdays in all localities.
 - On weekday evenings (7pm onwards) in the NE and NW localities.
 - On Saturday evenings (7pm onwards) in the NE, NW, SE and SW localities.
 - Sundays in the NE, NW, SE and SW localities.

3.3 Locally Commissioned Services

3.3.6 Identification & Brief Advice (IBA) on Alcohol

Overview

- The alcohol IBA service is intended to provide screening and appropriate brief advice, to people who have either requested advice on alcohol or opportunistically to those attending the pharmacy for other services.
- A screening tool, in the form of a scratch card, is used to establish the level of drinking and identify service users for advice.
- Brief advice, lasting 5 – 10 minutes, includes: potential harm caused by the identified level of drinking, reasons for changing behaviour, barriers to change, practical strategies to help reduce alcohol consumption and agreed goals.
- The aims of the service are to:
 - Increase the identification of higher risk drinking.
 - Increase access to effective brief advice on alcohol.
 - Reduce the harm and hospital admissions caused by higher risk.
 - Improve health by encouraging responsible drinking.
 - Increase access to the alcohol services where appropriate.

The Current Picture

- 15 (24%) pharmacies have been commissioned.
- The table (next page) and **Map 15** (subsequent page) provides an overview of the availability and distribution of the service:
 - Two or more pharmacies have been commissioned in each locality.
 - As the service is only commissioned from a small number of pharmacies, this limits opportunity for targeting customers; and reduces choice
 - There is no access to the service:
 - Up until and including 8am on weekdays in the NE, SE and SW localities.
 - On Saturday afternoons (5pm onwards) in the SE locality; and from 7pm onwards in the NE, SE and SW localities.
 - On Sundays in the SE and SW localities.
- Ambulance data indicates that Greenhill, Wealdstone (both Central locality) and Harrow-on-the-Hill (SW Locality) are the top three wards for alcohol related call outs.
- Non-pharmacy providers of the service include Compass Harrow (the current provider of Integrated Drug and Alcohol services).

Provider Criteria

- The pharmacy based IBA advisors will have:
 - Attended and completed, to the satisfaction of the commissioner, a two hour IBA training session provided by the Public Health Team.
 - Demonstrated competency in providing IBA on alcohol.
 - Registered with the Public Health Team as an IBA provider.
- The pharmacy must:
 - Have a consultation area which provides sufficient confidentiality.
 - Put into place indemnity insurance, relevant policies and standard operating procedures.
 - Provide window space to advertise the service; and wall space to display materials.
 - Ensure all staff are trained in the operation of the service.
 - Signpost to other pharmacies when the service is not available within their own premises.

The Evidence Base

- There is little empirical evidence in the reviews of effectiveness of community pharmacy based services for alcohol misuse¹⁵. However, there is some evidence of success on a small scale from local initiatives.
- Anecdotal evidence for successful alcohol intervention programmes is beginning to grow from the healthy living pharmacy (HLP) work programme²⁰.

3.3 Locally Commissioned Services

3.3.6 Identification & Brief Advice (IBA) on Alcohol

Locality	Ward	Number of Pharmacies Offering Alcohol IBA Service									Not offered at all
		Weekdays					Saturdays			Sunday	
		8am or earlier	9.30am – 5.00pm	7pm or later	Close early on Weds	Closed for Lunch	10am – 12noon	5pm or later	7pm or later	Open at some point	
Central	Greenhill	1	2	2	0	0	2	1	1	1	5
	Headstone South	0	0	0	0	0	0	0	0	0	2
	Kenton West	0	1	0	0	0	1	0	0	0	4
	Marlborough	1	1	1	0	0	1	1	1	1	1
	Wealdstone	0	0	0	0	0	0	0	0	0	2
Northeast	Canons	0	1	0	0	0	0	0	0	1	3
	Harrow Weald	0	1	1	0	0	1	1	0	0	1
	Stanmore Park	0	0	0	0	0	0	0	0	0	3
Northwest	Hatch End	0	0	0	0	0	0	0	0	0	2
	Headstone North	0	1	1	0	0	1	1	0	0	3
	Pinner	1	2	1	0	0	2	2	1	1	4
	Pinner South	0	0	0	0	0	0	0	0	0	1
Southeast	Belmont	0	1	0	0	0	1	0	0	0	1
	Edgware	0	1	1	0	0	1	0	0	0	3
	Kenton East	0	0	0	0	0	0	0	0	0	1
	Queensbury	0	0	0	0	0	0	0	0	0	1
Southwest	Harrow on the Hill	0	1	1	0	0	1	0	0	0	4
	Rayners Lane	0	1	0	0	0	1	0	0	0	2
	Roxbourne	0	1	0	0	0	1	1	0	0	2
	Roxeth	0	1	0	0	0	1	1	0	0	2
Grand Total		3	15	8	0	0	14	8	3	4	47
Percentage of Total		5%	24%	13%	0%	0%	23%	13%	5%	6%	76%

Pharmaceutical Needs Assessment
Map 15: Pharmacies Providing Alcohol Identification and Brief Advice (IBA)

Legend

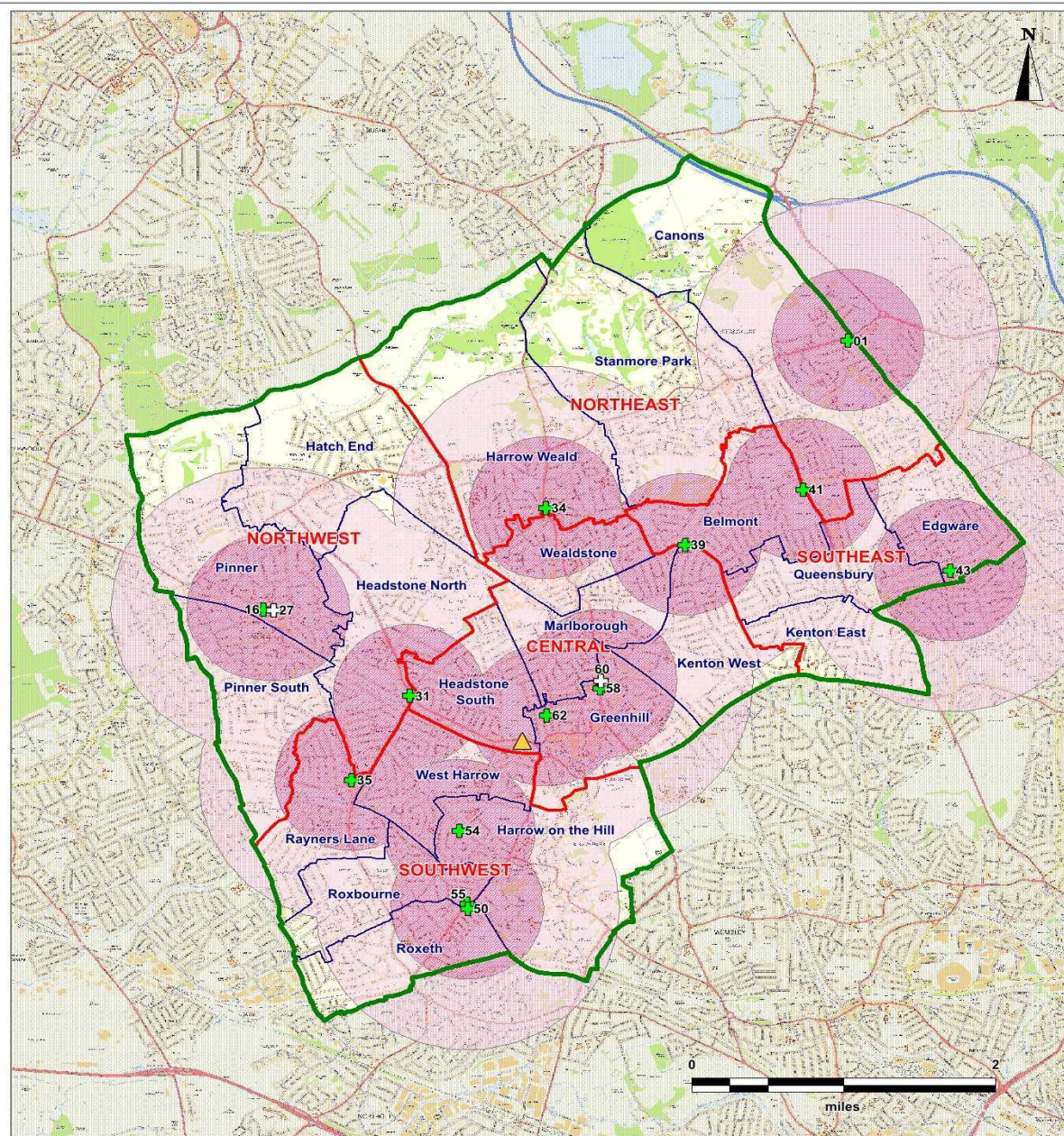
- + Pharmacies
- + 100 Hour Pharmacies
- Harrow
- Harrow Localities
- Wards
- ▲ Non-Pharmacy Provider:
Compass Harrow (Integrated Drug and Alcohol Service)

Distance Buffers

- 0.5 mile
- 1 mile

Harrow Pharmacies

- 01 Andrews Pharmacy - HA8 8AE
- 16 Carter's Chemist - HA5 3JF
- 27 Gor Pharmacy - HA5 3EE
- 31 Jade Pharmacy - HA2 7SY
- 34 Jade Pharmacy - HA3 6EL
- 35 Jade Pharmacy - HA5 5DX
- 39 Kentbrook Pharmacy - HA3 8SB
- 41 Kotecha Pharmacy - HA7 1AR
- 43 Mackenzie Pharmacy - HA8 5QL
- 50 S & A Pharmacy - HA2 8HR
- 54 Shaftsbury Pharmacy - HA2 0AJ
- 55 Stratwicks Pharmacy - HA2 8DU
- 58 Tesco Instore Pharmacy - HA1 2TU
- 60 The Harrow Pharmacy - HA1 2TU
- 62 Webber Pharmacy - HA1 1PG



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3.3 Locally Commissioned Services

3.3.6 Identification & Brief Advice (IBA) on Alcohol

Meeting the needs of those with a protected characteristic		
Age	✓	The service is aimed at young people and adults.
Disability	✓	Advice may need to be tailored to meet the needs of those with learning disabilities; telephone support is available for those who are housebound or less able to visit a pharmacy.
Gender	✗	No specific needs identified.
Race	✓	Language may be a barrier to delivering the service.
Religion or belief	✗	No specific needs identified.
Pregnancy & maternity	✗	No specific needs identified.
Sexual orientation	✗	No specific needs identified.
Gender reassignment	✗	No specific needs identified.
Marriage & civil partnership	✗	No specific needs identified.

Further Provision

- Commissioning the service from a wider range of pharmacies, particularly those which open for extended hours and at weekends, would improve access as well as providing additional opportunities to proactively target pharmacy users for the service.
- We anticipate the service review will inform the extent to which the service is rolled out further.
- In our community pharmacy questionnaire, pharmacies identified a need for training.

The Future

- A formal evaluation of the service is due to commence soon and is anticipated to be available by the end of 2015.
- This will inform future plans for the service.

Conclusions

- The alcohol IBA service is intended to proactively identify, and offer brief advice, to people who misuse alcohol, with a view to reducing the amount of alcohol they drink.
- We have determined that this service is not necessary to meet the pharmaceutical needs of the population, but is **relevant** in that it provides valuable access to health promotion advice. The following factors have been taken into account:
 - At this point in time, the service is only available through community pharmacy but GPs may start undertaking IBA as part of their over 40s health checks and/or for new patients.
 - There is very little published evidence to demonstrate the effectiveness of pharmacy-based alcohol misuse services; however, evidence is emerging from HLP programmes that alcohol IBA in pharmacies is effective.
 - The service is relatively new and has not yet been fully evaluated.
 - The service supports our local priorities in relation to substance misuse.
- 15 pharmacies have been commissioned to provide the service.
- In our community pharmacy questionnaire, 31 pharmacies said they are willing to provide this service in the future.
- The service is available in all localities, and whilst access is relatively limited it exists in the two localities with the highest ambulance call outs for alcohol related reasons.
- We have identified the following potential gaps in that there is no access to the service:
 - Up until and including 8am on weekdays in the NE, SE and SW localities.
 - On Saturday afternoons (5pm onwards) in the SE locality; and from 7pm onwards in the NE, SE and SW localities.
 - On Sundays in the SE and SW localities.

3. The Assessment

3.4 Looking to the Future

Introduction

- Throughout the PNA we have considered and documented the potential future pharmaceutical needs of our population, together with opportunities to secure improvements in the services provided.
- In this section, we describe our vision and ambition for how community pharmacy may support the delivery of our local strategic priorities and public health outcomes as set out in section 2.4.
- In determining our vision (summarised in the table on the right), we have reflected on the strengths of community pharmacy in terms of its:
 - **Accessibility**, often during extended hours and without an appointment.
 - **Knowledge and skills**, both in relation to medicines expertise and healthcare more generally.
 - **Broad customer base**, who use pharmacies for a variety of health and non-healthcare reasons.
 - **Capacity**, within our existing network, which is currently under-utilised and which provides a real opportunity to expand the role and services provided.
- The use of medicines is the most common intervention in primary care. In this respect we have recognised the need to see pharmacy more closely integrated into patient pathways. This would help to promote seamless care, as well as potentially facilitating improved outcomes.
- It is our intention that the potential service developments, set out on page 89, will be considered alongside other priorities by Harrow Council and our partner organisations when developing future commissioning strategy.
- However, because local strategy is still emerging and we are redesigning various services and pathways, it is not possible to set out the specific circumstances under which such services will be commissioned (*if at all*).

Anti-coagulant Monitoring Service

- NHS Harrow CCG is undertaking an “Any Qualified Provider” tender exercise to provide anti-coagulant monitoring services.
- Community pharmacies have been invited to submit applications, alongside a range of other healthcare professionals; and a supplementary statement will be issued if any pharmacies are appointed

Our Vision for Pharmacy	
An established ‘first port of call’	<i>We wish to see community pharmacy widely recognised, and used, as a first port of call, reducing demand on other services particularly General Practice and unscheduled care providers. We envisage that this may include building upon existing, and potentially commissioning new, pharmacy based services</i>
An enhanced role in Self Care	<i>Pharmacy is well placed to support Harrow residents with self-care. There are opportunities to enhance the role of pharmacists in helping people to manage long term conditions and facilitating them living independently at home.</i>
A wider role within primary care	<i>There are opportunities to maximise the role which community pharmacy undertakes within primary care, with a view to enhancing choice for our residents, providing care closer to home and optimising use of skill mix. This may include commissioning a wider range of pharmacy-based services to be provided by pharmacists (or their staff) or through other healthcare professionals from working within pharmacy premises.</i>
A network of Public Health Practitioners	<i>We envisage that through a more integrated offering, that we will maximise opportunities to make “Every Contact Count”.</i>
Taking pharmacy to Harrow Residents	<i>We believe there are opportunities to provide more pharmacy services on an outreach basis – whether this is directly to people in their own homes or in other settings e.g. the work place.</i>

3.4 Looking to the Future

3.4.1 Services which may be Commissioned from Pharmacy

Potential Future Service	Vision	JHWS & PH Priorities	NWL WSIC	CCG Priorities
Healthy Living Pharmacies <ul style="list-style-type: none"> Development and roll out of programme as a foundation for delivering public health services through pharmacy. 	<ul style="list-style-type: none"> An established “first port of call”. An enhanced role in self-care. A network of public health practitioners – “<i>Making Every Contact Count</i>”. 	<ul style="list-style-type: none"> Ambition 1 – <i>Maintain our position in top 10 highest life expectancies in England.</i> Ambition 2 – <i>Reduce inequalities gap in life expectancy.</i> MH promotion – <i>reduce impact of MH.</i> 	<ul style="list-style-type: none"> Focus on prevention. 	<ul style="list-style-type: none"> Unscheduled care – focus on prevention for LTCs.
Pharmacy First Minor Ailments Service <ul style="list-style-type: none"> Development and roll out of a minor ailments service for a wide range of common conditions. This could include supply of prescription only medicines under PGDs 	<ul style="list-style-type: none"> An established ‘first port of call’. A wider role within primary care. An enhanced role in self-care. 			<ul style="list-style-type: none"> PMCF – improve access to a healthcare professional within primary care; reduce demand for GP services and free up capacity. Unscheduled care – re-direction to appropriate settings of care.
Screening & Diagnostics <ul style="list-style-type: none"> Pharmacy based screening and/or diagnostics e.g. <ul style="list-style-type: none"> NHS Health Checks Blood-borne virus testing Spirometry These could be undertaken by pharmacists or other healthcare professionals working within pharmacies. 	<ul style="list-style-type: none"> A wider role in primary care. 	<ul style="list-style-type: none"> LTCs – focus on CVD, respiratory disease and diabetes. 		<ul style="list-style-type: none"> PMCF – potentially frees up GP capacity, facilitating improved access.
Care Home Support <ul style="list-style-type: none"> Medicines optimisation in care homes through integrated working between community pharmacies and specialist clinical pharmacists 	<ul style="list-style-type: none"> A wider role in primary care. 	<ul style="list-style-type: none"> LTCs – focus on CVD, respiratory disease and diabetes. MH promotion – <i>reduce impact of MH.</i> 		
Supervised consumption of TB medicines	<ul style="list-style-type: none"> Recognises high prevalence of TB in Harrow and the need to support patients with adherence to prescribed medicines. 			

3. The Assessment

3.4 Looking to the Future

Our Aspiration for Pharmacy Services and Premises

- Finally, we have reflected upon the gaps and the areas for improvement as described within our PNA; and our vision and ambition for pharmacy.
- In doing so, we have identified the HWB aspirations for pharmacy premises and services, for existing contractors. These are summarised in the table on the right.
- If follows, we would anticipate that these aspirations be prioritised for future applications.

Element	Aspirations for Pharmacy Services & Premises
Pharmacy opening hours	<ul style="list-style-type: none"> • 7 day a week opening. • Extended hour opening as part of core hours: <ul style="list-style-type: none"> ○ Weekdays (which ever is longest): <ul style="list-style-type: none"> • Open by 8am (or earlier) and not closing before 7pm; or • As a minimum, opening at the same time as GP surgeries and closing 30 minutes later. ○ Saturday, open from 9am–5pm as a minimum; ideally open until 7pm or later; and co-ordinated with GP if applicable. ○ Sunday, open for a minimum of 6 hours and co-ordinated with GP opening, if applicable.
Advanced services	<ul style="list-style-type: none"> • Accredited & prepared to offer MURs, NMS, AURs & SACs. • Willing to provide services in the domiciliary setting, including care homes (subject to NHS England approval).
Enhanced services	<ul style="list-style-type: none"> • Accredited and prepared to offer all currently commissioned services, relevant to the needs of the local population. • Prepared to seek accreditation for & offer future enhanced services (if required).
Locally commissioned services	<ul style="list-style-type: none"> • Accredited and prepared to offer all locally commissioned services relevant to the needs of their population. • Prepared to seek accreditation for & offer future locally commissioned services (if required). • Actively seek to improve standards of care.
Consultation Area	<ul style="list-style-type: none"> • Minimum of one area, fully compliant with the Regulations and with the following additional characteristics: <ul style="list-style-type: none"> ○ Space for a chaperone and/or a wheel chair ○ Sink with hot water ○ Equipped with a telephone, computer, secure IT connection & access to NHS.net email ○ Access to patient medication records ○ Security measures i.e. panic button & CCTV ○ Patient toilet nearby
Meeting the needs of those with a disability	<ul style="list-style-type: none"> • Premises and services should be suitably adapted to meet the needs of those with a disability including: <ul style="list-style-type: none"> ○ Wheelchair access to all public areas within the pharmacy ○ Hearing loop, including within the consultation area ○ Provision of support for people with cognitive impairment ○ Provision of a 'dementia friendly' environment

The Assessment

Conclusions – Summary of Gaps

Summary of Needs and Improvements	
Current Need	<ul style="list-style-type: none"> • None identified
Future Need	<ul style="list-style-type: none"> • Pharmacy Opening Hours <ul style="list-style-type: none"> ○ Following confirmation of arrangements for the provision of GP extended hours, there <i>may</i> be a need to review the current pattern of pharmacy opening hours to ensure that residents can secure timely access to dispensing, following a GP consultation. This is particularly the case in the SW and Central localities, but is also dependent upon the final GP arrangements for operational delivery of extended hours and the number of patients who may be using GP surgeries. Our benchmarking exercise demonstrates there is sufficient capacity within our existing network of pharmacies to meet this need.
Improvements or Better Access	<ul style="list-style-type: none"> • All services (essential, advanced, enhanced and locally commissioned) <ul style="list-style-type: none"> ○ Extending opening hours on weekday mornings & evenings and at weekends, where demand is identified, would improve access and choice to all pharmaceutical and locally commissioned services; this is particularly the case for the working population of Harrow. • Advanced services <ul style="list-style-type: none"> ○ MURs and NMS – we wish to see all pharmacies providing these services (unless there is a valid reason not to do so) ○ Providing MURs (subject to NHS England approval) in the domiciliary setting would improve access for the housebound and those less able to visit a pharmacy without support. ○ An integrated approach to NMS delivery, whereby pharmacies and prescribers in primary and secondary work closely together, may increase the number of people referred into the service and secure improvements for our residents. • Meeting the needs of those with disabilities <ul style="list-style-type: none"> ○ There are opportunities for more pharmacies to provide support for people with disabilities particularly those with hearing impairment. ○ We anticipate that all pharmacies will meet the minimum requirements of the Equality Act 2010. • London Pharmacy Vaccination Service <ul style="list-style-type: none"> ○ We wish to see this service commissioned from as many pharmacies as possible to support increased uptake of seasonal influenza vaccine in all at risk groups.
Future improvements or Better Access	<ul style="list-style-type: none"> • All services (essential, advanced, enhanced and locally commissioned) <ul style="list-style-type: none"> ○ Extending opening hours on weekday mornings & evenings and at weekends, where demand is identified, would improve access and choice to all pharmaceutical and locally commissioned services; this is particularly the case for the working population of Harrow in the SW locality; and for young people in the SW locality. • With respect to locally commissioned services: <ul style="list-style-type: none"> ○ EHC: The service needs to be more closely aligned with need, ideally with young women being able to access the service in their own locality; we would like to see the service commissioned from all pharmacies which open for extended hours and/or on 7 days a week. ○ Stop Smoking: we need to understand why some pharmacies are not achieving the required quit rates; and provide support to help address this. ○ Substance misuse: The external review will inform how we can more closely align the supervised consumption service and the needle and syringe programme with need. ○ Alcohol IBA: we plan to review this programme with a view to deciding the extent to which the service will be rolled out more widely.

4. Consultation Report

Consultation Approach

- Harrow Health and Wellbeing Board has undertaken a consultation on a draft of its Pharmaceutical Needs Assessment.
- The consultation was issued and managed electronically:
 - All stakeholder groups, as stated within the Regulations, were invited to participate; in addition, a wider audience was invited to participate. Full details are summarised in the box below.
 - Stakeholders were notified by email to provide advance notification that they were being invited to participate in the consultation; a hard copy letter was sent as back up.
 - The draft PNA and associated appendices were posted on a dedicated page on the Council website; participants were advised that they may request a hard copy of the draft PNA, free of charge, if required. All paper copies were provided within 14 days, in accordance with the Regulations.
 - Respondents were required to complete a standard response form and return this electronically; however, consultation feedback was accepted in different formats providing that this was submitted in writing.
- The consultation was initiated on the 5 December 2014 and ended at midnight on the 6 February 2015. This period was in accordance with the minimum 60 day consultation required by the Regulations.

Consultation Outcome

- In total, 9 responses were received to the consultation; all of these were from stakeholders specified within the Regulations.
- All feedback was consolidated into a document for review by the PNA Steering Group on the 17 February 2015.
- A full overview of all comments, together with the PNA Steering Group response is attached in Appendix H.
- Where applicable, the draft PNA was updated to amend inaccuracies and also to reflect the decisions of the PNA Steering Group.

Stakeholder Groups invited to Participate in the Consultation

Stakeholders Specified Within the Regulations

- Healthwatch Harrow
- Brent & Harrow Local Pharmaceutical Committee (via the Middlesex Pharmaceutical Group of LPCs)
- Harrow Local Medical Committees
- Harrow NHS Pharmaceutical Services Contractors (62 pharmacies; noting that the draft PNA was shared with Avicenna Pharmacy following notification that this pharmacy had opened)
- London North West Healthcare NHS Foundation Trust
- Central North West London NHS Trust
- Neighbouring Health & Wellbeing Boards (Barnet, Hertfordshire, Hillingdon, Brent and Ealing)

Other Stakeholder Groups

- NHS Harrow Clinical Commissioning Group
- Members of the Harrow Health & Wellbeing Board

Annex A

References

1. The National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417)
2. Equality Act 2010; Chapter 1, Part 11
3. *"Use of community pharmacies: a population-based survey"*. Journal of Public Health 2005; 27 (3): 254-262. Boardman H, Lewis M, Trinder P, Rajaratnam G, Croft P.
4. *"Pharmacy in England: Building on Strengths - Delivering the Future"*. Department of Health 2008.
5. *"Improving Health and Patient Care through Community Pharmacy - A Call to Action"*. NHS England, December 2013
6. *"Medicines Optimisation: Helping Patients to make the most of their Medicines"*. Royal Pharmaceutical Society of Great Britain (RPSGB) May 2013.
7. *"Medicines Adherence: involving patients in decisions about prescribed medicines and supporting adherence"*. National Collaborating Centre for Primary Care January 2009.
8. *"The NHS's role in the public's health - a report from the NHS Future Forum"* [Date of publication not stated]
9. *The NHS Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013*
10. *"Royal Pharmaceutical Society QI4PD Medicines Use Review audit reports"*. London: Royal Pharmaceutical Society Annual report 2009/10.
11. *"A randomised controlled trial and economic evaluation with qualitative appraisal comparing the effectiveness and cost effectiveness of the New Medicines Service in community pharmacies in England "*. Rachel A Elliott, Matthew J Boyd, Justin Waring et al. August 2014.
12. *The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines"*. Pharmacy World & Science 2008; 30(1), 17-23. Elliott RA, Barber N, Clifford S, Horne R, Hartley E.
13. *"PharmOutcomes Data"*. PSNC Website, October 2013.
14. *"The contribution of community pharmacy to improving the public's health: summary report of the literature review 1990–2007"*. London: Pharmacy Health Link, 2009. Anderson, C., Blenkinsopp, A. Armstrong, M.
15. *"Consolidating and developing the evidence base and research for community pharmacy's contribution to public health: a progress report from Task Group 3 of the Pharmacy and Public Health Forum"*. Public Health England, Jan 2014.
16. *"Community pharmacy supply of emergency hormonal contraception: a structured literature review of international evidence"*. Human Reproduction 2006; 21(1): 272-284. Anderson, C., Blenkinsopp, A.
17. *"ONS Conception Statistics 2011"*, England and Wales, released April 2013
18. *"Emergency contraception. Has over the counter availability reduced attendances at emergency departments?"* Emergency Med Journal 2004; 21: 67–68. Hametz I, Hodgkiss F, Sheehy C
19. *"Review of the Community Pharmacy Public Health Service for Smoking Cessation and Emergency Hormonal Contraception"*. Edinburgh, Scottish Government Social Research. 2011. Kerins, M et al.
20. *19"From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth"*. Research in Social and Administrative Pharmacy 2014; 10(1): 72-87; Brown D et al

Annex B

Glossary

Acronym	Definition	Acronym	Definition
A&E	Accident and Emergency	LNWH	London North West Healthcare NHS Trust
AUR	Appliance Use Reviews	LPC	Local Pharmaceutical Committee
BAME	Black, Asian and Minority Ethnic	LSOA	Lower Layer Super Output Area
CCG	Clinical Commissioning Group	LTC	Long Term Condition
CCTV	Closed Circuit Television	MAS	Minor Ailments scheme
CIPFA	Chartered Institute for Public Finance & Accountability	MURs	Medicines Use Reviews
CNWL	Central North West London NHS Trust	NHSE	NHS England
COPD	Chronic Obstructive Pulmonary Disease	NICE	National Institute for Health & Care Excellence
CPD	Continuing professional development	NMS	New Medicine Service
CPPE	Centre of Pharmacy Postgraduate Education	NRT	Nicotine Replacement Therapy
CVD	Cardiovascular Disease	NSAID	Nonsteroidal anti-inflammatory drugs
DAC	Dispensing Appliance Contractor	NWL	North West London
DMARD	Disease-modifying anti-rheumatic drugs	OCU	Opiate / Crack Cocaine User
EHC	Emergency hormonal contraception	ONS	Office of National Statistics
EPS	Electronic prescription services	PGD	Patient Group Direction
FP10	NHS Prescription Form	PHE	Public Health England
GLA	Greater London Authority	PI	Prescription Intervention
GP	General practitioner	PMCF	Prime Minister's Challenge Fund
GUM	Genito-urinary medicine	PMR	Patient Medication Record
HIV	Human Immunodeficiency Virus	PNA	Pharmaceutical Needs Assessment
HLP	Healthy living pharmacy	PSNC	Pharmaceutical Services Negotiating Committee
HPA	Health Protection Agency	QoF	Quality and Outcomes Framework
HWB	Health & Wellbeing Board	RPSGB	Royal Pharmaceutical Society of Great Britain
HPA	Health Protection Agency	SACS	Stoma Appliance Customisation Services
HWB	Health & Wellbeing Board	SHLAA	Strategic Housing Land Availability Assessment
IBA	Identification and Brief Advice	STI	Sexually transmitted infection
IMD	Index of multiple deprivation	TB	Tuberculosis
JHWS	Joint Health & Wellbeing Strategy	UPSI	Unprotected Sexual Intercourse
JSNA	Joint Strategic Needs Assessment	WHO	World Health Organisation
LAs	Local Authorities	WIC	Walk-in Centre
LMC	Local Medical Committee	WISC	Whole Systems Integrated Care

